

*Kitsap Community Resources
Early Learning and Family Services*

Parent Handbook



Early Head Start & Head Start Programs

(360) 473-2075

1201 Park Avenue, Bremerton WA

www.kcrearlylearning.org

PLEASE KEEP ME, TO REFER TO THROUGHOUT THE YEAR

Table of contents

Table of Contents	Pg. 1	Transportation	Pg. 20
Welcome Letter	Pg. 2	Learning Trips*	Pg. 20
Program Mission Statement	Pg. 3	Sample Classroom Schedule	Pg. 21
Non-Discrimination Policy	Pg. 3	Protect PII	Pg. 22
Kitsap Community Resources	Pg. 3	Confidentiality/Privacy	Pg. 22
Medical Emergencies	Pg. 3	Positive Guidance Policy	Pg. 23
First Aid	Pg. 3	Positive Guidance Policy Cont.	Pg. 24
Exterior Doors Locked	Pg. 4	Toilet Training	Pg. 24
Lockdown Procedure	Pg. 4	What to Wear	Pg. 24
Weapons and Possession	Pg. 4	Family Culture/Holiday	Pg. 25
KCR Smoking Policy	Pg. 4	Traditions	
Drug Policy	Pg. 5	End of Year Celebrations	Pg. 26
Mandatory Reporting/CPS	Pg. 5	Health Services	Pg. 28
In-Kind	Pg. 5	Health Requirements	Pg. 28
Volunteering	Pg. 5	Health Screenings	Pg. 29
Snow/Emergency Policies	Pg. 6	Physical Exam	Pg. 29
Family Services	Pg. 8	Immunizations	Pg. 29
Policy Council	Pg. 8	Dental Exam	Pg. 30
Men Make a Difference	Pg. 8	Tooth Brushing	Pg. 30
Attendance Policy PD & FD	Pg. 9	Fluoride	Pg. 30
Drop off Policy	Pg. 9	Children with Special Needs & Health Plans	Pg. 30
Pick-up Policy	Pg. 10	Medication Management	Pg. 31
Late Pick-up Policy	Pg. 10	Lead Screening	Pg. 31
Home Visits (Home Based)	Pg. 11	Food Allergies or Special Diets	Pg. 32
Home Base Attendance Policy	Pg. 11	Nutrition Plans	Pg. 32
Home Base Parent Agreement	Pg. 12	Nutrition & Menus	Pg. 32
Prenatal Health Policy	Pg. 12	Mealtimes	Pg. 32
PFCE Framework	Pg. 13	Outside Food	Pg. 32
Process Parent Complaints	Pg. 14	USDA/CACFP	Pg. 33
EHS/HS Early Learning Outcomes Framework	Pg. 16	Head Lice "No Nit" Policy	Pg. 34
Physical & Outdoor Play	Pg. 17	Exclusion Policy	Pg. 35
		Exclusion Policy Cont.	Pg. 36
GOLD by Teacher Strategies	Pg. 18	Daily Health Checks	Pg. 37
Social Emotional Screening	Pg. 19	Dress Code	Pg. 37
Disability Contacts	Pg. 19		
Special Services	Pg. 19		
Behavioral Health Services	Pg. 20	*Postponed due to Covid 19*	
ASQ	Pg. 20		
Parent Teacher/Home Visit Conferences (Center Based)	Pg. 20		

Dear Parents,

The team members and I wish to welcome your family to Kitsap Community Resources Early Learning & Family Services Programs.

This is just the beginning of a very exciting time for you and your child and we would like to be part of the team to help prepare your child to succeed at school, at home, and in the community.

We believe that you, the parent, are the most important influence in your child's education, development, and general well-being. We are here to support you and make available to you information, resources, and experiences that can make your important role as a parent a little easier. Fourteen years ago, the Women, Infant and Children (WIC) nutrition program and The Parenting Place (parenting classes), were integrated with Early Head Start/Head Start creating the Early Learning and Family Services Division offering parents better access to services and information.

The Parent Handbook is a guide to help you learn about our programs. As you know, it is not possible for a handbook to answer every question, but we hope the information contained in it is useful. Please read the handbook carefully and feel free to contact any team member if you have any questions. Your feedback, ideas, and suggestions are important to us.

Thank you for choosing to enroll your child in the Kitsap Community Resources Early Head Start (EHS) and Head Start (HS) Programs.

Sincerely,

Connie Mueller—Retired & Jill Brenner New

Early Learning & Family Services Director

(360) 473-2097

Mission Statement

The Kitsap Community Resources EHS/HS Program's mission is to provide children and their families the resources to develop the skills and attitudes for success, growth, and empowerment to enhance the health and quality of their lives.

Non-Discrimination Statement

It is our policy not to discriminate on the basis of race, creed, ethnicity, national origin, marital status, gender, sexual orientation, class, age, religion, family status, political affiliation, disability or veteran status. A grievance procedure is available and inquiries may be addressed to:

KCR Early Learning & Family Services
Connie Mueller, Director
1201 Park Avenue
Bremerton, WA 98337

Kitsap Community Resources (KCR)

Kitsap Community Resources (KCR) is the grantee agency for the EHS/HS Programs. KCR is a non-profit community action agency whose goal is to provide resources and create opportunities for low-income residents of Kitsap County and to promote self-sufficiency. KCR offers a variety of programs to assist families and individuals. In addition to EHS/HS, KCR offers programs that assist with emergency and transitional housing, food supplements, energy assistance, weatherization, legal assistance referral, veterans assistance, employment readiness, and parenting skills. Kitsap Community Resources is governed by a 15 person board (the KCR Board of Directors). The KCR Board of Directors is comprised of the KCR Executive Director, Local Business Owners, Local Politicians, Other Service Agency Members, Policy Council Representatives and Consumer Representatives.

Medical Emergencies

In event of a serious illness or injury to a child in our care, a team member will provide appropriate first aid and will contact the **Emergency Medical system (911)**. Parents, or if the parent cannot be reached, the child's alternate emergency contact person will be called immediately thereafter.

Emergency response team will determine the need for, and provide, transportation to medical care. Team member will not transport child.

First Aid

When children are in our care, team members with current training in age-appropriate Cardio-Pulmonary Resuscitation (CPR and First Aid) are always available. The Health Team and center team members check First Aid kit monthly. Locations of first aid kits are clearly posted at sites for easy access.

When we go on learning trips and outside of the classroom the team takes the first aid kit. Gloves are kept at every site and in our first aid kits for team members to use when handling any injuries involving blood.

Exterior Doors Locked During School Hours

We are implementing the following at all our sites for security purposes.

- Keep all exterior doors locked at all times, including times when children are outside playing
- Door can be left unlocked when food is being transported to and from kitchen and classroom
- Doors may be left unlocked during drop off and pick up for approximately 15 minutes
- Parent/Guardian should inform teachers of early pick-up
- Parent/Guardian picking up children unannounced should try calling the classroom in advance of their arrival

Lockdown Procedure

A lockdown, permitting no entry or departure from the facility, may be initiated by KCR management, law enforcement officer, or designated KCR office team members. Personnel or visitors insisting on departure may be allowed to leave, but once they have done so they may not re-enter the facility until the lockdown is over.

Reasons for a lockdown may be initiated include:

- An out-of-control student or KCR guest who is a threat to the safety of others or themselves
- Someone identified as having a gun or weapon
- An unauthorized intruder
- Hazardous chemicals inside or outside the facility
- A weather-related event

Weapons and Possession

Possessing firearms, a knife, pepper spray or other dangerous devices is prohibited. Weapons that are intended to result in physical harm to another person is prohibited on all classroom grounds. Harassment, intimidation, bullying, and retaliation are prohibited with team members, volunteers, or other parents in the program.

If possession of weapons is suspected:

Call 911 (If in immediate danger)

Notify the Director or designee

If weapons are found, with the child, report immediately to police. Appropriate child

KCR Smoking Policy

KCR prohibits smoking on all KCR-owned or leased properties. Washington State Law prohibits smoking in public places and places of employment. Smoking is prohibited within 25 feet of entrances, exits, windows that open, and ventilation intakes. In addition, HS requires that smokers must be out of view of all parents and children.

Drugs (Possession of or use of on EHS / HS Grounds)

If drug possession is suspected, notify Director or designee.

(This includes any tobacco products, chew, e-cigarette, marijuana or alcohol)

For Children the Teacher searches child and belongings.

Any drugs or drug paraphernalia are reported to the police.

Appropriate child abuse procedures are begun.

Parents will be notified by the Teacher, Manager, or Director.

Mandatory Reporting Child Protective Services (CPS)

CPS is a specialized unit in the Division of Children, Youth & Family Services (DCYF). The law requires that CPS staff investigate reports of suspected child abuse or neglect. (RCW 26.44.020 (18)). CPS seeks to assure the safety of children; and part of the job of CPS is helping parents get the services that are available to build a better family relationship. CPS takes as much time as possible to put parents in touch with organizations and people who can be of help.

All team members, teachers and aides, social service staff, and volunteers are required by Washington State Law to report suspected incidents of abuse and neglect (RCW 26.44.030(1)). The reporting law specifies reporting when you have "reasonable cause to believe that a child has suffered abuse or neglect". In doing so they have civil immunity under the law; and failure to report can result in a gross misdemeanor charge.

In-Kind

In-Kind is when someone donates materials or time to the program. The program is required to record in-kind contributions, and match **20% of the money received from grants with in-kind donations in order to maintain the grant funding.**

In-kind must be documented in writing and contain the signature of the volunteer and a verifying signature of a team member. For more information ask your Family Advocate. The program would not exist without parent participation. Your time is valuable!

Volunteering

Parents are welcome to participate in the classroom as volunteers. Parents who wish to volunteer must attend volunteer training before spending time in the classroom. Parents who stay for short periods of time (1 or 2 days a month) do not need to go through the training. The program will pay for TB tests and food handler's permits for volunteers. The program also requires a current background check to ensure the safety of the children in the program.

Requirements for volunteers:

Completed volunteer application

Background check

TB test

Orientation

Food handler's permit (optional)

Snow/Emergency Policies

When weather or emergency conditions exist, team members and parents should listen to the radio and TV stations for information regarding the school district in which their EHS/ HS site is located. (There will be no information given out specific to KCR EHS/HS). You may also go on-line to flashalert.net for specific school district updates. Click on the map Seattle area. Click on Kitsap & Mason Co. Schools. Click on the School district you are interested in.

If the school district in which your part day site is located is closed, your site is closed. If the school district announces that it is starting late, the following schedule will be in effect:

PART DAY PROGRAM SITES

Bremerton School District (360) 473-1002

Almira

Armin Jahr

Elizabeth

Eyer Early Learning Center @ West Hills Elementary

Naval @ Naval Elementary

Park Avenue

North Kitsap School District (360) 779-8704

Poulsbo @ Poulsbo Elementary

If the school district your site is located in is running 2 hours late or is closed for the day, the part day program site will be closed for the day both AM & PM classes.

FULL DAY EHS/HS PROGRAMS SITES & CHILDCARE

Rosemary Moen FD/EHS

Eyer Early Learning Center @ West Hills Elementary

The full day sites (Rosemary Moen & Eyer Early Learning Center) will open 2 hours late if the Bremerton School District is running 2 hours late. If the School Districts are closed, the day cares will be closed for the day.

HOME BASE

Socialization will follow School District closures:

Silverdale Home Base-Central Kitsap School District

Bremerton Home Base-Bremerton School District

Home Visit cancellations will be determined on individual basis by Home Visitors. Any Home Visits cancelled will be rescheduled at a later date.

EARLY DISMISSAL

Site team members will notify parents of any need to close the site early. Team members will remain at the site until all children have been picked up by parent/guardian.

Family Services



Family Services

The Family Service team members supports families personal growth and independence. They respect the family's decisions and priorities. Family Advocates are at each site to support the parents and to share information and link parents to community resources. If a parent is in need of food or shelter, counseling or any crisis intervention, the Family Advocates are there to help. If a parent has an education or career goal, the Family Advocates can assist in providing the direction necessary to obtain that goal. The Family Services Manager and the Family Advocates will listen to your concerns and applaud/celebrate your successes.

Men make a difference in the lives of children



Kitsap Community Resources EHS/HS programs are committed to working with the whole family. Therefore, we recognize the invaluable contributions that both men and women make in the lives of children. Over the years, the EHS/HS programs have had great successes involving women. However, it has only been recently that these programs have made an extended effort to get more men involved. Studies show that children who have a positive male role model in their life, such as a father, uncle, grandfather, step-father, or brother, are healthier in general.

Policy Council

Policy is responsible for making decisions that guide and direct their local EHS/HS. The Policy Council, along with the Kitsap Community Resources Board of Directors, must work together to govern the programs. This is "shared governance". Policy Council consists of Parent Representatives, Alternates and Community Representatives. Parent Representatives and Alternates are selected by their site to represent that particular center.

At your Policy Council meetings, you will be involved in making decisions such as:

- Funding applications
- Policies and procedures that run the program
- Approval for submitting grants

EHS/HS Policy Council must limit the number of one-year terms any individual may serve to a combined five terms in a lifetime. Your one-year commitment is from October-September of the following year. This includes time spent as a Alternate, Executive, or Community Representative. These five years need not be consecutive.

Executive officers shall be elected in May by the current years Policy Council. Following elections the new Policy Executive officers will be trained and mentored by the existing officers in June-September to prepare to take office in the fall.

Part Day/Full Day Attendance Policy

Purpose:

Research indicates that regular attendance in a high quality early learning program provides lasting benefits throughout a child's life. Our purpose is to work with all families to ensure they have every opportunity to take full advantage of all that our programs have to offer.

Policy:

If a child is absent without notifying the center within 1 hour, a KCR EHS/HS team member must contact the family to determine the reason and what the program can reasonably do to facilitate the return of the child to the program as soon as possible. This effort must be documented. It is an expectation the program maintains an **85% present monthly attendance** rate. It shall be the responsibility of all KCR EHS/HS team members to support parents in understanding the importance of regular attendance and assist in resolving any barriers.

Procedure:

Team members follow-up

1. If a child is absent without explanation a team member will attempt to contact the family to determine a primary cause for the child's absence within 1 hour to ensure the well-being of the child, and document this attempt. If a child continues to be absent without explanation (such as 2 consecutive days) team member will conduct a home visit or make other direct contact with the child's parents. If a child has or is at risk of missing 10% of available program days team members must develop strategies to improve identified barriers. These strategies can include:
 - Provide Information about the benefits of regular attendance
 - Support Families to promote the child's regular attendance
 - Intensive case management
 - Temporarily provide services outside the classroom until barriers are resolved. If a child ceases to attend, team members must make all effort to re-engage the family to resume attendance including home visits and in-writing.
2. If after 10 days of the last date of attendance team members have been unable to re-engage contact or establish services then the program must consider the slot vacant and fill it with an eligible child from the waitlist.
3. For EHS/HS Homeless or Foster children only a slot will be held for 30 days from the last date of attendance to attempt to re-establish contact. If after 30 days services have not been re-established the slot will be considered abandoned and either placed in reserve for a new Homeless or Foster child or filled with a child from the waitlist.

Drop off Policy:

Children may be dropped off once class starts.

Anyone may drop-off a child regardless of if they are on the official Emergency Card

Whoever drops the child off must sign the child in to ensure team members have an accurate count of children present in the event of an emergency.

A child may not be dropped off if there isn't an up-to-date Emergency Card on file.

Pick-up Policy:

All parents/guardians will complete a new Emergency Card (A-19) at first enrollment, at re-enrollment, when changes occur. This is to ensure team members are aware of any changes and have the most up-to-date information and are able to reach a parent/guardian or other designated adult in the event of an emergency.

Only persons written on the most recent Pick-up List may pick-up a child after showing official government issued identification. No authorization or permissions will be accepted verbally or over the telephone.

All persons designated to pick-up must be at least 15 years old and deemed responsible by the legal parent/guardian.

Early Learning and Family Service Team members cannot and will not bar access of a child or their records to any legal parent or guardian who provide documentation of their legal right to that information unless there is a legal court order of restraint or protection on file.

Documentation includes but is not limited to Birth Certificate identifying the individual as the parent or court/legal documentation demonstrating legal authority.

Team members are legally obligated to allow Child Protective Services or Law Enforcement acting within the authority of their position access to children and their records in the course of an active investigation.

All children must be signed-out before they may leave the classroom to ensure team members have an accurate count of children present.

At no point may team members be allowed to sign-out a child who is not related to them with the exception of children transported by a school district.

Late Pick-up Policy

Your well-being is important to us. If caregivers will be late picking up your child, please contact team members as soon as possible. If we do not hear from you within 30 minutes of class end and we are unable to reach any of the emergency numbers who are able to pick-up from the most current Emergency Card, it will be necessary for us to call 911 and request Law Enforcement check on your welfare while child-protective services may be notified to care for your child(ren) until you or another designated adult can be located.

In Extended day fees may be associated with late pick-up after the center has closed

Home Visits (Home Based)

The Home Based program is available for children from birth to three years as well as pregnant women. A team member visits your home once per week for 1-1/2 hours. Home visits generally cover topics such as child development, parenting techniques, and nutrition. Visits are individually designed for each family depending on the child(ren)'s ages and the unique needs of the family.

Home Base Attendance Policy

The Home Based program option is designed for families whose children and parents are primarily in the home environment and offers comprehensive Early Learning and Family Services through regular home visits and group socialization experiences. In order to provide the highest quality of services to families, KCR EHS Programs believe that regular home visits are essential and we hold the expectation that families will follow these guidelines for attendance:

- When a family knows that they will not be available to meet with a Home Visitor, they need to contact the Home Visitor to reschedule their visit.
- If a Home Visitor arrives for a visit and the family is not home or available, the Home Visitor will leave a *Sorry I Missed You* card with contact information and attempt to contact the family to reschedule the visit.
- If a Home Visitor is unable to make contact with a family, they will continue attempts to contact them with a minimum of 3 attempts per week (at different times of day and multiple days of the week) to make every effort possible to contact the family.
- If after 2 weeks of attempted contact, the Home Visitor is still unable to reach a family, a letter will be sent to ask if the family wishes to continue participation in the program. Families will have 10 calendar days to respond to the letter to continue home based services.
- If after 10 calendar day response time has passed and there is still no contact from the family, KCR EHS/HS will consider the home based slot abandoned. The Home Visitor will then be required to fill the abandoned slot with another participant within 30 calendar days.



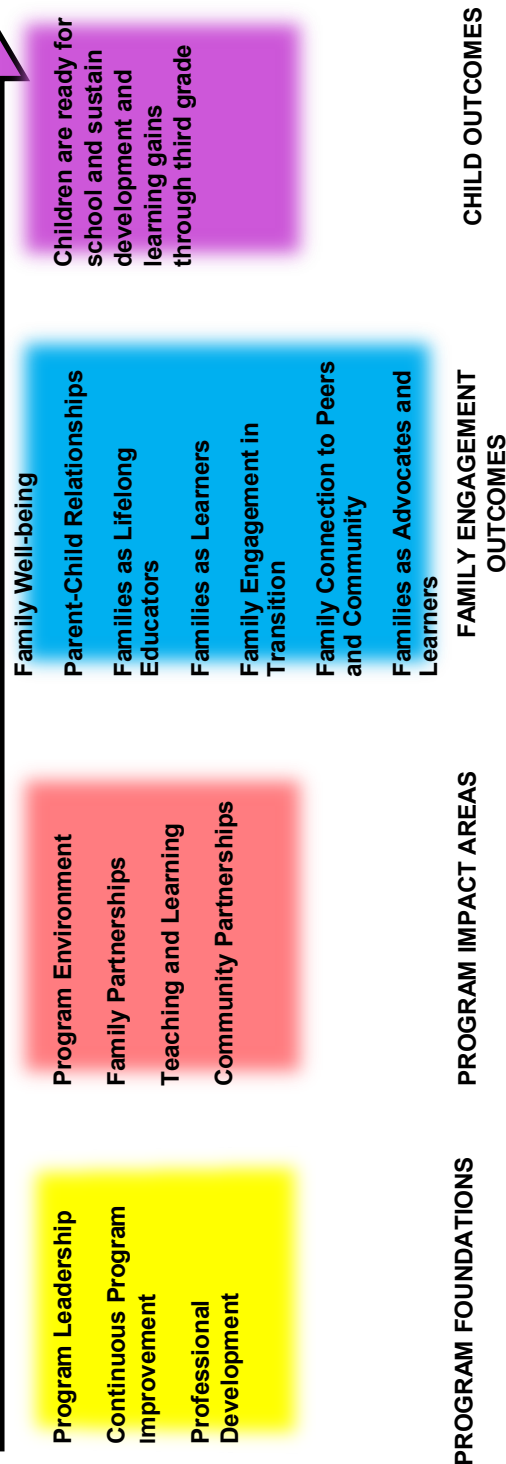
Home Base Parent Participation Agreement

- I understand that my family and I are to take part in and keep weekly home visits, lasting 1 ½ hours each, or call to reschedule if we are unable to attend.
- I understand that I need to be involved in planning and participating in activities with my child and Home Visitor during each visit. To fully participate in all portions of the home visit, I agree to turn off my television and/or stereo, phone/cell phone, and other electronics.
- I understand that it is important to assist in planning, attend, and volunteer at PCAD activities provided by EHS/HS two times each month.
- I understand the importance of preventive health care and agree to work with my Home Visitor to complete all screenings and to keep immunizations and well child checks up to date.
- I will not smoke while the Home Visitor is on a planned visit.
- I will secure all family pets in another area of the home or yard so that we will have no pet interruptions during the planned visit.

Prenatal Health Policy (Home Based)

- I understand that I am responsible for attending all scheduled medical and dental appointments necessary for a healthy pregnancy.
- I understand that I have my first prenatal checkup or documentation of same within 30 days of enrollment
- I understand the EHS team member will assist me to obtaining comprehensive prenatal and postpartum care including (but not limited to) nutrition counseling, mental health services and dental care.
- I understand that if I have no medical insurance EHS team members will assist me in obtaining proper insurance to cover necessary medical care.
- I understand that if I have no dental insurance EHS team members will assist me in obtaining free or low cost dental services.
- I understand that if I refuse medical care or refuse to attend a scheduled appointment I must state so in writing to my appointed EHS support staff.
- I understand that all health information furnished by me regarding my medical history is for the sole purpose of detecting existing or potential health problems with myself and/or my developing child.
- I understand that any information is regarded as confidential and will be shared only with those program team members and health providers who assist my family in maintaining good health.
- I understand that my health records is available for my review and that I will receive a summary of it upon leaving the program.
- I understand that when my child is born I will be responsible for their recommended checkups and ongoing health care.

Positive & Goal-Oriented Relationships



As part of the HS Road Map to Excellence, the Office of HS and the HS National Center on Parent, Family, and Community Engagement have created an organizational map for charting strategies and achieving goals related to parent and family engagement in EHS/HS. The *PFCE Framework* is a prenatal to age 8 based tool. It outlines an approach to change that shows how the program can work together as a whole to promote parent and family engagement outcomes.

Process for Resolving Parent and Community Complaints

Policy:

When a complaint arises, the parent or community member will first attempt to resolve it at the center level. KCR staff will respond to the complaint in a timely manner to assure that the issue is heard and resolved.

If, after addressing the complaint at the center level, the issue is not resolved to the parent/community members' satisfaction, the parent/community member will fill out a Community Complaint Form (located on the Parent Board at each site). The form will then be given to the Site Supervisor who will have 5 working days to respond in person or by telephone. If the issue cannot be resolved through this process the following will occur:

If the issue cannot be resolved at the site level:

Step #1: The Site Supervisor will be responsible for directing the complaint to the appropriate Manager. The Manager will then have ten working days to attempt to resolve the complaint and respond either in person, by telephone or in writing. If the issue is not resolved to the parent/community members' Satisfaction, they will state to the Manager that they would like the matter be addressed at the next level. (Step #2)

Step #2: If the complaint is not resolved in Step #1, the Manger will be responsible for directing the complaint to the EHS/HS Director. The Director will then have ten working days to attempt to resolve the complaint and respond either in person, by telephone, or in writing. If the issue is not resolved to the parent/community members' satisfaction they will state to the Director that they would like the matter to be addressed at the next level. (Step #3)

Step #3: If the complaint is not resolved in Step #2, the Director will be responsible for directing the complaint to the KCR Executive Director. The KCR Executive Director will then have ten working days to resolve the complaint and respond either in person, by telephone, or in writing. If the issue is not resolved to the parent/community members' satisfaction they will state to the KCR Executive Director that they would like the matter to be addressed at the next level. (Step #4)

Step #4: If Steps #1-3 have not brought resolution to the matter and further action is required, the KCR Executive Director will be responsible for directing the complaint to the KCR Board of Directors Executive Committee. The KCR Board of Directors Executive Committee will present a written decision within thirty days.

ANY COMPLAINT OF AN EMERGENCY NATURE REGARDING THE HEALTH AND SAFETY OF A CHILD WILL BE RESPONDED TO BY APPROPRIATE TEAM MEMBERS WITHIN A 24-HOUR PERIOD.

All team members, Policy Council and KCR Board members will adhere to the KCR Confidentiality Policy throughout the resolution process. KCR staff strongly encourage all community complaints be brought to their attention as promptly as possible. We are dedicated to resolving complaints satisfactorily and in a timely manner. Early reporting makes this possible.

Approved by Policy Council 8/18/2010

Child Development



HS Early Learning Outcomes Framework

The HS Early Learning Outcomes Framework: Ages Birth to Five outlines and describes the skills, behaviors, and concepts that programs must foster in all children, including children who are dual language learners (DLLs) and children with disabilities. As designed, the Framework will guide early childhood programs to align curricula, assessments, and professional development to school readiness goals and assure the continuity of early learning experiences.

CENTRAL DOMAINS

	APPROACHES TO LEARNING	SOCIAL AND EMOTIONAL DEVELOPMENT	LANGUAGE AND LITERACY	COGNITION	PERCEPTUAL, MOTOR, AND PHYSICAL
INFANT/TODDLER	Approaches to Learning	Social and Emotional Development	Language and Communication	Cognition	Perceptual, Motor, and Physical Development
PRE-SCHOOLER	Approaches to Learning	Social and Emotional Development	Language and Communication Literacy	Mathematics Development Scientific Reasoning	Perceptual, Motor, and Physical Development

The guiding principles of the Framework have been fundamental to the HS program from its inception. They underlie the program policies and practices that prepare young children for success in school and beyond.

- ⇒ **Each child is unique and can succeed.**
- ⇒ **Learning occurs within the context of relationships.**
- ⇒ **Families are children's first and most important caregivers, teachers and advocates.**
- ⇒ **Children learn best when they are emotionally and physically safe and secure.**
- ⇒ **Areas of development are integrated, and children learn many concepts and skills at the same time.**
- ⇒ **Teaching must be intentional and focused on how children learn and grow.**
- ⇒ **Every child has diverse strengths rooted in their family's culture, background, language, and beliefs.**

Physical & Outdoor Activity Policy

KCR EHS/HS Programs believe that outdoor learning environment and physical activity is an extension of the classroom learning environment. In keeping with this philosophy, teaching team member will adhere to the following policies:

- Teachers will plan for and schedule daily outdoor activities for all children, including infants.
- Teachers will interact with infants in daily physical activities that encourage active exploration of the infants' environment.
- The activities will be reflected on the lesson plans.
- Additional equipment/enhancements will be included in activity planning for the outdoor environment to support skill development in a variety of domain areas.
- Outdoor and gross motor experiences should be offered for a minimum of 30 minutes per day in Part Day classes and for a minimum of one hour per day in Full Day classes.
- A team member need to actively participate in outside activities-not just be an observer.
- Properly dressed children build up resistance by being outside in all kinds of weather. Encourage parents to send their children to school with outerwear appropriate for the weather.
- If inclement weather conditions prohibit outdoor play, alternate gross motor activities must be planned and carried out inside the classroom.
- Withholding physical activity time will not be used as a form of discipline.
- Drinking water will be available for children during outdoor activities and throughout the day.

In some cases, KCR classrooms share playground equipment with school districts, private child care, and public playground spaces. KCR team member are responsible to ensure that children play only on equipment that is developmentally appropriate and actively supervise use of all equipment. **During outdoor play or visits to playgrounds, children may not use the following equipment:**

- Geo dome "spider web" climber
- Zip line
- Swing set (excludes supervised use of tire swing)
- Any equipment a child is unable to use independently (this is a clear sign that the equipment is not developmentally appropriate for the child).

GOLD by Teaching Strategies

In an early childhood program, each child starts the year knowing, doing and needing different things. To help teachers get to know the children and support learning at their own pace, our school has chosen GOLD, an observation-based assessment. GOLD will help teachers gather information to guide their teaching and children's learning.

What is observation-based Evaluation?

Your child's teacher will be gathering information about what your child can do. The Teacher:

- Take notes on what he or she sees and hears during the regular, everyday activities during the year;
- Collect samples of what children write and draw, and take pictures and videos;
- Compare the information collected to what research tells us can be expected for children of similar age children or grades; and
- Use the information to support your child's learning to meet your individual needs.

Working together, we can ensure that your child has the skills needed to be successful in school and in life.

Where is GOLD data stored and how is it kept private?

Your child's documentation and checkpoint ratings are kept in an online portfolio. This portfolio is stored in a secure data center on a private network that provides strictly controlled access. Only you, your child's teachers, the program administrator, and the people you authorize will be able to see the items in your child's portfolio.

What is my role as a family member?

No one knows your child better than you do. You play an important role in supporting your child's learning and helping your school experience be as smooth as possible. When you meet with your child's teacher, consider sharing any information that helps the teacher know your child better. As the year goes on, ask the teacher what he or she has learned about your child through GOLD. You may consider questions such as "What can my child do well?" "What steps is my child likely to take next?" "What can I do at home to support what's happening in the classroom?"

How is GOLD different from a standardized test?

The main difference between a standardized test and GOLD is that with GOLD your child isn't being assessed at only one moment in time. Instead, the teacher will take notes about what your child is able to do at different times of the day, over an extended period of time. The teacher will also talk with you at home visits and conferences to plan goals to help your child build skills. The samples of child work, videos, and photos become part of their portfolio to show growth during the year. The information gathered is compared against research based, widely held expectations of development and learning for your child's age/grade. Together all information creates a picture of what your child currently knows and can do and what next steps he or she can be expected to take. Thus, unlike standardized tests, GOLD will help the teacher to respond to the specific needs of your child and to plan intentional learning experiences that are just right for your child.

Social-Emotional Screening For All Children

The DECA (Devereux Early Childhood Assessment) assists our staff in developing a strength-based program which fosters healthy social and emotional growth in children.

The 3 primary purposes of the DECA are to help staff:

1. Identify your child's strengths and weaknesses in the following areas:

- Initiative: Your child's ability to use independent thought and action to meet his or her needs.
- Self-regulation: Your child's ability to experience a range of feelings and express them using words and actions that society considers appropriate.
- Attachment/Relationship: A mutual, strong, and long-lasting relationship between a child and significant adults such as parents, family, and teachers.
- The DECA also contains a Behavior Concerns Scale, which measures a wide variety of challenging and problem behaviors seen in some preschool children.

2. Generate classroom profiles and implement appropriate curriculum which builds on the strengths of the children.

3. Identify, intervene and reduce challenging behaviors.

The teacher and the parent each complete a questionnaire on the child; the results from both are then recorded to create a complete picture of the child. For more information on the DECA, please talk to your child's teacher.

Disability Contact for Parents To request Child Find:

Bainbridge Island (206) 780-3034

Bremerton School District (360) 473-1008~Ask for Child Find

Central Kitsap School District (360) 662-1040

North Kitsap School District (360) 396-3869

South Kitsap School District (360) 443-3625

To request 0 to 3 evaluation from early intervention provider:

Holly Ridge Center Infant Toddler Provider (360) 373-2536

KCR Special Services Coordinator (360) 473-2078

Our Special Services Coordinator is available to Parent(s) at all times for questions, concerns, or information desired. Kitsap Community Resources individualizes services for all children and provides support for children with disabilities.

Behavioral Health Services

Behavioral health and wellness is a priority for the KCR EHS/HS Programs. Families and team members have access to consultants for both behavioral health and wellness.

Consultants regularly observe in classrooms and meet with team members to review strategies to support the overall wellness of children in the program. Services available include screening for mental wellness, answering questions about wellness, and connecting to counseling services. Families who wish for further information on access to services through the consultants should ask their FDS or Home Visitor.

ASQ (Ages and Stages Questionnaire)

The ASQ is a developmental screening tool for infants, toddlers and preschoolers. The ASQ is to be completed within the first 45 days of enrollment. Child Development team members and parents work together to complete the ASQ questionnaire which identifies areas of growth for your child. The ASQ can be completed in 10–15 minutes and screens for possible delays in five developmental areas; communication, gross motor, fine motor, problem solving, and personal-social development.

Parent Teacher/Home Visit Conferences (Center Based)

Families enrolled in the center based options will be offered a minimum of two home visits and two conferences per year. These opportunities are a chance to build relationships between team members and families, gain information on your child's progress, and be involved in planning goals and activities for your child.

Transportation

Kitsap Community Resources EHS/HS Programs does not provide transportation for children to or from class. Families that have difficulty transporting their children to class are encouraged to discuss their situation with their Family Advocate. Family Advocates will assist families in finding resources to help with transportation issues.

Learning Trips *

Our pre-school classes participate in regular learning trips. Transportation for these off site trips will be arranged through public transportation or parent transportation. On occasion, the HS bus may provide transportation based on driver availability. Prior to all learning trips, information packets will be given to parents and written consent for your child to participate will be obtained. Parents electing to not have their child participate will be asked to arrange alternate care for their child during that time.

Sample Classroom Schedule

The following are samples of daily classroom schedules. Center Hours Vary--Please see specific schedules at your child's center.

Full Day Daily Schedule EHS/HS

7:00	Center opens, activities	12:30	Rest period
8:00	Greeting circle	1:45	Quiet activities
8:30	Breakfast	2:30	Snack
9:00	Brush teeth and circle time	3:00	Outdoor activities
9:15	Learning centers	3:45	Learning Centers
10:30	Outdoor activities	5:00	Evening snack
11:30	Lunch	5:30	Center closes
12:00	Getting ready to rest/transition		

Part Day Daily Schedule

A.M. Class

Greetings
Breakfast
1st Circle Time
Learning Activities/Choices
Outside Play
2nd Circle Time
Snack
Departure

Part Day Daily Schedule

P.M. Class

Greetings
Lunch
1st Circle Time
Learning Activities/Choices
Outside Play
2nd Circle Time
Snack
Departure

6 Hour classroom schedule

Greetings	2nd Circle
Breakfast	Lunch
1st Circle Time	Small Groups
Learning Centers	Learning Centers
Outside Play	Departures

Activities in the center include the following:

pre-reading skills	puppetry	nature walks
play dough	cooking	dancing
art activities	learning trips	math activities
building	Music	painting
singing	special visitors	games and more
chess	stories	self- help skills

Children and adults wash hands upon arrival in every classroom. Please use sinks with signs reading "All handwashing must be conducted in a designated and labeled handwashing sink." Thank you.

Procedures to Protect the Confidentiality of Personally Identifiable Information (PII) Of Children & Families

Kitsap Community Resources (KCR) uses a comprehensive approach to data management designed to support the availability, usability, integrity, and security of data to safeguard the Personally Identifiable Information (PII) contained in child and family records. KCR complies with the confidentiality a data procedures as defined in the HS Program Performance Standards (1303.20), and the Individuals with Disabilities Act (IDEA).

Personally Identifiable Information (PII) is defined as any information that could identify a specific individual, including but not limited to a child's name, name of a child's family member, street address of the child, social security number, or other information that is linked or linkable to the child per HS Performance Standards (1305).

Data includes all PII and other non-public information. Data includes, but is not limited to, child level enrollment and assessment data used for daily program operation, aggregate child-level assessment data used for program outcome reports and data used to show compliance to regulatory agencies.

Confidentiality/Privacy

Confidentiality is an important part of the entire EHS/HS Programs. Any team member will not share information about a child or family with anyone outside of the program unless:

- the parent/guardian has signed a consent to release information
- the program is mandated by law

The parent may request to see their family file at any time by contacting a Team member for removal from the central file. This should happen within a reasonable time, but no more than 45 days after the request. It is also important that parents/guardians respect the confidentiality of others when sharing information about the program. We ask that parents/guardians share their concerns about their child or the program with team members and not discuss other families with anyone.



Positive Guidance Policy

KCR's Positive Guidance Policy includes practices that are respectful of all children. This allows them to understand their behavior, develop self-control, and learn to make positive choices. In our program, children are provided with opportunities, assistance, and modeling to develop social skills such as cooperation, helping, negotiating, and talking through their conflicts with others.

Children learn best when adults treat them with dignity, respect, and use techniques such as:

- ◆ Setting clear, fair, and consistent limits for behavior
- ◆ Treating mistakes as learning opportunities and not reasons for reprimand
- ◆ Redirecting children to acceptable behavior or activity before self-control is gone
- ◆ Listening and teaching when children talk about their feelings and frustrations
- ◆ Modeling problem solving skills to resolve conflict
- ◆ Patiently reminding children of rules and why we have them
- ◆ Remembering that our own actions and responses affect children;
- ◆ Making the classroom fun and engaging for children
- ◆ Creating individualized activities for each child to have fun and learn

Within the KCR Early Learning programs, any use of corporal punishment, isolation, or strong physical intervention is a critical matter. At times, mild interventions may be used by team members to help guide a child toward more positive behaviors. Any strategies used to help them regain control will be discussed with parents so that we can work together to help the child build important social skills. Definitions of different types of interventions can be found in the full Positive Guidance Policy in your child's classroom. The strategies listed below are not allowed in our classrooms and will not be tolerated by staff, volunteers, or other persons visiting our classrooms:

- Bind or tie a child to restrict movement or tape a child's mouth
 - Screaming at a child in anger
 - Use of toilet learning/training methods that punish, demean, or humiliate a child
 - Use any form of corporal punishment including inflicting physical or emotional pain; including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child.
 - Use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about a child's person or family by ridiculing, blaming, teasing, insulting, name-calling.
 - Laughing at children's inappropriate/negative behavior.
- Site team discussing behaviors among themselves in the presence of children or non-involved adults.

Positive Guidance Policy Continued

- Use or withhold of food, physical activity or outside time, a favorite center or activity, as a punishment or reward.
- Use isolation to discipline a child. *Time outs will not be used without written consent and an individual guidance plan.*
- At no time will staff send a child home or expel them due to challenging behaviors in the classroom.
- At no time will a child be left alone or unsupervised by classroom team members while under the care of the KCR EHS/HS Programs.

Toilet Learning

Around 2½ – 3 years of age, most children will begin showing readiness for toilet learning. Completed in partnership with parents based on the child's development level and expressed readiness. Some signs of this we watch for are: saying they are wet, removing wet clothing, and showing interest in the toilet. When a child begins showing readiness, we will help them remove clothing and sit on the toilet. We encourage and praise all efforts, but are careful not to reprimand for accidents. Accidents are a natural part of learning. Thus, when your child begins to toilet train, please provide clothing that is easily removed and lots of extra clothing.

What to Wear

Children learn through play. Messy activities (Sand & Water play) are frequently planned, therefore, appropriate dress should allow for exploration without worry. Children should wear clothing that is "play wear". Also, be sure they are dressed for our Northwest weather. We recommend closed toe shoes or sandals with backs on them. Children run and play and sometimes drop things. We want to protect their toes. Talk with your Family Advocate or Home Visitor if you need coats, shoes or other clothing.



Family Culture, Holidays, & Traditions Experiences for Young Children

KCR Early Learning & Family Services understands the importance of culture & traditions for each individual child and family. We, as an agency, have chosen to share the experiences of each family in a respectful way. Therefore, we do not teach or promote specific beliefs, rather invite families to share their own experiences with the program as part of the curriculum planning process.

Teachers will:

- Gather information by conducting a Family Culture/Volunteer Survey as part of the initial home visit.
- Complete a group profile to help them plan throughout the year.
- Respect that family culture consists of daily routines and experiences, community events, non-holiday and holiday traditions. All of these experiences should be reflected in the planning process.
- Invite parents to share activities based on their input on the survey and any ideas provided throughout the program year.
- Assist parents (when needed) to carry out activities or implement parent ideas at times that the parent may be unavailable to come into the classroom to interact with the children him/herself.
- Document all activities on lesson plans and Family Framework Poster on a monthly basis.

Families will:

- Complete the survey to provide insights into their family life that will enhance the classroom experiences.
- Guide the curriculum planning process by offering ideas/activities that their family enjoys.
- Provide hands on help sharing the activity whenever possible.
- Respect traditions shared by other families as learning experiences for all children.

Planning for celebrations and traditions will differ and should reflect the group of children and families enrolled in that class. Teaching team members should seek guidance from their Site Supervisor to help with planning when needed. All activities should be developmentally appropriate to the ages and stages of children in the class. At no time should a child miss class or “stay home” because they do not celebrate in the same manner as others. If this is a possibility, team members should consult their Site Supervisor for assistance with alternatives or consider cancelling such “holiday” activities.

Year End Transition Events

Transitions are an on-going process throughout the school year. Whether your child will be continuing with us for another year or entering Kindergarten, our team members would like to share end of the year successes with you. Year end events are an opportunity to plan for your child's transition from the program to the next class, center, or school. When spring rolls around, your FDS and Teacher will meet with your site's Parent Committee to help develop a year end event. Year end events are optional and must meet specific guidelines. Key points for planning these events include:

- Organized by parents and team members working together;
- Part of curriculum planning process includes the Family Framework Poster and Lesson Plans;
- Will include literacy based activities;
- Planned with enough time to meet program requirements (about a month ahead);
- Food requirements, follow KCR Nutrition guidelines;
- Should be reflective of the cultures of children, families, and individual site;
- May be held on site or as a learning event (planned early enough to meet program requirements); Learning trips must follow all EHS/HS event requirements regardless of location.
- May not include Potluck
- Will be held within the program's regular operating hours;
- Parents will not be expected to purchase any materials or supplies for year end events. Fundraising is not allowed for events;
- Caps and gowns are discouraged. Some children will be going on to Kindergarten and many other children will be remaining in the program and returning in the fall. The program would like to be inclusive of all children and does not hold graduations. For more information about Year End Transition Events, please see your **Family Advocate or Teacher**.



Health



Health Services

Healthy children have a greater opportunity to learn. The health of children is one of our primary concerns. EHS/HS programs provide comprehensive health services program for families and children which includes:

- Finding a medical and dental home
- Preventive health care (medical & dental exams)
- Preventive screenings (vision & hearing, dental, developmental and growth)
- Child nutrition
- Health resources
- Oral health
- Communicable disease awareness
- Home safety and injury prevention

We also work towards improving the child's health by introducing healthy living habits. Healthy living habits and injury prevention techniques are combined in the classroom and home base curriculum, along with daily personal hygiene such as hand washing and tooth brushing.

Our goal is that each child is in the best possible health, that preventative health measures are taken, and that follow up treatment and services are obtained for any health need. Collaborative efforts with health care providers are made to help connect families to available resources in their community. The Health Services team members will work with families by providing community resources and medical/dental providers in the community in an effort to ensure that your family is linked with a medical/dental home.

Health Requirements for EHS/HS:

- Well Child Exam & Dental exam: *up-to-date exam within 90 days of enrollment*
- Medical & Dental home: *connected with a healthcare provider or dentist within 30 days of enrollment*
- Immunization Records: *current at enrollment & throughout the program year*
- Vision & Hearing Screening: *within 45 days of enrollment*
- Developmental Screenings: *within 45 days of enrollment*
- Lead Blood Test: all Medicaid (Apple Health) children enrolled required to have at 12 months and 24 months.

Health Screenings (Vision, Hearing, & Growth Measurements)

Each child will receive **vision and hearing screenings** in the classroom with parent permission. Screenings for EHS/HS children will be performed within 45 days of the child's first day of class or home base services. **If the screening indicates an area of concern or additional evaluation is needed, the team member will ask parents to follow up with their child's healthcare provider to ensure necessary services are received.** Also, be aware that the health team members for our program will contact your child's healthcare provider(s) for information to ensure their follow-up is complete. All information is kept confidential according to the agency's Confidentiality Policy. The health team members will offer all assistance possible to ensure that the child receives appropriate follow-up treatment.

Physical (Well Child) Exam

All children enrolled in our EHS/HS programs should have a complete well child exam (physical) in accordance with Washington Apple Health (Medicaid) EPSDT schedule. Even if your child appears healthy, they still need regular check-ups to screen for any problems that you may not know about. It is also a good time to talk to your child's healthcare provider about any health concerns or issues.

The examination and screening test that should be done during physical examination include:

- Height & weight
- Immunizations
- Vision & hearing screening
- Blood testing for lead toxicity and anemia
- Eating or sleeping problems
- Oral health

Our program requires documentation of a current well child exam and it should be completed within 90 days of the child's enrollment. The health team members will assist families if their child does not have current exam and will give parents friendly reminders if child is not up to date.

Pregnant women enrolled in our EHS are required to have a dental and medical examination on a schedule deemed appropriate by their healthcare provider as early in the pregnancy as possible and documentation of ongoing prenatal care.

Immunizations

To protect all children and team members, and to meet state licensing requirements, we only accept children FULLY immunized for their age and must be up-to-date with their vaccines while in care. A completed Certificate of Immunization Status (CIS) must be signed by parent and will be kept on file at the site. The health team members will give parents a reminder when their child's next vaccine is due. **If a child becomes PAST DUE with any required vaccines while in care, the child will be temporarily excluded from school until vaccines are up-to-date.** Children who are exempt from vaccines must have the Certificate of Exemption signed by parent and healthcare provider.

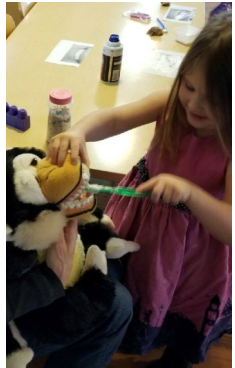
Dental Exam

Dental exams are recommended by the age 1 year and every 6 months after.

Dental disease is the leading chronic disease of childhood. All children who are required to have a dental exam will need documentation of a current dental exam within 90 days of the child's enrollment. Team members will provide local dental resource for parents needing a dental home and will assist with identifying dental follow up and treatment needs.

Tooth Brushing

All children served in our program will brush their teeth with fluoride toothpaste one time per day. This can be after lunch, breakfast, or snack, whatever works best for the teaching team members. They will role-model by brushing or using tooth brushing puppet to demonstrate.



Fluoride

EHS/HS performance standards requires team members to follow up with parents if their child is receiving any fluoride treatment such as fluoride varnish, supplements or fluoride in drinking water. We encourage parents to consult with their child's medical or dental provider if fluoride supplements needed.

Why fluoride is important?

Fluoride is effective in preventing and reversing the early signs of tooth decay. It makes the tooth stronger, so teeth are more resistant to acid attacks. Acid is formed when the bacteria combines with sugars in the foods we eat and beverages we drink. The acid that is produced harms tooth enamel and fluoride protects teeth by making them more resistant to acid.

Source from American Dental Association (ADA)

Children with Special Health Care Needs & Health Plans

Any child with a chronic health condition such as asthma, allergies, seizures or chronic illness will need to have an individualized health care plan in place

BEFORE the child is accepted into care. A health care plan is an individualized, written communication shared by those who care a child with a health condition. This health care plan is developed with the collaboration with the child's healthcare provider. If a child's health condition is life-threatening requires medication and/or treatment orders, then medication and/or treatment orders will be needed by the child's healthcare provider. Parents will need to review and sign the medication and/or treatment forms along with the health care plan. **Parents will be required to demonstrate and review with team members administering child's medication and/or treatment prior to child's first day of school.**

Medication Management

- ★ **Medication will be given only with prior written authorization of the child's parent or legal guardian AND written instructions from a licensed health care provider.**
- ★ **Medication is ordered to be given to a child during school hours when absolutely necessary.** The parent and prescribing health care provider are urged to design a schedule for giving medication outside of school hours.
- ★ **If medications are required then the Medication Administration form must be completed for each medication and updated with each new prescription by a licensed health care provider.** Sunscreen is the only non-prescription medication that can be administered with parent-only authorization.
- ★ **Parents will be asked to demonstrate for classroom team members the proper technique (consistent with the health care provider's instructions), including the use of any necessary equipment for administering their child's medication.**

Prescription Medications must be in the original container from the pharmacy and labeled with:

- Child's name----first and last---middle initial if needed,
- Medication name,
- Dosage amount,
- Frequency, and
- Length of time (e.g. days)
- Name of health care provider who prescribed medication
- Expiration date

We will only give a child a non-prescription medication when:

- The medication is in its original container and
- If the dose and frequency is stated on the label, and
- The medication is age-appropriate*
- With written permission from a physician (*with exception to sunscreen*).
- Signature of parent.

* **NOTE:** Most medications say, "under 2 years of age, consult your physician". This means we won't give any child under 2 years of age an "over the counter medication" until we receive written consent from a parent and a health care provider legally authorized to prescribe medicine. This includes common acetaminophen (e.g. Tylenol).

Lead Screening

Lead is a poison that is very dangerous for young children because of the small size and rapid growth and development. Lead can cause learning difficulties, anemia and other medical problems. A blood test is the only way to tell if your child has lead poisoning.

Lead toxicity screening is required at age 12 months and 24 months for all Apple Health (Medicaid) enrolled children, regardless of lead exposure. If a child did NOT have a lead screening at 12 or 24 months, then it is required to have one test done between 36 and 72 months. Talk to your child's healthcare provider about a blood lead toxicity screening. The health team members will be asking for results of blood level test. This lead screening should be done during your child's well child exam.

Food Allergies/Intolerances or Special Diets:

Children with food allergies and medically-required special diets must have a diet prescription signed by a licensed health care provider on file. Name of the child and their specific food allergy or intolerance are written on the Food Allergy & Intolerance Log in the classroom and kitchen. We will provide food substitutions as needed and accommodate to any foods not eaten for cultural/religious reasons. Food dislikes, however, do not receive the same accommodations.

Nutrition Plans

Individualized nutrition plans are developed as needed when a child has specific dietary requirements based on a medical condition, a food allergy or intolerance, or an oral-motor delay. All disabling food reactions require a signed medical statement from a recognized medical authority. These are kept in the child's classroom and file and will always be signed by the classroom team member and parent or guardian. We do our best to accommodate specific dietary needs while striving to meet the CACFP requirements.

Nutrition and Menus

Adequate nutrition is critical for the growth and development of all children. Our centers provide the following meals/snacks: breakfast, lunch, snack and late pm snack. Food will be provided at intervals of not less than 2 hours and not more than 3 hours apart. Water is available to children throughout the day and during outdoor activity.

Menus are posted in the parent area of the centers and kitchens. Our menus are aligned with the CACFP meal pattern and Head Start performance standards and provide:

- A wide variety of nutrient-dense foods with fruits and vegetables.
- At least one serving of whole grains per day.
- A diet low in salt, fat, sugars and process foods.

Parents are encouraged to provide feedback and recipes as desired. We are available to assist parents in ideas about nutrition and can suggest ways to improve the quality of

Mealtimes

Mealtime and snack environment are developmentally appropriate and support children's development of positive eating and nutritional habits. Due to COVID-19, family-style dining has been suspended and teachers will serve the children during meal times. Site team sit with children and have casual conversation with children during meal times. Children decide how much and which foods to choose to eat of the foods available. Children are not coerced or forced to eat.

Outside Food

To minimize the risk of foodborne illness and allergic reactions we do not allow food prepared or purchased outside of KCR into the classrooms. Parents and community members are welcome to participate in classroom food activities that have been approved by Registered Dietitian or Certified Nutritionist, items will be purchased by the site supervisor.

UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)

Civil Rights

“Civil Rights regulations are intended to assure that benefits of Child Nutrition Programs are made available to all eligible people in a non-discriminatory manner. Those participating in USDA Child Nutrition programs are required to administer program services and benefits in accordance with all laws, regulations, instructions, policies, and guidance related to nondiscrimination in program delivery.”

Civil Rights and Meal Payment

Our HS Program does not charge separately for meals because we participate in the U.S. Department of Agriculture’s (USDA) Child and Adult Care Food Program (CACFP). This program pays centers for nutritious meals served to all children while in care. Children enrolled in EHS/HS are automatically eligible to be classified in the free category for CACFP reimbursement. All we need from the enrolled child’s parent or guardian is to complete the required CACFP Enrollment Form and update it yearly.

Civil Rights & Menu Substitutions

We are required by law to accommodate for a disability diagnosed by a Recognized Medical Authority and that meets the definition of a disability as described under Section 504 of the Rehabilitation Act (1973) and the Americans with Disabilities Act (ADA). When in the recognized medical authority’s assessment, food allergies or intolerances that result in physical or mental impairment that substantially limits one or more major life activities/bodily functions; we must make menu substitutions as prescribed by the medical authority. Other non-disabling food reactions that do not meet rise to the level of a disability as defined by Section 504 or ADA will be accommodated to the best of our ability. We will obtain the needed medical statements from your recognized medical authority.

Non-discrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online: <http://www.ascr.usda.gov/complaintfilingcust.html>, and at any USDA Office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.

Head Lice "No Nit" Policy

Facts about Head Lice:

- Head lice are pest and do not cause or spread disease.
- Head Lice occur in all socioeconomic groups and do not represent poor hygiene.
- Head lice do not *jump* or *fly*.
- The MOST common mode of transmission for lice is head to head contact.
- A louse lives on the human scalp and feeds only on human blood.
- If they are unable to feed they die within 24 hours of separation from the human host.
- Head lice hatch from small eggs or nits that are attached with a cement like substance to the base of a hair shaft.
- Eggs more than an inch away from the base of the scalp are nearly always hatched.
- The eggs mature in about 10 days, the louse then matures in less than 2 weeks.
- Female lice may survive for as long as a month, however after 2 weeks they tend to produce fewer and less viable eggs.

Purpose: To provide guidelines for team members and parents when a child has head lice. Also to provide resources for families and assistance on a case-by-case basis.

Policy:

Children found with live lice or nits in their hair will not be allowed to remain at school. A child can return to school once treatment has begun, parent/guardian has removed nits and no evidence of live lice.

Procedures:

1. Site team will discreetly manage lice infestations so that the child is not ostracized, isolated or psychologically traumatized.
2. If site team should observe a live lice or nits in a child’s hair, parent will be asked to pick up their child and begin treatment.
3. Site team will post Head Lice Exposure Letter in the classroom and send letter home with parents. Site team will give the parent information on how to treat head lice.
4. Site team will notify the health team that day if a child was sent home due to head lice.
5. The health team will follow up with parent regarding treatment and any struggles that family may have treating head lice.
6. Refer family to a licensed health care provider for evaluation if having difficulties with infestation and notify the Health Services Manager.
7. Upon return, site team will ask parent if they treated their child’s hair for head lice and nits were removed. *Parent must treat child’s hair before child can return to school.*
8. If a child has nits only upon returning, it will be handled on a case-by-case basis which will be determined by the health team. Any questions regarding these procedures should be directed to the Health Team.

EXCLUSION POLICY

Guidelines for Keeping a Child or Staff Out of School

Parents: Please keep your child home from school if he or she has one of these conditions or illnesses listed below. Exclusion from attending school is necessary when your child is either too ill to participate in normal activities, the condition or illness creates an unsafe or unhealthy environment for others at care, or when the illness requires a level of care or observation that cannot be managed at school.

Due to COVID-19, the WA DOH recommends children, staff, parents/guardians or visitors **to be excluded from the center** if they are showing symptoms of COVID-19, or have tested positive for COVID-19 in last 10 days or waiting results of COVID-19 test due to exposure or symptoms.

COVID-19 Guidance:

Most common symptoms of COVID-19 are:

*fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea, vomiting or diarrhea.

If a child or staff has any COVID-19 symptoms* but have NOT been in close contact with someone who has COVID-19, consult with your Health Care Provider if COVID-19 test needed and STAY HOME AWAY from others. May return to school after:

- 5 days since symptoms onset **AND**
- 24 hours after fever resolves without use of fever-reducing medication **AND**
- Symptoms have resolved **OR**
- Health Care Provider medical note reporting child or staff does not have suspected or confirmed COVID-19 (not contagious) **OR** Negative COVID-19 test **AND**
- 24 hours after fever resolves without use of fever-reducing medication **AND**
- Symptoms have resolved

If a child, parent or staff should report they have been exposed to someone with the COVID-19 (tested positive), staff will notify the Health Services Manager. Kitsap Public Health District will be notified immediately at (360) 728-2235 if the following occurs:

The center has a **sudden increase in fever or acute respiratory illnesses** (e.g. 2 or more cases of acute respiratory illness occurring within 72 hours of each other).

The center has a **child or staff member who has tested positive for COVID-19.**

KCR ELFS will follow the recommendations from Kitsap Public Health District if a child or staff should be diagnosed with the COVID-19 or has been exposed to someone with the COVID-19.

The following symptoms and/or conditions require your child or staff to stay home along with possible symptoms of COVID-19 listed above. They include, but are not limited to:

- ***Fever of 100.4 Fahrenheit or above** child and staff will remain home and will follow the guidelines above.

Exclusion Policy Continued

- Illness or condition prevents the child from comfortably participating in activities regardless of temperature; requires more care and attention than the teaching staff can give; amount of care for the ill child compromises or places at risk the health and safety of the other children in care.
- Vomiting within 24-hours.
- Diarrhea-watery stools within 24-hours or stool contains more than a drop of blood or mucus.
- Yellow/green discharge from the eyes (possible sign of infections) until no drainage or non-communicable.
- Unidentified rash until identified as non-communicable.
- Ringworm until treatment started.
- Scabies until treatment complete.
- Lice and nits until treatment completed and nits removed (follow Head Lice Policy).
- Strep Throat or Scarlet Fever until antibiotics taken by child for 24-hours and are fever-free.
- Skin infection or open sores/wounds with discharging bodily fluids until drainage can be contained adequately covered with a waterproof dressing.
- Mouth sores with drooling.
- If the child is diagnosed with any of the **contagious conditions listed in WAC 246-110-010 (3)**, a written note from a health care provider or health jurisdiction is required stating the child may safely return to school.

NOTE: If staff has concerns about a child's ability to safely return to school, we reserve the right to request a written note from the child's health care provider.

If child may have a contagious disease or illness, staff will do the following:

1. Staff will notify the parent of the sick child and instruct them to retrieve their child immediately. In the meantime, staff will isolate the child in the designated sick area.
2. Staff will notify the Health Services Manager or Site Health Technician about possible exposure.
3. The Health Team may request staff to post an exposure notice (KCR Contagious Illness Letter). These letters will be posted at the center and extra copies in the classroom.

Daily Health Checks:

- Center staff are **required** to do a **daily health check** on each child as they arrive to school in the presence of the child's parent/guardian, and throughout the day.
- Center staff are **required** to take **child's temperature and check child for any ill symptoms** when a child arrives to school while parent is present.
- Parents are **required** to check in with staff so a daily health check can be done. Parents **cannot leave** the site without this being done.
- If suspected contagious condition or another concern that would prevent child from safely attending school, staff will send child home with parent.

Center teams are required to do a daily health check on each child as they arrive to school in the presence of the child's parent/guardian, and throughout the day. Center teams are required to take child's temperature and check child for any ill symptoms when a child arrives to school while parent is present. Team members will record temperature and symptoms on daily health log. Daily health logs sent to Health Services Manager at end of week. Parents are required to check in with site team so a daily health check can be done. Parents cannot leave the site without this being done. If suspected contagious condition or another concern that would prevent child from safely attending school, site team will send child home with parent.

As a Federally funded program and to provide a productive learning environment clothing that contains or depicts are prohibited:

-

[illegible]