



**MISSISSIPPI ACTION FOR PROGRESS, INC.
HEAD START/EARLY HEAD START
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PARENT HANDBOOK



“Cultivating Communities, Preparing Families, Educating Young Minds”

Family Partnerships

Program Services Department
Phone 601.923.4115 Fax 601.923.2819

This book belongs to _____

My child is in _____ classroom.

Parent Meetings are on the _____ of each month.

I am on the _____ Sub-Committee which meets the _____ of each month.

Center Administrator is _____

Early Childhood Education Specialist is _____

Regional Generalist is _____

Regional Support Generalist is _____

MAP, Inc. Head Start/Early Head

Counties Served

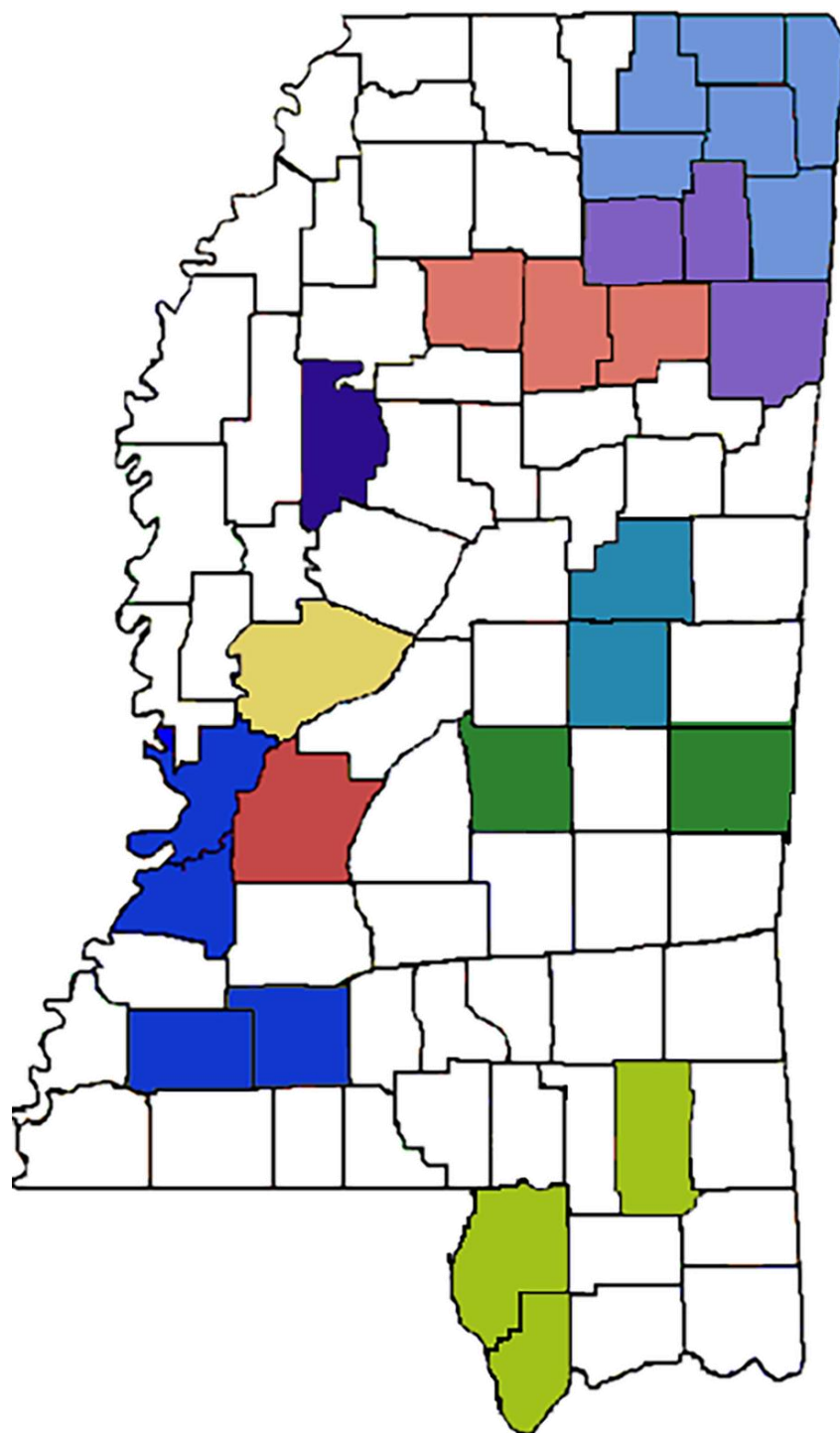


TABLE OF CONTENTS

CHAPTER 1		Disabilities & Mental Health	27
Head Start		Insurance	29
Questions about Head Start	1	CHAPTER 4	
What is Head Start	1	Parental Involvement	
What are the goals of Head Start	1	Parent Engagement (PFCE)	30
What is the Policy Council	2	My Right as a Head Start Parent	31
When does school begin	2	My Responsibility as a Head Start Parent	31
How many days/hours per week do children attend	3	Parent Participation in Head Start	31
Where are the Head Start centers located	4	The Ways Parents Can Participate	31
CHAPTER 2		How Can Parents Volunteer Their Services	32
Enrollment		Orientation of Parents	32
Selection Process	5	Parent/Staff Communication	33
Selection Criteria Ratings	6	Parent Bulletin Boards/Corner	33
Appeal Process	9	Volunteers	32
Attendance	10	Parent Committee	34
CHAPTER 3		Purpose of Parent Meeting	41
Services to Children		Parent Activities	41
Program Services	12	How Can I Help the School	41
Health and Nutrition	12	Functions of the Policy Council	42
Dental Health	13	Policy Council Structure	42
Emergency Medical Plan	14	CHAPTER 5	
Health Maintenance	18	Child Safety	
Education	23	Rules of Discipline	44
		Child Safety and Supervision	45
		Arrival and Departure Procedures	46
		Procedures for Loading and Unloading	47
		Fire Arm Policy	48



MAP, Inc. Head Start /Early Head Start

What is Head Start? At Mississippi Action for Progress, Inc. Head Start is a preschool program serving 4515 children in the following options: Center-based Head Start – 4004, Center-based Early Head Start – 511, Public School Partnerships - 9. Of the total enrollment 10% are children with disabilities. The age range for Head Start options is 3 to 4 years and 0 to 3 years for Early Head Start. This program is designed for low-income families without regard to race, color or creed who meets the standards prescribed by the Department of Health and Human Services (DHHS) guidelines.

Agency Goals

- I. MAP's Birth to 5 program will collaborate with local communities to ensure that high quality comprehensive early childhood development services are provided for children and families.
- II. MAP'S Birth to 5 program will promote its parents as lifelong educators to ensure measurable positive child outcomes.
- III. MAP will strengthen its professional development program to improve staff (Teachers/Child Care Providers, FCWs, etc.) skills in planning, organizing and implementing a developmentally appropriate program to promote school readiness and social competence.

What is the Policy Council? The Policy Council is a group of parents and community representatives selected (in October) by all Head Start parents to represent and lead them. The Policy Council meets at least once a month. They work closely with staff and parents and are interested in school and the community. They make important decisions that affect the lives of children, families and staff. There is a set of by-laws that govern what they do.

When does school begin? School usually begins in early fall and operates 171 days of the year. The parents are notified of the exact date and time. There is no admission fee.

How many days per week and hours per day do the children attend? The children attend school Monday – Friday unless training sessions are being held. Parents will be notified in advance. The children are to be in the center no later than 8:00 a.m. and by 2:30 p.m. Hours are extended for Early Head Start and Full Day/Full Year centers.

Where are our Head Start Centers located? We have a total of 52 Head Start Centers, which operates in 26 counties.

MAP, INC. Head Start Centers

Center Name:	Address	Telephone
Region I:		
Bay Waveland Center	301 Necaise Avenue Bay St Louis, MS 39520	(228) 467-3190
Richton Center	1301 Ash Avenue (P.O. Box 335) Richton, MS 39466	(601) 788-5511
Richton Early Head Start	1107 Ash Avenue (P.O. Box 335) Richton, MS 39466	(601) 788-5511
Poplarville Center	1205 East Locke St (P.O. Box 405) Poplarville, MS 39470	(601) 795-8064
Picayune Center	1628 Rosa Center (P.O. Box 518) Picayune, MS 39466	(601) 799-1716
McCarty Learning Center	1628 Rosa Center (P.O. Box 518) Picayune, MS 39466	(601) 799-1716
Region II:		
Richardson Center	411 O'Sage Street Port Gibson, MS 39150	(601) 437-4094
New Zion Center	2506 Highway 51 SE Bogue Chitto, MS 39629	(601) 734-6350
Lindsey Center	624 East Monticello Brookhaven, MS 39601	(601) 833-2826
Franklin Complex Center	65 Morgan Fork Church LN NE Roxie, MS 39661	(601) 384-2818
King Head Start Center	200 R.L. Chase Circle Vicksburg, MS 39180	(601) 638-4311
Cedars Center	235 Cedars School Circle Vicksburg, MS 39180	(601) 636-1360
Cedars Early Head Start Center	235 Cedars School Circle Vicksburg, MS 39180	(601) 636-1360
Region III:		
Midway Center	5860 Midway Odom Road Forest, MS 39074	(601) 625-9700
Forest Community Center	970 East First Street (P.O. 141)	(601) 469-4757
Meridian Early Head Start	917 27 th Avenue Meridian, MS 39301	(601) 482-5211
Charles L. Young Center	2124 11 th Avenue Meridian, MS 39301	(601) 482-4665
Meridian Center	917 27 th Avenue Meridian, MS 39301	(601) 482-5211
Toomsba Center	P.O. Box 290 Meridian, MS 39301	(601) 632-4491

Region IV		
Gilliam Center	100 Martin Luther King Blvd Greenwood, MS 38935	(662) 453-5442
Gilliam Early Head Start Center	100 Martin Luther King Blvd Greenwood, MS 38935	(662) 455-5442
Region V		
Wheeler Center	588 County Road 5031 Booneville, MS 38829	(662) 365-2018
Booneville Center	200 Bryant Street/P.O. Box 670 Booneville, MS 38829	(662) 728-7913
Wheeler Early Head Start	588 County Road 5031 Booneville, MS 38829	(662) 365-2018
Union Center	507 Oak Street/P.O. Box 537 New Albany, MS 38965	(662) 534-2681
Mantachie Center	4091 CR 371 Mantachie, MS 38855	(662) 282-7666
Mantachie Early Head Start	75 Sunset Drive Mantachie, MS 38855	(662) 282-7200
Fulton Center	608 Elliot Street/P.O. Box 537 Fulton, MS 38847	(662) 862-3928
Region VI		
Water Valley Head Start Water Valley Early Head Start	P.O. Box 741/710 Railroad Street Water valley, MS 39110-1234	(662) 473-1552
McIntosh Center	P.O. Box 691/450 3 rd Street Houston, MS 38851	(662) 456-3871
Okolona School Blended Services	P.O. Box 691/450 3 rd Street Houston, MS 38851	(662) 456-3871
South Calhoun Center	P.O. Box 204/125 Carver St Calhoun, MS 38916	(662) 628-6585
South Calhoun EHS	123 Church Street- P.O. Box 204 Calhoun City, MS 38916	(662) 628-6585
Region VII		
Exhibit Hall Center	234 Carver Avenue Philadelphia, MS 39350	(662) 656-4731
Winston County Complex	P.O. Box 908/403 Warner Ave. Louisville, MS 39339	(662) 773-8622
Region VIII		
Yazoo Center	422 East Fourth Street Yazoo City, MS 39134	(662) 746-4093
Linwood Center	3439 Vaughn Rd. Vaughn, MS 39179	(662) 673-1212
Bentonia Center		(662)755-0195
Region IX		
Corinth Center	2305 Bell School Road Corinth, MS 38834	(662) 286-5802
Belmont Center	1629- B Washington Street Belmont, MS 38827	(662) 454-7346
Burnsville Center	24 Washington Street Burnsville, MS 38833	(662) 427-8883
Tishomingo County Blended	24 Washington Street	(662) 427-8883

Services	Burnsville, MS 38833	
Iuka Center	1939 Ronnie King Drive Iuka, MS 38852	(662) 432-5410
Prather Center	40 CR 562 Ripley, MS 38663	(662) 837-3269
Chalybeate Center	4530 County Road #201 Walnut, MS 38665	(662) 223-5522
Region X		
Aberdeen Head Start	813 HWY 145 Aberdeen, MS 39730	(662) 369-1173
Amory Head Start	1105 I Avenue Amory, MS 38821	(662) 256-4834 or (662) 256-4727
Baldwyn	515 Bender Circle Baldwyn	(662) 365-1031
Haven Acres Head Start	3288 Willie Moore RD. Tupelo, MS 38801	(662) 566-7496 or (662) 566-7494
Nettleton Head Start	170 Mullen Avenue P.O. Box 6119 Nettleton, MS 38858	(662) 963-2223 or (662) 963-2245
North side Head Start	517 Linden Hill Tupelo, MS 38801	(662) 620-7238 or (662) 844-7523
Pontotoc Head Start	341 Ridge Road Pontotoc, MS 38863	(662) 489-0857 or (662) 509-7085
Saltillo Head Start	116 Pinewood Street Saltillo, MS 38866	(662) 869-2882 or (662) 869-2909
Shannon II Head Start	659 Romie Hill Avenue Shannon, MS 38868	(662) 767-3715 or (662) 767-9514
Shannon Head Start	218 Cherry Street Shannon, MS 38868	662-767-9098
Verona Head Start	212 College Street P.O. Box 579 Verona, MS 38879	(662) 566-1742

SELECTION PROCESS

The Selection Priority Criteria is designed to ensure that Mississippi Action for Progress, Inc. enrolls those children who are Head Start and Early Head Start eligible and in the greatest need of the services offered. Through consistent application of the priority criteria 90% or more low income children will be enrolled. Ten percent of the total enrollment will be children with disabilities and may come from families whose income exceeds the low income guidelines. When children with disabilities also meet income guidelines, they will take priority. Low income working families or in school parents who exceed the income guidelines by \$1,500.00 or less will be given consideration within the 10% over income provision.

Children not enrolled will remain on the Waiting List as long as he/she is Head Start eligible. Exception: family moves from service area; staff unable to locate family at the time of enrollment opportunity or parent indicates that he/she is no longer interested in Head Start services.

Returning children are not affected by the Selection Criteria process, as they remain eligible until kindergarten is available to them.

Head Start

First Priority: Four year olds with disability below low income poverty level.

Second Priority: Four year olds below low income poverty level.

Third Priority: Three year olds with disability below low income poverty level.

Fourth Priority: Three year olds below low income poverty level.

Early Head Start

First Priority: Family with pregnant woman in third, second or first trimester of pregnancy, multiple births (three or more) and/or children under three years of age, below low income poverty level.

Second Priority: Family with pregnant woman in third, second or first trimester of pregnancy, twin births (two or more) and/or children less than three years of age, below low income poverty level.

Third Priority: Family with pregnant woman in third, second or first trimester of pregnancy, single birth and/or children less than three years of age, below low income poverty level.

Fourth Priority: Family with children under three years of age, below low income poverty level.

SELECTION CRITERIA RATINGS

Children are selected for enrollment in Head Start whose family income meets the current Head Start Family Income Guidelines and have the greatest number of points in the following categories (only one selection per category):

AGE

4 years old this school year	30
3 years old this school year	20

ELIGIBILITY

Homeless	150
Foster Care	150
Below Income Guidelines	50
Public Assistance (TANF/SSI)	50
Over-income	00

PARENTAL STATUS

Single Parent	25
Other Family Type or Relative(s)	15
Two Parent	05

DISABILITY STATUS

Disability diagnosed, multiple	30
Disability diagnosed, single	25
*Disability suspected	05
No Disability	00

OTHER

Transition from Early Head Start	25
*Referral from Protective Service/Emerg. Asst.	15
*Referral from Other Agency Professional	05

*To be determined by central office

The Eligibility Priority Selection Worksheet supports the computerized selection criteria. A worksheet is completed for each application received. The data on the worksheet is entered into the child tracking system. A ranked listing of all applicants is produced from the child tracking system. This ranked listing is used to select children for enrollment in each Head Start Center.

The Eligibility Priority Selection Worksheet supports the manual selection. A worksheet is completed for each application received. The total for each category is calculated and entered on the Selection Criteria Worksheet. The worksheets are arranged in numerical descending order. A roster of children, in descending order, is prepared by the Family & Community Worker and forwarded to the Enrollment Coordinator. Tallies are made by the Family & Community Worker and verified by the Center Administrator and Enrollment Coordinator.

Children are manually selected for Early Head Start enrollment, whose family income meets the current Head Start Family Income guidelines and have the greatest number of points in the following categories (only one per category):

Age		
	6 weeks – 6 months	25
	7 – 11 months	15
	12 – 18 months	10
	19 – 24 months	05
	25 – 36 months	04
ELIGIBILITY		
	Homeless	150
	Foster Care	150
	Below Income Guidelines	50
	Public Assistance (TANF/SSI)	50
	Over-income	00
PARENTAL STATUS		
	Teen Parent	25
	One Parent	15
	Other Family Type or Relative	15
	Two Parent	05
DISABILITY STATUS		
	Disability diagnosed, multiple	30
	Disability diagnosed, single	25
	Disability suspected	05
	No Disability	00
OTHER		
	Referral from Protective Service	25
	Emergency Asst. /Family Needs	15
	Referral from Other Agency or Professional	05

*To be determined by central office

Pregnant women are manually selected for Early Head Start participation, whose family income meets current Head Start Family Income Guidelines and have the greatest number of points in the following categories (only one item per category):

Pregnancy Stage

1 st Trimester	25
2 nd Trimester	15
3 rd Trimester	10

ELIGIBLE

Homeless	150
Foster Care	150
Below Income Guidelines	50
Public Assistance (TANF/SSI)	50
Over-income	00

PARENTAL STATUS

Teen Mother	25
One Parent	15
Other Family Type or Relative	15
Two Parent	05

DISABILITY STATUS

Disability diagnosed, multiple	30
Disability diagnosed, single	25
Disability suspected	05
No Disability	00

OTHER

Referral from Protective Service	25
Emergency Asst. /Family Needs	15
Referral from Other Agency or Professional	05

*To be determined by central office

APPEAL PROCESS

Mississippi Action for Progress, Inc. strives to be fair in the selection and enrollment of children applying for Head Start services. However, in the event a child is not accepted for enrollment or dropped from class roll and the parent(s) desire to question or challenge the decisions, the following appeal procedures must be followed:

1. Parents will contact Enrollment Coordinator in the Central Office, 1751 Morson Road, Jackson, MS, 39209 or by telephone at 601-923-4106 for written explanation (detailing entire procedure within five working days after receipt of notification. Requests are preferred in writing however not required. Verbal requests must be followed up in writing by Enrollment Coordinator.
2. A parent conference will be scheduled to discuss and resolve the complaint or concern. A written report of conference will be forwarded to the Research and Development Director and a letter setting forth the conference conclusion(s) will be mailed to the parent(s).
3. If a resolution is not satisfactorily (to parent) reached at the conference, the Director of Research and Development will hear and resolve the complaint or concern within five working days after step two has been completed. A written report of the conference conclusions will be submitted to the Agency Administrator and the parent(s).
4. In cases when complaints or concerns are not resolved satisfactorily (to parent) in step three, the Policy Council will be presented a recommendation from the Agency Administrator. Parents will be sent a copy of the recommendation and will be informed of their rights to be present at the Policy Council meeting. The Policy Council will either approve or disapprove the recommendation. The parents will be notified in writing of the Policy Council's decision.
5. The Board of Directors will be informed of all decisions made by the Policy Council regarding this matter. The Board will review (written material only) and make a final decision in cases not satisfactorily (to parent) resolved by the Policy Council.

Mississippi Action for Progress, Inc. will provide every possible means of assisting the family with complaints or concerns adversely affecting their child's enrollment and attendance in Head Start. However, failure to adhere to MAP, Inc. Head Start program's policies and regulations may result in termination of services. Parents may appeal the Head Start program's decision in the manner outlined above.

Promoting Regular Attendance

As a parent you are responsible for your child's regular attendance at school. The center staff will work closely with you to keep you abreast of your child's attendance status.

Children should arrive at the center daily by 8:00 a.m. Children arriving after 9:00 a.m. will not be permitted to stay except in case of emergency (where parents have notified the Center Administrator or designee that the child will arrive after 9:00 a.m.).

A child's parent will be contacted by telephone and/or home visit when either of the following situations occurs:

- Child is absent for two (2) consecutive days
- Child attends class irregularly
- Child is tardy excessively
- If a child is unexpectedly absent and the parent has not contacted the center within one hour of center start time

Parents are asked to notify the Center Administrator or staff when their child will be absent. A telephone call, a note sent by bus driver or bus monitor, a message given to staff member is acceptable.

Incentive for Attendance

Attendance Award: Parents and children who are in school at 90% or more of the scheduled school days will be given individual attendance certificates at the end of the school year.

Excused and Unexcused Absences

Parents make sure that you are aware of procedures for notifying the Center when your child is absent. The examples below are some examples of excused absences

- Illness
- Medical appointments
- Observance of religious holidays
- Family emergencies
- Severe or adverse weather condition
- Other special documented situations

Unexcused:

- Parent/ teacher conflict
- Child/child conflict
- Missing the bus
- Employment
- Transportation

*****Transportation cannot be used to justify long term absences; parents are still expected to have children in school (special circumstances must be approved by the Center Administrator).**

***Failure to comply with attendance policies and procedures after consecutive unexcused absences and after staff contact can result in termination of program services.

***Parents are encouraged to schedule medical, dental, etc., appointments after 2:00 p.m. This policy is to ensure that children are present for a sufficient amount of time to receive all services

Education is important for your child's success in life.....

- ❖ Regular attendance ensures that your child receives all of the benefits school can offer.
- ❖ Everyday a child is absent is a lost opportunity for learning. Too many absences can affect achievement not just for the absent student but could also disrupt learning for the entire class.
- ❖ Children do best in school when they are in class every day. The U.S. Department of Education reports that for every missed day of school, it takes a student two days to catch up.
- ❖ **Chronic absenteeism:** Missing just 2 days per month or 16 days over the course of the school year can be an early warning sign that a student will have academic trouble starting as early as kindergarten and preschool.

Children keep up with their peers and have stronger bonds with the school and community when they are present in school.

Tips for Parents....

- ✓ Make sure your child is in school all day, every day!
- ✓ Know your child's center policy and procedures on attendance and obtaining your child's missed assignments
- ✓ Support your child's center policies and procedures on attendance
- ✓ Schedule your child's appointments after school hours, whenever possible
- ✓ Call your child's center when your child is absent. When possible, let the center know in advance if your child will be absent.
- ✓ Make sure your child arrives on time. Being late to school may lead to poor attendance.

SERVICES TO CHILDREN**PROGRAM SERVICES**

Head Start is based on the premise that while all children and families share certain needs, children and families economically deprived can benefit most from Head Start's comprehensive program of services. It is therefore, Mississippi Action for Progress, Inc.'s approach to seek out those families that are the neediest for enrollment into Head Start Program.

Every effort is put forth by the Program Services staff to maintain regular attendance of those children enrolled and to assist in meeting family needs associated with children's irregular attendance by providing direct and/or referral services.

The basic needs (food, clothing and shelter) are given priority. Other needs are provided for as they are identified. Regular home visits and ongoing contacts are made with families for reassessment of needs and development of Family Partnership Agreements.

It is the ultimate goal of this service unit to assist families in linking themselves with needed resources to secure needed services. It is our mission to assist all families in achieving a greater degree of social competence for family members individually and collectively.

Parents are provided training through the Program Services department to assist them in meaningful Head Start participation as outlined in the Performance Standards. Assistance is provided to all parents for affecting programs to meet their needs and the needs of other community residents.

HEALTH AND NUTRITION

When do children eat? Meals begin with a nutritious breakfast between 8:00 a.m. and 8:30 a.m. At 10:30 a.m. a well-balanced lunch is served and at 1:30 p.m. children have snacks. Children eat family style in centers. They learn to feed and serve themselves. On various occasions parents are invited to have lunch with the children. When a parent plans to have lunch with their child, they must notify the center in advance (by 9:00 a.m.) to allow for preparation of additional food.

Does the center have health rules? Yes, Head Start believes a happy, healthy child learns best. Every child should have his/her immunization shots before the first day of school. Parents and staff cooperate with each other to get the children to the doctor for shots when necessary. Head Start requires 4 DPT, 3 Polio, 1 Measles, 1 Mumps and 1 Rubella, In addition, one dose of HIB (Hemophilus Influenza Type 13) vaccine is required for children five years of age. All adults who come in contact with the children in the center must have a health card or proof of a T13 test.

Are there times I should keep my child home? Health is a very important factor in the learning process. Regular attendance is very important; however, sometimes when symptoms of disease present themselves or if a child has had an upsetting experience, it is best for the child to be kept home. Some symptoms of illness are:

- Running nose, coughing, or upset stomach.
- Headaches, nausea or vomiting.
- Skin rashes, sores, running ears or ringworm.
- Any sign of fever, chills or change of skin color.
- Any diagnosed contagious disease.

Health procedure in case of illness: The health staff is primarily responsible for deciding how a child is to be handled in case of illness. If a period of time is necessary to determine whether or not a child should go home, the child should be observed in the classroom.

Short-Term Exclusion and Admittance Policy: MAP must temporarily exclude a child with a short-term injury or an acute or short-term contagious illness that cannot be readily accommodated, from program participation in center based activities or group experiences. Only for that short period will the child in care possess significant risk to the health or safety of child or anyone in contact with the child.

What happens in case of emergencies? Each classroom will maintain emergency information concerning each child's health and contact person in the event of an emergency. Emergency information document should contain the following information:

Child's Name	Child's Age	Child's Birth Date
Address	Home Telephone #	Name of Parents
Business Address & Telephone # of Both Parents		
Number to Call in Case of Emergency		Allergies
Name of Physician & Telephone #		Special Conditions

DENTAL HEALTH

The human body is like a machine with many parts. To be efficient, these parts must work together. Good eating habits are important for good health since life could not go on without it. Everyone requires a certain amount of food to keep their body functioning in good order. Certainly everyone should practice good nutrition. Diet is very important when the teeth are forming. The minerals, calcium, phosphorous and vitamins A, C and D are essential in forming normal teeth. Once the teeth are formed, starches and sugars are the only foods that have a negative effect on them. Unfortunately, that effect is harmful in all groups. Children with the most need are given first priority. Dental work is performed as Head Start finances permit.

Emergency Medical Plan

In order to improve the emergency procedures and maintain continuity, the Family Community Workers are recommended to be the individuals responsible for administering first aid to the children. The First Aid Kit must remain locked when not in use and stored in a place that prevents others from having access to it. If for some reason the Family Community Worker is not available to administer first aid a second individual (previously designated), highly trained in administering first aid, and should do so.

Administration of Medication Policy: Head Start staff will follow procedures which allow for safe and timely administration of medications that have been **prescribed by a physician or Nurse Practitioner.*** Medication administration will occur **only after** reasonable attempts have been made to schedule the medication outside of classroom hours. It is very important to encourage communication with parents, to be aware of any individual or community health considerations.

Contents of a First Aid Kit:

- ☞ Container
- ☞ Scissors – to cut tape and gauze to size to cover wounds.
- ☞ Tweezers – for removing splinters and stingers.
- ☞ Tape – keep tape on hand for those with allergies related to adhesive.
- ☞ Soap – small bars or disposable wipes for when water is not available.
- ☞ Disposable rubber glove or plastic bag – fill with water, tie on one end and store in freezer as an ice bag at. Also fill with water to take on trips.
- ☞ Gauze pads (4x4)
- ☞ Wedges of cotton – for nose bleeds.

Artificial Respiration when Breathing Stops:

1. Clear the airway by pulling the head to the side and reaching into the mouth to remove any loose objects, vomits or fluids.
2. Place child on his/her back.
3. Tilt child's chin up and extend neck as far as possible.
4. Cover child's mouth and nose with your mouth. Cover adult's mouth with your mouth and pinch nose close.
5. Blow until you see the chest rise.
6. Remove your mouth and take a deep breath yourself.
7. Repeat 18 to 20 times a minute.
8. Check for heartbeat on chest.

Remember to call for emergency transportation and to take medical records. Notify parents or relatives. Someone should deal with the needs and concerns of the others in the group.

Bites – Human or Animal:

1. Wash thoroughly with soap and rinse site well with water.
2. Repeat washing three times a day until wound is well healed.

3. Report animal bites to the Health Department or Police. Animal and human bites should be watched closely for infection.
4. Try to obtain name and address or owner of animal.
5. **Poisonous snake or spider bites** – consult local health authorities for procedures.

Remember to reassure the victim. Someone should notify parents or relatives and someone should deal with the needs and concerns of the others in the group.

Insect Bites:

1. Remove stinger with tweezers if left in skin.
2. Wash with soap and water.
3. Apply ice or cold water if there is severe pain. There should be an ice pack stored in the freezer.

Burns and Scolds:

1. Run cold water over the burn and apply ice.
2. Put dry, clean and non-stick dressings over blisters and get medical help.
3. Do not break blisters or apply ointments.
4. For severe burns, keep child quiet and calm and quickly go to the hospital.
5. For chemical burns, you should rinse the area with lots and lots of cool water. Check labels for other instructions or call the Burn Control Center for advice.

Remember to reassure victim. Someone should notify parents or relatives and someone should deal with the needs and concerns of the others in the group.

Chocking or Swallowed Objects:

1. Turn child upside down and pat with a cupped hand on the back between the shoulder blades. If child cannot breathe, do not attempt this maneuver.
2. Reach into the mouth and attempt to remove the object that is stuck.
3. If the object cannot be removed easily, get the child to the emergency room for help.
4. If the child has swallowed an object and seems to be feeling well, call health provider for advice about the next steps.

Remember to reassure the victim. Someone should notify parents or relatives and someone should deal with the needs and concerns of the others in the group.

Earache and Ear Discharge:

1. Put nothing in the ear.
2. Check for fever.
3. Give aspirin or Tylenol for fever and pain. If permitted to do by the program policies and procedures.
4. Alert parent to have child examined.

Eye – Something in Eye:

1. Wash with clear water immediately from a cup or the tap.
2. Keep child from rubbing the eye.

Eye Injury:

1. Close the lid and firmly apply an eye patch or clean smooth gauze.
2. Take child to the health provider for emergency care.

Eye – Inflammation/Discharge:

1. Keep child's hands away from any leakage.
2. Take child to health provider for emergency care.

Remember to reassure the victim. Someone should notify parents or relatives and someone should deal with the needs and concerns of the others in the group.

Fainting – Child:

1. Lay child on floor and loosen clothing around neck.
2. Alert parents to take child to the health provider if fainting occurs again.

Fall and Head Injuries: A doctor should see children whenever a head injury occurs.

If Unconscious:

1. Assure airway, breathing, heart rate and control bleeding (if any).
2. Note time and take to emergency room or doctor.

If Conscious:

1. Control bleeding if present.
2. Watch child's behavior for the next few hours for persistent vomiting, dizziness or headache.
3. Child may nap but should be aroused every 15 minutes to see that he/she can wake up.
4. Do not give aspirin for head injury.

Remember to reassure the victim. Someone should notify parents or relatives and someone should deal with the needs and concerns of the others in the group.

Fractures: Suspect a fracture when a body part is deformed (out of shape) or when there is severe persistent pain.

1. Move the injured part as little as possible.

2. Fix the part in the position in which you find it with splints which cross any joint above or below the site of injury.
3. Apply ice to injury over the splints.
4. Transport cautiously.

Remember to reassure the victim. Someone should notify parents or relatives and someone should deal with the needs and concerns of the others in the group.

Resuscitation:

1. Assure airway is free and institute artificial respiration.
2. If no heartbeat can be felt on head or chest, place heel of hand in center of chest, both hands one on the other for an adult and depress quickly. Repeat at least one per second.
3. Have someone else feel for groin pulses located on the inner upper portion of the thigh to assure adequate pumping is being done.

Remember to reassure the victim. Someone should notify parents or relatives and someone should deal with the needs and concerns of the others in the group.

Seizures and Convulsions:

1. Place child on the floor and remove any hard objects on which they can be hurt.
2. Keep the mouth clear of saliva.
3. When the seizure stops, treat my fever vigorously with aspirin and bathe with lukewarm water if permitted program policies, child's parents and child's physician.
4. If the seizure doesn't stop in five minutes, take the child immediately to the physician.
5. Always notify parents when a seizure occurs so that they may notify their health provider. The first seizure a child has always requires evaluation by a doctor as quickly as possible.

Remember to reassure the victim. Someone should notify parents or relatives and someone should deal with the needs and concerns of the others in the group.

Splinters:

1. If the splinter can be removed with tweezers, do so and wash site well with soap and water.
2. If the splinter is hard to remove, soak the part in warm soapy water for ten minutes and then try to remove the splinter with tweezers again.
3. If you still cannot remove the splinter, contact a health advisor for advice.

Nose Bleeds:

1. With child in sitting position, blow from nose all clots and blood.
2. Insert into the nostril a wedge of cotton moistened with water.
3. Apply pressure against the outside of the nostril with fingers for five minutes.
4. If bleeding does not stop, secure medical care from health provider.

HEALTH MAINTENANCE

Your Child's Health: Your child is being brought up in an age of scientific miracles. The advancement of medicine has assured every child a healthier life completely free of the dangers of contagious diseases. This will happen only if parents aided by health authorities will see to it that all children are completely immunized against the preventable diseases. The following immunization guide will assure your child's health from the contagious communicable diseases:

Immunization	Age
Diphtheria Pertussis – Whooping Cough Oral Polio Vaccine	2 months; repeat at 4 and 6 Tetanus, plus
Measles Vaccine – combined measles, mumps Rubella Vaccine	12 months
Rubella Vaccine, Mumps Vaccine – if not given in measles	12 – 24 months combination with
Diphtheria, Pertusis, Tetanus Booster-	18 months, 4 – 6 years & every 10 years thereafter

Immunizations are a very important part of activities to ensure and preserve the health of children. A routine physical examination may seem unnecessary, but sometimes it reveals defects or problems, which the parent had no knowledge of. These are only a few of the abnormal silent conditions that a careful physician can detect with a physical examination. Other conditions include heart murmurs, high blood pressure, kidney disorders, anemia and swollen glands, not to mention defects in growth and development.

A Medical Examination by a Physician Serves Four Purposes:

1. Screens for frequent or especially important diseases or defects.
2. Evaluates more fully any complaints or suspicions derived from the history, screening tests or other findings.
3. Offers a setting in which physician can interview the child and his/her parents – observe the child's behavior and observe the interaction of the child with his/her parents.
4. Behavioral development areas such as: gross motor, fine motor, language, adaptive functions, social and personal functions.

Physical examinations should include checking skin, eyes ears, nose tonsils, adenoids, heart abdomen – groin regions, examination of the genitalia and other examinations as needed.

Preparing Child for Doctor Visit

Children need reassurance before going for a medical examination. When your child goes to the hospital, doctor's office or health center or comes in contact with nurses it can be a rather frightening experience. The homework you do before the actual visit can make the whole experience more comfortable for you and your child. Do the following things to make the visit more pleasurable:

- Do tell your child ahead of time about going to the doctor, hospital or clinic.
- Don't make up an untrue story about trips to the doctor or clinic.
- Never use the doctor's visit as a discipline, punishment or threat to make your child obey.
- Don't threaten to take your child to the doctor, clinic or hospital and leave if he/she is bad.
- Don't tell him/her he/she will get a shot if he/she is bad.
- Do bring along a favorite toy or book.
- Dress your child in clothes that can be cleaned easily and easily taken off and put on when he is to see the doctor.
- Don't expect your child to behave just as he/she does at home.
- Please be honest in answers to the child and doctor.
- Tell your child what to expect as a routine screening.
- Go with your child to the doctor's office and/or clinic for screening examinations and shots.

Contagious Childhood Diseases:

<i>Disease</i>	<i>Symptoms</i>	<i>Incubation</i>	<i>Contagious Period</i>
Chicken Pox	Slight fever, lack of appetite, rash that first appears on the body	14 – 21 days	From 1 day before rash appears
German Measles	Mild low grade fever, swollen glands in back of neck, under the chin or behind the ears. Rash fades after 23 days	14 – 21 days	7 days before symptoms to 5 days after
<i>Disease</i>	<i>Symptoms</i>	<i>Incubation</i>	<i>Contagious Period</i>
Mumps	Glands at angle, swollen and painful; fever and nausea	14 – 28 days	1 week before and painful fever; symptoms to 9 days after; most contagious during swelling
Scarlet Fever or Scarlatina	Sudden fever, sore throat, swollen neck glands, nausea and a blushing rash	25 days	During incubation and during illness

Impetigo: a contagious skin disease caused by streptococci and staphylococci. It occurs in all age groups, but is more prevalent among children. It first appears as discolored spots, then small blisters from a break, spreading the germs to other parts of the body. The lesions then form honey-colored

crusts or scabs. All lesions are contagious whether they are open or crusted. To treat impetigo and prevent spreading take the following precautions:

1. Remove all crusts with soap and water three times a day. Hydrogen peroxide is also excellent for this.
2. After all crusts are removed, apply an antibacterial ointment to the area (can be obtained at local Health Departments).
3. Apply ointment 2 – 3 days after the lesions have apparently healed.
4. If a newborn baby develops impetigo, you should take him/her to your doctor, as it can be a serious disease.

Preventive measures:

1. Wash daily with soap and water.
2. No dual use of patient's towels, wash-cloths or bed linens.
3. Keep fingernails clean and short and put a small amount of antibacterial ointment on fingertips

Remember, if the spread of impetigo is severe, you should see your doctor so the disease may be treated internally.

Intestinal Parasites (Worms):

There are many different kinds of worms or other parasites that infest the intestinal tracts of children. Two most common are pinworms and ringworms or ascariasis. Both of these worms are a hand-to-mouth disease. Eggs are injected in the mouth.

Pinworms – *Symptoms:* An itch around the anus, restless sleep and nervous symptoms. Many times mothers may notice little white worms around the child's anus.

Prevention: Fingernails should be kept short and clean.
Hands should be washed thoroughly after using the toilet and before meals.
Infected people should sleep alone and bedding handled and laundered with care.

Ringworms – *Symptoms:* Anemia, malnutrition, stomach ache, potbellied, and nervousness. Worm may be passed in the bowel movements

Prevention: Wash hands before eating and after using the toilet.
Use the toilet in your bathroom or privy. Don't use the "out-of-doors."
Don't put dirty objects in your mouth, such as sticks, pencils, money, etc.
Never drink water unless it has been tested for purity.
Don't play near dirt or sand that has sewage drainage running over or near it.

Local Health Departments have medicine to treat worms. They can also help determine if a child has worms or if he/she is suspected of having them.

Fever:

The first thing to realize is that a healthy child's temperature does not stay the same all day. It is usually the lowest in the morning and rises during the day. It also increases after the child has been playing. This is also true when the child is sick. There are only a few diseases where the fever stays high all day. A child between the ages of one (1) and five (5) will often develop a fever as high as 104 degrees and sometimes higher at the onset of a minor infection. On the other hand, some illnesses may be serious and the child will only have a slight fever. Therefore, it is wise to get in touch with a physician if your child appears ill and has a fever.

Emergency Treatment of a Fever:

If it will be a while before you can take your child to a doctor, it is wise to start treating a fever above 103 degrees. Start by giving your child the physician's prescribed dose of aspirin or Tylenol. (Keep out of reach of children). You can then give your child a wet rub. The purpose of this is to bring the blood to the skin surface by rubbing and then cooling it by evaporation. Undress the child and then cover him/her with a sheet or blanket. Do one arm and then replace it under the blanket and do the other arm. Repeat with each leg, his/her chest and back. You can do this every half-hour until his/her fever comes down. When a child's fever is high, use only light cover on him/her and keep the ordinary temperatures. Cover him/her more only if he/she feels chilly. Remember the fever is not a disease. It is the body's way of overcoming infection. Most physicians want to cure the infection, which will also cure the fever.

How to Read a Thermometer and Take Your Child's Temperature:

Most people find a thermometer hard to read and are confused by a mouth and rectal temperature. Most thermometers are marked the same. They have a long mark for each degree and a short mark for each fifth of a degree. There is an arrow pointing to the normal temperature, which is 98.6 degrees, if taken by mouth and 99.9 if taken by rectal. The only difference between a rectal and mouth thermometer is the shape of the bulb. The bulb on the rectal thermometer is round and the oral thermometer is pointed.

How to Take Oral Temperature:

1. Tell the child what you are going to do.
2. Place the bulb end in the mouth under the tongue and a little to one side.
3. Have child keep his/her mouth closed and breathe through his/her nose and not bite down on the thermometer.
4. Leave the thermometer in place for five minutes.
5. Remove the thermometer, read, wash with soap, rinse with cold water and dry. Hot water will break the thermometer.
- 6.

How to Take a Rectal Temperature:

1. Tell the child what you are going to do. Rectal temperatures are usually recommended for children under five.
2. Lubricate the bulb end of the thermometer with Vaseline or oil.

3. Turn child on his/her side. Insert the bulb end of the thermometer about one inch into the rectum and hold for about three minutes. If it is a small child you can hold him/her over your lap or on his/her stomach.
4. Remove the thermometer, read, wash with soap, rinse with cold water and dry.

First Aid for Common Household Emergencies:

Bruises: Rest the injured part. Put cold compresses on the area for ½ hour. If you use ice, wrap a cloth around it; never use ice directly on the skin.

Scrapes: Use wet gauze or cotton to gently clean the scraped area. Use soap and water.

Cuts: Small cuts should be washed clean with soap and water. Hold the area under running water. Cover with a sterile dressing. For large cuts, bleeding may be stopped by applying a dressing and exerting firm pressure. If the cut is a limb, elevating the area helps. Bandage the wound and seek medical help.

Bleeds: Apply firm pressure to the nostrils with your fingers for about five minutes (pinch the nose). A moistened wedge of cotton can be used in the nose and then pressure applied by pinching the nose. If bleeding continues, see a doctor.

Burns: If the burn is caused by heat, cover the area in cold water or put on cold wet pack. This should be done until pain disappears. Blisters can be covered with material like saran wrap for emergency cover. Don't break blisters. If a chemical causes the burn, wash the burn area thoroughly with water and call a doctor. A doctor should see any large burn immediately.

Choking: If a child is choking and not breathing, turn his/her head and face down over your knees and hit back between the shoulder blades. This will sometimes dislodge the shoulder blades. This will sometimes dislodge an article from the windpipe.

Head

Injury: After a head injury, the child should have complete rest. Notify the doctor immediately:

1. If child is unconscious after the injury or anytime thereafter.
2. If you are unable to wake the child from sleep. You may allow the child to sleep after the injury, but check frequently (every one or two hours) to see if the child can be aroused.
3. If there is continuous vomiting.
4. If there is headache or dizziness for more than one hour.
5. Extreme paleness.
6. Oozing of blood or fluid from the ears or nose.
7. If the child is unable to move an arm or leg.
8. If the black circle in the eyes (pupils) are of a different size in each eye.

Tuberculin Testing:

A TB skin test are performed on those children in need of screening (possibly exposed to this airborne disease). This may be done by their physician, local Health Department or by a designated medical provider. Parental consent is obtained prior to all screenings.

EDUCATION

2018-2019 School Readiness Goals

I. Social – Emotional Development

- Children will be provided opportunities and experiences that engage them in positive interactions, feeling secure through relationship building with adults, positive relationship with peer and others.
- Children are able to interact with others and express appropriate emotions such as crying, sadness, smiling, and excitement.
- Children are involved in learning experiences where they gain a sense of identity and belonging (self-efficacy).

II. Approaches to Learning

- With the support of trusted or familiar adults children began to self-regulate their emotions and behavior.
- Children will develop attentiveness and persistence skills and increase those skills throughout their life experiences.
- Children will develop emerging curiosity and initiative skills in interacting with people, objects, and the environment.

III. Language and Literacy Development

- Children will understand and attend to communication, are able to communicate (verbal and non-verbally), and increasingly demonstrate appropriate speaking when interacting with adults, peers, and others.
- Children will engage in book appreciation for skills acquired in stories reading, writing, and listening.
- Children will be able to repeat, identify and generate rhyming words.
- English Language Learners will be provided with the necessary experiences and opportunities that are developmentally appropriate to increase the development of their English Language skills while encouraging maintaining their home language.

IV. Cognition

- Children are supported and engage in actively exploration of their environment, objects, and people in what and how things work.
- Children will use a variety of strategies to demonstrate and increase their problem solving and reasoning skills.

- Children will demonstrate their understanding of mathematical operations (addition, subtraction, patterns, and measurement).

V. Perceptual, Motor, and Physical Development

- Children will use their sensory and perceptual information to guide actions in exploring objects, experiences, and interactions.
- Children will be provided opportunities and experiences to develop their gross and fine motor skills.
- Children will use their experiences to demonstrate their abilities and understanding of healthy practices. .

Things Your Child Will Learn in Head Start:

<i>Language:</i>	Finger play – dramatization - poems – jingles
<i>Listening:</i>	Imitating sounds - forming conclusions - following directions
<i>Music:</i>	To promote a real love and appreciation of music activities, participating in singing and rhythms.
<i>Rhythm:</i>	Listening to good music. Using rhythm band instruction.
<i>Art:</i>	To foster creative self-expression through various materials by: molding play dough – finger painting – cutting – pasting – coloring with crayons and tempura
<i>Social Studies:</i>	To acquaint the child with the social aspect of his/her environment by: learning about people and their jobs – visiting many places such as the airport, farms, etc. – learning about transportation and simple machines – recognizing the significance of holidays – develop an interest in the origin, distribution and use of goods.
<i>Science:</i>	To acquaint the child with exploring his/her natural environment by: becoming aware of growing things – becoming aware of animals - understanding the weather, the calendar, the seasons, etc.
<i>Numbers:</i>	To provide multiple experiences to acquire a working sense of numbers by: counting – measuring – understanding relationships
<i>Physical Activity:</i>	To provide physical activities which develop motor coordination and sportsmanship through games, stunts, simple exercise and dancing.

Steps that You May Take to Help Your Child:

You have helped your child grow physically, mentally and emotionally and you wonder, “Is he/she ready?” Here are some techniques you can use to prepare your child for the transitioning to school:

1. Send him/her to school happy.
2. See that he/she has had proper food and rest.
3. Dress him/her in comfortable clothing that is suitable for rugged play.
4. Mark or label all clothing, boots, hats and gloves so that he/she can identify them quickly.
5. Encourage your child, without pressure, to tell you about his/day.
6. Praise the work he/she brings home even though it doesn't look like a “Rembrandt” to you.
7. Get to know his/her teacher and give her your support.

Teach Your Child Discipline:

Basic Concept:

1. Teach right from wrong.
2. Let him/her know acceptable and unacceptable behavior.

3. He/she learns to do things he/she likes to do; so don't over teach things he/she doesn't like to do.
4. He/she needs praises.
5. Accept mistakes calmly.
6. Frequent reminders (discipline).
7. A busy, happy child is usually well behaved and easy to control.

Be Consistent:

1. Decide what type of discipline you will use and do not deviate.
2. Use words that ensure consistency.
3. Determine and use precise limits.
4. Discipline because he/she does something wrong which might harm him/her or others and not because you are angry that he/she has made extra work for you.

Teach By Example:

1. Show him/her what to do.
2. Practice the things you want him/her to do.
3. Let him/her feel important, wanted and loved.

Manner of Correction:

1. Immediately, if possible.
2. Without anger.
3. Don't threaten. Memory is short and he/she will soon forget.
4. If he/she becomes excited or uncontrollable in a group, take him/her from the group and provide him/her with quiet play alone.
5. Give one direction at a time and keep it simple.
6. Tell him/her what to do rather than what not to do.
7. Be sure he/she understands what is expected of him/her. Telling is not enough. He/she must be shown.
8. Don't scold or nag in a loud voice.
9. Don't punish by telling him/her you won't love him/her.
10. Give warnings for things to be done and allow time.

General Rules for Training a Child:

1. Readiness – observe the children for signs of readiness. Be firm but gentle. There are three important needs in teaching: patience, perseverance and affection.
2. Repetition – the child acquires the skill of self-help. Drills for self-help should be short.
3. Praise – be generous with praises. Do not praise them for the things not done well.
4. Teach one thing at a time. Be sure that the child is watching and listening.
5. Be calm and pleasant regardless of the number of mishaps/mistakes.
6. Allow plenty of time. Don't rush but don't let the child fool around.
7. Stimulate speech while demonstrating activities.
8. Do not assume that a skill learned in one situation applies to another. If he/she learns that a stove is hot, this doesn't necessarily mean he/she has learned that an iron is hot also.
9. Help a child only when he/she needs it. It will take longer to get the task done, but it is the only way he/she can learn.
10. Be consistent. Establish routines and do not deviate from them.
11. Avoid teaching in distracting surroundings; consider the child's well-being.

12. Allow the child to finish his/her task. Things should not be left half done.
13. Show him/her how to do things. Teach by example.
14. He/she can learn best if he/she is made to feel loved and wanted and is included in all things.

Play Activities:

1. Through play a child's personality evolves - attention span develops - imagination and initiative grows - plays with child(ren) his/her own age and feels secure, understood and accepted.
2. Supervise and cooperate.
3. Choose toys appropriate to mental age.
4. Change toys before the child becomes frustrated and discouraged.
5. Show the child how to use the toy. Play with him/her and talk to him/her. Don't stop if he/she fails to respond.
6. Keep current toys on low shelves which child can reach.
7. Let the child replace toys with your help.
8. Use a few toys at a time.
9. Save some games and toys for rainy days.
10. Ring games are good for socialization. Rhythm training and physical activities develop individual skills.
11. Use swing, safety bars and other equipment.
12. Exercise and require stretching and bending.

Techniques for Working with Preschoolers:

1. Give warning before changing activities: *"It's about time to go inside." "We will be ready to eat very soon." "When you finish that, put the puzzles away and get your pad out to rest."*
2. When giving directions or suggestions, state them in the positive way. Avoid using "No" and "Don't" as much as possible. Make demands short and simple: *"All the children are going to the restroom now." "You may wash your hands for lunch." "Your hands must be washed so you can eat." "You may hang your coat in your cubby." "We are ready." "This is your milk."*
3. Substitute a toy or an activity when one must have something taken away or denied him/her: *"You may not play with that vase, but you may have this." "These are not to play with, but you may ride the tricycle out in the yard."*
4. Give the child a choice only when you intend to let the child follow his/her choice: *"You may wear this hat or this cap." "You may play with the blocks or some other toys in your room."*
5. Redirecting activities often prevents trouble, that is, often changes aggressive behavior to a quiet activity: children are running, banging furniture, etc., parent or teacher says: *"I am ready to read to you." or "Here is your juice."*
6. Explain results rather than using threats: *"What you cross the street without looking, a car could hit you." "When you hit someone, you could hurt them." "A book is very hard and it hurts to be hit with it."*
7. Remove the child from a situation when he/she can't cooperate, or deprive him/her from playing with something when he/she can't use it correctly: *"You will have to come in here and play alone until you can remember not to hit people." "You will have to rest quietly with the others." "You cannot play with this long board because you will not remember that we don't hit with it."*

8. Set definite limits. Use short, simple directions: *"You may ride in front of this house and then turn around and come back."* *"You may play on this side of the fence."* *"These are sewing scissors. Here are your cutting scissors."* *"Color this paper. Walls are not paper and are not to be used for drawing."*
9. Be honest with children and answer questions honestly: *"I am going to town. I will be back when the clock looks like two (2:00)."*
10. A child must be protected. Safety precautions must be used. Stop or change activities which are dangerous: *"You need to sit down while you have combread in your mouth. If you run with it in your mouth you could swallow it and choke."* *"A razor blade is used in a razor; scissors will do for cutting."* *"You forgot to wash your hands clean."* *"I will help you if you need me to."*
11. Use reminders rather than questions when children get defensive or often tell things which are not so: *"You forgot your hat. I'll wait for you to go for it."* *"You forgot to wash your hands clean."* *"I will help you if you need me to."*
12. If a child has no choice but must follow directions, be positive in giving directions. Expect them to follow directions; *"If you cannot come in alone, I will have to help you."*
13. When children start telling untruths often, then suggest that he/she is teasing: *"That was a funny story you told me. It could have happened, but you are teasing this time. I know it really did not happen."*

DISABILITIES AND MENTAL HEALTH

Mainstreaming: helping people with mental health and disabilities live, learn and work in everyday settings where they will have the greatest opportunity to become as independent as possible. In Head Start and Early Head Start programs mainstreaming is defined as the integration of disabled children and non-disabled children offering them the opportunity to learn and grow by experiencing the strengths and weaknesses of their disabled friends. Mainstreaming does not only enroll disabled children in a program with non-disabled children; definite steps are taken to ensure that disabled children participate actively and fully in classroom activities. It is the Head Start and Early Head Start teacher's role to take these steps.

Public Law 94-142: the federal law which officially became effective on October 01, 1977. It is called the Education of All Handicapped Children's Act. This law ensures that public schools must provide special education and related service designed to meet each school age child's unique needs at no cost to parents. The law ensures that parents will have the right to be fully aware of and involved in their child's education. It also presents you with the responsibility to become knowledgeable of the law and exercise your rights. By working hand in hand in partnership with the public school, your child will benefit from educational services designed to meet the child's unique needs. The law ensures that Public schools will have funds available to provide free and appropriate public education for each disabled child. The schools will also have the support and aide of parents in designing the educational services. Head Start and Early Head Start personnel have the responsibility to become familiar with the provisions of PL 94-142 and provide individualized services.

Non-discriminatory Testing and Assessment: Methods used for testing and evaluating a child must be adapted to take into consideration physical, sensory, emotional or communication disabilities and must not be racially or culturally biased. More than one test result must be considered in determining the appropriate education placement of a child. Placement in the Least Restrictive Environment means to the extent possible, disabled children must be educated with children who are not disabled. The

educational services must also meet the child's particular needs. Most of the time a child may be in a regular classroom with special equipment or additional services. Sometimes a special class or separate school may be the best placement.

Individualized Education Plan (IEP) and Individualized Family Service Plan (IFSP): The child's teacher, other professionals, Part C agency for 0-2 age group, school officials and parents must jointly develop a written education plan for each disabled child. Each plan must include a statement of the child's present level of functioning, short and long term educational goals and special services to be provided. All plans must be revised as necessary and reviewed at least once a year.

Due Process Procedures: legal term that means that a procedure is established to protect the rights of disabled children and their parents. These rights include the opportunity for parents to obtain an independent educational evaluation of their child, to examine all relevant records pertaining to the child, to be notified in writing before an evaluation or change in placement of their child and to be able to appeal any decision before an impartial hearing office. If a parent or guardian of a disabled child is not known, a surrogate parent or an individual who acts on behalf of the child will be appointed.

Provision of Related Services: A disabled child's individualized education plan may require related services such as transportation, developmental, corrective or supportive services. These support services might include speech services, auditory, physical and occupational therapy, recreation, medical or counseling services

Games and Activities for Developing Language Abilities

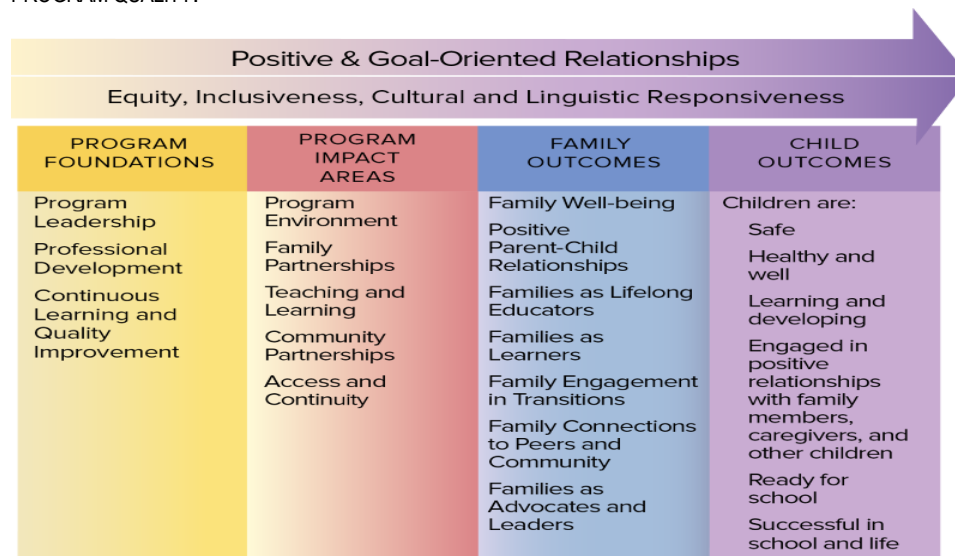
- ✓ Show interesting pictures. Encourage child to talk about the pictures. Ask questions that necessitate thinking, detailed description, good judgment and reasoning. Examples: "Why do you think it is summer?" "Why is the dog frightened?"
- ✓ Read stories to child. Question him/her about the story and have him/her retell the story.
- ✓ Read unfinished stories and ask child to create imaginative endings.
- ✓ Have child tell original stories of stories he/she has heard.
- ✓ Work on science activities with child such as the preparation of a weather chart, observation of lengthening days and shortening shadows, a garden project mounting leaves, flowers, etc.
- ✓ Increase child's vocabulary by excursions to the park, zoo, post office, fire station, grocery store, market, garden, dairy florist shop, greenhouse, airport, etc.
- ✓ Let child pretend to be a community helper (fireman, mailman, milkman, policeman, grocer baker).
- ✓ Make a game for prepositions. Put an object in, on, under, beside, below, above and behind the box.

INSURANCE

Mississippi Action for Progress, Inc. provides student accident insurance for all of its students and general liability insurance on all of its facilities. The insurance carriers are posted in each facility. **ONLY DURING PROGRAM HOURS**

PARENT, FAMILY, AND COMMUNITY ENGAGEMENT (PFCE)

THE HEAD START PFCE FRAMEWORK PROVIDES PROGRAMS WITH A RESEARCH-BASED, ORGANIZATIONAL GUIDE FOR IMPLEMENTING HEAD START PROGRAM PERFORMANCE STANDARDS FOR PARENT, FAMILY, AND COMMUNITY ENGAGEMENT. CHILDREN ARE AT THE HEART OF MEANINGFUL FAMILY ENGAGEMENT. THEY ARE THE INSPIRATION FOR POSITIVE, GOAL-ORIENTED, PARENT-PROVIDER RELATIONSHIPS. PARENTS ENTER INTO RELATIONSHIPS WITH STAFF ON THEIR CHILDREN’S BEHALF, AND THEY DEEPEN THESE RELATIONSHIPS WITH THEIR CHILDREN IN MIND. THEY KNOW THEIR CHILDREN BETTER THAN ANYONE—THEIR TEMPERAMENTS, PERSONALITIES, STRENGTHS, VULNERABILITIES, TALENTS, AND SPECIAL NEEDS. THEY KNOW THEIR OWN CULTURES AND THE CULTURES THEY WANT TO TRANSMIT TO THEIR CHILDREN. WHEN PARENTS SHARE THEIR KNOWLEDGE, THEY IMPROVE PROVIDER PRACTICES AND PROGRAM QUALITY.



FAMILY PARTNERSHIPS SERVICES, 45 CFR § 1302.52(b) A PROGRAM MUST IMPLEMENT INTAKE AND FAMILY ASSESSMENT PROCEDURES TO IDENTIFY FAMILY STRENGTHS AND NEEDS RELATED TO THE FAMILY ENGAGEMENT OUTCOMES AS DESCRIBED IN THE HEAD START PARENT, FAMILY, AND COMMUNITY ENGAGEMENT FRAMEWORK, INCLUDING FAMILY WELL-BEING, PARENT-CHILD RELATIONSHIPS, FAMILIES AS LIFELONG EDUCATORS, FAMILIES AS LEARNERS, FAMILY ENGAGEMENT IN TRANSITIONS, FAMILY CONNECTIONS TO PEERS AND THE LOCAL COMMUNITY, AND FAMILIES AS ADVOCATES AND LEADERS.

MY RIGHTS AS A HEAD START PARENT:

1. To take part in major policy decisions and affects the planning and operations of the program.
2. To help develop an adult centered program that will improve daily living for me and my family.
3. To be welcomed in the classroom.
4. To choose whether or not I participate without fear of endangering my child's right to be in the program.
5. To be informed regularly about my child's progress in Head Start.
6. To always be treated with respect and dignity.
7. To expect guidance for my child from Head Start teachers and staff which will help his/her total individual 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 skills in areas of possible employment.
10. To be informed about all Community Resources concerned with health, education and improvement of family life.

MY RESPONSIBILITY AS A HEAD START PARENT:

1. To learn as much as possible about the program and to take part in major policy decisions.
2. To accept Head Start as an opportunity through which I can improve my life and my children's lives.
3. 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 or the total program.
4. To provide parent leadership by taking part in elections, to explain the program to other parents and encourage their full participation.
5. To welcome teachers and staff into my home to discuss ways in which parents can promote my child's development at home in relation to school experiences.

PARENT PARTICIPATION IN THE HEAD START PROGRAM:

Through parent participation, a Head Start program can provide opportunities to gain the following;

1. Recognition of the qualities they already possess.
2. Understanding and appreciation of how children grow and how learning and be extended into the home.
3. Confidence and enjoyment in the role of parents thus leading to rising hopes of their children.
4. Greater belief in themselves and their worth as individuals leading to ever widening participation in community action.
5. Experiences in working with other racial, ethnic and social groups.
6. New and improved skills opening avenues to job opportunities.
7. Increased knowledge of community resources and facilities and how they can be used to improve family living.
8. A chance to discuss family, community and personal problems with the possibility to solve them.
9. Understanding the value of parent-school relationships.

SUGGESTED WAYS PARENTS CAN PARTICIPATE AND VOLUNTEER:

Parents respond with integrity and responsibility when they are made to feel wanted, needed and accepted. Head Start and Early Head Start centers care about health, food, clothing and educational needs of the child. Discussion of these points at the beginning help parents understand the program's design to provide what is best for each child's growth and development and that no one is more vital to success than each child's parent. Parents, even the most unskilled, can participate in the program in an unlimited number of ways, such as part or full-time employees or volunteers, depending on their ability and personality.

We hope parents will be able to give a definite number of hours of volunteer services each month. Also, parents are asked to sign the Volunteer Time Sheet daily when they come to the center to work voluntarily in behalf of the center. Teachers, Family Community Workers or other center staff will keep volunteer sheets.

- ✓ Orientation – before opening, or as soon as possible have a discussion of the Head Start policies, daily schedule, the program and children's work and how to interpret each.
- ✓ Participating in panel discussions with other parents and community representatives.
- ✓ Participating in center activities such as Open House, Parent Committee Meetings, Family Picnics, and etc.
- ✓ Work with the all staff and other parents in a cooperative way.
- ✓ Guide children with firmness which is loving and protective.
- ✓ Offer constructive criticism of the program, defend it against unfair criticism and share in evaluating it.
- ✓ Take advantage of programs designed to increase my knowledge about child development and my skills in areas of possible employment.
- ✓ Become involved in community programs which help to improve health, education and recreation for all.
- ✓ Provide transportation for children who have a problem being transported.
- ✓ Accompany children on trips and dental appointments.
- ✓ Serve on committees to plan center activities.
- ✓ Serve as baby sitters during Parent Meetings.
- ✓ Assist in serving lunch and/or snack.
- ✓ Help maintain and repair buildings, equipment and grounds.
- ✓ Paint and any maintenance for the center.
- ✓ Supply cot covers, sheets and doll clothing.
- ✓ Contribute decorative ideas.
- ✓ Supervise and plan work and special activities for parents.
- ✓ If professionally qualified, parents may serve as a teacher or nurse and/or train other staff or parents.
- ✓ If skilled, may operate projectors or other devices.

ORIENTATION FOR PARENTS:

Parents must be oriented to the Head Start program during the month of August and on an as needed basis. This orientation will consist of familiarizing parents with the Head Start Performance Standards, volunteering, center operations and component procedures. Center staff (Center Administrators,

Family Community Workers, Teachers, Cooks and Janitors) will be responsible for carrying out the orientation.

PARENT/STAFF COMMUNICATION:

The purpose of parent and staff communication is to provide two-way communication between staff and parents on a regular basis throughout the program year. This should include information about the program and its services, activities for the children, the policy groups and resources within the program and community.

VOLUNTEERS:

Head Start Rules strongly encourage parents to volunteer in the program. The purpose of having volunteers is to improve and increase the involvement of parents and community residents in the Head Start and Early Head Start programs. All parents and volunteers should be treated equally and welcomed at all centers. One parent from each classroom should be selected by the Parent Committee to coordinate volunteer activities along with the Family Community Workers and Teachers.

PARENT COMMITTEE:

1301.4 PROGRAM COMMITTEES: A PROGRAM MUST ESTABLISH A PARENT COMMITTEE COMPRISED EXCLUSIVELY OF PARENTS OF CURRENTLY CHILDREN AS EARLY IN THE PROGRAM YEAR AS POSSIBLE.

All parents with children currently enrolled in the center are members of the Parent Committee. The functions/responsibilities of the Parent Committees are:

1. Advise staff in developing and implementing local program policies, activities, and services to ensure they meet the needs of children and families.
2. Have a process for communication with the policy council and policy committee; and
3. Within the guidelines established by the governing body, policy council or policy committee, participate in the recruitment and screening of Early Head Start and Head Start employees.



Parent Structure

Procedures for the committee should be presented to parents and can be amended by a majority of those parents annually. Each Region will be represented on the Policy Council by elected parents.

No staff member or their family shall serve on the Policy Council or Parent Committee in a voting capacity. Staff members do not attend the Policy Council meetings unless they are invited. Copies of the Parent Committee minutes should be maintained by the Family Community Worker.

Parent Meetings should be held at least once a month. A special meeting may be called at any time the parents feel it is necessary. Center Administrator and Family Community Worker should be notified prior to any meeting being called.

The Parent Committee shall meet each month at the time and days selected by the overall committee. Notices shall be sent to each member listing the designated time, date and place of each meeting along with any documents to be considered for approval at said meeting.

Teacher, Home Visitor, Family Community Worker or Bus Monitor may send notices home. Children should never be held responsible for notice delivery. All meetings shall begin at designated time in notice, unless otherwise specified. Committee meetings should be held as scheduled.

Note: Parent Meeting should be held at a time and place that is convenient of the greatest number of parents in the centers. One of the purposes of Parent Involvement in Head Start and Early Head Start is to help develop the best possible child development program. If this is to happen, parents and staff must be able to communicate with each other effectively.



The Parent Committee shall abide by rules of Parliamentary Procedures at all times in accordance with Robert Rules of Order. Each committee member will be given the opportunity to express him/herself to each issue presented. Members will be reminded of the time element of lengthy discussions that could hinder further business on the agenda. The Chairperson shall be responsible for regulating discussions and ensuring that all meetings proceed in an orderly manner. A simple majority shall be required to carry actions on an individual item or motion. The committee shall regulate and conduct all affairs in conjunction with ACYF and MAP, Inc. guidelines and regulations.

A quorum for the Parent Committee and its committees shall consist of 50% + 1. There is to be a quorum to make any final decision by the committee.

Employment – no Parent Committee member, serving as officer or subcommittee member, shall be hired by the agency unless and until they have been formally separated from the position for more than sixty (60) days.

Confidentiality – all matters discussed in the Parent Committee meeting shall be deemed confidential and shall not be discussed with non-parent committee members or non-authorized personnel, unless approved by the membership. Violation of this policy shall include but not be limited to termination from the Parent Committee.

Disruptive behavior by any Parent Committee member that interrupts the functioning of the Parent Committee shall not be tolerated. Violation of this policy shall include, but not be limited to termination from the Parent Committee.

Parent Committee Minutes should be comprised of the follow.

MISSISSIPPI ACTION FOR PROGRESS, INC.

PARENT COMMITTEE SIGN-IN-ROSTER

Center: _____ Region: _____

Day/Date: _____ Time: _____
A.M. / P.M.

Sign-in-Roster [CIRCLE P TO INDICATE PARENT AND/OR S TO INDICATE STAFF]

Name/Position or Title		Name/Position or Title	
1.	P / S	28.	P / S
2.	P / S	29.	P / S
3.	P / S	30.	P / S
4.	P / S	31.	P / S
5.	P / S	32.	P / S
6.	P / S	33.	P / S
7.	P / S	34.	P / S
8.	P / S	35.	P / S
9.	P / S	36.	P / S
10.	P / S	37.	P / S
11.	P / S	38.	P / S
12.	P / S	39.	P / S
13.	P / S	40.	P / S
14.	P / S	41.	P / S
15.	P / S	42.	P / S
16.	P / S	43.	P / S
17.	P / S	44.	P / S
18.	P / S	45.	P / S
19.	P / S	46.	P / S
20.	P / S	47.	P / S
21.	P / S	48.	P / S
22.	P / S	49.	P / S
23.	P / S	50.	P / S
24.	P / S	51.	P / S
25.	P / S	52.	P / S
26.	P / S	53.	P / S
27.	P / S	54.	P / S

Secretary/Assistant Secretary: _____

Chairman/Vice Chairman/Acting Chairman: _____

Family Community Worker: _____

Center Administrator: _____

Mississippi Action for Progress, Inc.
PARENT COMMITTEE AGENDA

Center: _____

Region: _____

Day/Date: _____

Time: _____ A.M. / P.M.

Call Meeting to Order

Invocation/Meditation (Optional)

Reading of Minutes from Previous Meeting

Approval of Minutes

Reports

Policy Council Report

Executive/Board of Directors Report

Personnel Committee Report

Grievance Committee Report

Program Planning Report

Health Services Report

Education Committee Report

Nutrition Committee Report

Family & Community Partnerships Report

Finance Report

Acceptance of Reports

Old Business

New Business

Special Topics/Training

Comments/Concerns/Discussion/Questions

Announcements

Scheduling of Next Meeting

Adjournment

MISSISSIPPI ACTION FOR PROGRESS, INC.

PARENT COMMITTEE MINUTES

[To be completed by Secretary/Assistant Secretary/Acting Secretary]

Center: _____ Region: _____

Day/Date: _____ Time: _____ A.M. / P.M.

Meeting Called to Order By/Title: _____

Invocation/Meditation (optional) by: _____

Reading of Minutes from Previous Meeting By: _____

Approved _____ Amended _____

REPORTS (attach summary of all reports with sign-in-rosters):

Policy Council Report: _____

Executive/Board of Directors Report: _____

Personnel Committee Report: _____

Grievance Committee Report: _____

Program Planning Committee Report: _____

Health Services Committee Report: _____

Education Committee Report: _____

Nutrition Committee Report: _____

Family and Community Partnership Report: _____

Finance Report: _____

ACCEPTANCE OF REPORTS

Motioned By: _____ Seconded By: _____
Motion Carried: _____ Motion Denied: _____

Old Business:

Motioned By: _____ Seconded By: _____
Motion Carried: _____ Motion Denied: _____

NEW BUSINESS:

Motioned By: _____ Seconded By: _____
Motion Carried: _____ Motion Denied: _____

SPECIAL TOPICS/TRAINING:

COMMENTS/CONCERNS/DISCUSSION/QUESTIONS:

ANNOUNCEMENTS:

SCHEDULING OF NEXT MEETING:

Date: _____ Time: _____ Place: _____

MEETING ADJOURNED AT: _____ A.M. / P.M.

Secretary/Assistant Secretary: _____

Chairman/Vice Chairman/Acting Chairman: _____

Family Community Worker: _____

Center Administrator: _____

Mississippi Action for Progress, Inc.

PARENT COMMITTEE SUB-COMMITTEE MINUTES

[To be completed by sub-committee member]

_____ COMMITTEE

Meeting Day/Date: _____ Meeting Time: __ a.m. / p.m.

Sign-in-Roster **[CIRCLE P TO INDICATE PARENT AND/OR S TO INDICATE STAFF]**

Name/Position or Title		Name/Position or Title	
1.	P / S	9.	P / S
2.	P / S	10.	P / S
3.	P / S	11.	P / S
4.	P / S	12.	P / S
5.	P / S	13.	P / S
6.	P / S	14.	P / S
7.	P / S	15.	P / S
8.	P / S	16.	P / S

Discussion:

Minutes Taken By: _____

Sub-Committee Chairperson: _____

PURPOSE OF PARENT MEETINGS:

1. For parents and teachers to get better acquainted.
2. A chance to discuss problems and possibly a chance to solve them.
3. To understand the value of parent-teacher relationships.
4. To discuss in some ways how child should be progressing.
5. A chance for the parents to learn how the child is getting along in Head Start or Early Head Start.
6. Understanding of the value of parent-school relationships.
7. To discuss transportation problems and ways to solve them.
8. Experiences in working with other racial, ethnic and social groups.
9. To plan activities that would involve parents and children.
10. To explain all services available to parents.

PARENT ACTIVITIES:

Various activities are provided for parents Head Start and Early Head Start children. Funds are provided for parent activities but they must decide how funds are to be spent. Funds are usually used for educational trips for parents and children. Parents raise additional funds to support those activities that allocated funds will not cover such as Parent Galas, Carnivals, and Kids Prom etc....

HOW CAN I HELP THE SCHOOL?

1. Your child's teachers have a planned program and if the children are to get the most of the program, they should attend school regularly and be on time
2. Please notify the Family Community Worker if there is a change in your family status such as: address, employment or a new member in the family after the enrollment process.
3. Build your child a wholesome, friendly attitude toward the school and the teachers.
4. Visit the school whenever possible. Become acquainted with the teachers, staff and other parents. Remember that at all times the school sincerely welcomes cooperation within the home.

Parent education offers parents an opportunity to learn how to work with their children by observing and participating in Head Start and Early Head Start activities from discussion in Education Sub-Committee meetings. Full participation will help parents:

1. Learn how children grow and develop.
2. Gain skills in working with their children.
3. Discover how to help children learn at home and help them continue learning in school.
4. Know how to secure adequate medical and dental care.
5. Meet people in a friendly place where they can talk and share ideas.
6. Learn about community resources and how to use them.
7. Develop a lifelong interest in personal education, growth and improvement.

1301.3 POLICY COUNCILS AND POLICY COMMITTEE: ESTABLISH AND MAINTAIN A POLICY COUNCIL RESPONSIBLE FOR THE DIRECTION OF THE HEAD START PROGRAM AT THE AGENCY LEVEL, AND A POLICY COMMITTEE AT THE DELEGATE LEVEL. IF AN AGENCY DELEGATES OPERATIONAL RESPONSIBILITY FOR THE ENTIRE HEAD START OR EARLY HEAD START PROGRAM TO ONE DELEGATE AGENCY, THE POLICY COUNCIL AND POLICY COMMITTEE MAY BE THE SAME BODY.

RESPONSIBILITIES OF THE POLICY COUNCIL:

1. Activities to support the active involvement of parents in supporting program operations, including policies to ensure that the Head Start agency is responsive to community and parent needs.
2. Program recruitment, selection, and enrollment priorities.
3. Applications for funding, amendments to applications for funding for programs under this subchapter, prior to submission of applications described in this clause.
4. Budget planning for program expenditures, including policies for reimbursement and participation in policy council activities.
5. Bylaws for operation of the policy council.
6. Program personnel policies and decisions regarding the employment of program staff, consistent with paragraph (1)(E)(iv)(IX), including standards of conduct for program staff, contractors, and volunteers and criteria for the employment and dismissal of program staff.
7. Developing procedures for how members of the policy council of the Head Start agency will be elected.
8. Recommendations on the elections of delegate agencies and the service areas for such agencies.

POLICY COUNCIL COMPOSITION

A program must establish a policy council in accordance with section 642 (c)(2)(B) of the Act, or a policy committee at the delegate level in accordance with section 642 (c)(3) of the Act, as early in the program year as possible. Parents of children currently enrolled in each program option must be proportionately represented on the policy council and on the policy committee at the delegate level.

CHILD SAFETY

CHILD ABUSE AND NEGLECT

Child abuse and neglect are defined by Federal and State laws. The Child Abuse Prevention and Treatment Act (CAPTA) (42 USC 5101) is the Federal legislation that provides minimum standards that States must incorporate in their statutory definitions of child abuse and neglect. The CAPTA definition of “child abuse and neglect” refers to:

- “Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm”

Types of Abuse

Physical Abuse: any non-accidental physical injury to a child and can include striking, kicking, burning, or biting a child, or any action resulting in a physical impairment of a child.

Neglect: deprivation of adequate food, clothing, shelter, medical care, or supervision.

Sexual Abuse/Exploitation: obscene or pornographic photographing, filming, or depiction of children for commercial purposes, or the rape, molestation, incest, prostitution, or other such forms of sexual exploitation of children under circumstances that indicates that a child’s health or welfare is harmed or threatened.

Emotional Abuse: injury to the psychological capacity or emotional stability of the child as evidenced by an observable or substantial change of behavior, emotional response, or cognition, or as evidenced by anxiety, depression, withdrawal, or aggressive behavior.

For the protection of Head Start children and their families, instances of **suspected** child abuse and neglect will be reported to the local Department of Human Services.

The following classroom management practices will be employed in all MAP, Inc. Head Start and Early Head Start centers.

1. Classroom Rules – will be observed beginning the first week of school by the children and teacher to govern the classroom.
2. Positive Reinforcement – praise children for desired or appropriate behavior.
3. Rewards/Reinforces – stars, colored chips, scratch and sniff stickers and smiling faces will be used to modify behavior.
4. Quiet conversation will be carried on during meal time.
5. Talk positively and in a low tone of voice to the children at all times.

The following disciplinary practices **will not** be permitted in any of the MAP, Inc. Head Start Centers.

1. Corporal Punishment – the uses of physical force as a disciplinary measure which includes, but is not limited to spanking, pulling of hair, pinching, slapping, hitting, pushing, etc. Additional regulations regarding Corporal Punishment are listed in the Personnel Policies and Procedures Manual.
2. Isolation – a) children will not be kept in the center or classroom when the other children go outside; b) children should not be placed in a vacant room; c) children will not be placed in restrooms with doors closed; and d) children will not be separated from the group without an adult being present to supervise.
3. Children will not be restricted from eating for inappropriate behavior.
4. Shouting, yelling, threatening or shaming a child (ren) will not be permitted.
5. Reinforcers – food or candy will not be used as reinforcers or reward.
6. Neglect – will not be tolerated including but not limited to the following:
 - No children will be left alone under any circumstances
 - All children will be escorted to and from the bathroom; assist in toileting needs, when necessary
 - All children will be supervised while on the playground; no two or more adults will gather to socialize during playground activity time.

NOTE: The following behaviors are prohibited:

Restraint of a Child: Children shall not be physically restrained except as necessary to ensure their own safety or that of others and then for only as long as is necessary for control of the situation. Children shall not be given medicines or drugs that will affect their behavior except as prescribed by a licensed physician and with specific written instructions from the licensed physician for use of medicines or drugs.

Children shall neither be allowed nor be instructed to discipline other children.

Behavior: The following behaviors are not permitted by anyone (i.e., caregiver, child or parent) in all child care settings:

- A. Corporal punishment – hitting, spanking, beating, shaking, pinching, biting and other measures that produce physical pain;
- B. Withdrawal or the threat of withdrawal of food, rest or bathroom opportunities;
- C. Abusive or profane language;

- D. Any form of public or private humiliation, including threats of physical punishment;
- E. Any form of emotional abuse, including rejecting, terrorizing, ignoring, isolating (out of view of caregiver) or corrupting a child;
- F. Use of any food product or medication in any manner or for any purpose other than that for which it was intended;
- G. Inappropriate disciplinary behavior includes, but is not limited to, putting soap or pepper in a child's mouth; or
- H. Any acceptable action that is not age-appropriate for the child or is excessive in time or duration.

CHILD SAFETY AND SUPERVISION

It is the policy of MAP, Inc. that certain rules and regulations regarding child care are necessary for efficient operation of this Head Start and Early Head Start programs. Child care is our business; therefore, we are responsible for all children's safety and well-being while in our care. Neglect presents serious and immediate threat to the operation of the Agency's policy for safety and wellbeing of individuals. First offense will result in disciplinary actions, which may result in termination.

1. Children must be supervised in the classroom by staff at all times.
2. Children must be escorted to and from the restrooms by an adult.
3. Children must be supervised by an adult on the playground; adults should be involved in activities with the children. Staff/volunteers are not to huddle and talk with each other during this time.
4. Children must not at any time be left in the classroom, on the bus or any other place while in the agency's care. First offense will result in termination.
5. All staff is responsible for the welfare of the children while in the Agency's care. Any staff that refuses to change a child's clothing after an accident, such as vomiting, urination, defecating, spillage or other soiling that is severe enough to warrant a change of clothing, will be terminated.
6. Children must not handle containers such as hot foods, chemical or cleaners at any time.
7. Staff is responsible for making sure children are received by parent or an authorized adult at the end of the day. First offense will result in termination.

These rules are general and not intended to be inclusive. Child neglect is a very serious abusive behavior and will not be tolerated in any form, definition or lack of definition.



TRANSPORTATION ARRIVAL AND DEPARTURE PROCEDURES FOR CHILDREN

Each child's safety is the major concern for Mississippi Action for Progress, Inc. It is important that safety guidelines are followed when children are received and released by the agency. All children are to be received and/or released from/to a parent, legal guardian or other individuals designated in writing by the parent or guardian.

- ✓ Children will be returned to the place they were picked up. If there is to be a change in pick-up or delivery, **WRITTEN NOTICE** must be given to the driver one day in advance.
- ✓ Parents should notify the center when a child will not be attending class.
- ✓ Parents should notify the center a week in advance of moving.
- ✓ Children should be dressed and ready when the bus arrives. The driver will not go to the door. If the child misses the bus, it is the parent's responsibility to take the child to school.
- ✓ When a child is delivered home, the parent or an adult should let the driver know there is someone to receive the child.
- ✓ If no one is home, the child will be returned to the center and it will be the parent's responsibility to see that he/she is taken home. The child will not be picked up again until the parent confers with the Family Community 4f Worker and/or Center Administrator. Department of Human Services will be contacted regarding any child (ren) remaining in the center after operating hours. This is considered to be a form of neglect.
- ✓ Children will be boarded from the curb side of the street. If a child has to cross the street to get on/off the bus, he/she must be accompanied by an adult. The child must cross in front of the bus.
- ✓ There will be two adults on the bus at all times.
- ✓ Only Head Start children and staff will ride the bus to and from the center.
- ✓ There is no food, drink, or smoking on the bus.
- ✓ Toys should not be sent with the child.
- ✓ All bus passengers wear seat belts.
- ✓ Children will be transported on buses not exceed the maximum capacity.
- ✓ All children are to be comfortably seated before the vehicle is placed into motion.
- ✓ Parents who transport their child (ren) to Head Start or Early Head Start must accompany the child into the building, sign them in when leaving them and sign them out when receiving them. Children must not arrive at school more than 15 minutes before class begins. Children may only be released to parents/guardians and those the parent/guardian has authorized in writing – in records – to receive/pick up their child (ren).
- ✓ The bus driver may determine if a child is ill at the time he/she boards the bus. A sick child will be returned to the parent(s).

Bus Procedures for Loading and Unloading Children:

- ✓ Before the initial pick up or drop off Bus Driver activates the amber flashers (warning lights) about (100-300 ft.).
- ✓ Before the bus driver stops the bus he slightly open the door so the stop sign and red lights come on, where all vehicles must stop at least 30-50ft behind the bus.
- ✓ Bus driver comes to a complete stop.
- ✓ Bus driver puts bus in neutral.
- ✓ Bus Monitor exit to the front of the bus.
- ✓ Bus Driver checks all rear view mirrors to make sure there's no oncoming traffic and all traffic has stopped.
- ✓ Bus Driver opens the door and let the Bus Monitor that it is safe to cross the road.
- ✓ An adult must bring the child to the bus in the morning and receive the child in the afternoon.
- ✓ When loading and unloading children across the road, Bus Driver again checks in all rear mirrors to make sure there's no oncoming traffic and all traffic has stopped.
- ✓ Bus driver was to Bus Monitor that it is safe to cross the road.
- ✓ While crossing the road the Bus Monitor holds the orange flag in her hand extended out from the body.
- ✓ The bus monitor assist the child back across the road with the flag in her hand extended out from her body.
- ✓ In some cases the parent assists the bus monitor s and bus driver with getting the child across the road.
- ✓ The parent stays stationary and the bus monitor moves to the middle of the road with the orange flag extended out.
- ✓ The bus driver again looks in all his rear view mirrors to see if all traffic has stopped going and coming, if safe then he signal the parent to bring the child across the street.
- ✓ Bus Monitor assists the child on the bus and then assists the parent back across the street.
- ✓ The process is in reverse with the afternoon uploading.
- ✓ The bus driver does not move or disengage warning lights or stop lights until the bus monitor and child is safely seated
- ✓ If no adult is present bring the child back to the center, under no circumstances is a child to be left unattended or without adult supervision.
- ✓ If you are going to drop a child off with anyone else except the parents, you should have a written statement.
- ✓ Monitors and Bus Drivers should each have a roll.
- ✓ Bus Drivers must help load and upload children when necessary.
- ✓ After uploading, the Monitor should check the bus from back to front for children or any other items left on bus.
- ✓ Bus Driver will check the bus from back to front after the Monitor (no exceptions).

FIREARMS/WEAPONS POLICY:

Parent/Visitor Policy: MAP parents and visitors, while on MAP property or at MAP sponsored activities, are prohibited from possessing unauthorized firearms or other weapons. Unauthorized means any weapon, even if the owner has a legal state permit to carry the weapon. The following exception applies:

a. A firearm in the possession of a law enforcement officer on duty who is authorized to possess the firearm by the employing law enforcement agency.

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