



PARENT HANDBOOK

APPALACHIAN COUNCIL HEAD START
501 Leon Sullivan Way 2nd Floor Charleston, WV 25301

TABLE OF CONTENTS

INTRODUCTION TO HEAD START

YOUR FAMILY'S HEAD START INFORMATION	1
WELCOME	2
MISSION AND PHILOSOPHY	2

FAMILY SERVICES

FAMILY SERVICES PROGRAM	3
ATTENDANCE POLICY	3
CHILD ABUSE & MALTREATMENT	4
CHILD RELEASE POLICY	4
CONFIDENTIALITY	4
COURT ORDERS & CUSTODY	4
REFERRALS	4
PARENT, FAMILY, & COMMUNITY ENGAGEMENT	5
HOME VISITS & PARENT/TEACHER CONFERENCES	6
FAMILY SUPPORT SERVICES	6
PARENT'S RIGHTS	7
PARENT'S RESPONSIBILITIES	7
PARENT OPPORTUNITIES	8
FAMILY ENGAGEMENT DAY/PARTIES	8
FATHER/MALE INVOLVEMENT	9
LEARNING GENIE	9
VOLUNTEERING	9-10
PARENT COMMITTEE	11
POLICY COUNCIL	11-12
GRIEVANCE PROCEDURE	12

EARLY CHILDHOOD EDUCATION

SCHOOL READINESS	13
CURRICULUM	14-15
CREATIVE CURRICULUM	16
HIGH SCOPE	16
LITERACY	16-17
CLASSROOM LOGISTICS	17
DAY-TO-DAY OPERATIONS	18
DISCIPLINE POLICY	19
TIME-OUT	19

MENTAL HEALTH & DISABILITY

MENTAL HEALTH	20
DISABILITIES & INCLUSION	20
BEHAVIOR	20-21

HEALTH & SAFETY

ENROLLMENT REQUIREMENTS	22
MEDICATION	25
HEALTH EMERGENCIES	25-26
DENTAL EMERGENCIES	26-27
SHELTER-IN-PLACE PROCEDURE	27-28
LOCK DOWN PROCEDURE	28
WEATHER-RELATED EMERGENCY	29
FIRE OR RISK OF EXPLOSION PROCEDURE	29-30
PRACTICE DRILLS	30
MISSING CHILD/ AMBER ALERT PROCEDURE	30
COVID-19 POLICIES & PROCEDURE	31-33
EXCLUSION POLICY	33-35
LICE POLICY	35-36
BED BUG POLICY	37

NUTRITION

NUTRITION ASSESSMENTS	38
MENUS & MEALTIMES	38
NON-DISCRIMINATION STATEMENT	39
CACFP MEAL PATTERN EXAMPLE	40
WOMEN, INFANTS, & CHILDREN (WIC)	41
WIC OFFICE LOCATIONS	42

TRANSPORTATION

SAFETY FOR CHILDREN & PARENTS	43
SAFE PASSENGER PRACTICES	43
BOARDING & DEPARTING PRACTICES	43-44
SAFE STREET CROSSING AT STOPS	44

OTHER IMPORTANT INFORMATION

CENTRAL OFFICE STAFF DIRECTORY	45
PARENT HANDBOOK RECEIPT	46

Greetings Head Start/Pre-K Families!!

Welcome to Appalachian Council Head Start! We are looking forward to getting to know you and your children this year. The year ahead will be filled with lots of opportunities to learn, grow, create, and have fun.

Appalachian Council Head Start is dedicated to serving children and families. Head Start is a place for families to learn and grow with people who care about them. We know that you are your child's first and most important teacher. That is why it is important for you to be part of our program.

There are many opportunities available for you to be a part of Appalachian Council Head Start. We want all parents (biological, adoptive, foster, legal guardians) to be involved as much as possible. We invite you to attend monthly Parent Committee meetings, become a member of the Policy Council, volunteer in your child's classroom, and to help with field trips. We especially want to extend a special invitation for all Head Start dads and male parent figures to become involved in all we have to offer. Dads and male parent figures are a positive factor in a child's learning.

Appalachian Council Head Start staff and volunteers respect the unique identity of each child and family and refrain from stereotyping on the basis of gender, race, ethnicity, culture, religion, or disability. We work hard to provide the best staff to serve you and your child, and we strive to meet the needs of families enrolled in the program.

In this handbook you will find lots of information about our program and general information about program policies and procedures. Please talk with any of our Head Start staff to find out more information about meetings, volunteering, or other events. If you have questions, ideas, or concerns about our program, please feel free to call any staff member or the central office.

We hope that you have a wonderful year in Head Start!!

Lori Hedrick-Litteral

Appalachian Council Head Start Director



Welcome to Appalachian Council Head Start

Head Start is a family-centered child development program that provides diverse services to meet the educational, health, nutrition, mental health, and supportive services to children and their families.

Appalachian Council Head Start began in 2003 with only three counties: Boone, Clay, and Putnam. In 2007 the program expanded with Jackson, Roane, and Wood County. Further expansion of the program took place in 2011 with five more counties: Wirt, Calhoun, Pleasants, Tyler, and Doddridge.

Today we are the largest Head Start provider in the state. We operate in 11 counties and serve up to 846 children and their families annually.

This handbook is intended to provide you with specific information about the operation procedures for our program. These procedures are based upon regulations that are required by the Department of Health and Human Services, Office of Head Start, WV Child Care Regulations, WV State Policy 2525, and the Appalachian Council Head Start Program.

Our Mission

The mission of the Appalachian Council Head Start program is to provide effective resources to Head Start children and families, so they have the tools they need to achieve lifelong success.

Philosophy

Appalachian Council Head Start dedicates itself to providing a comprehensive child development program for eligible three- and four-year-old children. The program is designed to meet the child's emotional, social, health, and nutritional needs by enabling him/her to enter into kindergarten healthy and with self-confidence in his/her ability to learn and succeed.

FAMILY SERVICES

Rhonda Smith
Family Services/ERSEA Specialist
304-342-4138 ext 3019
rsmith@appcouncil.org

Marian Thomas
Family Services Specialist
304-342-4138 ext 3033
mthomas@appcouncil.org

The wonderful and rewarding challenge of raising a family today demands more “know-how”, thought, and patience than ever before. Head Start helps families grow stronger. After the children are recruited and enrolled, your Family Service Worker and Teacher will arrange to visit your home. At this time, you can talk over your concerns about your child’s education expectations and any other needs you may have. The Family Service Worker will assess your needs and strengths and will provide the necessary resources and referrals as needed.

You will receive a copy of a local “Community Resource Guide” which has a list of current community resources available. If you find your community lacks the services your family needs, then Head Start will provide the support to get action on your family’s behalf. Head Start staff is always ready, willing, and able to assist families. Do not hesitate to ask questions. Your Family Service Worker will provide support, assistance, and guidance throughout your Head Start program year.

A “Family Partnership Agreement Plan” form will be established between the Head Start Program and each enrolled family will be formed to assist in achieving self-identified and realistic goals. The information you share in developing your Family Outcomes Instrument is confidential and will never go outside the program without your permission.

Your Family Service Worker is there to help you to connect to your Head Start family and many of the resources in your community and shares your goals, wanting the best for your child. They have a responsibility to work together with you and your family and to develop a relationship with you that only works if it is built on trust and respect. By developing a positive and respectful relationship with your Family Service Worker, teaching staff, bus staff, kitchen staff, etc., your child will have more success at school and in his/her own Head Start relationship.

ATTENDANCE POLICY

Because we are a federal program, we are required to maintain 85% attendance in our classrooms. When your child is absent, he/she is missing out on valuable experiences and services. You must notify your classroom staff if your child is going to be absent *within the first hour of the classroom start time*. Please give the reason for absence and the expected return date. Consistent attendance is essential to your child’s success. If you do not contact us regarding absence(s), the Family Service Worker will contact you to discuss the situation. Also, your child’s Bus Driver will perform wellness checks (phone calls) to you when your child is absent. Please keep us informed of illness or emergencies that will prevent your child from attending school. “Remember Attend Today, Achieve Tomorrow”
(See Attendance Policy and Procedures for further information)

CHILD ABUSE & MALTREATMENT

Under the West Virginia law (49-6A-2) Head Start staff *are mandated reporters and* must report any case of suspected or actual child abuse, maltreatment, and neglect. At the time of enrollment, you signed a statement which explained the law regarding our responsibilities. If you have questions regarding this policy, discuss them with your Family Service Worker or Teacher. Understand that when we report child abuse or neglect it doesn't place blame, we only report signs of and symptoms of suspected abuse or neglect. All reports are kept confidential in locked cabinet at our Central Office. (See Child Abuse Policies and Procedures).

CHILD RELEASE POLICY

Head Start children will not be released to anyone who is not designated by the parent/guardian and are on the Student Information Sheet. Everyone will be asked to show appropriate identification (Enrollment Agreement, Student Info Sheet, and Notification Change Form, where applicable). Any person designated by the parent/guardian must be an adult per Child Care Regulations. When a child is released to parent/guardian or any designated person who is obviously under the influence of drugs or alcohol, Child Protection Services will be notified immediately. If a caregiver becomes hostile, abusive or produces a weapon, the local police department will be notified immediately. If a child is returned to the site, all efforts will be made to contact guardians or those listed on your emergency contacts. If this is unsuccessful, your child will be placed in the custody of the local police department and/or CPS.

CONFIDENTIALITY

You may have a time when you feel that your personal affairs need to be discussed with your child's Teacher or your Family Service Worker. We are under strict rules that nothing you share with us will be discussed with anyone outside the agency unless given your permission. We expect that parents will also respect rights of others in this manner.

All files of Head Start children are confidential. Head Start staff, Board of Education staff, and Child Care Licensing are the only persons who have access to your child's files. Parents have the right to view their child's file at any time. (See Confidentiality Policy)

COURT ORDERS & CUSTODY

State law maintains that both parents have access to their child unless there are legal documents which define the restrictions. In situations involving child custody disputes or restraining orders, a copy of the court order **MUST** be in the child's file. We cannot prohibit contact with either parent without current court orders.

REFERRALS

Referrals requesting services for children and their families may come from Head Start staff and/or agency to other community agencies. Head Start must receive a Release of Information Authorization Form from parents/guardians before sharing any information with any outside community agency. Any information is considered confidential. Family Service Workers will follow up with families about their satisfaction with their referrals.

PARENT, FAMILY, & COMMUNITY ENGAGEMENT

Parent and family engagement in Head Start is about building relationships with families that support family well-being, nurturing strong relationships between parents and their children; and cultivating ongoing learning and development opportunities for both parents and children. The Parent, Family, and Community Engagement (PFCE) is a roadmap for progress in achieving the types of outcomes that lead to positive and enduring change for children and families.

The PFCE was developed in partnership with programs, families, experts, and the National Center on Parent, Family and Community Engagement. It is a research-based approach to program change that shows how an agency can work together as a whole-across systems and service areas-to promote parent and family engagement and children's learning and development.

The PFCE graphic demonstrates that when parent and family engagement activities are systemic and integrated across program foundations and program impact areas, family engagement outcomes are achieved. This results in children who are healthy and ready for school. Parent and family engagement activities succeed when they are grounded in positive, ongoing, and goal-oriented relationships with families.

Families play a critical role in helping their children to prepare for school and a lifetime of academic success. Agencies are required to consult with parents in establishing school readiness goals. It matters when programs engage parents and families in their children's development and learning. In fact, research indicates that:

- Children with supportive home learning environments show increased literacy development, better peer interactions, fewer behavior problems, and more motivation and persistence during learning activities.
- Among the youngest children, daily parent-child reading from infancy prompts cognitive skills as well as early vocabulary gains that lead to more reading and vocabulary growth, a pattern of growth that has been compared to a snowball.
- Continued family engagement is important through the school years. Longitudinal studies of low-income children show that high family involvement offsets the risks of children growing up in low-income households with low parent education.

The PFCE is intended to inspire a renewed spirit of collaboration with families and community partners as programs identify and take next steps to engage parents, families, and the community to achieve better outcomes for children and families. Family engagement 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 program specialists. The contribution of family experience, perspective and participation is of tremendous value to Head Start Programs.

HOME VISITS & PARENT/TEACHER CONFERENCES

Parents of children enrolled in the center-based programs will receive face-to-face home visits by teaching staff and the Family Service Workers during the year. Teacher-home visits are an in-depth opportunity for parents and teachers to:

- Develop/share individualized learning goals for your child
- Share observations about your child's strengths, needs, and interests
- Hear about the classroom schedule and activities
- Provide teachers with suggestions for possible goals and activities
- Update about any health requirements

Teachers will have paperwork, such as screenings and the child accomplishment summary to be reviewed and signed. These visits and conferences are highly encouraged so teachers and parents as a team can enhance learning both at school and in the home.

Parent/Teacher Conferences are also offered a minimum of two times annually by teaching staff. Conferences are generally held at your home unless parent/guardians specify otherwise. These conferences must be face-to-face. Parents are asked to share information about their child's progress, ask questions, give input into individualized goals for their child and learn more about their child's progress from the teacher's observations. This is typically when teachers share assessment results. At each visit or conference, teachers will develop a form to share about the child's specific progress made since the last contact.

FAMILY SUPPORT SERVICES

The primary role of the Family Service Worker is to support families in their growth and development. The Head Start/Pre-K program serves as a link between families and the community. Every family enrolled in the Appalachian Council Head Start is assigned a Family Service Worker (FSW) who will:

- Assist your family in obtaining health requirements for Head Start attendance.
- Support your family in setting and reaching goals and overcoming challenges.
- Encourage you to volunteer in the program.
- Assist you with transportation issues to schedule appointments when needed.
- Assist you in crisis or emergency situations. Please, call in times of crisis.
- Assist you in obtaining special Head Start services, such as helping families learn about nutrition, good health, physical activity, appropriate childhood development & more.
- Keep you informed of opportunities to engage, volunteer and employment opportunities at Head Start.
- Together we will support and assist you on your child's absenteeism & develop a plan to ensure good attendance.
- Provide information about early child development.

PARENT RIGHTS

- To be welcomed in the center or classroom during all program hours and be treated with respect and dignity.
- To be informed regularly about your child's progress in Head Start.
- To choose whether to take part in the Head Start program activities.
- To participate as a member of the Parent committee meetings.
- To help plan parent activities to enhance parents' daily living.
- To be informed about operation of the program through Policy Council representative and communication.
- To receive information regarding community resources, agency activities, and program planning.

PARENT RESPONSIBILITIES

Parents have primary responsibility for their child. As the child's legal guardians, they are required to care for and supervise him/her. This includes adhering to rules and requirements of this program. The Head Start staff assumes a secondary role in the life and education of the child. We accept responsibility delegated to us by the child's parents to care for the child, feed the child, and teach the child for a portion of the day, and are accountable to parents for carrying out those responsibilities.

The following are general program rules that are the responsibility of the parent:

- Send your child to school daily.
- **Notify the school if your child will be absent, for whatever reason.**
- Read and follow all bus policies if Head Start provides your child transportation.
- Notify Head Start in person of any changes of information, such as a change in address, phone, emergency information, health issues, or family situations.
- Obtain all health exams and needed records.
- Work in partnership with Head Start staff to strengthen your family and prepare your child for school.
- Read and respond to all written notices, bulletins, and newsletters sent home.
- Tell us about your likes, dislikes, concerns, and ideas about our program.
- Know and respond to the individual needs of your child.
- Take an active interest and talk daily with your child about their Head Start experiences.
- Walk your child to-and-from the bus stop.

PARENT OPPORTUNITIES

Each parent working with a family service staff person can sign up for the activities and events you will be having this year.

- You can set a goal or goals for yourself or your family.
- Learn more about the resources in your community.
- Observe or volunteer at a Head Start center.
- Be an important part of any and all home visits.
- Talk with staff about any behavioral concerns you have about your child.
- Attend Parent Committee meetings or socializations.
- Participate in parent/child activities at school or home.
- Work on your own education.
- Attend classes in parenting skills.
- Meet other parents and other members of the community.
- Read school newsletters and other information sent home.
- Go with your child to doctor and dental visits.
- Have a regular doctor and dentist for your child and family.
- Keep learning about health, nutrition, mental health, child development and other topics of interest through parent meetings and workshops.
- Some of you may be elected to serve on Policy Council.
- For those parents of a child with special needs, attend the meetings and help set up special activities or plans to help your child thrive.

PARTIES & FAMILY ENGAGEMENT

Family Engagement Day activities and parties cannot be combined. Parties are not Family Engagement Day activities and should not be on the same day.

Parties are to be scheduled for the last hour of the school day. At this time younger siblings are allowed to come to the classroom. Parents are responsible for the siblings! Staff are responsible for the enrolled children only.

Family Engagement Day is for the parent/guardian/grandparent to participate in the classroom with the child/children in special activities that the teacher/aide has planned for the day, also to interact with the child's friends and participate in the everyday activities.

FATHER/MALE INVOLVEMENT

Some children do not grow up with a strong male role model in their lives, either because their parents are separated or divorced, or their father is not a good role model. This can put children, especially young boys, at a disadvantage. However, a good male role model for a child does not have to be his father. It can be any man in his life who exhibits the qualities of a positive role model, such as a family friend, grandpa, or uncle.

Positive father/male involvement has a unique impact on a child's development. Cognitive development, high math and reading scores on standardized tests and negative behavior problems are just a few areas that a positive father or male role model can influence. Research has proven over and over that positive father/male involvement is critical to a child's success in school and later in life. Intellectual/academic success for boys and physical/athletic encouragement for girls can be easily predicted by the level of male involvement and support.

School readiness and academic achievement are directly linked to the involvement of positive father/male involvement with young children. A growing body of research indicates that fathers/men have a very important role in the intellectual development of their children. Unfortunately, many men remain relatively uninvolved in their child's education, assuming that it is more important for mother's to be involved. Men have become the "forgotten" contributors to child development.

Head Start encourages male involvement and a welcoming environment for families. All staff must encourage family (especially male) involvement in the classroom (volunteering and/or family activities and/or parent trainings). Teachers and Teacher Aides must do a minimum of 2 activities per year that encourages male involvement.

LEARNING GENIE

Learning Genie is an innovative tool that connects families with their children's educators. Families can receive their children's daily reports including photos, reminders, events, and school updates in real time. We recommend that parents download the app for Learning Genie, if possible. This app also allows parents to submit in-kind activities that they participate in with their children. All around, it optimizes communication and provides parents with reassurance of the quality of their children's care and education. For more information about Learning Genie, reach out to your Family Service Worker for details and assistance.

VOLUNTEER PROGRAM

Many of the nation's most significant developments in education, government, health, and social welfare have resulted in whole or in part from the efforts of volunteers. The volunteer preceded the eventual worker in many of these fields. The Head Start/Pre-K Program believes that successful programs require meaningful volunteer participation. The use of volunteers is an effective way of mobilizing resources in the community.

A volunteer is someone special in the eyes of the children. By being a volunteer, you show you care. You give of the most important thing you possess – yourself! You may be here as part of your schoolwork or just because you have some time on your hands and would like to put it to use. Whatever the reason, we're glad you decided to spend that time with us.

We encourage parents and families to visit the classroom and volunteer. Parents/Guardians

who volunteer more than 20 hours per week must have a criminal background check/DHHR Background Check; a TB Risk Assessment from a doctor, physician assistant, or nurse practitioner (if a volunteer is considered high risk from the assessment, a negative TB test result or chest x-ray is required); and a valid COVID-19 Vaccination Card on file.

Parents/Guardians are encouraged to volunteer as often as possible; your time and energy are always appreciated! You are always welcome in the classroom and are invited to attend field trips and special classroom events.

If you want to help but can't volunteer in your child's classroom, ask the staff if there is anything you can do from home. Again, we're glad you're here and hope your stay with us will be a long and pleasant one!

The primary aims of the volunteer program are:

- To provide additional staff in all areas of the program, thus increasing the effectiveness of the paid staff
- To give interested local citizens, including the parents of children, an opportunity to participate in the program.
- To build better understanding of the children care programs and to stimulate widespread citizen support for improved services in education, health, and welfare for children and their families.
- To expand resources available to participating families in the program.

The parent involvement and volunteer programs operate to help the children enrolled. Five overall goals guide the instructional program, all working together to enhance the social, emotional, and intellectual development of each child, enabling him/her to make the transition into public school better and giving that child a "head start" in skills he/she might be slow picking up.

- Volunteer activities include:
 - Assisting with arts and crafts
 - Assisting with breakfast, lunch, and/or snack
 - Reading or telling stories
 - Assisting with rest time
 - Helping with outdoor play
 - Assisting with field trips or special events
 - Helping in the kitchen, the cook can always use an extra pair of hands (Parents must attend a Food Handlers Class to obtain a Food Handlers Card and have a TB test).
 - Going on field trips
 - Taking part in creative play (block building, dress-up)
 - Taking part in musical activities
 - Talking with the children about everything they do in a way which will help them learn, understand, and use more words with ease.
 - Assisting with errands for the teacher
 - Reading to a small group of children

To become a volunteer please contact your child's teacher today!!

PARENT COMMITTEE

The Parent Committee is required by the Federal government for all Head Start Pre-K Programs. All parents of children enrolled in our Pre-K Head Start are automatically members of the Parent Committee. It is a chance for you to have input into your child's education, for you are your child's first and most important teacher.

You are valued and needed, you have an important voice, and your involvement makes a difference in our program. Your involvement makes you a good role model for your children. Parents join each month for the Parent Committee Meetings to talk about their children, Head Start education and activities, community issues, and family issues. Parents work together to have fun, support each other, and make the Head Start program successful for children. Parents bring to these meetings their knowledge of their own children and the needs of their families. Discussions may focus on:

- What sort of activities do I want in my child's classroom?
- What sort of activities do I want to do with other Head Start families?
- Issues concerning children
- Community issues or events

Parent Committees consist of a team which includes a President, Vice President, Secretary, and a Treasurer every year. The President leads the meetings and keeps the Parent Committee moving towards their established goals. Vice President conducts meetings and handles group business in the President's absence, Secretary takes minutes at the meetings and maintains the center's parent meeting book, and the Treasurer keeps accurate records of the Parent Committee's financial transactions.

Parent Committees have a small activity fund to use each year. There are certain rules for using the funds. Some Parent Committees may decide to use the funds for educational activities for parents, training fees, or special events for group socialization.

POLICY COUNCIL

Every Head Start program has a Policy Council. Policy Council members include parents whose children are currently enrolled in the program and people from the community who are elected by Policy Council parents.

The Parent Committees in accordance with the structure provided in the Appalachian Council Policy Council By-Laws will elect Policy Council parent representatives. Once the new members are chosen for Policy Council, the members will attend a three-day training held in October.

Training will be provided on the roles and responsibilities of the members.

As mentioned earlier, the Policy Council is set up at the grantee level (Appalachian Council Head Start) and is composed of parent and community representatives. The Policy Council must have a membership, which has at least 51% parents and 49% community representatives constitute the remaining slots.

Appalachian Council Head Start staff and their immediate family members cannot serve as members. Immediate family members are defined as the spouse, mother, father, brother,

sister, daughter, or son (including step and in-law relationships).

Community Representatives are drawn from the local community. They should be familiar with resources and services, which may be of benefit to Head Start families. Also, Community Representatives can include former parents who have not exceeded the five-year term limit.

Function of Policy Council: Policy Council is part of the Head Start “governance structure”. This structure includes the Policy Council, Executive Director, and Head Start Director. Policy Council work with the Head Start management team to develop and approve important program policies and procedures including but not limited to:

- Program’s goals and objectives
- Annual Head Start self-assessment
- Head Start personnel policies

Meetings: Appalachian Council Head Start Policy Council meetings are held once a month.

GRIEVANCE PROCEDURES

It is recommended that communication be open throughout the Head Start System so that any problem related to the Appalachian Council Head Start programs or project will be brought to the attention of those persons directly involved and so that an effort will be made to bring about satisfactory resolution or clarification of any issue. If the issue is not reached for those involved, Policy Council will hear any complaint of a Head Start Parent/Guardian or Community Representative.

Grievance Procedure

- I. Discuss the problem directly and as quickly as possible with the person who is supervising that area of concern, for example: classroom-teacher, bus-driver, or kitchen-cook.
- II. If there is no resolution or harmony within the area of the problem, go directly to the person in charge: (County Supervisor /Content Area Specialist) and discuss the problem, within five (5) day after first meeting.
- III. If there is still no resolution or harmony after talking to the person in charge, go directly to the Head Start Director, within two (2) days.
- IV. If there is no resolution or harmony reached within the local program, you may contact the Head Start Policy Council Chairperson and request to have the issue placed on the agenda for the next Policy Council Meeting.
- V. If there is no resolution; the complaint will be heard by the Appalachian Council Head Start Oversight Committee Chairperson, within fourteen (14) days after the Policy Council Meeting.
- VI. If at any point there is a need to have the policy clarified, it is suggested that the Family Engagement Specialist/Head Start Director be contacted. You may request that a call be placed to the Program Specialist from Region III.

You may contact the Program Specialist directly if you feel that you have not received a fair hearing or if information is needed which has not been made available within the Appalachian Council Head Start Program

EARLY CHILDHOOD SPECIALISTS

Angie Davis
adavis@appcouncil.org
(304) 893-9934

Jenica Showman
jshowman@appcouncil.org
(304) 342-4138 ext. 3035

Jessica Taylor
jtaylor@appcouncil.org
(304)-927-4981

Tanisha Harmon Yancy
tharmon@appcouncil.org
(304-342-4138 ex 3020

Kim Sapp
ksapp@appcouncil.org
(304) 865-7240

Selena A Stover
sankrom@appcouncil.org
(304) 485-8884

SCHOOL READINESS

The Office of Head Start (OHS) defines school readiness as children possessing the skills, knowledge, and attitudes necessary for success in school and for later learning and life. The Head Start Approach to School Readiness means that children are ready for school, families are ready to support their children's learning, and schools are ready for children. Head Start is a leader in the early childhood field with a strong, clear, and comprehensive focus on all aspects of healthy development, including physical, cognitive, and social and emotional development, all of which are essential to children getting ready for school.

School readiness means that a child is ready to enter a social environment that is primarily focused on education. Research has suggested that many aspects of children's lives influence their preparation for formal school learning, including cognitive, social, emotional, motor development, and most importantly, home, parental, and preschool experiences. The following list of behaviors and/or characteristics are often associated with early school success. Keep in mind these are **not** requirements to enter kindergarten.

- Follow a structured daily routine.
- Work independently with supervision.
- Listen and pay attention to what someone else is saying.
- Cooperate with others.
- Use gross and fine motor skills.
- Write their name.
- Count.
- Recognize colors and shapes.
- Recite the alphabet and identify sounds in words and recognize rhyme.

School readiness begins at home. Parents are a child's first teacher, so it is necessary that they play a key role in preparing their child for school. The family environment is very important in shaping children's early development.

A great deal of variety exists in developmental and skill levels within young children. This is normal and many children will not have developed to the level of others at the same age. Nevertheless, parents can help their children develop the skills they will need to be ready school. The following is a list of activities that parents can do with their children to increase their general readiness for school:

- Read books to and with your child.
- Spend time with your child.
- Create and enforce a structured routine within the home that your child needs to follow (i.e., mealtimes, bedtimes, bath time)
- Talk to your child, ask open ended questions and encourage conversations.
- Promote their cognitive development by encouraging them to think about the world around them.
- Encourage behaviors that demonstrate respect/courtesy of others.
- Encourage children to accept responsibility and build competence through simple chores such as putting away toys and picking up clothes

REMEMBER ~ Children are the future. You as parents must prepare them for the future. A child that is ready for school and formal learning will excel and be successful if you as parents do your part to contribute to that.

CURRICULUM

Curriculum in Head Start is a written document that serves as a road map for implementing a quality child development and education program. The term "curriculum" might not come to mind when you hear children making joyful sounds or talking about the good food they shared with their friends, the bus ride, the variety of books, the water table, building with blocks, songs, or even hugs-but that's what it is all about for the child. Children remember their Head Start experiences: how they spend their time, what they do and accomplish, how successful they feel, who notices, and what staff and parents do as part of these experiences is called curriculum.

In Head Start, curriculum is implemented within the context of sound child development principles and what we know about how children develop and learn. One of our highest priorities is-and always has been- to improve the educational experience of every child in Head Start. Selecting a curriculum is an essential part of defining and organizing quality educational experiences for young children.

Characteristics of our curriculum:

- Promotes interactive learning and encourage the child's construction of knowledge.
- Helps children achieve social, emotional, linguistic, physical, and cognitive goals.
- Encourages development of positive feelings and dispositions toward learning while leading to acquisition of knowledge and skills.
- Clarifies expectations that are realistic and attainable for each child.
- Includes children with disabilities in the curriculum.
- Builds and elaborates on children's current knowledge and abilities.
- Leads to conceptual understanding by helping children construct their own understanding in meaningful contexts.

- Facilitates concept learning and skills development in an integrated and natural way.
- Challenges children with disabilities to attain goals beyond those specified in the IEP/IFSP.
- Permits flexibility for children and teachers.
- Encourages active learning and frequently allow children to make meaningful choices.
- Fosters children's exploration and inquiry, rather than focusing on "right" answers or "right" ways to complete a task.
- Promotes the development of higher order abilities, such as thinking, reasoning, problem solving, and decision making.
- Promotes and encourages social interaction among children and adults.
- Respects children's psychological needs for activity, sensory stimulation, fresh air, rest, and nourishment.
- Promotes feelings of safety, security, and belonging.
- Provides experiences that promote feelings of success, competence, and enjoyment of learning.
- Promotes positive relationships with families.
- Based on sound child development principles of how children grow and learn and grounded in the Head Start Program Performance Standards.
- Sensitive to and respectful of cultural and linguistic diversity.

Note that Head Start programs do not utilize the use of “ditto sheets,” which equate to worksheets. This is to adhere to both federal, and state, guidelines that prohibit the use of worksheets in early education settings. WV State Policy 2525 (15.4.a.) states that, “instructional practices such as worksheets, extended periods of sitting, seat work at desks or tables, flashcards, prescribed sequence of content, content areas taught in isolation, requiring all children to be working on the same skill, lack of individualization, or a high level of teacher directed instruction are not permissible.” Federal and state guidelines prohibit ditto sheets because evidence-based research indicates that these worksheets can dampen enthusiasm for learning, mere accomplishment of the worksheet task does not signify the child’s ability to read or comprehend, and they may not be developmentally appropriate. We track educational progress to report to parents/guardians with the following practices.

- Work Samples
- Portfolios
- Observational Records
- Parent Newsletters: Teachers can send home parent newsletters which explain the activities children are doing at school

CREATIVE CURRICULUM

The Creative Curriculum, utilized by Appalachian Council Head Start, is based on sound principles of early childhood education and developmentally appropriate practices. They use these materials for ideas for activities and concepts to be developed according to each child's stage of development and individual needs. To individualize the curriculum to meet each child's developmental stage and areas of interests, several screening and assessment tools are utilized. The Early Childhood Staff uses West Virginia Early Learning Scale and other helpful instruments throughout the year to gather information about the children and plan activities for large group, small groups and for individuals within each classroom.

Various speech, language, hearing, mental health, dental and developmental screening tools are also utilized. Early Childhood Staff use classroom observations as well as the information given by parents in interviews, home visits, and conferences to plan curriculum activities and events around the interests and needs of children. The Early Childhood Staff prepare lesson plans weekly with input from parents and other resources available to them. They plan activities to promote physical, mental, emotional, and social growth appropriate for each child's age and stage of development.

HIGH SCOPE

The High Scope curriculum strives to develop a broad range of skills in children that includes problem-solving, interpersonal and communication skills that are essential for success in a rapidly changing society. The High Scope curriculum encourages student initiative by providing children with materials and time to pursue the activities that they choose. At the same time, it provides teachers with a framework for guiding children's independent activities toward sequenced learning goals. The teacher plays a key role in instructional activities by selecting developmentally appropriate material and by encouraging children to adopt an active problem-solving approach to learning. This teacher-student interaction, in which teachers are helping children achieve developmentally sequenced goals while also encouraging them to set many of their own goals, uniquely distinguishes the High Scope curriculum from direct instruction and teacher centered curricula.

LITERACY

Below are some benefits that highlight the importance of reading to your child between the ages of two and five.

- **A stronger relationship with you.** As your child grows older, he'll be on the move—playing, running, and constantly exploring his environment. Snuggling up with a book lets the two of you slow down and recaptures that sweet, cuddly time you enjoyed when he was a baby. Instead of being seen as a chore or a task, reading will become a nurturing activity that will bring the two of you closer together.
- **Academic excellence.** One of the primary benefits of reading to toddlers and preschoolers is a higher aptitude for learning in general. Numerous studies have shown that students who are exposed to reading before preschool are more likely to do well in all facets of formal education. After all, if a student struggles to put together words and sentences, how can he be expected to grasp the math, science, and social concepts he'll be presented with when he begins elementary school?

- **Basic speech skills.** Throughout toddlerhood and preschool, your child is learning critical language and enunciation skills. Your child is reinforcing the basic sounds that form language. “Pretend reading” is when a toddler pages through a book with squeals and jabbers of delight; this is a very important pre-literacy activity.
- **More logical thinking skills.** Another illustration of the importance of reading to children is their ability to grasp abstract concepts, apply logic in various scenarios, recognize cause and effect, and utilize good judgment
- **Acclimation to new experiences.** As your child approaches a major developmental milestone or a potentially stressful experience, sharing a relevant story is a great way to help ease the transition. For instance, if your little one is nervous about starting preschool, reading a story dealing with this topic shows her that her anxiety is normal.
- **Enhanced concentration and discipline.** Toddlers may initially squirm and become distracted during story time, but eventually they’ll learn to stay put for the duration of the book. Along with reading comprehension comes a stronger self-discipline, longer attention span, and better memory retention, all of which will serve your child well when she enters school.
- **The knowledge that reading is fun!** Early reading for toddlers helps them view books as an indulgence, not a chore. Kids who are exposed to reading are much more likely to choose books over video games, television, and other forms of entertainment as they grow older.

As a parent, reading to your child is one of the most important things you can do to prepare him with a foundation for academic excellence! □

CLASSROOM LOGISTICS

Classroom schedule

- Each classroom will have their daily schedule posted.

Classroom closings

- Check your monthly calendar for days your child will not have school.
- Classrooms tend to follow the Board of Education schedule for bad weather closings.

Things to Bring (& not to Bring) to Classrooms

- Please send an extra set of clothing for your child. If your child gets wet or very dirty, he/she can change right away. Include a pair of pants, a shirt, a pair of underpants, and socks. Please label clothing.
- Please send a tote bag or backpack with your child every day. Your child’s name needs to be marked on the bag. The bag is used to send artwork and notes home, so make sure you check it every day.
- It is important to dress your child for the seasons and weather. In the winter, please remember to send mittens, hats, boots, coat, and scarf. Children will be playing outside daily unless there are severe weather conditions. Please do not dress your child in flip flops, sandals, or clogs. Sneakers are a much safer and comfortable choice for your child.
- Children are not allowed to bring toys, money, food, drinks, or candy to school.
- We encourage parents/guardians to send a light blanket and pillow for rest time.

DAY-TO-DAY OPERATIONS

DAILY CLASSROOM SCHEDULE

Each of the classrooms will develop and post a daily schedule with blocks of time for each of the activities offered in the classroom.

Sample Schedule:

ARRIVAL TIME
INTRODUCTION TO THE
DAY BREAKFAST
CLEAN UP/BRUSH TEETH
LEARNING CENTERS/CHOICE
TIME CLEAN UP
CIRCLE TIME/STORY
TIME WASH HANDS
LUNCH
CLEAN UP/BRUSH
TEETH REST/QUIET
TIME
OUTSIDE PLAY/GROSS
MOTOR
DISMISSAL

Note that a substantial portion of the day, approximately one-third (1/3) must be set aside for free-choice time.

HOURS OF OPERATION

Hours may vary by location. For the most part Head Start will have staff available between 7:00 AM and 4:00 PM. A typical school day will be at least six hours/15 minutes four days a week, 8:00-2:30 most likely in the standalone sites. There will be at least 138 instructional days per year. Some classrooms will have to make up days due to inclement weather emergencies.

ARRIVALS AND DEPARTURES

All parents/visitors must enter and exit the building through the MAIN entrance. Children will not be dropped off or picked up from an outside entrance. It is our policy that all parents sign their child in and out. If someone else is going to pick up your child, please contact us in advance and be sure you have completed the “Notification of Change or Child/Family Information Form”.

If we are unfamiliar with the person picking up your child, that person will be asked to show a photo ID. People signing your child in/out and getting your child off the bus must be 18 years of age or older. We ask you to follow the scheduled arrival/departure times. A pattern of tardiness disrupts the classroom schedule.



DISCIPLINE POLICY

The long-term goal for children enrolled in the program is to provide a setting where children can slowly develop a sense of inner self-control; that they can begin to understand the reasons for limits that are set and develop a sense of both being respected and respecting other's rights and feelings.

It is important for all adults to be aware of the language, the tone of voice and the manner of speech used when working with young children. Providing each child with choices, foreseeing problems, and responding to their needs immediately enables us to help the child positively without having to use direct discipline.

One of the goals of guidance and discipline is to help children develop tools to problem solve. Discipline is the external tool to help children develop internal control. Young children learn by experimenting, testing limits, and experiencing the consequences of their behavior.

TIME OUT

Appalachian Council Head Start does not support the use of "traditional" time out. Positive statements will be used to help the child recognize the need to quiet themselves. Children will be invited to work independently for a short time to gain self-control, and in those cases, the child has an open invitation from the teacher to return to the group when she/he feels ready.

Prohibited Actions:

- Children will not be subjected to any form of corporal punishment, including rough handling, shoving, hair pulling, shaking, slapping, kicking, biting, pinching, hitting or spanking.
- Children will not be subjected to any form of emotional abuse, including name-calling, ostracism, shaming, making derogatory remarks about the child or his family, or using language that threatens, humiliates, or frightens the child.
- Withholding of food, rest, or bathroom activities.
- Unsupervised isolation.
- Traditional "Time out" procedures.
- Any type of punishment hazardous to the physical, emotion, or mental health of the child.
- Toileting habits, or the lack of, will not be the cause of punishment in any form.
- Yelling or raising voice (unless the child is in some type of danger, such as running into the street and traffic is coming).

It is our policy and West Virginia State Law that children will not be physically or emotionally abused or punished. *Parents will abide by this policy when at a Head Start classroom.*

MENTAL HEALTH & DISABILITY

Kathy (Lillian) Ponce
lpnce@appcouncil.org
304-372-8781

Alison Poe
apoe@appcouncil.org
304-485-8884

Holly Gray
hgray@appcouncil.org
304-562-6217

William McNeal, Jr
wmcneal@appcouncil.org
304-342-4138

Alaina Nelson
anelson@appcouncil.org
304-873-7303

MENTAL HEALTH

Mental health screenings are to be completed by teachers within 45 days of enrollment using the BASC-3 Behavioral and Emotional Screening System (BASC-3 BESS). If a child scores within the Elevated Risk or Extremely Elevated Risk category on the BASC-3 BESS, the school psychologist will contact the teacher, parent, and Family Service Worker for further information. This team, with parental consent, will determine the appropriate course of action for the child, whether that be close monitoring or additional services. The Brigance is a developmental screening tool that is aligned with Head Start goals. Head Start programs are federally mandated to administer the Brigance within 45 days of enrollment.

DISABILITIES & INCLUSION

Appalachian Council Head Start believes that a child's early years of life are critical, formative years that greatly influence the life of the child, family, and community. It is during this time that special needs are recognized and met during these years; children with disabilities will have a better chance of becoming competent and independent adults.

Appalachian Council Head Start believes that children with disabilities benefit from inclusion in regular preschool settings. The benefits of inclusion are enhanced by Early Childhood Staff who can adapt their classroom and learning experiences. In our inclusive preschool program, children with disabilities will truly have a "Head Start" in achieving their fullest potential.

The Americans with Disabilities Act (ADA) and West Virginia Policy 2419 support the right of young children with disabilities to participate in natural environments such as Appalachian Council Head Start. Preschool children with disabilities require a variety of services to ensure that their developmental needs are appropriately addressed. Appalachian Council Head Start believes that appropriate intervention includes addressing the entire family and they must be actively involved with every phase of their child's program. Ten percent (10%) of our funded enrollment is reserved for children with verified disabilities.

BEHAVIOR

It is not uncommon with this age group for problem behaviors to arise that require additional supports. Appalachian Council Head Start utilizes a tiered system of behavior interventions that

will be utilized in the classroom. This tiered system of behavior interventions focuses on problem solving, social-emotional literacy, and positive behavior supports. Tier 1 of this system focuses on general modifications of the classroom management system already built into the child's classroom. Tier 1 is always the first step when it comes to modifying behavior. Tier 2 of this system focuses on more individualized interventions focused on meeting the student's needs and helping to teach any missing social-emotional skills. Tier 3 is the most intensive intervention stage that involves conducting a Functional Behavior Assessment and creating a Behavior Intervention Plan specific to the student. This tier is focused on a team approach utilizing information from parents, teachers, and any other relevant staff and community leaders. This tier is also focused on creating a Behavior Intervention Plan that will be useful both at home and at school. Tier 3 places emphasis on meeting the unmet behavior needs of students, finding the function of the problem behavior, and teaching children an appropriate replacement behavior for the problem behavior. Appalachian Council Head Start believes that teaching children positive, prosocial behaviors and social-emotional skills helps build stronger, more resilient children and adults.

HEALTH & SAFETY

Lydia Roberts, Health & Nutrition Specialist

Scott Clark, Facilities Specialist

Phone: (304) 342-4138 ext. 3021

lroberts@appcouncil.org

sclark@appcouncil.org

HEALTH & ENROLLMENT REQUIREMENTS

Health involves physical, mental, and social components that interact and impact an individual's wellness. A child's health influences his or her ability to grow, learn, and develop. Head Start's services focus on the "whole-child" to promote learning and development that support school readiness. Our program incorporates early identification and intervention measures that help detect health concerns and conditions. We uphold a system that tracks referrals, follow-up appointments, and monitors ongoing healthcare. We work with families and physicians to implement services that ensure safe and secure environments that meet the needs of all children.

Immunization Record: Prior to Enrollment

- **Immunization Record:** Toddlers and children have developing immune systems which are more susceptible to serious infectious diseases. To keep all children safe and healthy, it is important that children who attend preschool to be up to date on age-appropriate immunizations. Head Start follows the same immunization requirements as West Virginia's Department of Health and Human Resources (Refer to chart below). If your child is behind on his or her immunization schedule, ask your physician about "catch-up shots". Your Family Service Worker will assist you in implementing your immunization schedule. Please inform your Family Service Worker of shots provided throughout the school year.

TB Screening: Prior to Class Attendance

- **Tuberculosis (TB) Risk Assessment:** Tuberculosis (TB) Test or chest X-ray required if assessment reveals high risk.

Vision & Hearing Screening: Within 45-days of Enrollment

- Head Start requires our program to obtain or perform an evidence-based vision and hearing screening within the first 45 days of the program

Establish Source of Health Care: Within 30-days of Enrollment

- Head Start requires medical and dental homes be established within 30-days after your child's first day of attendance. A medical and dental home are defined as an established relationship with a primary care physician and dentist who can provide accessible, continuous monitoring and treatment for your child. Medical and dental homes do not include facilities that provide emergency or urgent care (MedExpress or Express Care).

Your Family Service Worker can assist you with locating and connecting you with a physician or dentist. Reach out to your Family Service Worker if transportation is a limiting factor as well.

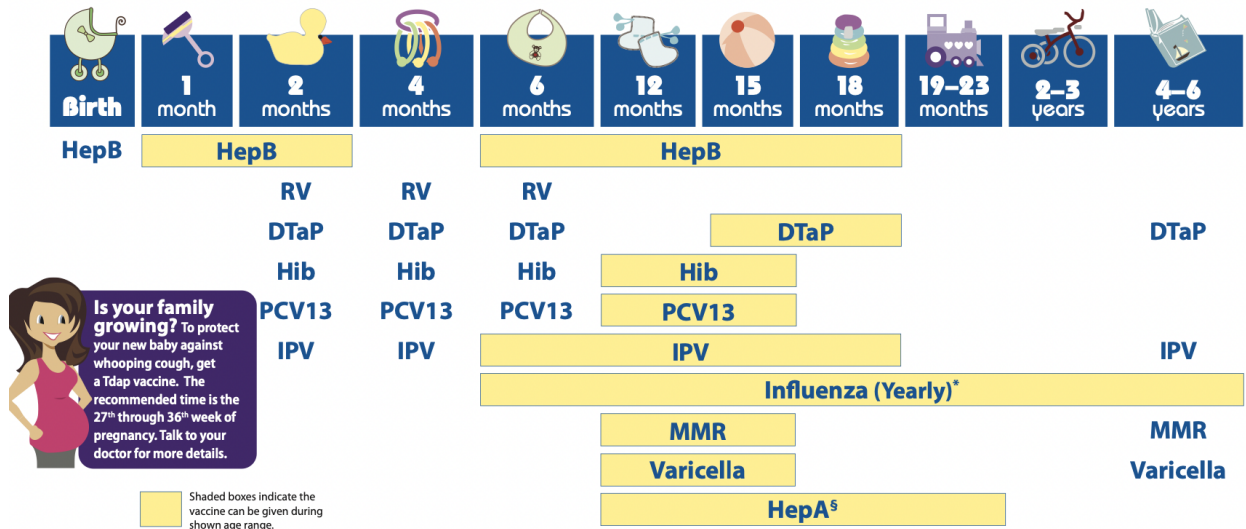
- Proof of Health Insurance: Reach out to your Family Service Worker if you need assistance.

*Ensure Up-to-Date Child Health Status: **Within 90 days of Enrollment***

- Child Wellness Exam: All children must have a physical exam on file. The exam cannot be more than twelve (12) months old prior to the date of enrollment. If a child is enrolled for a second year, an updated physical exam will be required. Reach out to your Family Service Worker or the Health & Nutrition Specialist for assistance with scheduling a physical or dental exam. The physical exam should include the following:
 - Blood Pressure
 - Hearing Screening
 - Hemoglobin Level
 - Lead Risk Assessment (Lead blood results required if assessment reveals high risk)
 - Vision Screening
- Dental Exam
- Growth Assessments: Head Start staff will conduct growth assessments within 45 days of the fall and spring semesters. These assessments will monitor height and weight of your child in terms of Body Mass Index (BMI). We recognize that every child grows at a different rate and in different proportions. The purpose of this assessment is to ensure that your child follows his or her *own* healthy growth pattern. Parents are welcomed to discuss the growth assessments with the Health & Nutrition Specialist or their primary care physician.

For your convenience, we recommend completing the health requirements, aside from the dental components, during a physical exam. Most of the health requirements can be achieved through one physician visit and dental visit. We understand limitations in completing these thorough health requirements. Our Family Service Workers and Health & Nutrition Specialist are here to assist you in the processes.

2022 Recommended Immunizations for Children from Birth Through 6 Years Old



COVID-19 VACCINATION IS RECOMMENDED FOR AGES 5 YEARS AND OLDER.

NOTE:

If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:

* Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

§ Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the first dose. All children and adolescents over 24 months of age who have not been vaccinated should also receive 2 doses of HepA vaccine.

If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.

See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.

For more information, call toll-free
1-800-CDC-INFO (1-800-232-4636)
or visit
www.cdc.gov/vaccines/parents



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

MEDICATION

Medication administration during school hours is only provided if it is required to support a child's health and regular school attendance. Due to medication administration laws for unlicensed personnel, Head Start Staff will not administer certain medications. In those cases, the

WEST VIRGINIA EPSDT/HEALTHCHECK PROGRAM PERIODICITY SCHEDULE

	INFANCY								EARLY CHILDHOOD								MIDDLE CHILDHOOD								ADOLESCENCE									
AGE	Newborn	3-5 days	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr	12 yr	13 yr	14 yr	15 yr	16 yr	17 yr	18 yr	19 yr	20 yr				
HISTORY	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				
MEASUREMENTS	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				
Length/Height and Weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				
Head Circumference	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				
Body Mass Index															●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				
Blood Pressure (1)	★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				
SENSORY SCREENING																																		
Vision	★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	★	●	★	●	★	●	★	●	★	★	●	★	●	★				
Hearing (2)	●	★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	★	●	★	●	★	★	★	★	★	★	★	★	★	★				
DEVELOPMENTAL/BEHAVIORAL ASSESSMENTS																																		
Developmental and Autism Surveillance	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				
Developmental Screening							●				●	●																						
Autism Screening								★	★	●	●	●																						
Psychosocial/Behavioral Screening	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				
Depression Screening (3)															●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				
Alcohol and Drug Use Screening (4)																					★	★	★	★	★	★	★	★	★	★				
PHYSICAL EXAMINATION	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				
PROCEDURES																																		
Newborn Metabolic Screening (5)		●																																
Critical Congenital Heart Defect Screening (6)	●																																	
Immunizations (7)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				
Hemoglobin or Hematocrit					★			●	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★				
Blood Lead Screen								●	★	★	●	★	★	★	★	★	★																	
Lead Risk Screening						●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				
Tuberculosis Risk Screening			★			★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★				
Dyslipidemia Risk Screening											★			★		★		★	★	★	★	★	★	★	★	★	★	★	★	★				
Fasting Lipoprotein Profile																														●				
STI/HIV Risk Screening (8)(9)																					★	★	★	★	★	←	●	→	★	★				
ORAL HEALTH (10)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				
HEALTH EDUCATION WITH ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●				

KEY: • = to be performed * = risk assessment to be performed with appropriate action to follow, if positive
 ← • → = range during which a service may be provided

The HealthCheck Program works to equip West Virginia's Medicaid providers with the necessary tools and knowledge to carry out EPSDT services appropriate to the American Academy of Pediatrics' (AAP) standard for pediatric preventive health care. <http://www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf> for other tool available in the GLAD-PC tool kit at http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf

- Blood pressure should be performed in infants and children before 3 years of age with specific risk conditions.
- Newborn hearing screening should be completed according to State law. Results should be reviewed and appropriate retesting or referral completed as needed.
- Patient Health Questionnaire (PHQ) 2 recommended questions on the Preventive Health Screening forms. If positive, perform PHQ 9 <http://www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf> for other tool available in the GLAD-PC tool kit at http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf
- If positive for alcohol/drug use, complete recommended screening tool CRAFFT available at <http://www.ceasars-boston.org/CRAFFT/index.php> or <http://www.dhhr.wv.gov/healthcheck>
- Newborn metabolic screening should be completed according to State law. Results should be reviewed and appropriate retesting or referral completed as needed.
- Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from hospital. Refer to the Bureau for Public Health policy at http://www.wvdhhr.org/bhms/ontia/CCHD_OPERATIONAL_POLICY_UPDATE_7162012.pdf
- Immunizations should be reviewed and updated at each visit. Immunizations should be administered in accordance with Advisory Committee on Immunization Practices (ACIP), AAP and American Academy of Family Physicians (AAFP) recommendations.
- Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP Red Book: Report of the Committee on Infectious Diseases.
- Adolescents should be screened for HIV according to the AAP statement (<http://pediatrics.aappublications.org/content/128/5/1023.full>) once between the ages of 16 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use or are being tested for other STIs, should be tested for HIV and reassessed annually.
- Refer to a dental home at age one. Earlier initial dental evaluation may be appropriate for some children.

For more information contact the HealthCheck Program at 1-800-642-9704 or visit our website at www.dhhr.wv.gov/healthcheck

Iron-Deficiency Anemia Screening Risk Factors: Low birthweight or preterm birth Non-iron-fortified formula Cow's milk before age 12 months Diet low in iron, inadequate nutrition Meal skipping, frequent dieting Heavy/lengthy menstrual periods or recent blood loss Intensive physical training or participation in endurance sports Pregnancy or recent pregnancy Refer to the HealthCheck Provider Manual for more information.	Tuberculosis (TB) Risk Screen Radiographic findings suggesting TB Contact with persons with confirmed or suspected TB Immigrant from high prevalence areas (e.g., Asia, Middle East, Africa, Latin America) Travel to high prevalence areas Only children with increased risk of exposure to persons with TB should be considered for tuberculin skin testing. Refer to the HealthCheck Provider Manual for more information.	Dyslipidemia Risk Screen Positive family history is defined as a history of premature (≤ 55 years of age) cardiovascular disease in a parent or grandparent Positive family history , elevated blood cholesterol ≥ 240 mg/dl Unknown family history, adopted Cigarette smoking Elevated blood pressure Overweight/Obesity (BMI $\geq 85\%$) Diabetes mellitus Physical inactivity Poor dietary habits When one or more risk factors indicate that the child is high risk, then an initial fasting lipid profile should be obtained. Refer to the HealthCheck Provider Manual for more information.
--	--	---

child will not be denied enrollment into Head Start, but the parent or guardian will need to administer the medication. The following is required to be completed prior to medication administration in the program:

- Physician's Order:** Medication will only be administered, including Over-the-Counter medications, if a written note from a physician is provided. The physician's order must

contain dosage instructions, expected outcome, possible side effects, physician's signature, and parent's signature.

- Protocol for New Medication: Your child must receive the first dose supervised at home to monitor for side effects. Parents should inform staff of new medication before school arrival so staff may be properly educated and prepared.
- Parental Consent: A parent must sign our parent consent form and the physician's order. Parents must consent for appropriate Head Start staff to speak with their physician about the medication. Head Start may establish contact with the physician's office before the medication is administered.
- Prescription Container: Medication must be in a tamper-resistant, sealable container. Medication must be properly labeled by a pharmacy. This includes the child's name, the medication's name, the date filled, the expiration date, and the prescribing physician's name. Over-the-counter medication must be unopened from the store with a tamper-resistant seal in place.
- Medication Supply: It is the parent/guardian's responsibility to supply medication to the program as needed. It is the parent/guardian's duty to pick up the medication by the last day of school; otherwise, it will be discarded appropriately.
- Plan of Action: A written plan of action must be signed by all parties involved in the administration of the medication, including parents.
- Nebulizer Treatment Protocol: A nebulizer machine, provided by parents/guardian and labelled with child's name, may be kept at the school.
- Schedule II drugs: Head Start will not administer these drugs. An example is Ritalin.
- Sunscreen: Sunscreen will be applied to each child before they go outside in the sun for longer than 20 minutes if written permission was obtained by their guardian prior.

HEALTH EMERGENCIES

Minor accidents requiring basic first aid will be treated on-site. Minor first aid incidents may result in cold compress on the affected area. Minor open wounds will receive cleansing with soap and water, followed by a non-medicated bandage or sterile cloth to cover the exposed area. The reacting teacher will prepare an accident report immediately following the treatment of the child. The parent will be notified at the time of the incident or at the end of the school day, depending upon the precedence of the circumstances. If a child sustains any kind of head injury, the child's parent/guardian will be notified immediately. The parent will sign the report and receive a copy at the time of pick-up.

Head Start takes great care to prevent any injuries, whether great or small. If a serious accident were to occur, the following procedure would be followed:

- If the child has sustained a head, neck, or spinal cord injury, has an obvious leg or arm fracture or is unconscious, a staff member will call 911 Emergency Medical Services (EMS).

- If the child has none of the above and can be moved the child's parent will be contacted and can choose to transport the child to the doctor or emergency room or give permission for Head Start staff to provide transportation.
- Emergency records will be sent to the hospital with the staff accompanying the child if it is not the parent or legal guardian.
- If a parent or emergency contact person does not accompany the child, a Head Start staff person will accompany the child in the EMS vehicle.
- Appalachian Council provides liability insurance for all children, volunteers, and staff while present at the centers.
- All accidents shall be reported to the Health Specialist within twenty-four (24) hours, serious accidents shall be reported to the Health Specialist and Director immediately.

DENTAL EMERGENCIES

Head Start staff will provide, to the best of their ability, emergency first aid to the children and staff at the program's center until emergency medical personnel or a parent/guardian can continue treatment. We note that our response to a dental emergency affects a child's perception and memory of trauma. Staff will handle all incidents calmly and quietly, to soothe an affected child. In all cases, staff will remain with the child and not leave them unattended. An Incident Report will be written by the responding Head Start Staff directly after the circumstance. As with the Accident Report, a parent will be asked to sign the paperwork and will receive a copy. The Health & Nutrition Specialist will receive a copy of the Incident Report within twenty-four (24) hours of the occurrence. Response to any life-threatening injury will result in immediate alert to emergency response services and parents.

Policies & Procedures

- Injury to Gum or Lips:
 - Provide direct pressure to control bleeding with gauze and gloved hands.
 - Apply cold compress or ice to swollen area.
 - Call parent.
 - Call parent to take child to dentist or doctor.
- Injury to Teeth:
 - Fractured:
 - Rinse any debris from tooth with cool to luke-warm water.
 - Place cold compress over injured area with gloved hands.
 - Call parent to take child to dentist for immediate treatment.
 - Knocked Out:
 - Do not wash tooth or tooth root with fingers.
 - Rinse any debris from tooth with cool to luke-warm water.
 - If tooth is intact, reinsert with gloved hands in its socket. Ask child to bite down on a clean dressing to keep it in place.

- If tooth cannot be reinserted in its socket, place tooth in a clean container of cool milk or water.
 - Call parent to take child to dentist for immediate treatment.
- Loose:
 - If tooth is loose due to an accident, ask child to rinse his or her mouth with cool to luke-warm water.
 - If tooth is in a hazardous placement, one in which could be ingested, sticky or chewy foods should be avoided until treatment is provided.
 - Call parent to take child to dentist for immediate treatment.
- Injury to Tongue:
 - Provide direct pressure to control bleeding with gauze and gloved hands.
 - If bleeding does not stop after 15 minutes of direct pressure, call parent to take child to local emergency room.

SHELTER-IN-PLACE PROCEDURE

A Shelter-in-Place is an action taken to minimize possible external threats and reduce exposure to environmental concerns by securing all individuals in a safe place. In the event of a Shelter-in-Place issued by local authorities, staff will take the following measures:

- All children, staff, and volunteers will gather in one room. This room will have accessible food and amenities for those needing special assistance. Staff will gather a radio, phone, and duct tape as time efficiently as possible, knowing that time is crucial.
- One staff person will take attendance of all present, making sure that all children and staff are accounted for. Another staff person will be assigned the roll of securing windows (that open) and doors by closing them, locking them, and sealing them with duct tape. Sealing these areas with duct tape is to combat possible external gas or chemical leaks. This staff person will post a sign that reads, “Shelter-in-Place” on the outer portion of doors prior to securing them.
- Staff will turn all air conditioners and ventilation systems off immediately.
- Once attendance is verified, staff will not allow anyone to enter or leave the room.
- Staff shall keep children away from windows and doors.
- Staff shall notify Central Office immediately, (1-877-490-5437), and wait for further instructions.

During a Shelter-in-Place procedure, only emergency phone calls will be awarded until local authorities resolve the shelter issue. Central Office will call parents if children are in danger or injured. All parents will be notified as soon as the Shelter-in-Place is lifted through our emergency contact information.

LOCK DOWN PROCEDURE

Lock Down procedures are very similar to a Shelter-in-Place but are designed to prevent an imminent threat; thus, all individuals should be barricaded in a secure area. The procedures include:

- Lock Down procedures occur if advised by local authorities, or if an immediate threat is detected. Local authorities should be notified immediately if the latter occurs.
- All children, staff, and volunteers will be gathered to one area inside of one room. This area should be away from windows and doors.
- One staff person will take attendance of all present, making sure that all children and staff are accounted for. Another staff person will lock all doors and windows immediately. If necessary, staff may barricade the doors with something heavy, like a desk. This person will also close all window blinds and turn off the lights.
- Children will be soothed by staff and asked to remain quiet. A calm book or game may be played.
- Lock Down procedures will remain in effect until advised by a safety officer, or until an “All Clear” signal is given.

As will the Shelter-in-Place procedure, only emergency phone calls will be awarded until local authorities resolve the shelter issue. Central Office will call parents if children are in danger or injured. All parents will be notified as soon as the Shelter-in-Place is lifted through our emergency contact information.

Lock Downs are warranted in the event of an intruder or intoxicated or belligerent parent, guardian, or visitor. These individuals will be regarded as threats to all children and staff. The following measures will be taken in the event of an intoxicated or belligerent parent or guardian.

- Parent or guardian will be encouraged and assisted to organize an alternative transportation method for adult and child. A relative, family friend, or taxi may be an alternative method.
- If the parent or guardian is unwilling to cooperate, the police will be called.
- Following the involvement of the police, this situation may be reported to the Child Abuse Hotline if deemed appropriate.

WEATHER-RELATED EMERGENCY

All Centers follow the Board of Education Cancellation and/or Early Dismissal for Weather Related Emergencies. If warranted, all children, staff and volunteers must proceed to the pre- designated Shelter-In-Place location.

Staff Actions once a “Watch” or “Advisory” is issued:

- Continue with scheduled activities.
- Monitor weather reports for changes in condition.

Staff actions when an Early Dismissal is warranted are:

- Be prepared for severe or dangerous weather situation approaching.

- Alert all staff on impending situation.
- Contact Central Office regarding situation.
- Call children's emergency contact as needed.
- Staff must follow standard accounting and reporting procedures.

FIRE OR RISK OF EXPLOSION PROCEDURE

Anyone who discovers smoke, fire, or notes risk factors for an explosion, shall pull the fire alarm located closest to him/her. A complete evacuation to a designated safe location shall take place. Emergency authorities (911) shall be alerted immediately after evacuation.

Evacuation Procedure:

- One staff member shall lead children and volunteers out the nearest exit to a safe, designated area. Designated area must be at least 100 feet from the building.
- Staff will carry an attendance list, emergency contact information, and medications from the facility.
- Roll call is to be conducted immediately to ensure that all persons are accounted for.
- The last staff person to exit the building will conduct a final, thorough "sweep" of all areas accessible to children.

Fire Extinguisher Procedure:

- ONLY used if:
 - Fire is in early stage
 - Kind of fire is known
- Pull the pin at the top of the extinguisher, breaking the seal. Immediately test the extinguisher to ensure it works.
- Approach the fire from a safe distance (several feet away).
- Aim the nozzle or outlet towards the base of the fire.
- Squeeze the handles together to discharge the extinguishing agent inside. Release the handle to stop the discharge.
- Sweep the nozzle from side-to-side directing the extinguishing agent at the base of flames. Only move closer to fire if it dies down.
- Continue until fire is extinguished, until extinguisher is empty, or if the person becomes uncomfortable with the situation.
- After the fire has been extinguished, continue to watch for re-ignition.

PRACTICE DRILLS

Two (2) fire drills will be conducted every month. Both a Shelter-in-Place and a Lockdown Drill shall be conducted within the first 30 days of the program. Beginning in October, either a Lockdown or Shelter-in-Place drill will occur. These drills will occur on a

rotating basis. If a Lockdown Drill occurs in October, then a Shelter-in-Place Drill will occur in November, and it will be back to a Lockdown Drill back in December.

MISSING CHILD/ AMBER ALERT PROCEDURE

If a child is missing from the classroom or center, the following procedure will be followed immediately.

- One staff member will remain with the children. They may perform a quiet activity that will keep children calm.
- The remaining staff members will begin an immediate search of the classroom, bathroom, playground, dividing spaces, janitor's closet, kitchen, and buses.
- If the child remains missing, the search will progress outside the classroom or center.
- If the child has not been located within ten (10) minutes, staff will call emergency services (911), parents, and then Central Office.

Staff will need to provide the following information to the police for them to issue an Amber Alert. We recognize that time is of the essence!

- Recent Photo of Child (Parents should provide a photo of their child(ren) at the beginning of each year. If the classroom does not have one, parents should bring one for this circumstance.)
- Height
- Weight
- Hair Color & Length
- Eye Color
- Child's Clothing
- Last Time Child was Seen
- Parents may be asked questions for the police as well

All staff members present must complete and incident report form and submit it to Central Office within twenty-four (24) hours.

COVID-19 POLICIES & PROCEDURES

Head Start follows the guidance from West Virginia Department of Health and Human Resources, adopted by the West Virginia Department of Education, governed by the Centers for Disease Control and Prevention. For more in-depth information, visit <https://wvde.us/covid19/>. Note that our policies may be subject to change as national and state guidance is adapted.

Staff, parents, siblings twelve (12) and older, and caregivers are encouraged to receive a COVID-19 vaccination. The COVID-19 vaccine is recommended for children 5 and older. Our government accepts three (3) possible vaccination routes, Pfizer, Moderna, and Johnson & Johnson. These vaccinations aim to protect the population against the spread of the virus, reduce deaths and hospitalizations, and maintain critical services and acute care. If you have questions about COVID-19 vaccinations, reach out to your local health department or our Health & Nutrition Specialist.

West Virginia Department of Education has six (6) mitigation strategies for the launch of the 2022-2023 school year. These strategies have shown to decrease the spread of the virus.

- **Cleaning & Disinfecting**
 - Necessary materials and supply chain will be audited for cleaning, sanitizing, disinfecting, and preventing spread of disease.
 - Duties and responsibilities will be assigned regarding cleaning and disinfecting to ensure consistency.
 - Adequate supplies to support healthy hygiene behaviors (e.g., paper towels, tissues, soap, and hand sanitizer with at least 60% alcohol) will be supplied for safe use by staff and older children.
 - Proper cleaning and disinfecting of high-touch surfaces will be conducted on a regular basis by establishing a schedule for routine environmental cleaning and disinfecting.
 - All shared objects will be disinfected on a regular basis.
 - Safe and correct use and storage of cleaning and disinfecting products will be followed.
 - Sharing of personal items and classroom materials will be limited or supplies for individual child use will be provided.
- **Hand Hygiene**
 - Handwashing with soap and water for at least 20 seconds and/or the safe use of hand sanitizer with at least 60% alcohol will be taught and reinforced.
 - **Before**
 - Eating or preparing food
 - Touching your face
 - **After**
 - Using the restroom
 - Coughing, sneezing, or blowing nose
 - Changing a diaper
 - Caring for someone sick
 - Touching animals
 - Staff and children will be encouraged to cough and sneeze into their elbows, or to cover with a tissue.
 - Used tissues will be thrown in the trash and hands will be washed immediately with soap and water for at least 20 seconds or cleaned with hand sanitizer after a person blows his or her nose.
- **Evaluation of Large Gatherings**
 - Activities that involve bringing together large groups of people or activities that do not allow adequate spacing will be evaluated.
 - Plans in consultation with local public health officials regarding after-school or community events will be developed.

- Social Distancing
 - Children and teachers will remain in small core groups as much as possible during the day.
 - Current practices throughout the school day will be reviewed according to county board of education guidance.
- Face Coverings
 - CDC recently released guidance on the ability of fully vaccinated people to resume pre-pandemic activities without wearing a mask or physically distancing. Any mask requirements are at the discretion of county boards of education.
- Contact Tracing with Local Health Department
 - For cases requiring quarantining, review class, bus, and cafeteria seating charts, and only quarantine children who were within six feet of an infected person as opposed to quarantining an entire class and sending children home unnecessarily.
 - Health & Nutrition Specialist will act as a liaison between school, parents, and local health departments.

Quarantine Guidance Options:

- We will be following CDC guidance for quarantine and isolation for the 2022-2023 school year. To find the most recent guidance, go to <https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation>

EXCLUSION POLICY

Childcare settings are often an area for the spread of infectious diseases, for children's immune systems are in the process of developing. We aim to reduce the spread of disease by taking appropriate and timely measures that optimize the health and safety of all children enrolled.

In some cases, short-term exclusion is warranted. Appalachian Council Head Start will not deny any child admission long-term exclusion or enrollment denial based on his or her health care needs or medication requirements. We remain consistent with the requirements outlined in the "Americans with Disability Act", Section 504 of the Rehabilitation Act (<https://www.hhs.gov/sites/default/files/ocr/civilrights/resources/factsheets/504.pdf>).

In the case of short-term exclusion, a parent or legal guardian shall be notified immediately to pick up the child in a timely manner. If a communicable disease is identified or suspected, a letter will be sent home to all children exposed. Confidentiality of affected child will be maintained. Facilities shall send a child home for an illness if the following circumstances are in place:

- Chicken Pox
 - Child shall remain home until all lesions are completely dried and crusted over. This process usually takes seven to ten (7-10) days.
- COVID
 - Refer to Quarantine Guidance Options above.

- Diarrhea/Vomiting
 - Child shall remain home until he or she has not had an occurrence of diarrhea or vomiting for twenty-four (24) hours, without the use of medication.
- Fifth Disease
 - Child must be examined by a health care provider and deemed non-infectious. A written statement from a health care provider is required for the child to re-enter.
- Hand, Foot, & Mouth Disease
 - Child must be examined by a health care provider and deemed non-infectious. A written statement from a health care provider is required for the child to re-enter.
- Head Lice
 - Appalachian Council Head Start operates with a lice-free policy. A child found with lice will be sent home. If the parent cannot come to pick up the child, the child will be transported home by the bus when available. All head lice must be removed before the child can return to school. Upon return, the child will be discreetly checked by Head Start personnel to ensure no live lice remain.
- Impetigo
 - Children shall remain home until twenty-four (24) hours of prescribed treatment has been completed. Any lesions following treatment must be covered with a bandage.
- Influenza
 - Written statement from a health care must be provided for the child to re-enter.
- Measles/Rubella
 - Child must be examined by a health care provider and deemed non-infectious. A written statement from a health care provider is required for the child to re-enter.
- Mono (Infectious Mononucleosis)
 - Child must be examined by a health care provider and deemed non-infectious. A written statement from a health care provider is required for the child to re-enter.
- Mouth Sores/Lesions
 - Child shall remain home until seen by a health care provider. A written statement from the health care provider and twenty-four (24) hours of prescribed treatment completed before the child may re-enter.
- MRSA
 - Child shall remain home until completion of twenty-four (24) hours of prescribed treatment. A written statement from the health care provider must be provided for the child to re-enter.
- Mumps
 - Child shall remain home until deemed as non-infectious by a healthcare provider. A written statement from the health care provider must be provided before the child may re-enter.
- Pertussis/Whooping Cough

- Child must be examined by a health care provider and deemed non-infectious. A written statement from a health care provider is required for the child to re-enter.
- Pink Eye (Conjunctivitis)
 - Child must remain home until twenty-four (24) hours of prescribed eye drops have been completed.
- Rash
 - Child shall remain home until deemed as non-infectious by a healthcare provider. A written statement from the health care provider must be provided before the child may re-enter.
- Ringworm & Pinworm
 - Child shall remain home until after twenty-four (24) hours of treatment has been completed.
- Scabies
 - Child shall remain home until after twenty-four (24) hours of treatment has been completed.
- Scarlet Fever
 - Child must be examined by a health care provider and deemed non-infectious. A written statement from a health care provider is required for the child to re-enter.
- Strep Throat
 - Child must remain home until twenty-four (24) hours of prescribed antibiotic treatment has been completed, no longer have a fever, or per doctor's orders.
- Temperature of 100° F or greater
 - Child shall remain home until he or she is not febrile for twenty-four (24) hours, without the use of fever-lowering medication.
- TB (Tuberculosis)
 - Child must be examined by a health care provider and deemed non-infectious. A written statement from a health care provider is required for the child to re-enter

BED BUG POLICY

Bed Bugs in a Classroom

If there is a bed bug infestation in a classroom or center, the parents of the children inhabiting the infested room will be alerted. We value open and honest communication with our families to ensure their own health and safety. Parents will be made aware of the treatment protocol for the affected classroom and the plan for upcoming school days.

The infested room will undergo specific treatment to eliminate pests. The protocol for our teachers are as following:

- Isolate exact location of bed bugs.
- Call a pest management company immediately.
- Remain calm. The room does not need to be evacuated unless the infested area is unavoidable.
- Capture at least one specimen and preserve in a plastic bag for positive identification. Crush all other visible bed bugs.
- If the pest control company confirms the infestation by identifying your captured specimens, or by inspecting and finding additional bugs, they should provide you with instructions on how to prepare the classroom for treatment. Follow all instructions to the letter (these may include vacuuming, clutter removal, etc.) so that the company can begin their treatment protocol.

Bed Bugs on a Child

- The child should be discreetly removed from the classroom so a qualified individual can examine the child's clothing and other belongings. Any bugs found should be removed and collected for identification. Try to keep the specimens as intact as possible.
- If a confirmed bed bug was found on a child, then a teacher should immediately reach out to the Health & Nutrition Specialist for further guidance and direction.
- The Health & Nutrition Specialist will provide the teacher with instructions for notifying the parents of the affected child. The teacher may alert affect child's parents if the Health & Nutrition Specialist is not available and follow the applicable guidelines.
- The Health & Nutrition Specialist may consider advising the teacher to inform the affected class or classes. Child confidentiality will be protected if so.
- Educational materials, such as those available at <http://www.epa.gov/bedbugs/> should also be provided to the family(ies).
- Children should not be excluded from school due to bed bugs unless repeated efforts have been made to remedy an infestation. Centers should not be closed due to bed bug presence, if pest management is necessary, it will normally be targeted to certain areas of the center.

NUTRITION

Lydia Roberts

Nutrition Specialist

Phone: 304-342-4138

Email: lroberts@appcouncil.org

Your preschooler is growing and developing at a rapid rate. Making sure your child is offered an adequate intake of energy and nutrients is necessary for them to achieve their full growth and development potential. The Appalachian Council Head Start's Nutrition Program is designed to provide healthy, well-balanced meals to your child, nutritional and health related information to families, and assist in providing nutritional resources within our communities.

NUTRITION ASSESSMENTS

A nutrition assessment will be conducted at enrollment for every child enrolled in our program. This helps us gather information about your child's eating habits, nutritional needs, and nutrition education topics or resources. Your child's height and weight will be taken two times a year for adequate growth and development monitoring. Any concerns about a child's growth development may be addressed by our Nutrition Specialist.

Children with special dietary needs must provide a medical statement, when applicable, to ensure the safety of your child. It is strongly encouraged to have the medical statement prior to the child starting school.

MENUS & MEALTIMES

Proper nutrition is important. That's why our program designs and implements menus that are culturally and developmentally appropriate, meet the nutritional needs of and accommodate the feeding requirements of each child, including children with special dietary needs and children with disabilities. Our meals conform to the USDA requirements for the Child and Adult Care Food Program (CACFP) and are high in nutrients and low in sugar, fat, and salt. Menus will be sent home each month and will be made readily available at each site for visitors. They will be posted on the parent board as well as in every classroom and in the kitchen.

Meals from home will not be permitted in our childcare centers. The menu meals will be provided for all children. If a meal from home is brought, it will be sent home with the child at the end of the day.

Meals are served family style. There are many benefits to serving meals family style including: promoting motor skills, independence, portion control, social skills development, and much, much more!

Children in Board of Education sites will follow the guidelines and rules of the National School Lunch and Breakfast Programs and the Board of Education.

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, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

Building for the Future

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving day care.

Each day more than 2.6 million children participate in CACFP at day care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

Meals CACFP homes and centers follow meal requirements established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the four groups:)
Milk Fruit or Vegetable Grains or Bread	Milk Meat or meat alternate Grains or bread Two different servings of fruits or vegetables	Milk Meat or meat alternate Grains or bread Fruit or vegetable

Participating Facilities

Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers.
- **Family Day Care Homes:** Licensed or approved private homes.
- **Afterschool Care Programs:** Centers in low-income areas provide free snacks to school-age children and youth.
- **Homeless Shelters:** Emergency shelters provide food services to homeless children.

Eligibility

State agencies reimburse facilities that offer non-residential day care to the following children:

- children age 12 and under,
- migrant children age 15 and younger, and
- youths through age 18 in afterschool care programs in needy areas.

Contact

Information If you have questions about CACFP, please contact one of the following:

Sponsoring Organization/Center

State Agency Director

Richard J. Goff, Executive Director
WV Department of Education
Office of Child Nutrition
1900 Kanawha Boulevard, East R-248 B
Charleston, West Virginia 25305
304-558-2708



USDA is an equal opportunity
provider and employer

English Version

WOMEN, INFANTS, & CHILDREN (WIC)

WIC is a federally funded discretionary program. It provides services to as many eligible individuals as funding allows. WIC focuses on the link between good nutrition and good health. In West Virginia, eight local contract agencies provide direct participant services.

With today's focus on education, the WIC Program becomes even more relevant in the lives of children. The demonstrated benefits of the WIC Program provide dramatic evidence that efforts to achieve success in the classroom can begin long before a child enters kindergarten. Beginning with prenatal care and encouragement to breastfeed followed by education about nutrition for toddlers and preschoolers, research findings show that WIC children had better vocabulary and number memory scores than their non-WIC peers. The effect of iron deficiency anemia on children's ability to learn has also been well- documented. The WIC Program strives to eliminate iron-deficiency anemia in low-income children.

Qualifying for WIC:

- WIC has the same income guidelines as the free and reduced-price school lunch program.
- Families that qualify for Medicaid, WVWORKS, or food stamps automatically meet the income requirements.
- Fathers, grandparents, foster parents, or guardians also may apply for WIC benefits for a young child in their care.
- WIC is one of the nation's most successful and cost-effective nutrition intervention programs.
- When applying for WIC benefits, the applicant must bring:
 - Income information
 - Proof of West Virginia address (you do not need to be a U.S. citizen)
 - Your children who need WIC services or benefits
 - Your children's shot (immunization) records
 - Medical information from your doctor (if you have it).

WIC-approved foods are high in certain nutrients, such as protein, iron, calcium, and vitamin C. These nutrients are needed in greater amounts by those in the categories served by WIC. Pregnant, breastfeeding, and postpartum women, and children one to five years of age receive the following foods every month. The amounts differ for each participant category.

- Cereal
- Milk
- Cheese
- Juice
- Eggs
- Dry beans/ canned beans and/or peanut butter
- Whole Grain Bread
- Fresh Fruit and Vegetable Voucher

Infant participants receive the following to one year of age:

- Infant cereal and infant fruit and vegetables are provided at six months of age. Infants who are fully breastfed (no formula) will receive twice the amount of baby food, fruits and vegetables, and also baby food meat.
- Iron-fortified infant formula is provided for infants whose mothers choose to not breastfeed or to breastfeed only partially.

WIC OFFICE LOCATIONS

BOONE CO-Valley Health Systems, Inc. WIC

Boone County Health Department
213 Kenmore Drive
Danville, WV 25053
Phone: 304-369-7970

CALHOUN Co-Mid-Ohio Valley Health Department Calhoun WIC

2 B Hospital Drive
Grantsville, WV 26147
Phone: 304-354-6898

CLAY CO-Central WV WIC

Clay County Health Department
452 Main Street
Clay, WV 25043
Phone: 304-587-2323

DODDRIDGE CO-Monongalia County Health Department WIC

Doddridge County Health Department Bldg
Route 2, Box 54
West Union, WV 26456-8143
Phone: 304-873-1173

JACKSON CO-Mid-Ohio Valley Health Department WIC

600 South Church St, Suite 2
Ripley, WV 25271
Phone: 304-372-8525

PLEASANTS CO-Mid-Ohio Valley Health Department WIC

605 Cherry Street
St. Mary's, WV 26170
Phone: 304-684-2217

PUTNAM CO-Valley Health Systems, Inc. WIC

Putnam Village Shopping Center
Teays, WV 25569
Phone: 304-757-4200 or 1-800-526-4201

ROANE CO-Mid-Ohio Valley Health Department WIC

200 Main Street, East
Spencer, WV 25276
Phone: 304-927-4977

TYLER CO-Wetzel/Tyler/County WIC

430 South Second Avenue
Paden City, WV 26159
Phone: 304-337-2011

WIRT CO-Mid-Ohio Valley Health Department WIC

88 Senior Circle
Elizabeth, WV 26143
Phone: 304-275-3150

WOOD CO-Mid-Ohio Valley Health Department WIC

211 - 6th Street
Parkersburg, WV 26101
Phone: 304-428-3688
Fax: 304-485-7434

TRANSPORTATION

Joe Criddle
Transportation Specialist
Phone 304-342-4138 ext. 3032
Email: ccriddle@appcouncil.org



SAFETY FOR CHILDREN & PARENTS

For twenty-three million students nationwide, the school day begins and ends with a trip on a school bus. The greatest risk is not riding the bus but approaching or leaving the bus. Before children go back to school or start school for the first time, it is essential that adults and children know traffic safety rules.

Appalachian Council Head Start wants to make sure you and your children are always safe around the school bus. Children often look forward to riding the school bus, so it is important for parents and children to understand how to enter and exit the bus, cross the street, recognize danger zones around vehicles, and to know what to do in an emergency.

The following information is from the National Highway Traffic Safety Administration and other transportation resources. You can view a lot of this information on-line at www.nhtsa.gov and get up-to-date information.

It is important for parents to practice safety with their children, so they understand all of the “do’s” and “don’ts” around transportation safety!

SAFE PASSENGER PRACTICES

Children need to behave safely during the school bus ride. Basic safety rules include the following:

- Always sit fully in the seat and face forward
- Never distract the driver
- Never stand on a moving bus
- Listen to the driver
- Speak in a low voice, no screaming or shouting
- Never stick anything out the window (arms, legs, head, book bags, etc.)

BOARDING & DEPARTING PRACTICES

The loading/unloading area is called the “Danger Zone” because getting on and off the bus is the most dangerous part of the school bus ride. The “Danger Zone” extends ten feet in front of the bus, ten feet on each side of the bus, and behind the bus. It is where the bus driver will have the hardest time seeing a child. Throughout the year, especially at the start of school, children need to learn how to get on and off the school bus safely.

Parents should help their children learn and follow these common-sense practices:

- Get to the bus stop at least five minutes before the bus is scheduled to arrive.
- Running to catch the bus is dangerous and can lead to injuries.
- When the bus approaches, stand at least five giant steps (10 feet) away from the curb, and line up away from the street.

- Wait until the bus stops, the door opens, and the driver says that it's okay before stepping onto the bus.
- If you must cross the street in front of the bus, walk on the sidewalk or along the road to a point at least five giant steps ahead of the bus before you cross.
- Be sure that the bus driver can see you and you can see the bus driver when crossing the street. Stop at the edge of the bus and look left to right to left before crossing.
- Use the handrails to avoid falls. When getting off the bus, be careful that clothing with drawstrings and book bags and backpacks with straps don't get caught in the handrails or door.
- Never walk behind the bus.
- Walk at least five giant steps away from the side of the bus.
- If you drop something near the bus, tell the bus driver. Never try to pick it up because the driver might not be able to see you.

SAFE STREET CROSSING AT STOPS

The National Highway Traffic Safety Administration recommends the following:

1. If you must cross the street in front of the bus, walk on the sidewalk or along the road to a point at least five giant steps ahead of the bus before you cross.
2. Be sure that the bus driver can see you and you can see the bus driver when crossing the street.
3. Stop at the edge of the bus and look left to right to left before crossing.

The U.S. Dept. of Transportation also recommends that parents help their children practice crossing the street, and teach children to:

1. Cross at the corner.
2. Look left, right, and left again before crossing.
3. Watch for on-coming and turning cars.
4. Stay in crosswalks.
5. If there is a traffic light, cross only when the facing light is green or when the walk sign is on.
6. Always follow the directions of the crossing guard or safety patrol.

Information was based on "How to Keep your Child in One Piece", U.S. Department of Transportation, and Helping Your Child Be Healthy and Fit. For more information, go to <https://www2.ed.gov/pubs/parents/LearnPtrns/safe.html>.

Parents of Appalachian Council Head Start will receive the bus safety handbook "Safe on the school bus: Back to School Child Bus Safety and Parents Responsibilities".

During your Head Start center's open-house Appalachian Council bus driver's will be available to provide hands on training for bus safety. At that time, you will review and sign the Appalachian Council Head Start Transportation Agreement. This agreement will provide information on our bus rules and regulations. You will receive a copy of this document. If you cannot participate in training that day, you can schedule a one-on-one training that will need to be completed within the first 30 days of school. Your child will receive hands on bus safety training the 1st week of school starting.

CENTRAL OFFICE STAFF DIRECTORY

Appalachian Council Head Start
501 Leon Sullivan Way, 2nd Floor
Charleston, West Virginia 25301

Telephone Numbers:

(304) 342-4138.....Office

(304) 343-1053.....Fax

Lori Hedrick-Litteral, Director.....Ext. 3023
Mikki Forbes, Human Resources Specialist.....Ext. 3016
Kaye Runion, Program Support Specialist.....Ext. 3013
Traci Johnson, Executive Secretary.....Ext. 2038

County Supervisors

- Alaina Nelson.....304-837-7303 (Boone)
- Kim Murray.....304-372-8781 (Jackson)
- Susan Eddy.....304-865-7240 (Wood)
- Jessica Taylor.....304-927-4981 (Clay/Calhoun/Roane)

Early Childhood Specialists

- Tanisha Harmon.....Ext. 3020 (Putnam)
- Jessica Taylor.....(304) 927-4981(Calhoun, Roane, Clay)
- Jenica Showman.....Ext. 3035 (Jackson)
- Kim Sapp.....(304) 865-7240 (Wood)
- Angie Davis.....(304)-893-8894 (Wood)
- Selena Ankrom.....(304) 865-0291 (Doddridge, Pleasants, Tyler, Wirt, Wood)

Family Services & ERSEA Specialists

- Rhonda Smith.....Ext. 3019
- Marian Thomas.....Ext. 3033

Mental Health & Disability Specialists

- Holly Gray.....(304)562-6217 (Putnam)
- Alison Poe.....(304) 485-4884 (Wood, Doddridge, Tyler, Wood)
- Kathy (Lilian)Ponce(304) 372-8781 (Jackson)
- Alaina Nelson.....(304)-837-7303 (Boone)
- William McNeal, Jr.....(304) 342-4138 (Calhoun, Clay, Roane)

Health & Nutrition Specialist

- Lydia Roberts.....Ext. 3018

Transportation Specialist

- Joe Criddle.....Ext. 3032

Facilities Specialist

- Scott Clark.....Ext 3022

