



# Guilford Child Development **PARENT HANDBOOK**

School Year 2020-2021

We are all in this together!



  
**Guilford Child Development**  
Headstart/Early Headstart

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# Parent Handbook 2020-2021

Child Development Centers serving Greensboro and High Point, North Carolina

## Welcome to Guilford Child Development's Head Start/Early Head Start Home-Center Based Option Program

### What parents can expect to learn from the Handbook:

- What is the Head Start and Early Head Start Program
- How your family is served through a wide range of resources
- Guilford Child Development's Head Start/Early Head Start policies on Education, Health Services, Nutrition, Disability Services, Family Services and Parent Involvement in early childhood development.

Fostered by an active public-private partnership over the past 50 years, Guilford Child Development has continuously evolved to meet the growing needs of a diverse community. Our staff enables Guilford Child Development to deliver family-focused child development programming for children from birth to age five, and families. Through a variety of programs including Early Head Start, Head Start, Nurse-Family Partnership, Family Success Center, Learning Together, Catering for Kids, and the Regional Child Care Resources and Referral Program, GCD serves thousands of families each year.

Our organization's beginning is rooted in action; action that transcends race, religion, and socio-economic status to fill an unmet need in the community.

### A Tradition of Excellence Grounded in History

Originally founded as United Day Care Services in 1967, Guilford Child Development began its operation specifically to provide quality child care services for the growing number of working mothers in the community. All of Guilford Child Development's centers are fully accredited by the National Association for the Education of Young Children.



*Parents are the child's first teacher. At Guilford Child Development Head Start/Early Head Start, we help parents identify their strengths as primary caregivers.*

**GUILFORD CHILD DEVELOPMENT**

**1200 ARLINGTON STREET**

**GREENSBORO, NC 27406**

**PHONE: (336) 378-7700 FAX: (336) 378-7708**

**HEADSTART/EARLY HEAD START CENTERS**

**Bristol Child Development Center**

2004 Bristol Road Greensboro, NC 27406

Phone: (336) 373-0665 373-0692 Fax: (336) 373-0668

**Metropolitan Child Development Center**

1121 South Benbow Road, Greensboro, NC 27406

Phone: (336) 378-6820 Fax: (336) 378-6895

**Cemala Foundation Child Care Center**

1001 Freeman Mill Road Greensboro, NC 27406

Phone: 336-907-3635

**Poplar Grove Child Development Center**

5500 Summit Avenue Greensboro, NC 27405

Phone: (336) 621-3756; (336) 621-4359

**Council House Child Development Center**

602 Hyde Drive Greensboro, NC 27406

Phone: (336) 378-7723 Fax: (336) 378-1391

**Ray Warren Child Development Center**

715 Burbank Street Greensboro, NC 27406

Phone: (336) 378-7720; (336) 379-8873

**Elm Street Child Development Center**

1207 South Elm Street Greensboro, NC 27406

Phone: (336) 369-0611; 369-0612 Fax: (336) 369-0613

**Shiloh Child Development Center**

1210 S. Eugene Street Greensboro, NC 27406

Phone: (336) 378-9328

**Hickory Chapel Woods Child Development Center**

505 Habersham Road High Point, NC 27260

Phone: 336-885-1220 Fax: 336-885-3071

**Staley Child Development Center**

2039 Brentwood Street High Point, NC 27263

Phone: (336) 887-0082; 887-3877 Fax: (336) 887-9197

**Home Based Program**

1200 Arlington Street Greensboro, NC 27406

Phone: (336) 378-7700

**Willow Oaks Child Development Center**

1815 Everitt Street Greensboro, NC 27401

Phone: (336) 370-4473; 370-4979; 370-9833

Fax: (336) 370-9918

**Macedonia Child Development Center**

401 Lake Avenue High Point, NC 27260

Phone: (336) 885-0777 Fax: (336) 885-0776

**Center Director Team Lead:**

Dana Bailey Cell: (336) 669-2526

**McElveen Child Development Center**

3515 North Church Street Greensboro, NC 27405

Phone: (336) 358-0011; 358-0013; 358-0104

Fax: (336) 358-0102

**Kitchen Location: Staley**

2039 Brentwood Street High Point, NC 27263

Kitchen Phone: (336) 887-0935

Kitchen Fax: (336) 887-2850

# GCD Head Start/Early Head Start

## Mission and Agency Goals

### **Mission Statement**

To help young children and families reach their full potential.

### **Agency Goals**

#### **Striving for Excellence**

To strive toward becoming a model agency in order to achieve our mission of helping children and families reach their full potential.

#### **Family Focus**

To provide family centered services by honoring cultural and ethnic diversity, by listening to families, and by making agency decisions based on their well being.

#### **Community Partnerships**

To contribute to the community through broad-based collaboration, effective public relations, and advocacy for young children.

#### **Staff Development**

To provide, at all staff levels, professional development opportunities, equitable compensation and reflective supervision.

#### **Organizational Development**

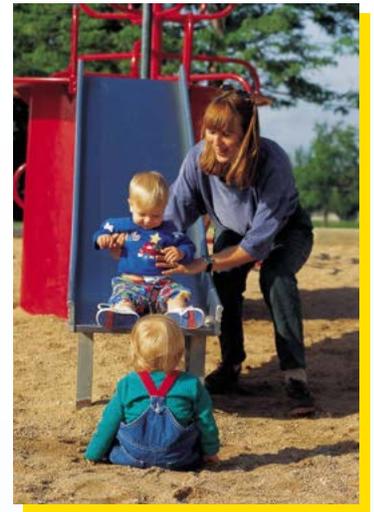
To nurture the organization by a shared vision, focused leadership and sustainable funding.

#### **Continuous Improvement**

To enhance Agency decision making, fiscal integrity and quality assurance by creative use of information technology.

#### **Agency Culture**

To foster an agency culture that values the contribution of all staff members, establishes effective communications with staff and the public, and builds trust among staff, board, policy councils, and the community we serve.







# Early Childhood Education, continued

## Child Development for Newborns, Crawlers, and Twos



As a program that promotes early learning in children birth through two years-old, Guilford Child Development Early Head Start understands that the first three years of life are more critical to a child's development than ever imagined. During this period, children are discovering who they are, how others respond to them, and if they are competent. They are also learning how to relate to others, what it means to express their feelings, and whether they are loved. Their brains are being 'wired' into patterns for emotional, social, physical, and cognitive development.

Guilford Child Development Early Head Start uses a research-based curriculum to provide the most appropriate individualized learning experiences for children. The curriculum is ***Creative Curriculum*** a 'blueprint' that uses accepted theories in child development that over time, have proven results in helping teachers teach children successfully.

## Early Head Start Home-based Learning

The Early Head Start home-based program option supports children and their families through home visits and group socialization experiences. Early Head Start home visits provide comprehensive services to support and strengthen the relationships between young children and their parents. The strength and quality of these relationships are essential for optimal child development outcomes during this period of rapid social, emotional, physical, and cognitive development. Parents are encouraged and supported to later recreate and build on the activities that are introduced during the home visit. The Early Head Start home-based program uses the Parent as Teachers Curriculum.

## Daily Schedule for in Center-based Care

Although there is no single schedule that suits every center, certain guidelines are built into any schedule that promotes positive learning experiences for young children. Guilford Child Development HS/EHS utilizes a schedule that should be similar to a typical structured day at home. Children engage in free choice activities, breakfast, and group activity designed in large blocks of play/work time. A quiet time after lunch is necessary to help children transition into calm activities for the afternoon. In addition, time is set aside for listening to stories and sharing experiences. Ask your child's teacher or the Education Coach Specialist to learn more about the ***Creative Curriculum*** used in all GCD Head Start centers.

# Early Childhood Education, continued

## Early Head Start Daily Schedule (center-based)

**Diapering and Toileting:** Check/change diapers as necessary.

**Eating and Mealtime:** Assist children with hand washing. Sit with children, encourage conversation, eat with children. Wash hands, faces and brush teeth after meals and snacks. **Due to COVID-19, tooth brushing will no longer take place in the Learning Environment. We will continue to educate children on proper dental hygiene.**

**Experience Centers:** Guide children in selecting experience centers. Observe and interact with children.

**Sleeping and Naptime:** Help children prepare for naps. Monitor sleeping. Share duties with teaching staff to accommodate breaks. Provide quiet activities for children who do not sleep. Adjust length of nap time to suit group pattern and individual needs of child.

**Dressing and Outdoor play:** Assist children with outerwear, guide children in play, engage children by reading stories.

**End of Day:** Departure. Children and families reconnect. Greet parents and share events of child's day.

## Head Start Daily Schedule

**Arrival:** Greet families and children individually. Help children with belongings, engage in quiet activities, serve breakfast.

**Group time:** Gather children to group, sing songs, use finger plays and share news/events. Read poems and discuss learning choices of the morning. Individualize teaching style to fit children not in large group. Invite children to share, lead and engage in movement. **Due to COVID-19, group time will not take place so children can practice social distancing.**

**Choice time and small groups:** Guide children in selecting interest areas. Observe and interact with children. Lead small group activity that maintains child's interests and builds skill sets.

**Clean-up:** Assist children with keeping activity areas tidy.

**Outdoor Choice Time:** Supervise playground activity. Observe and interact with children while they play. Extend indoor learning to outdoor play and activity.

**Story Time:** Read and discuss storybooks. Use props and materials to add dimension to story. Assist children with retelling of story.

**Lunch:** Help children prepare tables for meals. Encourage conversations about the day, the meal and other guided topics. Prepare children for brushing teeth\*, cleaning hands, and preparing cots for rest.

**Rest time:** Help children relax. Monitor sleep. Adjust rest time to accommodate children. Have quiet activity prepared.

\*Due to COVID-19, tooth brushing will no longer take place in the Learning Environment.



## Home-based Visit Structure

**Greeting:** Family meets Nurse Home Visitor (NHV)

**Issues and Concerns:** Family and NHV talk and share experiences pertaining to pregnancy and child care

**Focus on Family Issues:** Family and NHV discuss support options and resources

**Parent & Child Interaction Activities:** Family and NHV discuss learning activities and supports parents can create at home.

**Co-Planning:** Family participates in planning daily events and how to care for child.

**Summary:** Nurse Home Visitor and family conclude meeting and plan for next visit

Visit structure has a **duration of one and 1/2 hours.**

# Early Childhood Education, continued

## Successful Transitions: Home-based to Center-based care, Early Head Start to Head Start, and Head Start to Kindergarten

### EHS Home-based to Center-based care:

When children transition from home-based care to a center-based classroom, daily routines and activities are implemented. All experiences are new to both infants and toddlers; and it is through their sensory systems such as “seeing, hearing, feeling, tasting, and touching”-that they learn to experience the classroom environment. Teaching staff will focus on individualization to enhance each child’s learning experience.

### Early Head Start to Head Start:

Teaching staff and Family Advocates work with families on a transitional plan when the child turns 30 months. This plan will consist of activities and visiting a Head Start classroom several times to ensure a smooth transition to any Preschool setting.

### How to Ensure a Successful EHS/HS Experience

- Maintain open communication between staff, teachers and parents/guardians.
- Ensure children arrive to school on time. Children who are tardy often miss meals and important interactions with teachers that could effect their developmental progress.
- Ensure regular attendance. Routine absence from school may negatively affect progress and establish a pattern that carries into public school.
- Update and maintain accurate emergency contact lists. All emergency contacts including the child’s male parent should also be listed unless doing so presents imminent danger or legal constraint.
- Parents provide a complete change of clothes readily available for children in the instance clothes are heavily soiled or un-wearable.
- Be involved. Your involvement in Head Start enhances your child’s learning experience.

# Early Childhood Education, continued

**Successful Transitions:** Home-based to Center-based care, Early Head Start to Head Start, and Head Start to Kindergarten

## How to Ensure a Successful EHS/HS Experience

Parents should begin sharing information about their goals for their child during parent/teacher conferences early in the year (In addition, the Family Advocate can help identify resources to help with transitions and the Parent Involvement Coordinator can offer training opportunities for parents).

Help your child build a portfolio by keeping memorable class projects, photos and interactions with classmates and teachers. Ask your child's teacher about learning concepts and your child's learning style (The more you know about how well your child learns, the better prepared you will be during a conversation with a kindergarten teacher).



# Child Health, Mental Health, Nutrition & Safety

## Child Health Services

A healthy child can thrive and achieve more in the classroom. Head Start embraces a comprehensive vision of health for children, and aims to ensure that all short and long term health concerns are identified. All children are linked to an ongoing source of health care resources that meets their individual needs. Screenings for developmental, hearing and vision, and behavioral concerns are also provided, and individualized follow-up occurs with any suspected or identified concerns.

Due to the recent COVID-19 pandemic, students are required to practice social distancing. Also, frequent handwashing, center sanitizing, and temperature checks are required .

Staff will provide an immunization chart for recommended and required immunizations.

When a child isn't hearing or seeing very well, often undiagnosed health concerns can lead to poor performance in the classroom. Agency staff works with families throughout the year to obtain information about each child's health and dental status, and to ensure that each child is up-to-date with check ups and immunizations in accordance with Head Start regulations and North Carolina Child Care Licensing Laws. Therefore, parents are required to:

1. Submit documentation from the child's provider of each well baby exam/ physical along with immunization record after each doctor's visit, This information must be submitted on the **Well Child Examination Form**. Parents should submit documentation of dental visits using the Dental Examination Form. Both of these forms are completed by the provider and are available upon your request.
2. State law also requires parents to provide current emergency contact information and a current list of people to which the child can be released.



# COVID-19



## Monitoring for Symptoms

People with COVID-19 have reported a wide range of specific and non-specific symptoms. Regular screening for symptoms should be done at the start of the day and throughout the day to help reduce exposure. Adults are encouraged to self-monitor for symptoms such as fever, cough, or shortness of breath. If a child develops symptoms while at child care, he or she should remain isolated under the supervision of an adult, and return home safely as soon as possible. If a staff member develops symptoms while at the facility, he or she should notify his or her supervisor immediately and must remain isolated and return home. More information on how to monitor for symptoms is available from the CDC.

### **Child care programs are required to:**

- Conduct a daily health screening of any person entering the building, including children, staff, family members, and other visitors to identify symptoms, diagnosis, or exposure to COVID-19.
  
- Not allow people to enter the child care facility if:
  - They have tested positive for COVID-19;
  - They are showing the following COVID-19 symptoms (fever, chills, shortness of breath, difficulty breathing, new cough, or new loss of taste or smell)
  - They have recently had close contact (within 6 feet, for 15 minutes or more) with a person with COVID-19.

## Monitoring for Symptoms, continued

**If a person screens positive for COVID-19 symptoms at entrance or develops COVID-19 symptoms during the day at the facility**

**If a person at the facility tests positive for COVID-19**

### **Isolation at the Center**

Immediately isolate the person that screens positive for or develops fever, chills, shortness of breath, new cough, or new loss of taste or smell and send them and any family members home as soon as possible.

If it is identified that a person in the facility has tested positive for COVID-19, immediately isolate the individual and send them and any family members home as soon as possible.

### **Waiting with a Child Who Needs to be Picked Up**

While waiting for a child who is sick or has tested positive for COVID-19 to be picked up, have a caregiver stay with the child in a place isolated from others and if possible ventilated to outside air. If possible, allow for air flow throughout the room where the child is waiting by opening windows or doors to the outside. The caregiver should remain as far away as safely possible from the child (preferably 6 feet or more) while maintaining visual supervision. The caregiver should wear a cloth face covering or a surgical mask, if available. If the child is over the age of 2 and can tolerate a face covering, the child should also wear a cloth face covering or a surgical mask if available. Cloth face coverings should not be placed on:

- Anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the face covering without assistance; or
- Anyone who cannot tolerate a cloth face covering due to developmental, medical or behavioral health needs.

### **Notification to Local Health Departments**

Immediately inform your local health department so they can coordinate follow up as needed with others. Consider contacting your child care health consultant or environmental health specialist for additional guidance.

- Immediately notify your local health department of laboratory-confirmed COVID-19 case(s) among children and staff (as required by NCGS § 130A-136).
- Have a plan to work with local health departments to identify close contacts of confirmed cases in the child care setting.
- Work with local health departments for follow-up and contact tracing.

### **Exposures**

Consult with the Local Health Department to determine next steps.

The Local Health Department will determine who is a close contact to a person with laboratory confirmed COVID-19, and what the next steps should be. To prevent further spread, close contact should remain in quarantine at home for 14 days after their last known exposure to the person, unless they test positive (in which case, criteria below under "When can a child or staff member who was sick return to child care?" would apply). They must complete the full 14 days of quarantine even if they test negative.

# COVID-19

## Monitoring for Symptoms, continued

|  | If a person screens positive for COVID-19 symptoms at entrance or develops COVID-19 symptoms during the day at the facility  | If a person at the facility tests positive for COVID-19  |
|--|--|--|
| <b>Cleaning</b>                          | <p>Clean and close off areas used by the person who had symptoms of COVID-19 and do not use these areas until after cleaning and disinfecting. Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. In most cases, it will not be necessary to close down an entire building. People should not be in the classroom while it is being cleaned (the staff and children in that classroom may need to stay home while cleaning is occurring).</p> <p>Follow NCDHHS Environmental Health Section guidance for cleaning and disinfection recommendations. • Use an EPA-registered disinfectant that is active against corona virus. Clean and disinfect frequently touched surfaces throughout the day and at night. Remember items that might not ordinarily be cleaned daily such as door-knobs, light switches, countertops, chairs, cubbies, and playground structures. Use the cleaners typically used at your facility.</p> | <p>Close off areas used by the person who tested positive for COVID-19 and do not use them until after cleaning and disinfecting. Wait at least 24 hours before cleaning or disinfecting to reduce risk to individuals cleaning. People should not be in the classroom while it is being cleaned (the staff and children in that classroom may need to stay home while cleaning is occurring).</p>   |
| <b>Closure</b>                           | <p>There may be no need to close the child care facility if the Local Health Department determines that close contacts are excluded, child/teacher ratios are appropriate, and there is sufficient space to continue normal operations. The Local Health Department may in some situations determine that closure of a facility is needed; this will be determined on a case-by-case basis.</p>  |  |
| <b>Vehicles</b>                          | <p>Follow guidance provided below, under Transportation. As with buildings, wait at least 24 hours before cleaning and disinfecting (or if 24 hours is not feasible, wait as long as possible). Do not use the vehicle until after cleaning and disinfection.</p>  |  |
| <b>Notification to Parents and Staff</b> | <p>If follow up information obtained from a healthcare provider for the sick individual requires it, the Local Health Department will work with the child care facility to inform parents and staff as appropriate.</p>  | <p>The Local Health Department will assist to notify staff and families that there was an individual who was in the child care facility that has tested positive with COVID-19 and that a public health professional may contact them, if staff or their child is identified as a close contact to the individual who tested positive. The notice to staff and families should maintain confidentiality in accordance with NCGS § 130A-143 and all other state and federal laws.</p>   |
| <b>What Public Health Will Do</b>        | <p>The Local Health Department will determine the next steps based upon the healthcare provider's evaluation of the sick individual. On a case-by-case basis, other considerations may also be taken into account, such as whether possible exposure to COVID-19 may have occurred. If testing is indicated and result is positive for COVID-19, the Local Health Department will work with staff and families to implement control measures for COVID-19 as described to the right.</p>   | <p>The Local Health Department staff will interview the person who tested positive for COVID-19 (or their family member, if it is a child). As part of the interview, public health staff will identify individuals who were in close contact (defined as within 6 feet for 15 minutes or longer). Public health staff will attempt to reach out to close contacts and inform them that they need to quarantine at home for 14 days after their last contact with the person who tested positive for COVID-19. Public health staff will recommend the close contacts be tested to identify additional positive cases. Close contacts testing negative will still need to complete the full original 14 day quarantine.</p> |

# COVID-19

## Prevent Spread in the Classroom

Social distancing can decrease the spread of COVID-19. Social distancing (“physical distancing”) means keeping space between yourself and other people outside of your home. Stay at least 6 feet (about 2 arms’ length) from other people; do not gather in groups; stay out of crowded places and avoid mass gatherings.

### **Child care programs are required to:**

- Post signage in key areas throughout the facility to remind people to keep 6 feet of distance whenever feasible, use face coverings and wash hands (Wear, Wait, Wash). Know Your W's signs are available in English and Spanish.
- Maintain ratios and adhere to the Revised Flexibility in Policy and Regulatory Requirements for Child Care Providers.

### **It is recommended that child care programs:**

- Follow social distancing strategies.
  
- Only allow children and staff who are required for daily operations and ratio inside the building and classrooms with the following exceptions (these individuals can enter once screened).
  - Health professionals who support children with special health care needs, early intervention service coordinators and providers for children with Individualized Family Services Plans (IFSP), and itinerant teachers and related service providers for children with Individual Education Plans (IEP) working in compliance with their agency protocols are allowed to be in the classroom once screened.
  - Providers are encouraged to work collaboratively with professionals to safely meet the needs of children in their care.
  - Mothers who are breastfeeding to meet the nutritional needs of breastfeeding infants.
  
- Restrict teachers to one classroom with one group of children. To reduce the number of people coming in and out of classrooms, limit the use of “floater” teachers to one per classroom to provide coverage for staff at meal time and breaks.
  
- Waiting areas should have 6 feet spacing markings.
  
- Keep each group of children in their assigned rooms throughout the day with the same child care providers, including at naptime and for meals.
  
- Limit mixing of children as much as possible (e.g., staggering playground times, keeping groups separate for activities such as art and music).

## Prevent Spread in the Classroom, continued

- At nap time, ensure that children’s naptime mats (or cribs) are spaced out as much as possible, ideally 6 feet apart. Place children head to toe to help prevent the virus from spreading.
  
- Prohibit water play using water tables and sensory play such as rice, beans, sand, or playdough activities.
  
- Outdoor water play using sprinklers is considered similar to playground usage and is allowed. However, water for outdoor play cannot be collected or recirculated and must drain quickly to avoid puddling.
  - Any structure, chamber, or tank containing an artificial body of water used by the public for swimming, diving, wading, recreation, or therapy, together with buildings, appurtenances, and equipment used in connection with the body of water must be approved and permitted according to the Rules Governing Public Swimming Pools, 15A NCAC 18A.2500.
  
- Keep a designated bin for separating mouthed toys and maintain awareness of children’s behaviors. When a child is finished with a mouthed toy, remove it, place it in a toy bin that is inaccessible to other children, and wash hands. Clean and sanitize toys before returning to children’s area.
  
- Discontinue activities that involve bringing together large groups of children or activities that don’t allow for social distancing, including in-person field trips, large groups using playground equipment simultaneously, etc.
  
- Incorporate virtual events such as field trips, parents and family meetings, and special performances when possible.
  
- Limit nonessential visitors and activities involving external groups or organizations.
  
- If meals are typically served family-style, plate each child’s meal to serve it so that multiple children are not using the same serving utensils. Avoid serving food from common dishes or with common utensils. Ensure the safety of children with food allergies.
  
- Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, or other methods. Do not open windows and doors if they pose a safety or health risk to people using the facility.
  
- Arrange for administrative staff to telework from their homes.

# COVID-19

## Cleaning and Hygiene

### **Child care programs are required to:**

- Follow NCDHHS Environmental Health Section guidance for cleaning and disinfection recommendations.
  
- Use an EPA-registered disinfectant that is active against coronaviruses. Clean and disinfect frequently touched surfaces throughout the day and at night. Remember items that might not ordinarily be cleaned daily such as door-knobs, light switches, countertops, chairs, cubbies, and playground structures. Use the cleaners typically used at your facility.

### **It is recommended that child care programs:**

- Have adequate supplies to support healthy hygiene behaviors (e.g., soap, paper towels, tissues, and hand sanitizer with at least 60 percent alcohol for safe use by staff and older children).
  
- Allow time between activities for proper cleaning and disinfection of high-touch surfaces.
  
- Teach and reinforce hand hygiene guidance for adults and children such as washing hands frequently with soap and water for at least 20 seconds (about as long as it takes to sing “Happy Birthday” twice). Monitor to ensure both children and staff are washing hands correctly. In addition to usual handwashing, everyone should wash hands:
  - Upon arrival to classroom in the morning
  - Before and after eating meals and snacks;
  - After blowing noses, coughing, or sneezing or when in contact with body fluids
  - After toileting or changing diapers
  
- Encourage people to cough and sneeze into their elbows, or to cover with a tissue. Encourage people to avoid touching eyes, nose, and mouth. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
  
- Incorporate frequent handwashing and sanitation breaks into classroom activity.
  
- Hand sanitizing products with 60 percent alcohol may be used in lieu of handwashing when outdoors if hands are washed upon returning indoors. Hand sanitizer should be stored out of reach of children when not in use. Cannot be used for diapering or eating, preparing, or serving food.

## Cleaning and Hygiene, continued

- Clean and sanitize all toys at the end of the day.
  
- Consider removing soft toys that cannot be easily cleaned. Soft toys that are machine-washable should be washed often, at the warmest temperature recommended on the label and dried thoroughly.
  
- Toys and other items that cannot be cleaned and sanitized/disinfected should not be used. (Children's books are not considered a high risk for transmission and do not need additional cleaning or disinfection.)
  
- Use disposable food service items such as plates and utensils or ensure that all non-disposable food service items are minimally handled and washed according to current child care and sanitation rules. Individuals should wash their hands immediately after handling used food service items.
  
- Wash linen items using the warmest appropriate water setting for the items and dry items completely. Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces. In child care centers, linen used in rooms where children in care are less than 12 months old must be changed and laundered when soiled and at least daily. Otherwise, bedding that touches a child's skin should be cleaned whenever soiled or wet, before use by another child and at least weekly.
  
- Clean and disinfect shared tools, supplies, and equipment.
  
- Minimize use of shared supplies and label individual supplies and items.
  
- Routinely check and refill/replace hand sanitizer at entries, soap, and paper towels in bathrooms.
  
- Limit sharing of supplies where possible, such as toys. Ensure adequate supplies to assign for individual use, or limit use to small groups and disinfect between uses. Keep children's personal items separate and in individually labeled cubbies or boxes.

# Child Health, Mental Health, and Nutrition & Safety, continued



## Medication Policy

- Parents must complete a **Medication Consent Form** and the prescribing healthcare provider must complete the **Medication Authorization Form** for all medications to be given during program hours. The medication authorization form must be accompanied by **Individual Health Care /Medical Treatment Plan Form**.
- No **over-the-counter** medications will be given to enrolled children except for diapering creams and sunscreen. All other OTC medicines for cough, cold, fever, or flu will not be given. Parents must complete a Medication Consent Form for any over-the-counter diapering creams and sunscreens.
- All medications must be in the original container and must be prescribed for each individual child. Siblings can not share medications.
- The first dose of any medication will be given by the parent at home unless it is an emergency medication for a chronic condition such as asthma, seizure, or diabetes.
- Parents of children whose medication is prescribed in a dosage of once or twice daily, are encouraged to give the child his/her medication **before** and/or **after** school.
- All medications will be kept at the center for the length of time for the prescribed treatment only. For example; medications that are prescribed for 5 days will only be kept for 5 days.
- All expired medications will be discarded properly and promptly.

**A Note to Parents:** Ask your doctor for two (2) prescriptions: one for home and one for your child's center.

# Child Health, Mental Health, and Nutrition & Safety, continued



## Injury Prevention

Toys that imply fighting (guns, knives, bombs, etc.) or other instruments that could hurt your child or their classmates are strictly prohibited. There may be designated days your child may be allowed to bring a toy from home; however, parents must be mindful that Guilford Child Development Head Start/Early Head Start is not responsible for the loss or destruction of toys brought from the home.

- Clothing should not restrict movement and play. Please be sure that your child's clothing is comfortable, washable, and allows for self-dressing.
- Clothing must be appropriate for seasonal play. Clothing that withstands vigorous outdoor play, messy water-based paints, tugging or pulling is best. Shoes with fasteners are safer than slip-on shoes.
- The following is a list of clothing items that should be avoided:
  - Outfits that attach in the back or have buckles and ties that are difficult to remove.
  - No loose or dangling jewelry.
  - Excessive hair jewelry such as beads (beads can fall from the hair easily and present a choking hazard to small children.)
  - Open Toe Shoes

Children are afforded outdoor play even as the weather becomes cool. Always send outerwear such as jackets and sweaters when late fall weather transitions to the cooler air in autumn and winter.

## Your child should not attend school when...

### **They have Head Lice:**

- Children may return with written permission from a doctor or the local health department stating that the child has begun treatment and all lice eggs are destroyed.

### **They have Ringworm of the skin, scalp, or feet:**

- Children may return once they begin appropriate treatment with an anti-fungal cream. Children with Ringworm on the scalp must have written permission from the doctor before returning to the classroom.

**They have a fever greater than 100.3F with an oral (mouth) or ear reading, or 100.5F with a reading under the arm.**

**If your child has been exposed to COVID-19 or is experiencing symptoms such as cough, fever, shortness of breath, cold chills, body aches, lost of taste and smell, and diarrhea they should seek testing. If the child has tested positive they will be quarantined for 14 days. Child may return with written permission from the doctor.**

- Children will have to stay out for at least 48 hours and can return once the fever has been reduced without medication for at least 24 hours.

# Child Health, Mental Health, and Nutrition & Safety, continued



## Your child should not attend school when...

### They have two (2) or more episodes of diarrhea or vomiting:

Children can return once they have been free of diarrhea or vomiting for at least one 24-hour period.

*(Diarrhea can be defined absolutely or relatively. **Absolute diarrhea** is defined as more than five bowel movements a day or liquid stools. **Relative diarrhea** is defined as an increase in the number of bowel movements per day or an increase in the looseness of stools compared with an individual usual bowel habit.)*

### They have Pink Eye:

Children can return after treatment begins and they have written consent from the doctor.

Children may return to school with written permission from the doctor when they have the following:

|                      |                                      |
|----------------------|--------------------------------------|
| <b>Impetigo</b>      | <b>Scabies</b>                       |
| <b>Chicken Pox</b>   | <b>Hand, Foot, and Mouth Disease</b> |
| <b>Strep Throat</b>  | <b>Pin Worm</b>                      |
| <b>Scarlet Fever</b> |                                      |

Guilford Child Development staff will adhere by the short-term exclusion policy for any suspected communicable diseases diagnosed by a provider. Anytime a staff suspects illness, parents will be notified and asked/required to pick up their child from the center immediately. Written permission from the doctor must include the diagnosis, treatment plan, and date that the child may return to school.

### Oral Care

All teeth are important-even baby teeth! Most infants start to grow teeth at age 6 months. At around age 3, children will develop about 20 teeth. Permanent teeth begin to grow when the child turns 6 years old.

Your infant's gums will be cleaned after each feeding. All children in the center are provided a new toothbrush every three months.

### Before your child visits the dentist:

- ◆ 'Role play' going to the dentist before making an actual visit.
- ◆ Do not use words such as 'drill', 'shots' or 'hurt'.
- ◆ Help your child look and examine his/her teeth in a mirror.
- ◆ Help your child practice brushing her/his teeth.
- ◆ Be a role model; allow your child to watch you brush your teeth enthusiastically.

# Child Health, Mental Health, and Nutrition & Safety, continued



## Your Child's Social and Emotional Health

Guilford Child Development staff with the help of parents and guardians encourage positive early childhood behaviors. This includes moving children in the direction of cooperation, making friends and appropriate choices. In addition, teaching and center staff help children develop a strong sense of self-worth, esteem and help nurture skills in coping with life's challenges. Guilford Child Development Head Start/Early Head Start has on-site consultants who work with staff, families and children and are available upon request.

Services include one-on-one intervention with children who may be experiencing difficulties in the classroom or at home. Families are supported in establishing behavioral goal plans for children and are offered referral services to collaborating agencies. **Mental Health Specialist visit the centers on a monthly basis to monitor classrooms and provide support to center staff.** Workshops and parent training opportunities are provided in the area of child social and emotional development.

### Positive Behavior Support Policy

We establish nurturing and responsive relationships with children as well as promote healthy social emotional development. We provide a high quality supportive environment where staff and families are intentionally teaching social skills that encourage positive social emotional outcomes for all children. When children have these experiences they are able to develop skills necessary for future success in all aspects of life. The following represents only some of what we do. Consult your Family Advocate for a complete list of our **Positive Behavior Support Policy**.

#### **What we do:**

- Plan safe and positive environments for children.
- Model appropriate behavior; including verbal and non-verbal communication.
- Establish developmentally appropriate classroom limits.
- Provide an environment that supports self-respect, respect for others and respect for learning materials.
- Treat children as people and respect their needs, desires, feelings and culture.
- Establish an area in the classroom where a child may go with support staff to relax, take a break, then re-join groups when he/she is ready.

#### **What we do not do:**

- Use physical force including spanking, slapping, pinching or shaking arms of children.
- Use abusive language; yelling, screaming, sarcasm, teasing, shouting or nagging when communicating with children.
- Allow children to discipline children.
- Deny food, snack or lunch as a form of punishment.
- Criticize, make fun of, disrespect or belittle children and their families based upon one's culture or ethnicity.
- Use 'time out' or isolation for addressing misbehavior.

## Positive Behavior Support

### Frequently Asked Questions

#### **What is Positive Behavior Support (PBS)?**

Positive Behavior Support (PBS) is an approach for changing a child's behavior. It focuses on the use of positive intervention strategies that are respectful of each child's development. It can be used to address challenging behaviors of all types, including aggression, tantrums, and destroying classroom materials.

#### **How is Positive Behavior Support used in my child's program?**

Positive Behavior Support is a process for identifying and understanding a child's challenging behavior. As part of the process, a plan is created to reduce challenging behavior and teach new skills. Positive Behavior Support is carried out by all adults that interact with the child at both home and school.

#### **Who can I expect to see at the meeting?**

In order to understand your child's challenging behavior it is necessary to collect information from all adults in your child's environment. The team includes the parent(s)/guardian(s), Center Director, Family Advocate, Teacher, Teacher Assistant, and other support staff.

#### **What will occur at the meeting?**

The team discusses your child's strengths and challenges at both home and school. The team identifies triggers and reasons for the challenging behavior. Then, a Positive Behavior Support Plan is written that includes strategies to prevent the challenging behavior such as modifying the curriculum, environment, activities or interactions. The Positive Behavior Support plan also includes what new skills need to be taught and appropriate ways to respond to the child's behavior.

#### **How can I prepare for the meeting?**

Positive Behavior Support includes all aspects of your child's development. We recognize in being your child's primary caregiver your input is valuable to the process. Providing information about your child's strengths and challenges as well as strategies that you have tried at home are important.

# Child Health, Mental Health, and Nutrition & Safety, continued



## Nutrition Services

Good nutrition is an essential element in making it possible for children to grow and be healthy. Children are provided nutritious and well-balanced meals as required by the USDA Child Care Food Program. Meals served to your child meet the required meal pattern and portion sizes based on your child's age group.

### Things Parents Need to Know About Guilford Child Development's Policy on Good Nutrition:

- Guilford Child Development provides Formula — a brand comparable to what the parent uses at home — to the infant at feeding time.
- Breastfeeding areas are available in selective centers. Staff will share information about proper storage and providing enough breast milk for child's consumption.
- All children are fed according to the menu; unless the child's doctor sends written notification of an allergy or food intolerance. Meals are generally low in fat, sodium and sugar. Sugary drinks such as soft drinks and Kool-Aid are not to be served.

If your child has a food allergy or intolerance, please have your doctor complete the **Medical Statement for Meal Modifications** form. Please consult with a Family Advocate for a form.

### We will need to know:

|   |   |  |
|---|---|--|
| Foods restricted from your child's diet | A list of alternative foods or supplements to be provided in place of the restricted food | Whether or not the child has been observed by a Registered Dietician |
| Medical justification(s)                | The duration of the restriction   |  |

- Food and candy will not be used as a reward or punishment for behavior while your child is in the center.
- No outside food or drinks are permitted in the classroom, including: foods prepared at home, store bought foods, snacks, baked goods, party or celebration foods, food ordered from a restaurant/take out, candy, soda, or sweetened beverages.
- Children will participate in nutritional experiences in the classroom in an effort to introduce cultural, ethnic and educationally beneficial food and nutrition concepts.
- Sanitation regulations are kept up-to-date and located in conspicuous areas around the center.
- Parents are provided with a monthly menu and are welcome to suggest menu ideas which will be considered by our nutritional staff.
- Parents are normally encouraged to come to the class and eat meals with their child and participate in nutritional activities, **however, due to COVID-19, entrance into the Center will not be permitted.**
- Workshops on nutrition, 'picky eaters', healthy snacks, weight management, and food allergies are offered throughout the year.
- A Nutrition Coordinator and a Registered Dietician are available to provide educational workshops and counseling for parents and families wanting to learn more about the nutritional needs of children.

# Child Health, Mental Health, and Nutrition & Safety, continued



## Facility Safety

Building access is only granted to parents who participate in the program and staff and community volunteers work at that site assigned. It is extremely important that our centers are designed for safety and for the protection of the students while they are in our care. Each center requires a personalized password for parents to punch in during drop off and pick up. Parents are only advised to share that password with responsible members on their emergency contact lists.

Emergency response plans are posted at every site. These plans are practiced in case of fire, bad weather, or other unexpected events that may require evacuation.

# Family and Community

## Partnerships

### Family Advocates

Family Advocates are the heroes of Head Start/Early Head Start. Parents are encouraged to make allies of these resourceful people who make you and your child's experience in Head Start a success. The Family Advocate position is a core service component to our never-ending attempt to help families and children reach their full potential. After getting acquainted with your child's teacher, it is important for parents to develop a positive and mutually beneficial partnership with the Family Advocate. Family Advocates can help you navigate through the assortment of programs available to your family, and assist with finding out what application processes are necessary. Family Advocates visit with families often and offer their support in building relationships with professionals that work with the parent and child.



Family Advocates require open and honest communication from parents. Oftentimes, concerns about the child's school requirements, parental obligations, and volunteer opportunities can be addressed by your Family Advocate. Family Advocates partner with families to help find the resources and services necessary to build self-sufficient families and strong communities.

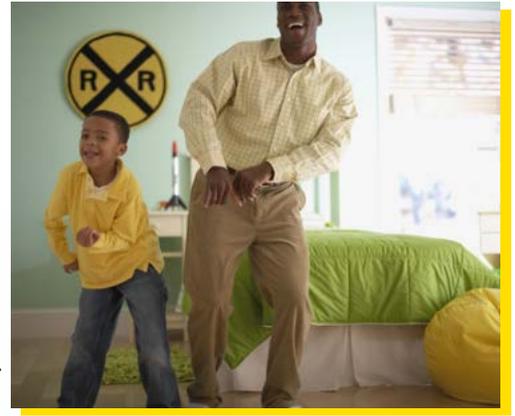
### Family and Community Partnerships

Guilford Child Development Head Start/Early Head Start will engage in a process of collaborative partnerships with parents to establish mutual trust and to identify family goals, strengths, and resources necessary to build strong children and families. This process begins at enrollment, however it must take into consideration each family's readiness and willingness to participate in the process. GCD-HS/EHS will ensure that parents are provided opportunities to enhance their parenting skills, knowledge and understanding of the educational and developmental, and social needs of their children. Parents are also afforded opportunities to participate in medical, dental, nutritional and mental health needs assessments. Parent and children are offered wonderful opportunities to become involved in family literacy projects, either directly within the agency or through referrals to other local agencies.

In addition to involving parents in program policy-making and operations, parents are involved in educational activities that were developed to be responsive to the ongoing and expressed needs to themselves; both as individuals and as members of a group.

Other community agencies are encouraged to assist in this planning and implementation of such programs. Parents are welcomed as visitors and volunteers, however, **due to COVID-19, participation in the classroom or group activities and field trips is not allowed at this time.**

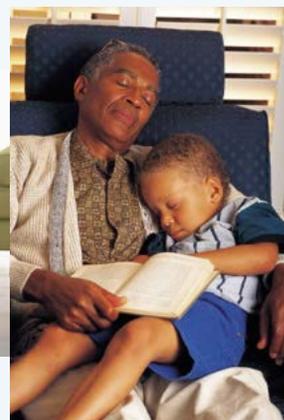
# Parent, Family, Community Engagement (PFCE)



At Guilford Child Development, we are committed to providing an atmosphere that welcomes parents as partners in the educational process of their infant, toddler and/or pre-school aged child. Thank you for choosing the Head Start/Early Head Start program to begin your child's early learning journey. As a partner, we want you to understand the commitment to children and families our agency encourages among its staff, volunteers, and parents of Head Start/Early Head Start.

While we appreciate the trust you give us in caring for your child, we cannot work alone. Whether you are a pregnant mom in the Nurse Family Partnership/Early Head Start Home-based option or a Head Start/EHS parent of a three or four year-old, it is your responsibility to read this Parent Handbook and to communicate your needs and expectations with teaching staff, Family Advocates, and center management. We maintain an open line of communication between families and staff; and proudly lead all other programs that promote and provide opportunities for parents to become actively involved in the education of their young child.

Please know that all staff have met and in many cases, exceed educational requirements and certifications to teach young children and work with families. Children learn key character education skills from their parents that will undoubtedly effect his/her transition to kindergarten and later grades. As part of our continuous effort to maintain high quality standards, we encourage both staff and parents to pursue goals that promote continuing education. Parents should attend all parent meetings, socializations, trainings, and School Readiness conferences.



# Parent, Family, Community Engagement (PFCE)

## Framework

The Parent, Family, and Community Engagement (PFCE) Framework is a road map for progress in achieving the kinds of outcomes that lead to positive and enduring change for children and families. The PFCE Framework was developed in partnership with programs, families, experts, and the National Center on Parent, Family, and Community Engagement. It is a research-based approach to program change that shows how an agency can work together as a whole to promote parent and family engagement and children’s learning and development.

Families play a critical role in helping their children in becoming ready for school and a lifetime of academic success. Head Start and Early Head Start programs are valuable partners with families in this endeavor. The Head Start Parent, Family and Community Engagement Framework begins the next chapter in Head Start's long history of leading the field in engaging families and supporting children's ongoing learning and development.

### Head Start Parent and Family Engagement Outcomes

|   |  |
|---|--|
| <b>1. FAMILY WELL-BEING</b>                         | Parents and families are safe, healthy, and have increased financial security.   |
| <b>2. POSITIVE PARENT-CHILD RELATIONSHIPS</b>       | Beginning with transitions to parenthood, parents and families develop warm relationships that nurture their child’s learning and development.   |
| <b>3. FAMILIES AS LIFELONG EDUCATORS</b>            | Parents and families observe, guide, promote, and participate in the everyday learning of their children at home, school, and in their communities.  |
| <b>4. FAMILIES AS LEARNERS</b>                      | Parents and families advance their own learning interests through education, training and other experiences that support their parenting, career, and life goals.  |
| <b>5. FAMILY ENGAGEMENT IN TRANSITIONS</b>          | Parents and families support and advocate for their child’s learning and development as they transition to new learning environments, including EHS to HS,EHS/HS to other early learning environments, and HS to kindergarten through elementary school. |
| <b>6. FAMILY CONNECTIONS TO PEERS AND COMMUNITY</b> | Parents and families form connections with peers and mentors in formal or informal social networks that are supportive and/or educational and that enhances social well-being and community life.  |
| <b>7. FAMILIES AS ADVOCATES AND LEADERS</b>         | Parents and families participate in leadership development, decision-making, program policy development, or in community and state organizing activities to improve children’s development and learning experiences.                                     |

# Parent Engagement

## Rights and Responsibilities of Parents

### My Rights as a Parent

1. To ensure that my child attends class daily on a regular basis in order for him/her to best benefit from the program.
2. To take part in major policy decisions affecting the planning and operation of the program.
3. To help develop adult programs that will improve daily living for me and my family.
4. To be welcomed in the classroom.
5. To be informed regularly about my child's progress.
6. To be always treated with respect and dignity.
7. To expect guidance for my child from the teachers and staff which will help his/her overall development.
8. To be able to learn about the operation of the program including the budget and the level of education and experience required to fill various staff positions.
9. To take part in planning and carrying out programs designed to increase my skill in areas of possible employment.
10. To be informed about community resources concerned with health and education that can help to improve the quality of the life of my family.
11. To choose whether or not I participate without fear of endangering my child's right to be in the program.

### My Responsibilities As a Parent

- To assume an active role in my child's education by learning about the program and taking an active part in major policy decisions.
- To accept the program as an opportunity through which I can improve my life and my children's lives.
- To take part in the classroom as an observer, a volunteer worker or a paid employee and to contribute my services in whatever way I can toward enrichment of the total program.
- To provide parent leadership by taking part in elections, explaining the program to other parents and encouraging participation.
- To welcome teachers and staff into my home to discuss ways in which parents can help their children's development at home in relation to school experience.
- To work with teachers, staff and other parents in a cooperative manner.
- To guide my children with firmness; this is both loving and protective.
- To offer constructive criticism of the program, to defend it against unfair criticism and to share in evaluating it.
- To take advantage of programs designed to increase my knowledge about child development, parenting and skills in areas that may result in possible employment.
- To become involved in community programs which help to improve health, education, and recreation.
- To treat all staff with respect and dignity.
- To maintain two way communication with program staff.

# Parent Engagement, continued

## Parents & Volunteers

Volunteering is a very important part of Guilford Child Development's Head Start/ Early Head Start program. In fact, your time spent volunteering means much more to our program than you may think. Not only are you lending a helping hand, you are also helping to bring more funding for our program. Much of our funding depends on our ability to recruit parent and community volunteers to maintain high levels of monthly volunteer hours. Research shows that children with involved parents have greater academic success!

Please keep in mind that you will not be paid for volunteering. If you are interested in a paid position, please call or visit our central office, or check our website for employment listings and opportunities.

## Behavior and Conduct

The following behaviors are considered to be unacceptable and will **not** be tolerated at any of our Head Start centers or functions:

- Loud and abusive behavior directed toward staff, parents or children.
- All Guilford Child Development Centers are designated **non-smoking** facilities.
- Visiting the center or volunteering with children while under the influence of drugs or alcohol.
- Illegal conduct such as stealing, assault, drug use or distribution, etc.
- Gossiping or slandering of children, staff or families.
- Exhibiting behaviors that are detrimental to the Head Start Program.
- Neighborhood menacing or violation of city/state public ordinances.
- Violation of Agency Policies and Procedures as related to the Head Start Program.
- Misrepresentation of the Guilford Child Development Head Start Program.

In the event that the above behaviors are observed, substantiated, and staff feel threatened and unsafe, the Head Start Director and/or Head Start Management Team can move forward with the following consequences:

- **Oral and/or written reprimand by the Center Director**
- **Oral and/or written reprimand by Component Director**
- **Calling local authorities**
- **Exclusion from future activities**
- **Exclusion from Head Start program**

# Parent Engagement, continued

Parents are encouraged to apply for permanent or substitute positions with the agency. They can apply with the Center Director as positions that they qualify for become available. Parents are placed in positions that match their abilities, interests and availability. Volunteer survey questionnaires are available to help identify strengths and interests. Training is provided and ongoing technical assistance for parents interested in pursuing a career in child development is also available. If you are interested in pursuing a career in Early Childhood, please contact our Professional Development Coordinator for more information.

## **Learning Together – Interagency Referral**

Parents have the opportunity to study for their GED or brush up on basic skills while their child is in Head Start. Study while your child learns and plays in a HS/EHS classroom -- all under one roof!

This program offers FREE Guilford Technical Community College instruction at a HS center. In addition, FREE children's books and FREE educational field trips or community events for families are available. Learning Together also has speakers to discuss a variety of topics related to parenting and adult basic skill -building. Parents have an opportunity to discover ways to make their homes a fun and safe learning environment for the family. Classes are small, very supportive, and provide a positive atmosphere where you can achieve your educational goals without worrying about child care during the times the parent is in school.

## **Policy Council**

Policy Council is an integral part of Head Start/Early Head Start program governance. The Policy Council works with the Program Director to establish policies and to make decisions about what the program will do. At least 51% of the Policy Council membership must comprise of parents of currently enrolled Head Start/Early Head Start children. Community representatives also serve on the Policy Council and are elected by the Parent representatives. Past Parent members of children no longer in the program may serve as Community representatives. The parents on the Policy Council must be approved by the center parents.



## **Parent Activities**

- PARENT TRAINING WORKSHOPS
- MUTUAL SUPPORT GROUP DEVELOPMENT
- BOOK CLUBS
- FATHERHOOD DEVELOPMENT
- PARENT FIELD TRIPS
- NUTRITIONAL ACTIVITIES
- FAMILY LITERACY
- GED AND CONTINUING EDUCATION CLASSES
- CLASSROOM VOLUNTEER
- PARENT COMMITTEE
- ADVISORY COMMITTEE
- PARENT MENTORING
- POLICY COUNCIL
- COMMUNITY LIAISONS
- PEER SUPPORT
- LESSON PLAN DEVELOPMENT
- CONFERENCE PARTICIPATION

# Parent Engagement, continued

Parents are encouraged to visit with their child during family or group activity. This can demonstrate to the child that both the teacher and parent care about his/her learning experience.

## Parent Committees

The Parent Center Committee is comprised of parents whose children attend the center. All parents of enrolled Head Start/EHS children are a part of the Parent Committee. However each year, centers elect parent officers to represent the parent body. The center committee's purpose is to share information, discuss program activities and to evaluate the needs of children. Parent advocacy is highly addressed and parents have many opportunities to 'brush-up' on parenting skills. Each center committee elects officers during the first center meeting in September. Training and support are provided throughout the year. Listed below are the officers and their basic responsibilities:

### CENTER CHAIRPERSON:

- Conducts the parent business meeting each month
- Plans monthly agenda with Center Director and Family Advocate
- Meet regularly with other officers and staff

### CENTER VICE-CHAIRPERSON:

- Attends monthly meetings
- Fulfills the obligation of the chairperson in his/her absence

### SECRETARY:

- Records meeting minutes
- Submits minutes in legible form
- Reads minutes from prior meetings

### OTHER POSITIONS:

- Policy Council Representative
- Male Involvement Representative
- Health Services Advisory Committee Representative



## Parent Recognition

Guilford Child Development Services-Head Start/Early Head Start is a parent-driven program. Head Start and Early Head Start parents have opportunities to learn more about parenting, shared leadership, and building mutual-support groups with other parents in the program. No other program, for profit or nonprofit, takes such pride in creating an atmosphere that is inclusive to parents. To this end, GCD-HS/EHS has various recognition opportunities to demonstrate how much we appreciate our families. Some of these are:

- **VOLUNTEER OF THE MONTH**
- **VOLUNTEER OF THE YEAR**
- **PARENT OF THE YEAR**
- **WORKSHOP PRESENTER**
- **PARENT MENTOR**
- **FATHER OF THE YEAR**

If you have any questions about how to become involved with Parent Committees and opportunities, please contact the Special Projects Manager or speak with your Family Advocate.

**April Butler, BA, FDS, MS**

*Data Analysis, Special Projects & Outcomes Manager*

April.Butler@guilfordchilddev.org

# Transportation Services & Arrival and Departures

## Guilford Child Development

### *Arrival and Departure Agreement*

#### **ARRIVAL:**

##### **Bus Riders**

1. A responsible adult must accompany each child to the bus stop ten (10) minutes before the scheduled pick up time. The adult must remain until the child is picked up.
2. Children will be placed in a safety restraint while being transported.
3. Children should be dressed for current weather condition and be ready to board the bus when it arrives.
4. If your child has to cross the street to enter or exit the bus, he/she must be accompanied by an adult.
5. Always cross the street in front of the bus.
6. Children are not to bring food or drinks on the bus as they are provided breakfast and lunch at the child development center.
7. Guilford Child Development reminds all parents to notify their Family Advocate or Center Director of any changes on the emergency contact sheets, ex: address, phone numbers, or additional names.

##### **Non Bus Riders**

1. Children who are transported by other means must arrive at the center at 8:00 a.m. Breakfast is served at 8:30 a.m.
2. A responsible adult must accompany the child to his/her classroom and sign the child in.
3. After 8:30 a.m. a child is considered tardy and must come to the office before being admitted to the classroom. According to our attendance policy, tardiness leads to irregular attendance which could lead to possible termination.
4. If a child has an appointment or emergency and will arrive late, the parent/guardian must call before 8:30 a.m. and give the time you plan to arrive. Please get the name of the person you spoke with.
5. Children learn best by having a routine schedule; therefore, parents are encouraged to have their children to the center on time.

## DEPARTURE

### Bus/Non-Bus Riders:

1. Head Start children who do not ride the bus must be picked up from the classroom by **2:30 p.m.** Head Start **buses depart at 2:45 p.m.** NC Pre-K students depart at 2:30 pm.
2. Children will only be released to persons (sixteen years of age or older) authorized by the Parent/Guardian on the Emergency Contact Form. The person(s) picking up the child must present photo identification to the bus monitor(s) before the child is released from the bus, and this identification must match the name on the Emergency Contact Form.
3. If there is not an authorized person at the bus stop, the child will be returned to the center and the Parent/Guardian will be notified to pick up the child at the Center. *(Consistently failing to pick up your child at the scheduled time is considered neglect.)*
4. Parents will be given a verbal warning on the 1<sup>st</sup> occurrence and thereafter will be written violations. After the 4<sup>th</sup> violation bus services will be suspended for one week if a child/children has to taken back to the centers. If this occurrence becomes habit, transportation services may be suspended.
5. If your child has to cross the street to enter or exit the bus, he/she must be accompanied by an adult. ***Always cross the street in front of the bus.***
6. **Food and drinks are not allowed** on the bus. Children will be fed when they arrive at the center.
7. Please notify your Family Advocate or Center Director of any changes (address, phone numbers, or additional names) to your emergency contact sheets.
8. **A responsible adult must accompany each child to the bus stop ten (10) minutes before** the scheduled arrival time. The adult **must remain until the child is picked up.**
9. Children will be placed in a safety restraint while being transported.

**I understand my child must utilize both AM and PM bus services and the same bus route to utilize the transportation services Guilford Child Development provides.**

**During the FIRST WEEK OF SCHOOL ONLY the children that ride the bus in the morning will be allowed to ride the bus home in the afternoons.**

# Pedestrian Safety



Pedestrian injuries remain the second leading cause of unintentional injury-related death among children ages 5 to 14. Children are particularly vulnerable to pedestrian injury because they are often exposed to traffic threats that exceed their cognitive, developmental, physical, and sensory abilities. Children are impulsive and have difficulty judging speed, spatial relationship, distance, and velocity. According to studies, “Children are not fully mature with the skills to cross the street alone until at least the age of 10” -Gina P. Duchossois, MS, CHES, Trauma Prevention Coordinator, Children’s Hospital of Philadelphia.

- Children under age 10 should never cross the street alone. Accompany your child at crossings or pair them with an older escort.
- Teach your children to recognize and obey all traffic signals and markings.
- Make sure your children look in all directions before crossing the street. Teach them to stop at the curb, and to look left, right, and left again for traffic before and while crossing the street.
- Teach your child to make eye contact with the driver prior to crossing in front of them. Don’t assume that because you can see the driver, the driver can see you.
- Teach your child not to enter the street from between parked cars or from behind bushes or shrubs. Always keep your child’s hand while looking in all directions.
- Prohibit play in driveways, streets, parking lots, and unfenced yards adjacent to streets.
- Be a good role model by obeying traffic signals and markings. Even if your children aren’t with you, someone else’s children may follow your example.
- Be sure that small children are supervised at all times.
- Idling Vehicles: Don’t leave your car running, or block school entrances, or hold up traffic in driveways while you are in the vehicle.



## Helpful hints to getting your child to school on time:

1. Make sure you and your child get plenty of sleep.
2. Please wear appropriate clothing when escorting your child to the bus stop, Children learn from adult behavior. When he/she sees you not getting dressed, he will begin to believe school is not important to you.
3. Encourage your child’s positive attitude by telling him how proud you are of him.
4. Have several outfits prepared the night before (if your child fusses about his clothes, allow him to make choices you can limit).

# Pedestrian Safety, continued

Head Start performance standards state that parents and staff must take part in Safety Education. Safety recommendations are in:

- Car Safety
- Dangers Around Vehicles
- The importance of accompanying a Child
- Walking to school
- The Meaning of Signal Lights

**Car safety recommendation:** Children always ride restrained in a car seat appropriate for her/his height and weight, or when large enough— are seated in the back seat with car safety belts. Children should face forward in the car and learn to keep hands and feet in the vehicle.

**Learn how to avoid the dangers when walking to school:** Always walk to school with an adult. Children should hold hands of an adult, especially when crossing the street. Always walk on the sidewalk when appropriate; when there isn't a sidewalk to use, walk on the side of the street far from the curb and holding the hand of an adult. The adult must walk on the 'outside' of the sidewalk-closest to the curb and traffic.

**Dangers around cars:** Always let adults know that you are present if you are outside the car and it is running. Don't walk or run behind a vehicle while it is running. Do not put any part of your body outside the vehicle while it is running and moving (arms, feet, head, etc).

**Learn the meaning of the signal light colors:** **RED** means **STOP** (do not proceed). **YELLOW** means prepare to **STOP, WAIT** (the light is about to turn RED!) and **GREEN** means **GO** (the area should be clear).

**The importance of accompanying children in early childhood:** Children between the ages of birth to age 5 are still developing reasoning ability. Preschoolers cannot always make a clear decision at times of emergency. An adult should always accompany children near and around vehicles, at street crossing, or anywhere around traffic that has the potential to be harmful.

**Action Songs/Games (STOP, LOOK AND LISTEN!)** Stop, look and listen before you cross the street. STOP!

Use you eyes, ears, then use your feet!

**EYES**– Look to the left, look to the right and look to the left again.

**EARS**–Listen for vehicles approaching and passing by. Listen-especially for the ones you can't see!

**FEET**– Use your feet crossing the street, walking quickly and holding the hand of an adult (no playing in the street!)-stay inside the pedestrian walkway lines.

# **Grievance Procedures and Policy**

## **Statement on Child Abuse and Neglect**

Open communication between staff and parents is the most effective way to resolve parent concerns. The following procedures on filing a complaint and our policy on child abuse and neglect provides parents a way to express their concerns and address issues in an informal and formal manner.

### **Grievance Procedure for Parents and Community Volunteers**

1. Concerns and/or complaints should be first discussed with the Center Director. Documentation of communication between the parties regarding the complaint or concern is REQUIRED.
2. The Center Director must investigate the concern and respond to the complainant within three (3) working days of receiving information of the concern. A copy of the Center Director's written and/or verbal response is to be submitted to the Center Operations Director and a copy of the report is placed in the child's file.
3. If the Center Director's response does not resolve the concern or if the response is not addressed within three (3) working days, the complainant may file a written complaint to the Center Operations Director serving that center. The Center Operations Director will respond within three (3) working days after receiving the written concern.
4. If the response given by the Center Operations Director is not satisfactory or the response is not given within three (3) working days, the complainant may submit their written concern to the Assistant Head Start Director. The Assistant Head Start Director shall have five (5) working days to address the concern.
5. If the decision given by the Assistant Head Start Director is not satisfactory or if a response is not given within five (5) working days, the complainant may file a written complaint to the Executive Director. The Executive Director shall review all facts regarding the concern or grievance and render a decision, in writing, within five (5) working days of receiving the complaint.
6. If the decision rendered by the Executive Director is not satisfactory or is not given within five (5) working days, the complainant may file a written complaint to the Policy Council Chairperson within fifteen (15) working days. The Policy Council Chairperson may convene a meeting with the Policy Council or Grievance Sub-committee of the Policy Council to hear the complaint. The complainant and the Policy Council may have legal representation present at the meeting. The decision of the Policy Council shall be rendered five (5) working days after the hearing. The decision of the Policy Council shall be declared final and binding.

# Policy Statement on Child Abuse and Neglect

Guilford Child Development Head Start/Early Head Start has an extensive and stringent procedure for both staff and parents as it pertains to reporting *suspected* abuse and/or neglect of children. Because GCD Head Start/EHS and its centers follow and adhere to a 'zero tolerance' position on issues of child abuse and/or neglect, our agency abides by current laws and regulations that protect children. Our goal is to create and maintain an environment of truth and safety for both adults and children. **Parents should review this section carefully to avoid conflicts in the event reports arise and investigations (if any) are conducted.**

## What Does the Law Say?

The state of North Carolina requires that anyone who is a witness to or *suspects* child abuse or neglect is to notify the department of Social Services Child Protective Services Division as defined by General Statute 7A-517.

## What is the Policy on Reporting Child Abuse and Neglect?

Guilford Child Development Head Start/Early Head Start upholds Federal and State laws that mandate the reporting of *suspected* child abuse and/or child neglect. Failure to report suspected incidents will result in disciplinary action and can result in criminal liability.

## What is the Guilford Child Development Head Start/Early Head Start Procedure for Reporting Child Abuse and Neglect?

- A. If staff members or other persons (i.e. parents, volunteers, guardians, non-staff) suspect child abuse or neglect, the person observing the act or results of the act must report it to the Center Director immediately.
- B. The Center Director will gather pertinent information through interviews and observation of the child. The Center Director will notify the Head Start/Early Head Start Program Director with one (1) hour. In the absence of the Program Director, the Assistant Program Director, the Center Operations Director, Family Services Manager or Health Services Director will be notified within the same time frame.
- C. The Center Director will report the suspected child abuse or neglect to the Child Protection Agency within 2 hours. The report is to be made immediately upon notification of the central office designee. Call (336) 641-3795.
- D. The Center Director will notify the Guilford Partnership for Children contract administrator when the incident occurs in a center that receives NC Pre-K.
- E. The Program Director will be advised that a report has been filed with the Department of Social Services and the Guilford Partnership for Children.

Guilford Child Development complies with the Americans with Disabilities Act (ADA) by giving people with disabilities an equal opportunity to benefit from our programs, services, and activities.

GCD Head Start centers are wheelchair accessible. If you require special assistance in order to access our services and activities, please let us know by contacting your Family Advocate.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, this institution is prohibited from discriminating based on race, color, national origin, sex, age, disability and reprisal or retaliation for prior civil rights activity. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 by fax (202) 690-7442 or email [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

