

Parent Handbook

2007-2008

American Indian Institute
Early Head Start



The University of Oklahoma
OUTREACH
The College of Continuing Education

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The **American Indian Institute** at University of Oklahoma OUTREACH was established in 1951 as a nonprofit Indian service, training and research organization, and has more than 50 years of service to Indian tribes, bands and organizations. The major goals of the American Indian Institute are to promote Indian education and research; to promote training, technical assistance, and professional development opportunities for Indian people; to promote the perpetuation of tribal/band languages, cultures, traditions, and histories; and to facilitate the utilization of the University resources by Indian tribes, bands, and organizations



University of Oklahoma OUTREACH is the umbrella for the OU College of Continuing Education and College of Liberal Studies. This lifelong learning organization is dedicated to helping individuals, businesses, groups and communities around the world transform themselves through knowledge. OUTREACH offers more than 2,000 courses, activities and custom program development to more than 200,000 nontraditional learners throughout the world and is ranked among the nation's top 5 institutions in terms of program size and service diversity.

Welcome

Welcome to the University of Oklahoma OUTREACH **American Indian Institute** Early Head Start Program (AII EHS). All of our staff are looking forward to having you and your family as a part of our program.

The AII EHS is designed to provide child development-focused services while supporting your role as your child's most influential teacher. We appreciate your support and help with your child's learning and various activities throughout the year. For children to have a positive experience, it is very important that teachers and parents work together. We encourage your involvement in our center. For more information on how you can become involved, please see your child's teacher.

Hours of Operation

We are a full day, full year program, serving 24 children—from birth to age three—in a center-based setting and 10 expectant families in a home-based setting. Our center hours of operation are 7:30 a.m. to 5:30 p.m. We plan for children arriving between 7:30 a.m. and 8:30 a.m., and no later than 9:30 a.m. We must be notified in advance, if your child will be late. **Children whose parents are not working or in school need to be picked up by 1:30 p.m. Children whose parents are working or in school need to be picked up by 5:30 p.m.** If you are going to be late, please call the center as soon as possible so arrangements can be made.

Our Mission

Our mission is to reflect and honor the lives of children, their families, and their communities by creating a caring, safe, and healthy environment.

Our Goals

Four basic goals that we strive to maintain are:

1. Providing children with a safe and healthy learning environment which will foster trust and positive interactions and relationships between the staff and children;
2. Providing children with an environment that will allow them to explore and learn through curiosity and play;
3. Encouraging children to develop self-help skills that are developmentally appropriate—supporting a positive self-concept and enhancing self-esteem.
4. Allowing children the opportunity to do the important work of their younger years: PLAY. By providing children with a variety of appropriate activities, children will be encouraged to explore and enjoy the work of their early years!

Calendar 2007-2008

EVENT	DAY OF WEEK AND DATE	NOTE
No School	Monday, Sep. 3 thru Tuesday Sep. 4	Labor Day Holiday
No School	Thursday, Oct. 11 thru Friday, Oct. 12	Fall Break
No School	Wednesday, Nov. 16	Statehood Day
No School	Thursday, Nov. 22 thru Friday, Nov. 23	Thanksgiving Holiday Break
No School	Thursday Dec. 20 thru, Wednesday Jan. 2	(Winter Break)
No School	Monday, Jan. 21	(MLK Holiday)
No School	Friday, Feb. 8	Professional Development
No School	Monday, Feb. 18	President's Day
No School	Monday, Mar. 17 thru Friday, Mar. 21	Spring Break (Professional Development for staff)
No School	Friday, Apr. 6	Professional Development
No School	Thursday , Apr. 24 thru Friday Apr. 25	Professional Development
No School	Thursday, May 22 thru Friday, May 23	Professional Development
No School	Monday, May 26	Memorial Day
No School	Thursday, June 5 thru Friday June 6	Professional Development
No School	Friday, July 4 thru	Independence Day
No School	Friday, August 1 thru Friday August 22	Professional Development

The center will follow the Tecumseh Public School weather-related closure policy. Local television and radio stations will be notified to announce such closures.

Parent Involvement

Parent Involvement means that families take an active role in their child's education and development, helping to make decisions about their program in partnership with other parents, staff and community members. The contribution of family experience, perspective and participation is of tremendous value to our Early Head Start Program.

Parents are wanted, needed, and welcome in our center. There are lots ways to participate:

- Conducting cultural activities for parents and/or children
- Cooking a dish for potluck meal social events
- Drawing pictures for classrooms
- Participating in family nights
- Playing games with children
- Playing musical instrument
- Preparing classroom materials
- Reading to children
- Singing songs to children

Parents can share in making decisions for the **AII** EHS through the Parent Committee and the Policy Council.

Parent Committee

Head Start Performance Standard 1304.50(a)

Parent Committees must be comprised exclusively of the parents of children currently enrolled at the center level for center-based programs.

Head Start Performance Standard 1304.50(e)

The Parent Committee must carry out at least the following minimum responsibilities:

- *Advise staff in developing and implementing local program policies, activities, and services;*
- *Plan, conduct, and participate in informal as well as formal programs and activities for parents and staff; and*
- *Within the guidelines established by the governing body, Policy Council, participate in the recruitment and screening of Early Head Start and Head Start employees.*

Parent Committees provide every parent of an enrolled child with the opportunity to assist in the development of activities that address their interests and needs and that support the education and healthy development of their children.

If you are interested in serving on the Parent Committee, please contact Kimberly Morgan, the **AII** EHS Director, at 598-6094.

Policy Council

Head Start Performance Standard 1304.50(b)

Policy Councils must be comprised of two types of representatives: parents of currently enrolled children and community representatives. At least 51% of the members must be the parents of currently enrolled children. Community representatives must be drawn from the local community: businesses; public or private community, civic, and professional organizations; and others who are familiar with resources and services for low-income children and families, including, for example, the parents of formerly enrolled children. All parent members of Policy Councils must stand for election or re-election annually. All community representatives also must be selected annually. Policy Councils must limit the number of one-year terms any individual may serve on either body to a combined total of three terms.

Head Start Performance Standard 1304.50(d)(1)

Policy Councils must work in partnership with key management staff and the governing body to develop, review, and approve or disapprove the following policies and procedures:

- *All funding applications and amendments to funding applications for Early Head Start and Head Start;*
- *Procedures describing how governing body and policy group will implement shared decision-making;*
- *Procedures for program planning;*
- *The program's philosophy and long- and short-range program goals and objectives;*
- *The composition of the Policy Council and procedures by which policy group members are chosen;*
- *Criteria for defining recruitment, selection, and enrollment priorities, in accordance with 45 CFR part 1305;*
- *The annual self-assessment of the grantee's progress in carrying out the programmatic and fiscal intent of its grant application, including planning or other actions that may result from the review of the annual audit and findings from the Federal monitoring review;*
- *Program personnel policies and subsequent changes to those policies, including standards of conduct for program staff, consultants, and volunteers;*
- *Decisions to hire or terminate the Early Head Start or Head Start director of the grantee;*
- *Decisions to hire or terminate any person who works primarily for the Early Head Start or Head Start program of the grantee.*

If you are interested in serving on the Policy Council, please contact Kimberly Morgan, the **AII** EHS Director, at 598-6094.

Recruitment, Selection, and Enrollment

Recruitment

Recruitment efforts include door-to-door contact, home visits, and follow-up on referrals made from partnering agencies. Brochures, posters, and handouts will be placed in the community and application packets will be sent to all partnering agencies. Children with disabilities will receive priority enrollment in efforts to lessen program delay and satisfy the 10% disabilities enrollment requirement of the Head Start Bureau.

Selection

The intent of the **AII** EHS is to serve those with the greatest need. Selection of families that the program serves is based upon the following considerations:

- Income of the family
 - 90% of enrolled families must fall in the low-income range based upon federal income guidelines.
- Age of the child
 - Birth to 36 months
- American Indian children
 - As a grantee of the American Indian-Alaska Native Programs Branch of the Head Start Bureau, we offer preference to American Indian children.
- Expectant Families
 - Families that are participating in our home-based Expectant Families program have preference once their child is born.
- Disability
 - 10% of enrollment must include children with disabilities—physical or mental.
- Single parent family
- Young mother and/or father
- Drug or alcohol exposure
- Violence or neglect exposure
- Foster children
- TANF Participation
 - Family is receiving benefits and must participate in work activities or be working towards self-sufficiency.

Enrollment

The following documents are required for each child's enrollment:

- Application
 - History
 - Background
 - Basic information
- Immunization Records

- Physical, Developmental, and Dental Screenings
 - Throughout the year, the center co-sponsors special screenings and examinations. Parents must be present in order for their child to receive this service.
- Income Verification
 - Pay check stub
 - Income tax return
 - Notice of action DSS/TANF
- Primary Care Provider
- Medicaid Information
- Social Security Cards
- Birth Certificates
- Tribal Enrollment
 - CDIB Card
- Emergency Contacts
 - We must have a minimum of 2 emergency contacts on file for your child. Because current information is essential in the event of an emergency, please notify us immediately if your emergency contacts change.
- Food and Medication Allergies

Attendance

We hope that the AII EHS can assist you and your child in beginning good attendance habits to continue throughout their educational experience. It is very important that your child have a consistent environment in which to grow and develop trusting relationships with teachers who provide care and nurturing during your absence. We ask that you drop your child off and pick them up at approximately the same time each day.

Parents are required to sign their children in to and out of the center each morning and afternoon. If your child is going to be out for all or part of the day, please contact us at the center as soon as possible. Daily attendance and health assessments will be conducted by the teachers.

If your child's attendance becomes a concern, we may conduct a home visit to see what help the program can offer to assist you in getting your child to the center. **If your child has four unexcused absences—defined as any absence without notification—your family will be placed on the inactive list and your enrollment slot given to another family.** *If you remove your child from the program, please let us know as soon as possible.*

Illness, Exclusion, and Re-admittance

Head Start Performance Standard 1304.22(b)(1)

(Early Head Start) 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, but only for that generally short-term period when keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child.

Our policy on illnesses is meant to protect all of us—children, families, and staff—from contagion and prevent the spread of disease. If your child has a contagious illness, please contact the center immediately as other parents must be notified.

The **AII** EHS will exclude an ill, injured, or contagious child from program attendance if:

- The child's condition prevents him or her from participating in routine activities; or
- The child's condition requires more care than the staff are able to provide without compromising the needs of other children; or
- Keeping the child in attendance poses a significant risk to the health and safety of the child or anyone in contact with the child.

A child will not be excluded if the center is able to eliminate the significant risk to health or safety posed by the child's condition or to reduce the risk to an acceptable level. A child will not be excluded if the physician or nurse practitioner approves re-admittance. Conditions for re-admittance are under the control of the Health Advisor and local Health Department.

Other considerations for exclusion may include:

- Severe coughing
- Difficult/rapid breathing
- Yellowish skin or eyes
- Sore throat or trouble swallowing
- Unusually dark, tea-colored urine
- Gray or white stool
- Headache or stiff neck
- Pulling at ears
- Greenish discharge from nose or severely runny nose
- Unusually cranky, less active, etc.

Daily health assessments will be conducted each day upon your child's arrival. If it is determined that your child may have a contagious disease (based on observations by staff), you will be asked to pick your child up from the center.

Children will be re-admitted to the center after 24 hours has passed since medication began OR a medical statement verifying re-admittance by board certified medical (*practicing licensed physicians and nurses*) staff has been submitted.

Children and adults with these illnesses or symptoms will be excluded from attendance:

Fever	Until medical evaluation indicates inclusion in the facility, and 24 hours has passed. Defined as oral temperature of 101° or greater, rectal temperature of 102° or greater, axial (armpit) temperature of 100° or greater.
Hepatitis A	Until 1 week after onset of illness or until after immune serum globulin has been given to appropriate children and staff in the program, as directed by the responsible health department.
Impetigo	Until 24 hours after treatment has begun.
Infestation (head lice, scabies, etc.)	Until 24 hours after treatment has begun head lice. (Ask AII EHS staff for alternatives to treating head lice with shampoo.)
Measles	Until 6 days after rash appears.
Mouth Sores	Unless the child's physician or local health department authority states in writing that the child is not contagious.
Pertussis (Whooping Cough)	Until 5 days of appropriate medicated has been completed. Laboratory confirmed or suspected based on symptoms or because of cough onset within 14 days after having face-to-face contact with a laboratory-confirmed case.
Purulent Conjunctivitis	Until 24 hours after treatment has begun. Defined as pink or red conjunctiva with white or yellow eye discharge, often with matted eyelids after sleep. Includes children with eye pain or redness eyelids or surrounding skin.
Rash	Until a physician determines the illness not to be communicable.
Rubella	Until 6 days after rash appears.
Shingles	Until the sores have crusted or unless open sores can be covered by clothing or a dressing.
Signs of Possible Severe Illness	Including unusual lethargy, irritability, persistent crying, difficult breathing, and uncontrolled coughing.
Streptococcal Pharyngitis (Strep Throat)	Until 24 hours after treatment has begun and fever is gone. Includes scarlet fever rash.
Tuberculosis (TB)	Until the child's physician or local health department authority states that the child is non-infectious.
Uncontrolled Diarrhea	Until stool has returned to normal for that child. Defined as an increased number of stools (more than two documented in one day) compared with the child's normal pattern; increased stool water and/or decreased form that is not contained by the diaper or toilet use.
Vomiting	Unless illness is determined not to be communicable. Defined as two or more times in the previous 24 hours.

Learning Environment

With parents' assistance and approval, an Individualized Curriculum Plan will be developed for each enrolled child. Individual curriculum plans assist us in delivering a quality, individualized approach to curriculum development and lesson planning for each child. These plans are very flexible and driven by up-to-date child development knowledge and practices and, more importantly, the infants and toddler's interest and

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erging skills and development.

The AII EHS will adapt the **CREATIVE CURRICULUM**® for use with infants and toddlers.

CREATIVE CURRICULUM® includes:

- Creating a Welcoming Environment which should include a responsive environment that encourages trust and promotes exploration.
- Ensuring Children's Safety that includes carrying out safety procedures that meet the changing developmental needs of children, preventing accidents, planning for and responding to emergencies, helping children become aware of safety, and balancing concerns for children's safety with their need to explore and take risks.
- Promoting Children's Health that includes meeting children's health requirements from birth to three, preventing health problems, responding to child abuse and neglect, responding to sick children, helping children develop good nutrition and other health habits, and using partnerships to promote children's health.
- Guiding Children's Behavior that includes taking a positive approach to guiding behavior, responding to challenging behaviors, such as temper tantrums and biting, and helping children relate positively to each other.

Discipline Policy

Praise and positive reinforcement are effective methods of behavior management of children. When children receive positive non-violent and understanding interactions with adults and others, they develop good self-concepts, problem-solving abilities, and self-discipline. Based on these beliefs, EHS will practice the following discipline and behavior management policies.

WE DO	WE DO NOT
Praise, reward and encourage children.	Spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the child.
Reason with and set age appropriate limits for the children.	Make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
Model age appropriate behavior for the children.	Shame or punish children when accidents occur.
Modify the classroom environment to attempt to prevent problems before they occur.	Deny food, rest, or education as punishment.

Listen to the children.	Use food, resting, or play as a bribe, or coercion.
Provide alternatives for inappropriate behavior to the children.	Leave the children alone, unattended or without supervision.
Provide children with natural and logical consequences for their behaviors.	Allow discipline of children by children.
Treat the children as people and respect their needs, desires, and feelings.	Criticize, make fun of, or otherwise belittle children's parents, families, or ethnicity.
Ignore minor misbehaviors.	Use unsupervised inappropriate, lengths of time out.
Explain things to children on their levels.	Restrain or contain the children in any way.
Provide 1 minute of time out per year of age, with adult supervision.	
Stay consistent in providing discipline.	

If disciplinary problems occur, a parent conference will be scheduled, along with any mental health screenings, assessments or referrals.

Group Sizes

In accordance with the Head Start Program Performance Standards and Best Practices for Infant/Toddler group sizes, group sizes for infants/toddlers will not exceed eight children to any one grouping (classroom).

Adult/Child Ratios

In accordance with the Head Start Performance Standards, one adult to four infants/toddlers will be used in the center. We recognize that these are minimum standards and will work towards exceeding them whenever possible.

Daily Schedule

The daily schedule is not structured so much by time, but through events, transitions and consistent routines provided and supported by staff and other caring adults. Each classroom has a daily lesson plan that is followed, and to further support the idea of consistency and routine we encourage parents to bring children on time, so that they may participate in all classroom learning and activities.

Meaningful relationships and interactions are the focal point to infant and toddler learning. Some routines/events that will transpire during the child's day include:

- Arrival, Greeting, Sign in and Health Assessment
- Wash-up, Breakfast, Clean-up, Brush Teeth
- Transition
- Free Exploration and Observation (may include outdoor play, if appropriate)
- Small Group Activity: Child-initiated and Staff supported
- Transition Period
- Wash-up, Family Style Lunch, Clean-up, Brush teeth, Wash face/hands
- Naptime
- Wake, Wash & Snack
- Free Exploration and Observation
- Clean-up and Departures

Meals

In cooperation and agreement with the USDA & CACFP, all menus and individual menu items are reviewed and approved by a Registered Dietician. Individual feeding patterns are recognized, as well as scheduled meal times for the older children. A variety of foods will be introduced and maintained on the regular menus. Using appropriate, alternative sources reduces the use of extra salt and sugars. Spicy foods and those foods not appropriate to infants and toddlers (hot dogs, grapes, raw vegetables, popcorns, peanuts, etc) are never included in monthly menu planning at EHS. For infants, breastfeeding and breast-milk is encouraged for as long as possible with families.

Feeding

Child-sized plates and serving utensils will be used to promote independence. Children will be encouraged to serve themselves during the Family-Style dining. As in families, everyone will help clean up and children are involved in scrapping their plates and putting things away.

Breakfast, lunch, and afternoon snacks are served in accordance with Child & Adult Nutrition regulations and the Head Start Program Performance Standards. Infants will be fed on demand and according to their internal schedules.

Developmentally appropriate feeding is practiced including family style dining and encouraging independent feeding.

Allergies

Children with allergies or special feeding schedules will be accommodated as needed. A list of allergies will be posted in the kitchen and medicine cabinet to ensure that no child is given any food to which he or she has known allergies. In the event that staff discovers new food intolerance, parents will be notified immediately.

Health and Safety

The AII EHS complies with state and federal laws, standards, and rules concerning education, health, nutrition, sanitation, and fire safety.

Releasing Your Child to Others

Your child will only be released to persons that you have authorized on the application form. If you wish someone else to pick up your child, we must have your authorization in writing with your signature and appropriate dates. We will ask for identification if we are unfamiliar with any person picking up your child.

Sanitation Issues

The following policies are in place to help control the spread of germs and disease to you and your child.

- All toilet facilities and toys are cleaned and disinfected daily; equipment, furnishings and laundry are cleaned weekly, unless soiled.
- All children, staff, volunteers, and parents will wash their hands with soap and running water
 - after using the restroom
 - before and after snacks, wiping noses, sneezing/coughing
 - after petting animals
 - after art or outdoor activities
- Latex gloves are used to change diapers, and bleach wipes are used to disinfect the diaper area after each change. If you change your child's diaper at the center, please follow this policy and help us reduce the risk of infection to you and others in the environment.
- Staff that is experiencing any of the symptoms/illnesses noted in our illness policy is asked to fulfill responsibilities that do not expose them to other staff or children or to leave the center until they are well.
- Staff will maintain their training regarding hand-washing procedures and Blood Borne Pathogens and act accordingly.

Medication Administration

No medication—prescription or non-prescription—will be administered to your child without your previous written consent. Although we prefer not to administer any medication at the center, we understand that it may be unavoidable in some circumstances. Prescribed medication must be in the original container with the child's name and dosage requirements legible. The proper form must be completed by the physician and parent/guardian and returned to AII EHS staff before any medication is administered to the child. There are staff members trained to administer Nebulizer treatments. No expired medication will be administered to any child.

Parents can administer medications or treatments to their children at the center and are required to administer non-prescription medications, such as Tylenol, cough syrups, etc. if a doctor has not prescribed them for a specific condition.

Accidents and Emergencies

All staff are trained and certified by an American Red Cross instructor in

- Infant CPR
- Standard First Aid
- Blood Borne Pathogens

In the case of medical emergencies, staff will administer First Aid as necessary, and parents will be notified. If staff is unable to reach parents, emergencies contacts, or the child's physician, the child will be taken by ambulance a hospital as previously instructed by the parent. A consent form must be signed at the time a child enrolls giving the hospital permission to administer any necessary medical treatment.

Although we work hard at preventing accidents, it is also important to provide a challenging environment. We can be so worried about preventing every accident at any cost that we are no longer providing a challenging environment. Minor bruises and scrapes are normal childhood events and should be expected occasionally in a challenging and developmentally appropriate environment. For those times that your child may receive a bump, scratch, etc. at school, TLC (tender loving care) and First Aid will be administered. In addition, an Injury Report Form will be completed by staff for your signature, and the incident discussed with you.

Emergency Safety and Security 1304.22

The OU All EHS encourages family involvement in all aspects of the program families are encouraged to visit the center and interact with staff. During events that warrant more serious intervention OU All EHS discipline shall be applied only in response to conduct which adversely affects the OU All EHS Program's pursuit of its program objectives, disrupts the peace or activities of the center, violates or shows disregard for the rights of individuals within the OU All EHS, or damages property. Local officials charged with enforcement of these regulations shall have the authority in execution of such duties to perform such acts as are required to maintain the security, well-being, safety, or tranquility of the OU All EHS program or any of its members, children, families or visitors.

Prohibited Conduct Includes: (But not limited to)

- Dishonesty
- Intentional Disruption of OU All EHS Activities
- Verbal or Physical Abuse of Persons
- Failure to Comply with Official Directions

- Alcoholic Beverages
- Intentional Misuse of Property
- Malicious Mischief
- Theft
- Firearms
- Unauthorized Entry
- Narcotics and Dangerous Drugs
- Building Defacement
- Disturbance of the Peace
- Violation of OU All EHS or University Regulations
- Harassment
- Arson
- Breaking any law while at the center
- Misappropriate use of or inappropriate Disclosure of Confidential Information
- Inappropriate Racial Comments
- Stalking
- Sexual Misconduct

Prohibited Conduct may be punishable by suspension or expulsion from the OU All EHS program or any other sanction which the program deems appropriate.

Child Abuse and Neglect

Child abuse is defined by law as the harm or threatened harm to a child's health, and safety by a person responsible for the child's health and safety. This includes a parent, a legal guardian, a foster parent, or a person 18 years of age or older with whom the child's parent cohabitates, or any other adult residing in the home of the child.

Definitions for the Identification of Abuse or Neglect:

Physical Abuse: non-accidental physical injury to a child under the age of 18.

Neglect: Failure or omission to provide food, clothing, shelter, medical care, supervision, or special care made necessary by physical or mental condition of the child.

Sexual Abuse or Exploitation: Includes, but not limited to rape, incest, lewd or indecent acts or proposals, and allowing, permitting or encouraging a child to engage in prostitution or pornography.

Emotional Abuse: Mental Injury from incessant rejecting, terrorizing, isolating, exploiting, corrupting, and denying emotional responsiveness.

Reporting Requirements:

Oklahoma state law requires every health professional, teacher, and every other person, who has reason to believe that a child is being abused or neglected, report the suspicion to the Oklahoma Department of Human Services.

- No person regardless of their relationship to the child is exempt from reporting suspected abuse or neglect.
- No person regardless of their position or title is restrained by organizational procedures in reporting.
- No person is required to have proof of the abuse before reporting, only a suspicion.
- No person who reports in “good faith” will be held responsible for any findings.

Information to Report:

- Name and addresses, or whereabouts of the child and the child’s parents, or individual responsible for the child’s welfare.
- The child’s age.
- The nature and extent of the abuse or neglect
- Any other information that may be helpful in establishing the suspected abuse.

Staff Requirements:

- Inform the immediate supervisor of the incident when reporting or suspected.
- Report the suspicion to OKDHS personnel.
- Record of all documentation or tracking numbers.
- Document all contacts made concerning the child, and place in a confidential file.
- Update all files when information is provided.
- No supervisor/manager or director shall impede or inhibit the reporting obligations of program staff.
- All-EHS staff shall not perpetuate or inflict abuse or neglect to any child in the program.
- Complete any trainings or education necessary to meet OKDHS standards regarding the effective reporting of child abuse and neglect.

Disclosure:

To ensure that family and child rights are not impeded. All families in the All-EHS program shall be informed of the Child Abuse and Neglect reporting policy at time of enrollment and throughout the year, as well as training provided during parent meetings as deemed necessary.

Contact Information:

-State Wide 24 hour Child Abuse Hotline 1-800-522-3511

Clothing

Please take the following into account when you dress your child for the center.

- Weather—winter gear for outdoor play, rain jackets for wet days, etc.

- Shoes—shoes for outdoor play, as well as shoes that will stay in place while walking.
- Toddler Play—messy/fun activities could potentially stain or ruin clothing. Please dress your child for play.
- Potting Training—Buckles, buttons, snaps, and ties are all good things to encourage your child’s mastery of fine motor skills, but for children struggling to master potty training, the faster the outfit comes off the better!
- Accidents—please bring at least one extra set of clothes to the center in case of spills, potty accidents, etc.

Odds and Ends

- Please do not allow your child to bring toys to the center. Personal toys can cause ownership issues and sharing issues with infants and toddlers.
- If you would like to celebrate your child’s birthday at the center, you are welcome to bring a cake or other appropriate treat for the classroom. We would be happy to take pictures and help you celebrate.
- Please do not allow your child to bring gum or candy to the center (even for birthday celebrations), as they pose to great a choking hazard.
- Please mark personal items, such as blankets, bottles, etc. with your child’s name.
- Meals are provided by the center (breakfast, lunch and snack) this includes formula and infant foods. Meals are USDA/CACFP approved and age appropriate. We use specific brands of formula that are suitable to sensitive stomachs, if you prefer another type, we will supply an equivalent, otherwise you must purchase those items. Unless requested and supplied by families, we feed the children meals that are developmentally appropriate, including infant foods formulated for specific age groups.
- Diapering supplies, such as diapers, pull-ups, wipes..., are provided by the center. We use a specific brand, if you require another brand; you will be required to purchase those items. If you supply diapering supplies, the staff will remind you when diapering supplies are low.
- To ensure the safety of all children the use of glass bottles or drinking/sippy cups is prohibited.

Biting Policy

POLICY STATEMENT

- Biting is a common and difficult problem for infants and toddlers, common causes are: teething, inability to communicate, hunger, competition for attention, boredom or frustration.
- All EHS is not always the source of the biting concern, so it is sometimes necessary to involve other parties to remedy the situation, along with utilizing developmentally appropriate strategies.
- To provide parents with the opportunity to help the center staff prevent injuries resulting from biting.

The following procedures will be followed concerning a child that is biting at the All EHS:

- Classroom teachers will inform the Director and Early Childhood Manager immediately following the biting incident
- Classroom teachers will inform the parents of all children involved immediately, with a phone call or if unavailable by phone at the next contact (pick-up)
- Classroom teachers will document every occurrence of biting, including injury reports and parent contacts
- Classroom teachers will maintain developmentally appropriate ways to communicate the no biting policy to the children involved, i.e., no harsh or loud language, scolding, or timeouts will be used, teachers will shadow, model appropriate contact and behaviors, read books about biting, learn about teeth and things they are used for; parents will be informed of all interventions
- Classroom teachers will maintain the confidentiality of all children involved, taking special care to not disclose personal child behaviors or names to either parent, other than that of their own child
- Biting policy must be given to the parent along with other education materials to help with the child that has bitten and any first aid necessary to the bitten child immediately following the biting incident
- Classroom staff will monitor the classroom to decrease the opportunity for children to bite, this may include shadowing for several days, or longer and one-on-one attention, use of teething toys and close monitoring
- May determine that an older child be transitioned to decrease the incidence of biting
- Consult with the center Mental Health Professionals for help along with other early intervention/child development professionals

Chronic Biting:

Chronic biting consists of 3 or more times the child has bitten another child, staff or volunteer during regular classroom hours, during any time span. When this occurs the following steps will be taken:

Effort to Minimize Biting:

- Parents will be contacted concerning all incidences of biting concerning their child; this may be on daily sheets, injury reports and verbal communication with the classroom teacher(s).
- If biting stops and no other incidents occur, no further action will be necessary.

- Documentation of biting; injury reports, parent contacts...will be kept in the child's locked confidential file.
- Information will be provided to the involved parent(s) providing ways they can help with biting while the child is at home, as well as the methods utilized at the center.
- Meeting with the center staff or the Mental Health Consultants will be arranged.

If Biting Continues or Parent(s) fail to assist Staff with Biting Concerns the Following Steps will be taken:

- The parent(s) will be contacted by the Early Childhood Manager or Center Director and a meeting scheduled regarding the biting concerns. This contact will explain the attempts made to minimize the biting behaviors of the child.
- Documentation of biting and classroom teacher's attempts to minimize biting will be provided at the meeting.
- Efforts to alleviate the problem will be addressed; mental health counseling with the parent and child on-site, education material and activities to be used at home and in the EHS center will be provided.
- The child that is biting will be sent home and unable to return for one (1) day until the parent is able assist the classroom staff with solutions to the biting behaviors, this includes participating in an informal meeting to address concerns. All decisions made will be mutually agreed upon by the parent(s) and center staff.
- Once procedures have been taken to help the biter minimize behaviors, the classroom staff will continue to make contacts with the parent(s) as needed concerning the biting behavior of the child.
- When the parent of the biter becomes involved in the process, children will no longer be temporarily excluded from the program, unless otherwise requested by the child's parent.

Parent Involvement Form

Parent involvement is an integral part of a successful Early Head Start experience for you and your child. Parents not only meet for parent meetings, policy council, health advisory and parent workshops. Volunteering is a great way to gain new experiences, bond with your child, and EHS staff, and gain job experience.

Early Head Start procedures requires the program to receive 20% of the total funding in the form of in-kind, services, donations and volunteer time contributions. To help us reach our goal please take a moment to review the form and choose activities that you are willing to participate in to ensure that we reach our goal, and improve the quality of services in the All-EHS.

Please check the activities you are willing to participate in:

- Arrange a bulletin board
- Take a project home (cut out material for classroom projects)
- Work with children in the classroom (read books, sing, art activities...)
- Prepare a newsletter
- Plan parties (be a room parent)
- Share a skill or hobby (decorate cupcakes...)
- Participate in Parent Meeting/Policy Council
- Decorate the center with classroom artwork
- Provide an ethnic experience (Cultural dance, food, crafts...)
- Arts and crafts demonstrations
- Gather donations or needed supplies

Other _____

Signature

Classroom

Date

University of Oklahoma American Indian Institute
Early Head Start
Parent Handbook Signature Document

I _____ have read and reviewed the OU All Early Head
EHS Parent/Guardian
Start Parent Handbook for 20____, which identifies regulations and requirements created
by the OU All EHS Staff, OU All EHS Policy Council, OU All EHS Health Advisory
Council, the University of Oklahoma, the Oklahoma State Department of Human
Services, and the Oklahoma State Department of Health.

Parent/Guardian Signature

Date