CHILD & FAMILY DEVELOPMENT DIVISION

FAMILIES & COMMUNITY GROWING TOGETHER

2020 - 2021

PARENT HANDBOOK
Garrett County Community Action Child and Family Development Division staff may not accept gifts from parents and/or parent groups.

The Garrett County Community Action Committee Personnel Policies and Procedures Handbook addresses the issue in this manner:

Prohibited Activities:

Acceptance of Gifts

Employees, members of employees' immediate families and members of any Board of Directors or Policy Council are prohibited from accepting gifts, money and gratuities from:

1) Persons receiving benefits or service under the Community Action programs

2) Persons performing services under contract, or

3) Persons otherwise in a position to benefit from employee action.

Announcement of Policy and Procedure Updates to Families:

Parents and Guardians will be notified verbally and in writing, during Parent/Teacher Conferences, of new policies and procedures that are adopted, changes or amendments made to, or the deletion of policies and procedures used in accordance to the Child and Families Divisions of the Head Start/ Early Head Start Programs of Garrett County Community Action.

SMOKING, VAPING AND TOBACCO USE OF ANY KIND, IS PROHIBITED ON CENTER GROUNDS.
CHILD & FAMILY DEVELOPMENT DIVISION

2020 - 2021

PARENT HANDBOOK
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Dear Parent/Guardian:

I would like to take this opportunity to welcome you to the Garrett County Community Action Committee’s Child and Family Development Programs. We offer Head Start, Early Head Start, Early Head Start Child Care Partnerships and Judy Center services. We are excited to have you and your child participating in our program and hope that your experience will be positive and rewarding.

While the 2020-2021 program year may look different because of the COVID-19 impacts, our goal is to provide services for your child and family that meet your current needs and concerns. Everyone will be doing their part to make this year the best we can offer!

You can help support your child’s participation by establishing regular routines during the week and through interactions that engage the child in daily educational and learning activities at home. Regular attendance and/or participation is also critical for your child’s developmental progress and will help ensure that your child enters school ready to learn.

Thank you for allowing us to be a part of your child’s educational experience. I look forward to working with you and your family.

Sincerely,

Tracy R. Bowman

Tracy R. Bowman
Director of Child and Family Development
CHILD & FAMILY DEVELOPMENT DIRECTORY
Head Start Main Office
104 East Center Street
Oakland, Maryland 21550
(301) 334-9431 or 1-888-877-8403

HEAD START/EARLY HEAD START ADMINISTRATIVE STAFF

CHILD & FAMILY DEVELOPMENT DIRECTOR ........................................ TRACY BOWMAN
CONTRACT & QUALITY MANAGER .................................................. BRENDA KELBAUGH
ADMINISTRATIVE SUPPORT ......................................................... REGINA LEWIS
COACHING/EDUCATION CONTENT SPECIALIST .............................. AMANDA HEFNER
CHILD & FAMILY SERVICES & OPERATIONS MANAGER .................. AMANDA RECKART
NUTRITION MANAGER .............................................................. LACEY TICHNELL
DISABILITIES/MENTAL HEALTH .................................................. BRANDI GREENE
SITE MANAGER ........................................................................... THOMAS DOLAN
HEALTH CONSULTANT ............................................................... RANDA RUMER
DENNETT ROAD ELC ADMINISTRATIVE SUPPORT ......................... REGINA GREEN

CHILD & FAMILY DEVELOPMENT COORDINATORS II

JUDY FIKE – DRELC HS Room 1 and DRELC HS Room 3
RHONDA FINCH – Pre School Family Support Program
TRUDY GAITHER – OCDC EHS and Kitzmiller HS
ELAINE MILLER – EHS Home Based
AUTUMN RAMSEY – Grantsville HS and EHS
LORENA CARR – DRELC EHS and DRELC HS Room 2
JILL WARNICK – Friendsville HS/PreK and SDCC
HEATHER COOPER – DRELC HS Room 4 and Accident HS

JUDY CENTER STAFF
301-334-4211

BARBARA UNGER – EARLY CHILDHOOD DEVELOPMENT PARTNERSHIPS MANAGER
MEGAN KNAPP-JUDY CENTER EDUCATION COORDINATOR
PATRICIA INGRAM – FAMILY COORDINATOR I
KATRINA WINFIELD – FAMILY COORDINATOR I
MELANIE COOPER – TRAINING & PARTNERSHIP COORDINATOR I
### GCCAC HEAD START CENTERS

#### Northern End

<table>
<thead>
<tr>
<th>Center</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident Head Start Center</td>
<td>203 South Street</td>
<td>(301) 746-8880</td>
</tr>
<tr>
<td>Grantsville Head Start Center</td>
<td>120 Grant Street</td>
<td>(301) 895-5498 ext. 6700</td>
</tr>
<tr>
<td>Kitzmiller Head Start Center</td>
<td>288 West Main Street</td>
<td>(301) 453-3955</td>
</tr>
<tr>
<td>Dennett Road Early Learning Center Head Start</td>
<td>770 Dennett Road</td>
<td>(301) 334-7494</td>
</tr>
</tbody>
</table>

#### Southern End/PSFS

<table>
<thead>
<tr>
<th>Center</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunny Days Child Care Partnership</td>
<td>841 First Avenue</td>
<td>(301) 746-5100</td>
</tr>
<tr>
<td>Accident, Broadford and Yough Glades Pre-K</td>
<td>104 E Center Street</td>
<td></td>
</tr>
<tr>
<td>Pre-School Family Support (PSFSP)</td>
<td>Oakland, MD 21550</td>
<td>(301) 334-9431 ext. 6502</td>
</tr>
</tbody>
</table>

#### Room Numbers

- Room 1- Carrie and Anne ext. 6215
- Room 2- Morgan and Abby ext. 6214
- Room 3- Ruby and Kayla ext. 6222
- Room 4- Kathy and Assistant ext. 6218

### GCCAC EARLY HEAD START CENTERS

#### Northern End

<table>
<thead>
<tr>
<th>Center</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grantsville Early Head Start</td>
<td>120 Grant Street</td>
<td>(301) 895-5498</td>
</tr>
<tr>
<td>Overlook Early Head Start</td>
<td>41 Highview Drive</td>
<td>(301) 334-4211</td>
</tr>
<tr>
<td>EHS/Early Care Home Based Program</td>
<td>1025 Memorial Drive</td>
<td>(301) 334-7720</td>
</tr>
</tbody>
</table>

#### Southern End

<table>
<thead>
<tr>
<th>Center</th>
<th>Address</th>
<th>Phone</th>
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</thead>
<tbody>
<tr>
<td>Sunny Days Child Care Partnership</td>
<td>841 First Avenue</td>
<td>(301) 746-5100</td>
</tr>
<tr>
<td>DRELC Early Head Start</td>
<td>770 Dennett Road</td>
<td>(301) 334-7494</td>
</tr>
</tbody>
</table>

#### Room Numbers

- Room 1- Infants ext. 6407
- Room 2- Toddlers ext. 6403
- Room 3- Infants ext. 6404
- Room 4- Infants ext. 6405
- Room 1- Toddlers ext. 6223
- Room 2- Toddlers ext. 6224
- Room 3- Toddlers ext. 6217

### EHS Home Based Program

<table>
<thead>
<tr>
<th>Program</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>EHS Home Based Program</td>
<td>104 East Center Street</td>
<td>(301) 334-9431 ext. 6169</td>
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</table>
Garrett County Head Start and Early Head Start
Reopening the 2020-2021 School Year
Operation Plan
This is a working document and will be updated as new information becomes available.
Please direct specific questions to trbowman@garrettcac.org

DELIVERY OF INSTRUCTION
DELIVERY OF SPECIAL EDUCATION
HEALTH AND SAFETY PROTOCOLS
    Health & Hygiene Protocols
    Recess
    Lunch
    Gatherings, Visitors, and Field Trips
    Modified Classroom Layouts
    Safety & Security Procedures / Drills
    Shared Objects
TRANSPORTATION
STAFF PROFESSIONAL DEVELOPMENT TRAINING
INFORMATION COMMUNICATION
MEAL DISTRIBUTION
CLEANING AND SANITATION
ATTENDANCE MONITORING
SOCIAL EMOTIONAL IMPACT OF COVID-19 PROGRAM CLOSURES
FAMILY ENGAGEMENT
DELIVERY OF INSTRUCTION

- Instruction during mandatory closures will be twice weekly videos uploaded specifically for Head Start or Early Head Start on the garrettcountyheadstart.com website. Each week one video will focus on a book reading followed by a Social and Emotional lesson and the second video will focus on a STEAM activity. Teaching and Family Service Staff will deliver the feature book and activity materials via pre-determined GTS bus routes. In addition, teaching staff will provide 3-5 optional at home activities individualized to each child.

- Instruction for classrooms in GCPS and GCCAC/Non-GCPS Buildings will occur in-person with group sizes ≤15 including children and staff. In the event of a mandatory closure of any classroom or center the staff and children will move to the plan in the first bullet in the red column.

In each model, all enrolled children will have the opportunity to attend 5 days per week unless the first bullet in the red column pertains or during a mandatory closure of any classroom or center.

- Typical learning occurs as children return to all classroom and 100% capacity is permitted.
- This model may be implemented if state COVID-19 metrics continue to stabilize and/or improve. The typical, green model may move to red or yellow plans if the COVID-19 spread becomes substantial in the community or in a building or classroom.

DELIVERY OF SPECIAL EDUCATION

Garrett County Community Action Committee, Inc. Head Start will continue to provide comparable opportunities to students with disabilities, tailored to their individual needs. Some considerations in special education include:

- Students with the most significant disabilities benefit from attending in-person, as much as possible. These students will be prioritized in our return plan.
- Students who have significant medical needs may need to continue with virtual services to ensure their safety.
HEALTH AND SAFETY PROTOCOLS

Health & Hygiene Protocols

- GCCAC has established a COVID Management team to provide an ongoing assessment of implementation of mitigation strategies.

Staff:
- By checking-in the employee is documenting that they have monitored their temperature prior to arriving at their building and can answer no to all questions on the Office of Child Care (OCC) COVID-19 Health Screening Tool – Staff.
- Staff that have a temperature ≥100.4° F or answered yes to any of the questions on the Health Screening Tool – Staff should not report to work, contact his/her Site Manager or Supervisor and contact his/her healthcare provider for a COVID-19 test referral.
- Staff that have been exposed to an active case of COVID-19 or have COVID-19 symptoms, must not report to work, contact his/her Site Manager or Supervisor and contact his/her healthcare provider for a COVID-19 test referral.
- Staff that have tested positive for COVID must contact his/her Site Manager or Supervisor at once. Follow-up will be conducted by the GCCAC/GCHD/MSDE OCC.
- Staff must wear face covering in all Head Start and Early Head Start Centers and/or when interacting with parents/guardians. Masks are not required when outside of the building for arrival to and departure from work or during outdoor play.
- Hearing, vision and height/weight screenings will only occur for all students when in the green phase. Individual child concerns expressed by teachers and/or parents will be evaluated on a case by case basis for screening by the Health Consultant.
- Staff will support healthy hygiene behaviors by assuring that adequate supplies are available; including soap, hand sanitizer (at child check-in locations), paper towels, tissues, disinfectant wipes (for thermometers ONLY), bleach cleaning solution, cloth face coverings and no-touch trash cans.
- Staff will post signs in highly visible locations that promote everyday protective measures and how to stop the spread of germs.
- Train staff on all safety protocols prior to the first day. Conduct training virtually or ensure social distancing is maintained during training.
- Staff shall follow OCC guidelines for cleaning and disinfecting schools, transport vehicles, playground equipment, supplies, toys, games, etc.
- Ventilation and Water Systems - Staff shall ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible, for example by opening windows and doors. However, windows and doors should not be opened if doing so poses a safety or health risk (e.g. risk of falling, triggering asthma symptoms, violating safety rules and regulations) to staff and students in the facility. The use of drinking fountains will be prohibited. Children and will have available a water cooler and disposable cups each day.
- These protocols will only be relaxed when allowed to do so by the MSDE Office of Child Care and with guidance from the Garrett County Health Department (GCHD).

Physical Distancing Protocols

- To promote social distancing, no more than 15 children and staff combined (generally 2 staff and up to 13 children) will be enrolled/present in any classroom.
- Students and staff should, when feasible, practice social distancing.
- In Early Head Start masks are not required or allowed for children based upon the age of the served population.
- For Head Start children GCCAC staff will consult with the parents regarding their preference on the child wearing or not wearing a mask. In the event a parent requests the child wear a mask and he/she cannot do so safely or in a healthy manner per the MSDE COVID-19 Guidance for Child Care Facilities we will not force the child to do so and will notify the parents.

- Health and Safety Protocols, which are appropriate to do so, will be relaxed as allowed by the OCC and with guidance from the GCHD when entering the green, typical, non-COVID-19 affected operations.
Daily health assessments will be conducted by teaching staff for each child prior to admission to care. Each child’s temperature is taken by the teacher who uses a new pair of disposable gloves between each child. The thermometer is to be sanitized with a disinfecting wipe after each use. The temperature reading is recorded on the daily Health Screening Log – Child along with the parent responses of the OCC COVID-19 Health Screening Tool - Child.

No use of indoor shared spaces such as gross motor rooms and activities in the hallway.

Classroom cubbies will only be used for coats, hats, gloves, change of clothing, etc. No personal items of the child’s may come into the center unless it is to replenish the change of clothes kept at the center. Every other cubby will be skipped when possible in an effort to reduce crowding in the area.

**Recess**

- All items, that can be, are to be removed from the playground including tables and benches. If items cannot be removed and children cannot be kept off of the equipment (with the exception of swings) an alternate outdoor play location must be utilized.
- Only one classroom is permitted on the playground at a time.
- Classrooms are to use the door designated for drop-off and pick-up to get to the playground/ outdoor space.
- Allow enough time between groups to ensure no passing or close contact.
- Swings need to be sanitized with the daily bleach solution before you leave the playground.
- Classroom materials can be taken out to play with and must be brought back in with the group.
- Outdoor walks and play in grassy areas is allowed as long as only one classroom is utilizing a space at a time with no intermingling of staff and children.

**Lunch**

- All meals will be served in classrooms, no use of cafeterias or serving lines.
- More information can be found under the Meal Distribution section.

**Gatherings, Visitors, and Field Trips**

- No non-essential visitors and/or volunteers will be permitted in the centers or classrooms.
- Requests for activities involving exterior groups or organizations must be submitted to the Site Manager for review and approval or disapproval by the COVID-19 Management Team prior to scheduling.
- Pursue virtual activities and events in lieu of field trips, student assemblies and special performances.

**Modified Classroom Layouts**

- All materials that cannot be easily submerged in or wiped thoroughly with the daily bleach solution or laundered in warm/hot water in the washing machine must be removed from the classroom (i.e. stuffed animals, pillows, etc.).
- No sensory tables including but not limited to water and sand.
- Teeth brushing will not be occurring in the center at this time. Tooth brushes, paste and oral health guidance will be sent home with each child the first week of attendance.

**Safety & Security Procedures / Drills**

- During a school emergency responses do not change because of COVID-19.
- Established safety drills will continue as planned and organized at each center. If it is possible and safe to
do so, social distancing of at least 6 feet should be maintained between classrooms/groups of children.

- After drills, reinforce hand washing with soap and water for at least 20 seconds and increase monitoring to ensure adherence among children.

**Shared Objects**
- Discourage sharing of items that are difficult to clean and disinfect or if the item has been mouthed by a child.
- Avoid sharing electronic devices, toys, books, and other games and learning tools.
- Keep each student's belongings separated from others' and in individually labeled containers, cubbies, or areas.

<table>
<thead>
<tr>
<th>TRANSPORTATION</th>
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<tr>
<td>- Buses will be thoroughly cleaned, disinfected and inspected then parked until further notice.</td>
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*Transportation will only be provided in the yellow phase if OCC and Office of Head Start (OHS) guidance is relaxed from current standards.*

- Parents will be encouraged to transport their child to and from school in a personal vehicle to limit the potential for virus exposure and reduce the number of students on GTS school buses.
- Parents will be surveyed and those choosing to utilize a school bus will have to respond for consideration.
- Only one location can be used for pick-up and drop-off per child.
- Students with an IEP/IFSP will be given priority for a seat on a school bus.
- School bus aides will be required to wear a mask when interacting with parents during the check-in procedure and while loading and unloading children.
- Car seats cannot be shared by multiple children on different routes.
- Bus windows will be open to promote good ventilation when feasible.
- Bus drivers will be provided disinfecting supplies to clean the bus seats, handrails and high contact areas between each route.

<table>
<thead>
<tr>
<th>Typical Non-COVID-19 Affected Operations</th>
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<tbody>
<tr>
<td>- GCCAC school bus transportation will operate as normal when allowed by the OCC and OHS.</td>
</tr>
<tr>
<td>- Bus drivers will be provided disinfecting supplies to clean the bus seats, handrails and high contact areas between each route.</td>
</tr>
</tbody>
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USE OF TECHNOLOGY

- Head Start is committed to working with families across all models of program delivery to try to ensure access to needed technology during and outside of the COVID-19 pandemic. Families are encouraged to talk to their Family Service Coordinator for assistance if they are in need of things such as a computer or internet access.

STAFF PROFESSIONAL DEVELOPMENT TRAINING

- Head Start will follow state guidelines regarding group sizes on the planned date of training to determine in person or virtual delivery. In the event of a virtual delivery model, the training will be live streamed and recorded with staff being able to participate from home or their office.
- The program Training Plan will be followed with additional training provided related to special provisions during the COVID-19 pandemic.

INFORMATION COMMUNICATION

- Use phone calls, texts and emails to communicate to staff and families
- Update website www.garrettcounyheadstart.com with consistent information
- Create informational videos
- Signage

MEAL DISTRIBUTION

School Meals
- Meals for children during mandatory closures will be delivered once weekly via pre-determined GTS bus routes by teachers and family service coordinators with educational materials. The meals will consist of 5 breakfasts, lunches and snacks along with milk.

School Meals
- All meals will be eaten in the children’s classrooms; no cafeteria dining

  Breakfast/Lunch/ Snack
  - Immediately following handwashing the child is seated at the table for breakfast.
  - The staff who is responsible for that day’s classroom food service will plate the child’s meal from the counter (out of children’s reach) and give it to the child. Gloves will be utilized by the staff person during meal service.
  - Plates, cups and utensils are to be disposed of immediately after the child finishes eating.

School Meals
- Typical meal settings for each classroom will resume when deemed appropriate to do so by the OCC and GCPS when services are provided in their buildings.
**Mandatory Center Closures (caused by COVID or suspected COVID cases)**

- The table and chairs are to be sanitized with the daily bleach solution.

<table>
<thead>
<tr>
<th>CLEANING AND SANITATION</th>
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<tbody>
<tr>
<td>- Hand sanitizer stations will be used at child check-in locations only; hand washing ONLY will be used for children and staff.</td>
</tr>
<tr>
<td>- All staff will be provided sanitizing wipes to be used on thermometers following each child’s temperature check.</td>
</tr>
<tr>
<td>- Staff, prior to children’s drop-off, will prepare a daily bleach solution at a rate of 1/3 cup of bleach to 1 gallon of water or 4 teaspoons of bleach to 1 quart of water. This solution will be used for ALL cleaning done in the center by teaching staff.</td>
</tr>
<tr>
<td>- Dedicate which staff person will be doing drop-off screenings and diaper changing for the day and who will be responsible for classroom food service.</td>
</tr>
<tr>
<td>- Staff will be required to leave a pair of shoes at the center that they change into upon arrival and out of before departure.</td>
</tr>
<tr>
<td>- <strong>Full cleaning of all classroom materials and surfaces need to be completed on a daily basis.</strong> All materials that cannot be easily submerged in or wiped thoroughly with the daily bleach solution or laundered in warm/hot water in the washing machine must be removed from the classroom.</td>
</tr>
<tr>
<td>- Toilet seats in children’s restrooms should be cleaned after each use with the bleach solution and a disposable paper towel.</td>
</tr>
<tr>
<td>- Cribs for infants are designated for use by only one child and cleaned by teaching staff daily following children’s departure.</td>
</tr>
<tr>
<td>- Cot sheets must be taken off daily and placed in a Ziploc bag with the child’s name on it. Cots will be cleaned daily with the bleach solution by teaching staff and stacked free of any covers or blankets to air dry overnight. Children are not permitted to bring blankets, pillows or stuffed toys from home for naptime.</td>
</tr>
</tbody>
</table>

**ATTENDANCE MONITORING**

- Daily attendance will be logged for children enrolled in classrooms that are able to operate as in person learning.
- Family Service Coordinators and Teaching staff will follow typical protocol in reaching out to families of children who are absent.
- Typical attendance guidelines leading to withdrawing a child from the program will be relaxed during red and yellow phases.

- An 85% attendance rate will be expected for all children.
- The program will follow all of the attendance procedures as outlined in the Parent Handbook.

**SOCIAL EMOTIONAL IMPACT OF COVID-19 PROGRAM CLOSURES**

- Children and families will receive, at minimum, weekly instruction in social-emotional learning.
- Children will work with the CSEFEL program in classrooms.
The parents of students who exhibit signs of trauma and/or mental health concerns will be offered assistance in obtaining counseling and therapy for the student.

<table>
<thead>
<tr>
<th>FAMILY ENGAGEMENT</th>
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<tbody>
<tr>
<td>Parents and guardians will be asked to call for an appointment prior to coming in to the centers to meet with staff.</td>
</tr>
<tr>
<td>Parent activities and trainings will be held virtually until it is deemed safe by the MD Department of Health to resume activities with large group sizes.</td>
</tr>
<tr>
<td>Phase-In/Parent and Child Orientation for 2020 will be virtual for each center.</td>
</tr>
<tr>
<td>The first home visit packet will be delivered the week of August 17th for families to review. Family Service Coordinators and Teaching staff will reach out to each family via phone to discuss the materials and answer any questions families may have.</td>
</tr>
</tbody>
</table>
Symptom Screening for Child in Child Care

This symptom screening should accompany a daily temperature check. Ask the following questions to the parent prior to admitting the child into care each day.

1. Since last here, has your child has any of the following symptoms?

   ✓ cough
   ✓ shortness of breath
   ✓ fever of 100.4° or higher
   ✓ chills
   ✓ shivering
   ✓ muscle pain
   ✓ sore throat
   ✓ headache
   ✓ loss of sense of taste or smell
   ✓ gastrointestinal symptoms (nausea, vomiting, or diarrhea)

   If YES, the child should not be admitted into care. Refer to the Decision Aid: Exclusion and Return for COVID-19 Symptoms in School, Child Care Programs, and Youth Camps to determine when the child may return. Contact the local health department for additional guidance when the child has COVID-19-like illness.

2. Since last here, is your child waiting for a COVID-19 test result, been diagnosed with COVID-19, or been instructed by any health care provider or the health department to isolate or quarantine?

   If YES, the child should not be admitted into care. The child may return with a negative test result when waiting for results or when the health care provider/health department advises release from isolation or quarantine.

3. In the last 14 days, has your child had close contact (within 6 feet for at least 15 minutes) with anyone diagnosed with COVID-19 or suspected of having COVID-19 (i.e., tested due to symptoms)?

   If YES, the child should not be admitted into care. The child may return after they have completed quarantine for 14 days from the date of last exposure to the person with diagnosed or suspected COVID-19 unless instructed by a health care provider/health department to quarantine longer.

If the answer to ALL of the questions above is NO, the child may be admitted into care that day.
Symptom Screening for Child Care Staff

This symptom screening should accompany a daily temperature check. Ask the following questions to the staff person prior to the start of each work day.

1. Since last here, have you had any of the following symptoms?

   ✓ cough
   ✓ shortness of breath
   ✓ fever of 100.4° or higher
   ✓ chills
   ✓ shivering
   ✓ muscle pain
   ✓ sore throat
   ✓ headache
   ✓ loss of sense of taste or smell
   ✓ gastrointestinal symptoms (nausea, vomiting, or diarrhea)

   **If YES**, the staff should not be admitted into care. Refer to the Decision Aid: Exclusion and Return for COVID-19 Symptoms in School, Child Care Programs, and Youth Camps to determine when the staff may return. Contact the local health department for additional guidance when the staff has COVID-19-like illness.

2. Since last here, are you waiting for a COVID-19 test result, been diagnosed with COVID-19, or been instructed by any health care provider or the health department to isolate or quarantine?

   **If YES**, the staff person should not be permitted to work. The staff person may return with a negative test when waiting for results or when the health care provider/health department advises release from isolation or quarantine.

3. In the last 14 days, have you had close contact (within 6 feet for at least 15 minutes) with anyone diagnosed with COVID-19 or suspected of having COVID-19 (i.e., tested due to symptoms)?

   **If YES**, the staff person should not be permitted to work. The staff person may return after they have completed quarantine for 14 days from the date of last exposure to the person with diagnosed or suspected COVID-19 unless instructed by a health care provider/health department to quarantine longer.

If the answer to ALL of the questions above is NO, the staff person may work that day.
Daily Health Screening Log for Child in Child Care

Date: __________

Record the child’s temperature and the parent response to the symptom screening questions daily.

<table>
<thead>
<tr>
<th>Child’s name</th>
<th>Child’s temperature</th>
<th>Symptoms (cough, shortness of breath, fever of 100.4° or higher, chills, shivering, muscle pain, sore throat, headache, loss of sense of taste or smell, and gastrointestinal symptoms (nausea, vomiting, or diarrhea))</th>
<th>Waiting for a COVID-19 test result, diagnosed with COVID-19, or instructed by any health care provider or the health department to isolate or quarantine</th>
<th>In the last 14 days, close contact (within 6 feet for at least 15 minutes) with anyone diagnosed with COVID-19 or suspected to have COVID-19</th>
<th>Child admitted to care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Record result</td>
<td>YES/NO</td>
<td>YES/NO</td>
<td>YES/NO</td>
<td>YES/NO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Decision Aid: Exclusion and Return for Laboratory Confirmed COVID-19 Cases and Persons with COVID-19-like Illness in Schools, Child Care Programs, and Youth Camps

For the purposes of this decision aid, COVID-19-like illness is defined as: New onset cough or shortness of breath OR At least 2 of the following: fever of 100.4°F or higher, chills, shivering, muscle pain, sore throat, headache, loss of sense of taste or smell, and gastrointestinal symptoms (nausea, vomiting or diarrhea). *NOTE: This definition was adapted from the clinical criteria in the CDC case definition of a probable case of COVID-19.*

An asymptomatic person (child, care provider, educator, other staff) tests positive for COVID-19.

Person (child, care provider, educator, other staff) with ONE NEW symptom not meeting the definition of COVID-19-like illness.

Exclude person and allow return when symptoms have improved and criteria in the Communicable Diseases Summary have been met as applicable. If person develops symptoms of COVID-19-like illness, follow processes below for person with COVID-19-like illness.

The asymptomatic person should stay home for 10 days from positive test.

Close contacts should stay home for 14 days from the date of last exposure even if they have no symptoms or they have a negative COVID-19 test done during quarantine.

The ill person should stay home until symptoms have improved and criteria in the Communicable Diseases Summary have been met as applicable.

The person should consider being tested/retested for COVID-19 if symptoms do not improve.

Person (child, care provider, educator, other staff) with COVID-19-like illness.

- Exclude person and recommend that they talk to their health care provider about testing for COVID-19 or whether there is another specific diagnosis.
- The person should isolate pending test results or evaluation by their health care provider.
- Close contacts of the ill person should quarantine per CDC guidelines.

Person has positive test for COVID-19.

Person does not receive a laboratory test or another specific alternative diagnosis by their health care provider.

Person has negative test for COVID-19.

Health care provider documents that the person has another specific diagnosis (e.g. influenza, strep throat, otitis) or health care provider documents that symptoms are related to a pre-existing condition.

Developed by the Maryland Department of Health and Maryland State Department of Education

July 23, 2020
WHAT IS HEAD START/EARLY HEAD START?

Project Head Start, launched as an eight-week summer program in 1965, was and is designed to provide low income children, ages three to five, with comprehensive services to meet their emotional, social, health, nutritional, and psychological needs. Children with disabilities are eligible and 10% of the total enrollment is set aside for those with special needs. All families within the income guidelines established by the U. S. Department of Health and Human Services are eligible.

Early Head Start (EHS) is a federally funded community-based program for low-income families with infants and toddlers and pregnant women. Its mission is simple: to promote healthy prenatal outcomes for pregnant women, enhance the development of very young children, and promote healthy family functioning. EHS evolved out of Head Start's long history of providing services to infants and toddlers through Parent Child Centers, Comprehensive Child Development Centers (CCDPs) and Migrant Head Start programs. Recent advances in the field of infant development made this an especially exciting time to have Head Start formally expand its family to include the provision of Early Head Start services.

Garrett County Community Action Head Start/Early Head Start emphasizes eight service areas:

1.) **EDUCATION** - The educational goal of Head Start/Early Head Start is to increase the child's ability to think, reason, and speak clearly. The program assists the child in developing self-confidence, self-expression, self-discipline, self help skills and curiosity. Children are provided with opportunities to interact with their peers in a developmentally appropriate environment welcoming of children of all abilities that offers a balance of child initiated and teacher directed activities reflecting the interests of the children, their primary language, and cultural background. Hopefully, the child's ability to share and get along with others will increase after participating in the Head Start/Early Head Start Program.

2.) **HEALTH/MENTAL HEALTH** – Healthy children are ready to learn! Head Start/Early Head Start promotes children's growth and development by providing children with daily health checks and periodic sensory, growth and developmental screenings, as well as support for follow up care. The program assists families in securing medical and dental homes for preventive health services and provides parents with health/mental health education and counseling that supports their children.

3.) **NUTRITION** – Nutrition information is provided to Head Start/Early Head Start families emphasizing the relationship of proper nutrition to good health. Head Start/Early Head Start provides breakfast, lunch and snack that help meet a child's daily nutritional needs. Specialized diets are available when a physician writes instructions.
4.) **PARENT ENGAGEMENT** - Parents are encouraged and welcomed to be actively involved in every aspect of the Head Start/Early Head Start Program. The program offers classes/workshops to increase parent education, and provides every opportunity for parents to be an essential part of the decision making, program planning and operating activities that affect their children.

5.) **CHILD ABUSE/NEGLIGENCE** – Head Start/Early Head Start’s goal is to ensure the protection of all children in the program. Educational workshops are offered in prevention of child abuse/neglect. Parenting classes addressing coping skills and stress management are available to all parents. In Maryland the law requires that anyone who suspects a child is being mistreated is required to report the matter to the **Protective Service Department of Human Services**. Head Start/Early Head Start Staff is also mandated by Federal Regulation 1304.4-2 to report suspected child abuse and neglect. Anyone with questions regarding the reporting procedure may call (301)334-9431, ext. 6127.

6.) **TRANSITION SERVICES** - Head Start/Early Head Start maintains procedures that support children and families transitioning into and out of Head Start/Early Head Start and other placements and programs. Head Start/Early Head Start’s transition services include coordinating record transfers with families, schools and agencies; acting as a liaison among parents, Head Start/Early Head Start staff, elementary school and other childhood program staff to facilitate program continuity; and initiating joint transition-related training of school or other child care staff and Head Start/Early Head Start staff.

**Inclusion Statement**
Be inclusive of children with physical and learning disabilities, nutritional needs, and special health care needs that are consistent with their Individualized Family Plan (IFSP) or Individualized Education Program (IEP). Provide equal enrollment opportunities for all children without regard to race, color, religion, national origin, age, gender and/or special needs or disabilities.
Head Start Performance Standards (see 45 CFR 1308.19)

7.) **DISABILITIES** – Children with disabling conditions; Health Impairments, Emotional/Behavioral Disorders, Speech or Language Impairments, Mental Delays, Hearing Impairments, Orthopedic Impairments, Visual Impairments, Learning Disabilities, Autism, Traumatic Brain Injuries, or other impairments including Nutritional and Special Health Care Needs, and their families receive the full range of Head Start/Early Head Start developmental services. In addition, Head Start/Early Head Start staff members work closely with community agencies to provide services to meet the special needs of the disabled child.

8.) **FAMILY SERVICES** – Eligible children are recruited and enrolled regardless of race, sex, creed, color, national origin or disabling conditions. Families are assisted in in solving problems and assessing necessary community resources. Each family participates in strength-based goal setting with a family service specialist.

The Garrett County Head Start Program, under the direction of Garrett County Community Action Committee, Inc., has a funded enrollment of 180 children throughout the County. Currently, the program operates five centers which include six classrooms that are in session 160 days a year and two 180 days a year classroom (FV/GV). In addition, the PSFS option is available for eligible children in Pre-K at Accident, Broadford, and Yough Glades Elementary Schools, and the 12 month Family Child Care is available for 5 children at Sunny Days Childcare in Friendsville.
The Early Head Start Program, under the direction of Garrett County Community Action Committee, Inc., has three centers (11 classrooms), a home-based option and Early Care. Early Head Start operates on a year around basis and has a funded enrollment of 109 children.

**WHAT ARE THE PROGRAM OPTIONS?**

**CENTER-BASED FOR HEAD START**

Center-based program option means Head Start services are provided to children primarily in classroom settings. Serving children ages three to five; the class size ranges from 15 to 20 and is determined by physical size of the classroom and/or the age composition of the class. Transportation is provided to and from the centers with the children arriving at approximately 8:00 a.m. and departing by 3:00 p.m.

Each classroom is staffed by a teacher and teaching assistant. Each center has a bus aide, family service staff and cook or lunch aide. Children have breakfast, lunch and snack; participate in organized free play; participate in good daily hygiene; walk and take field/study trips and rest during the Head Start day. Children learn through developmentally appropriate activities and develop social and cognitive skills through play.

**CENTER-BASED FOR EARLY HEAD START**

Center-based program option means that Early Head Start services are provided to children in classroom settings. Serving children ages six weeks to age thirty-six months, the class size ranges from six to eight and is determined by physical size of the classroom and/or the age composition of the class. Transportation is provided to and from the centers with the children arriving at about 8:00 a.m. and departing by 3:00 p.m.

Each classroom is staffed by a teacher and teacher assistant(s). Each center has a bus aide, family service staff and cook or lunch aide. Children have breakfast, lunch and snack; participate in organized free play; participate in good daily hygiene; walk and take field/study trips and rest during the Early Head Start day.

**HOME-BASED**

The home-based option delivers services differently than the center-based option, but the goals are the same. The home-based facilitator works with the total family in the home environment using the Partners for a Healthy Baby curriculum. The purpose of the home visit is to help parents enhance their parenting skills and assist them in the use of the home as the child's primary learning environment. The facilitator works with the parents to help them provide learning opportunities that further the child's growth and development. Emphasis is on supporting and encouraging family goal setting and attaining objectives to strengthen the family for self-sufficiency. The Early Head Start / Early Care options are in operation for twelve months.

Weekly visits (Early Head Start home-based / Early Care a minimum of 48 per year) are made in the home for 1½ hours. Group socialization activities are held twice a month (Early Head Start / Early Care a minimum of 20 per year) for the children to emphasize peer group interaction through age-appropriate activities in a classroom, community facility, home or on a field trip. The home-based facilitator takes into consideration the families' needs and desires as well as program goals and requirements. Family reeds are considered in each of the service areas of the Early Head Start Program. The involvement of the families in the education of their child(ren) makes home-based an extremely successful option!
PRE-SCHOOL FAMILY SUPPORT

Head Start services are provided to eligible 4 year olds in conjunction with the Garrett County Board of Education. Home visits are made to the home, as well as visits to the Pre-K classroom. The purpose of the home visit is to help the parents enhance their parenting skills and assist them in the use of the home as the child’s primary learning environment. The home visit contains time to discuss the parent’s involvement in the child’s Pre-K classroom and also the facilitator’s observations of the child in the classroom setting. The facilitator works with the parents to help them provide learning opportunities that further the child’s growth and development. The involvement of the family in the education of their children is enhanced by this special service delivery. The pre-school facilitator takes into consideration the families’ needs and desires as well as program goals and requirements. Family needs are considered in each of the service areas of the Head Start Programs.

GARRETT COUNTY JUDY CENTER

The major purpose of the Garrett County Judy Center Partnership (GCJC) is to promote school readiness as part of a statewide effort to promote school readiness. It is operated by Garrett County Community Action Committee in partnership with the Garrett County Board of Education. The services provided in the Judy Center classrooms and programs are designed to support young children’s physical, social, linguistic and cognitive readiness for school while supporting families in their abilities to support their children’s early learning. GCJC links with Broadford, Yough Glades, Crellin, Grantsville and Friendsville Elementary Schools and serves children 0 to 5 years of age along with families who reside in those school districts. GCJC also partners with Becky Ashby Family Childcare, Ann Collins Family Childcare and Sunny Days Childcare. GCJC brings together the resource of schools and community agencies to assure children’s success in school. It supports parents in their role as their “child’s first teacher” by providing information, workshops, parent-child activities and parent learning opportunities. GCJC also supports before and after school child care services for children ages 6 weeks through age 12 and assists children and families in transitioning between early childhood programs.
Transportation to and from the center locations will be provided by the Garrett County Transit Service (GTS) under the direction of Garrett County Community Action Committee, Inc.

The following regulations must be followed by parents, children and Head Start/Early Head Start and GTS staff:

1.) Children must be dressed and ready when the bus arrives. The bus will wait no longer than three (3) minutes. If the child misses the bus, it is the responsibility of the parent to take the child to school. Pick-up times will vary until routes are firmly established.

2.) All bus passengers must wear seat belts. This is a Maryland State Law; there are no exceptions.

3.) No food, drinks, smoking, or foul language is permitted on the Garrett Transit Service bus.

4.) Toys are not permitted on the bus. Head Start/Early Head Start does not permit children to bring toys, videos or stuffed animals from home to the centers.

5.) After bus routes and time schedules are established, parents will need to keep to the schedule. There will be no changes allowed, except in extreme circumstances. Parents or guardians must provide transportation for children who need to be picked up or dropped off at a different location unless arrangements are made with Garrett Transit Service by the Coordinator II who is responsible for that family.

6.) WHEN A CHILD IS RETURNED HOME, A PARENT OR RESPONSIBLE ADULT MUST BE VISIBLE TO THE DRIVER AND AIDE BEFORE THE CHILD WILL BE LEFT. CHILDREN WILL NOT BE RELEASED TO ANY INDIVIDUAL WHO IS NOT LISTED ON THE EMERGENCY CONTACT CARD. IF A CHILD IS RETURNED TO THE CENTER, PARENTS ARE RESPONSIBLE TO PICK UP THE CHILD BY 3:30 P.M.

7.) There are two (2) adults on the bus at all times (GTS Driver and Head Start/Early Head Start personnel or trained volunteer).
8.) Parents transporting children to the center(s) are requested not to park their vehicles in front of the center(s). This area is reserved for the GTS bus loading/unloading.

9.) Parents transporting their children must escort their children into the center(s) and sign the children in with education staff. Pedestrian safety training is conducted within the first 30 days of enrollment.

10.) Garrett Transit drivers are instructed not to blow horns, due to the disturbance of other households in the area. Parents are required to watch for the bus and to be ready to walk their children to the vehicle.

11.) Garrett Transit drivers or bus aides cannot change any Head Start/Early Head Start route. Only the Coordinator II, in conjunction with GTS coordinator, is allowed to make route changes. The parent/guardian must contact his/her Coordinator II when requesting a route change.

12.) If a child will be absent for any reason, a parent must contact Garrett Transit for cancellation.

13.) Due to many unforeseen factors (i.e., inclement weather, road hazards, and absent children, etc.), parents should be prepared to put their children on or take their children off the bus 15 minutes earlier or later than the scheduled time given to them by their Coordinator II.

14.) The bus driver will wait until 3 minutes after the scheduled time before leaving the child’s home in the morning and/or returning the child to the center in the afternoon.

15.) Teaching staff or your Family Service Staff will telephone the parents/guardians when the bus is running early or late.

16.) Parents needing transportation to the centers for volunteering purposes or for attending Policy Council meetings must contact their family service coordinator to make arrangements.

FOR TRANSPORTATION PURPOSES

For Head Start and Early Head Start children:

If calling BEFORE 7:30 A.M. OR AFTER 4:30 P.M., please leave a message.

301-533-9010 OR 1-888-877-8403

Transportation changes need to be in writing if known in advance.
ATTENDANCE IS IMPORTANT

Federal regulations strongly recommend 85% daily attendance of children in Head Start/Early Head Start classrooms. Daily attendance records are kept on each child. These records include documentation of excused and unexcused absences. The following is a list of reasons a child may be excused from attending the center:

1. A child is hospitalized.
2. A child is incapacitated due to a serious illness or injury.
3. A child contracts a communicable disease.
4. A child has other health ailments that temporarily prevent attendance, such as asthma.
5. There is a death in a child’s family.
6. There is a temporary family situation.
7. A child is to receive medical treatment or therapy.
8. There is inclement weather.
9. There is no transportation available.

Attendance Policy (written in accordance with Head Start Performance Standard 1305.8)

The parent is required to call or send a note if a child cannot attend on a school day. The explanation must include why the child cannot attend and when the child will return (if known).

If a child is absent and center teaching staff have not been notified of the reason for the child’s absence, the Head Start / Early Head Start Coordinator II will be notified immediately. The Head Start / Early Head Start Coordinator II will contact the parent/guardian by phone by the end of the first day of the child’s absence. If the parent/guardian can not be reached by phone or does not have a phone, the Head Start / Early Head Start Coordinator II will make a home visit by the end of the second day of the child’s absence.

If a child has four or more unexcused absences or four consecutive excused absences, parents will be contacted regarding the absences. If regular attendance cannot be established and contact cannot be made with the parents, or if a parent is uncooperative, the Head Start family / Early Head Start Coordinator II will send a referral to the Family Services Operations Manager requesting further action be taken.

The Family Services Operations Manager will send a letter to the family stating the problem and giving the parents one week from the date of the letter to assure regular attendance of the Head Start/Early Head Start child.

If attendance does not improve within the time limit set and it does not seem feasible to include the child in either the same or a different program option, the Family Services Operations Manager will send the parent/guardian a letter of termination from the program. The child’s slot will then be considered an enrollment vacancy.

If your child participates in the home-based option or Early Care, it is very important that you contact the Early Head Start home base facilitator at 301-334-9431 or the Healthy Families Garrett County at 301-334-7720 so that your home-based facilitator can be notified that you will be unable to keep your scheduled appointment.
**IMPORTANT NOTICE TO PARENTS/GUARDIANS**

Head Start/Early Head Start may not re-admit a child to the center after a three day or more absence due to illness without first receiving a written statement from the parent or physician that the child may return to a regular schedule. This is a Maryland Child Care regulation.

The intent of this regulation is to prevent the spread of communicable disease through careful observation and recognition of signs and symptoms of illness. If your child has been absent for three days or more due to illness, please have your note or your doctor’s note ready for the bus aide when the bus arrives. Your cooperation is essential to assure the health of your child as well as other Head Start/Early Head Start children.

**LATE ARRIVALS**

It is very important that your child arrive at his/her center on time (8:00 a.m.). If your child will be arriving late, please have him/her at the center by 9:00 a.m. if at all possible. This will allow your child time to participate in classroom activities and will make certain that your child will be included in the meal count so that he/she will receive lunch and a snack. If you know you will be arriving late at the center, please call the teachers to let them know the estimated time of your arrival.

**WHAT HAPPENS TO HEAD START/EARLY HEAD START DURING INCLEMENT WEATHER?**

**EARLY DISMISSAL**

When the public schools are dismissed early due to severe weather, Head Start/Early Head Start may also be dismissed early. Head Start/Early Head Start will transport children home as soon as vehicles become available. Please make certain an adult will be home to meet your child. Remember your child will only be released to an individual who is listed on the emergency contact card.

**HEAD START**

<table>
<thead>
<tr>
<th>If Garrett County Public Schools Are...</th>
<th>Then Head Start Centers are...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closed</td>
<td>Closed</td>
</tr>
<tr>
<td>Operating on a 1-hour Delay</td>
<td>Open from 9 a.m. to 3 p.m. with transportation running on a 1-hour delay</td>
</tr>
<tr>
<td>Operating on a 2-hour Delay</td>
<td>Open from 9 a.m. to 3 p.m. with transportation running on a 2-hour delay</td>
</tr>
<tr>
<td>Operating on a 3-hour Delay</td>
<td>Open from 9 a.m. to 3 p.m. with NO transportation being provided</td>
</tr>
</tbody>
</table>
# EARLY HEAD START

<table>
<thead>
<tr>
<th>If Garrett County Public Schools Are...</th>
<th>Then Early Head Start Centers are...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closed</td>
<td>Open from 9 a.m. to 3 p.m. with NO transportation being provided – parent drop-off and pick-up only</td>
</tr>
<tr>
<td>Operating on a 1-hour Delay</td>
<td>Open from 9 a.m. to 3 p.m. with transportation running on a 1-hour delay</td>
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<td>Open from 9 a.m. to 3 p.m. with NO transportation being provided – parent drop-off and pick-up only</td>
</tr>
</tbody>
</table>

If Garrett County Community Action is CLOSED: then Early Head Start is also CLOSED.

Sunny Days Childcare, at the Friendsville location, is in charge of their own cancellations. Please listen to the radio station WFRB (105.3) for any cancellations to their schedule.
INTRODUCTION TO PARENT ENGAGEMENT

We are happy to have you as a volunteer in our program. Volunteers have historically been an important part of all Head Start/Early Head Start programs. Volunteers increase the effectiveness of the program and enhance the development of each child.

For each federal government dollar our program receives, we are required to match 25% of that dollar in the form of volunteer hours (called in-kind contribution) based on either the minimum wage or the prevailing wage for services performed. To count the time of a volunteer as match, the volunteer must be providing a service to and not receiving a service from the program. **Fund raising is an example of an unallowable match. The time parents spend on fund raising activities is not allowed; however, proceeds from the fund raising activity are an allowable match when used for program costs.**

You have the opportunity to volunteer on many levels – helping in the classroom, working in the kitchen, working on activities at home, serving on committees and attending parent and Policy Council meetings. These activities all count toward volunteer hours for you and our program.

In order to document your volunteer hours so that our program can submit them as budget match, we ask that you keep a monthly volunteer sheet. Volunteer sheets may be picked up at each center and at the main office. If you need assistance at first in completing your time sheet, just ask the Coordinator II or Assistant Teacher for help. Please remember to document all volunteer hours, whether in the classroom, in the office, at meetings or on activities that you do at home to help our program.

At the end of each school year Head Start/Early Head Start Policy Council recognizes those who have donated their time and efforts to both programs by holding a volunteer banquet. This banquet honors the top parent and community volunteers.

The following pages will explain in detail all the ways in which you can be a part of the Head Start/Early Head Start program – classroom or office volunteer, member of parent group, member of various committees, Policy Council representative, an active participant in Head Start training and support groups.

Feel free to ask our staff more about volunteering. We want to make your time with us successful and pleasant.

PARENT COMMUNICATION

Communication is an important part of a child and family’s success in Head Start or Early Head Start. Feel free to contact your child’s teacher or Family Service Coordinator in the event you have a question or concern. If the person you contact is not able to directly help you with your concern, he/she has the responsibility to ensure they communicate with the correct person and provide you with a response.
Head Start / Early Head Start Parent / Community Volunteer Job Description

CAC Mission: Position requires a willingness to volunteer for and accept the mission and purpose of the Community Action Committee, Inc. and the Head Start / Early Head Start Program.

Minimum Requirements:

1. All volunteers must complete a MSDE Child Care Licensing Release of Information background check form prior to volunteering.

2. The Head Start/Early Head Start volunteer will complete an orientation training provided by the site manager.

3. The Head Start/Early Head Start volunteer will fulfill requirements for health screening as required by the activity. Health requirements include current proof of TB testing and Physical. Physicals and Test results are valid for five years.

4. The Head Start/Early Head Start volunteer will maintain confidentiality regarding children, families and staff.

5. The Head Start/Early Head Start volunteer can be accessible by a telephone or message.

6. The Head Start/Early Head Start volunteer reports to the staff person responsible for the particular activity.

Classroom Volunteer Activities:

1. Assist children with coats and direct children to breakfast.
2. Assist in the classroom; encourage children to be involved in the learning centers that are open during the morning arrival time.
3. Assist children with cleanup; give them things to put away and explain where to put them.
4. Help children stay focused on the group activity by staying near children that are having difficulty attending the task.
5. Assist on the playground; helping children on and off the equipment to ensure a safe environment.
6. Assist children with hand washing, serving themselves, using utensils, and pouring milk.
7. Encourage children to share in conversation with adults and other children.
8. Assist with putting out cots and putting them away when needed.
9. Stay near children, help them to relax, and help them get up from nap.
10. Assist teacher with whatever is needed to prepare for upcoming activities and daily cleanup.

Other Volunteer Activities:

1. Wash and iron doll clothing, dress-up clothing, smocks, cot covers, etc.
2. Paint, repair, and make equipment.
3. Help in the kitchen or help to plan menus.
4. Type notices and news articles.
5. Refer to page 18 of the Parent Handbook for more ideas.
CLASSROOM VOLUNTEERS

Classroom volunteers are a very important part of the Head Start/Early Head Start program. The Head Start/Early Head Start volunteer is a member of the classroom team. Under the supervision of the Teacher the volunteer assists in carrying out the daily classroom activities.

**All classroom volunteers are expected to adhere to the Volunteer Code of Conduct.**

**VOLUNTEER CODE OF CONDUCT**

1.) If your child is in the classroom, prepare him/her before you come to class. Explain that you are there for all the children to enjoy. Sometimes your child is excited because you are there. This can cause him/her to misbehave. Although it is difficult, you should ignore the behavior. Do not scold. Be calm and ALLOW THE TEACHER TO HANDLE THE SITUATION. If your child cries the first time you volunteer, please don’t be upset. The teacher will understand. We promise you the more you volunteer, the better your child will adjust. He/she will be more comfortable each time you visit. (Children are really proud when their mommy/daddy comes to their “classroom”).

2.) **Discipline is the responsibility of the teacher.** The teacher knows the children and the routine of the classroom. Discipline involves teaching the child constructive ways to get what he/she wants or to express his/her emotions.

3.) Volunteers must follow the program’s discipline policy. **No child may be spanked, hit, yanked, screamed at, threatened, scared or humiliated.**

4.) Children are never denied food as a form of discipline. Children are **encouraged**, not forced, to eat the entire meal to provide a balanced, nutritious diet. The order in which they eat food items is insignificant.

5.) **Always make nice comments about a child or family in front of the child, other children or staff.** We want to do all we can to promote positive self-concept in the children and families. When volunteering in the classroom everything you see and hear must stay in the classroom. Volunteers must never discuss information concerning Head Start children, parents, families, or staff. We must insist on CONFIDENTIALITY AT ALL TIMES.

6.) If you have planned with the teacher to be in the classroom on a certain day and something comes up and you are unable to participate, please let the teacher know. He/she may have plans that will have to be changed.

7.) **Lunch will be provided for 2 volunteers in each center per day.** Additional volunteers are welcomed and may purchase meals if food is available. Parents who volunteer may bring their younger children to the center on a trial basis.

8.) If the presence of the younger child interrupts the program in any way, it will be necessary for the parent to make other arrangements for him/her. Parents must be responsible for their younger children at the center. Older children may not be brought to the center with the parent volunteers during daytime activities.
WHY GET INVOLVED?

A parent is a child’s first and most important teacher. A parent who participates, visits, or volunteers in the classroom has a better understanding of what his/her child is learning and the kind of help which may be needed.

FATHERHOOD INITIATIVE

Males are an essential part of children’s development and are encouraged to be active participants. Fathers / Father figures are welcomed and encouraged to volunteer in Head Start/Early Head Start and to share hobbies or job related activities with the children. Fathers / Father figures are welcome and encouraged to participate in program activities and home visits.

CENTER PARENT GROUPS

Head Start/Early Head Start parents are automatically members of the center parent groups. Once a month parents meet to discuss, plan and carry out activities for the center and/or classroom. These meetings are informative, educational and fun.

The Coordinator II arranges an educational program for each meeting, which is based on past and present interest surveys. The Coordinator II also acts as a support and resource to the officers as they carry out their duties. The Teacher and Teacher’s Assistant attend and provide a report to the group. Parent input into curriculum planning is requested at each meeting.

The parent group typically plans and provides refreshments for the meetings. The meetings become a monthly social event where strangers become good friends!

Each group may plan a maximum of two (2) fund raisers per year. The activity for which the money is to be generated must be decided in advance based on parent interest. Although parents are totally responsible for the fund raising projects, staff is available for guidance and information. Parent groups have standard by-laws that they revise/amend and adopt at the beginning of each school year. There is also a procedure in place for center parent group meetings. These documents are available from the Coordinator II.
HOW TO GET INVOLVED...
VOLUNTEER IN THE CLASSROOM OR OFFICE

The first step to becoming involved in your child’s education is by talking to your child’s teacher, Head Start / Early Head Start Coordinator II about the various ways you can volunteer. The teacher will be happy to tell you what she would like for you to do in the classroom. Give the teacher a list of the days and times you would be able to assist in the center. If you are unable to volunteer on any day that you have indicated, please make sure to notify the teaching staff as soon as possible.

If you are unable to come in to the center, you are encouraged to talk to your Coordinator II about the many other ways you can volunteer and have a positive impact on your child’s Head Start/Early Head Start experience.

VOLUNTEER ACTIVITIES

Below is a list of example volunteer activities. You are encouraged to ask your teacher or Coordinator II about other ways that you may volunteer.

* Wash doll clothing, dress-up clothing, smocks, cot covers, etc.
* Paint, repair, and make equipment
* Help in the kitchen
* Help plan menus
* Teach children songs, art, games, dances, etc.
* Chaperone on the bus for field trips
* Assist with children’s parties
* Type notices and news articles
* Serve on the Newsletter Committee
* Assist with the Center Lending Library
* Attend center Parent Meetings
* Participate on Policy Council committees
* Participate in recruitment and enrollment efforts
* Read to children
* Assist in a supervised activity for the children

** Head Start/Early Head Start and National Daycare regulations prohibit parents/volunteers from the following:

Answering telephones in the centers.

Changing children’s clothing.

Closing bathroom doors while any Head Start / Early Head Start child is inside bathroom with parent/ volunteer.

These regulations are in place to protect the well being of the children as well as their privacy and that of their families.
PARENT TRAINING

Head Start/Early Head Start offers training to parents on a regular basis. In addition, all staff training is open to participation by parents.

Training is offered at the monthly parent group meetings and various family literacy events are scheduled. Parents are also informed about other trainings that may be of interest made available by community partners.

Notices on all available training are sent home in the children’s back packs. Please watch for the notices and send back your responses in a timely fashion. The number of parents who will be participating is needed in order to be prepared with supplies, baby sitters, and food.

Parents/guardians and family members are requested to be responsible for their children during family events.

During these events participants must abide by the Volunteer Code of Conduct (#2, #3 and #4).

PARENT TRAINING PARTNERSHIP

In partnership with various community resources, Head Start/Early Head Start plans its parent training programs for each school year. The parent meeting training topics for this year include: an overview of Head Start, parliamentary procedures, family literacy, CSEFEL, substance abuse awareness and prevention, family nutrition, child abuse and neglect prevention, transition, financial literacy and others yet to be determined.

Parents who are unable, due to scheduling difficulties, to attend the center parent meetings will be afforded the opportunity to review information sent home in backpacks. This will be the same information that is presented at the parent meetings.
PARTICIPATE ON POLICY COUNCIL

Policy Council is the governing body of Head Start/Early Head Start. The Council is responsible for making decisions regarding program planning and operation. Members are involved in the budget, personnel, self-evaluation of the program, determining location of sites and any other changes or additions to the Head Start/Early Head Start Programs.

Members are parents elected from each Head Start/Early Head Start parent group. Policy Council Parent Representatives approve Community Representatives. Parents from each classroom elect one delegate to represent them on the Parent Policy Council.

The Council usually meets each month, year around. It is important that parents elected to serve on the Policy Council attend every meeting.

The Policy Council representative gives a Council report to parents at their monthly center meetings. When a member misses three consecutive meetings, he/she is replaced on the Council (according to the Policy Council By-laws).

WHAT DOES THE PARENT POLICY COUNCIL DELEGATE REPRESENTATIVE DO?

** Attends all Parent Policy Council meetings.
** Represents his/her center regarding all changes or additions to the Head Start/Early Head Start Programs.
** Reports center activities and concerns to Parent Policy Council.
** Serves on Policy Council Committees.
** Holds elected positions as Policy Council Chairperson, Vice-Chairperson, State Representative, Treasurer, Secretary or Parliamentarian.

HEAD START/EARLY HEADSTART POLICY COUNCIL ADVISORY COMMITTEES

Policy Council has sub-committees and advisory committees on which parents/guardians who serve as representatives on the Council are encouraged to serve. The committees include: Budget and Planning, Personnel, and By-laws. Members for these committees are recruited at the October Policy Council Meeting and by personal and telephone contact throughout the year. Head Start/Early Head Start values input from parents/guardians for program planning and improvement.

Other program advisory committees on which parents may serve are: Social Services Advisory, Health/Mental Health and Disabilities, Menu Planning, and Education Advisory.

CONFIDENTIALITY POLICY

All families have a right to confidentiality. This means that information about Head Start/Early Head Start children and families cannot be shared with outside agencies without a parent’s/legal guardian’s written permission. Information can only be shared within Head Start/Early Head Start on a "need to know" basis. Disclosure (talking about the personal lives of children and families) is unethical and illegal. Even if children's names are not used, any inappropriate discussion that makes children and families identifiable is a violation of privacy.
PARENT/VOLUNTEER/COMMUNITY  
GRIEVANCE PROCEDURE

STEP ONE
If there is a grievance, the adults directly involved shall attempt to resolve the matter among themselves.

STEP TWO
If such procedure has unsatisfactory results, the aggrieved parent/community member shall present the grievance in writing to the supervisor of the Head Start/Early Head Start employee involved. After full investigation of all the facts relating to the incident the supervisor shall give an answer in writing within five (5) working days.

STEP THREE
If the response given to the complaint(s) in Step Two is not satisfactory, the aggrieved parent/community member shall file the complaint with the Head Start Director within three (3) working days. The Director shall review the grievance, do further investigation, and respond in writing within five (5) working days.

STEP FOUR
If the decision rendered by the Head Start/Early Head Start Director is not satisfactory, or if the response was not given within five (5) working days, the aggrieved parent/community member shall file the complaint with the President of Community Action. After hearing the evidence the President will have five (5) working days to uphold, suspend, alter the decision, or continue the appeal to the next level.

STEP FIVE
If the decision rendered by the President of Community Action is not found satisfactory to the aggrieved parent/community member, he or she shall appeal in writing to the Policy Council President. Within ten (10) working days the Policy Council President shall convene a meeting with the Policy Council Personnel Committee. The Personnel Committee shall make a written recommendation to the full body of the Policy Council at its next regularly scheduled meeting.

STEP SIX
Within five (5) working days of the Policy Council's decision the aggrieved parent/community member may request, in writing, an impartial hearing before the Personnel Committee of the CAC Board of Directors to be held within thirty (30) calendar days.
Frog Street

_Frog Street Infant_ is designed around the most recent early brain development research and includes activities that are specifically designed for little ones 0 to 18 months of age. The program is designed to equip teaching staff to aid and foster essential growth and build a strong learning foundation.

_Frog Street Toddler_ is designed around the most recent early brain development research and includes activities that are specifically designed for little ones 18 to 36 months of age. The program is designed to equip teaching staff with to aid and foster essential growth, meet the developing needs of learners, and to build a love for learning.

_Frog Street Three's and Pre-k_ is a comprehensive, research-based curriculum that incorporates instruction across developmental domains which is aligned to state and national standards. The highlights of the curriculum include integrated lessons with a defined scaffolding sequence of instruction, implements and aids to social-emotional development using Conscious Discipline strategies and allows for differentiated instruction to meet the needs of children, as individual learners, including Dual Language Learners and children with special needs.

**ASSESSMENT OF CHILD PROGRESS:**

All age groups are assessed formally and informally to ensure that the teaching staff plan their curriculum goals and activities to support the individualized needs of all learners. Our teaching staff observe, record, and document children’s development, participation, and learning of skill concepts throughout the year. The assessments are ongoing, systematic and gathered from natural play activities and realistic setting that reflects children’s actual performance. Our program uses a variety of methods such as observations, checklists, rating scales, and individually administered tests. The assessment results are used to benefit children by creating sound decisions about child development, teaching strategies, and program improvement. When assessments identify concerns, appropriate follow-up, referral or other intervention is used. All completed assessments are kept in the child’s portfolio, which follow the child from program to program to show the progress in cognitive, language, physical social and emotional areas of development that are consistent with our program’s curriculum and mission statement. Our families are part of the assessment process with regular communication, partnership and involvement. Once the formal assessments are completed they will be reviewed with parents and families during conferences.

**ASQ** - The Ages and Stages Questionnaire (ASQ), is a screening tool to identify cognitive and behavioral problems in preschool children. The ASQ uses both parent observation and direct observation and has long been the standard for developmental screening.

**Ages & Stages Questionnaires: Social-Emotional** - A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors used as a first level screening tool that is designed to identify children who may be at risk for social or emotional difficulties.
Work Sampling System (Pre-School)- This is an observational assessment. Teachers will use this assessment to identify what your child is learning, what has been mastered, and concepts that the child still needs to work on. This assessment will also be used to plan and individualize for the child.

OUNCE Scale (Infant and Toddlers)- OUNCE will document children’s growth, accomplishments, and difficult areas. This assessment will allow for planning and individualizing.

HOME VISITS & PARENT CONFERENCES:

The teaching staff will conduct a minimum of two home visits and three to four parent conferences during the year with parents/guardians of children enrolled in the Head Start/Early Head Start Programs. The purpose of each home visit and parent/teacher conference is to become familiar with the families interests and needs, discuss the child’s development and progress, review and discuss completed assessments, create individualized goals, provide updates, share collected samples of children’s work, and parents/guardians are welcome to freely ask questions about their child or the Head Start program. Parents/Guardians will be contacted to schedule a time for the home visit and parent conference. Parents may schedule an appointment with their family service worker or your child’s teacher at any time to address any questions or concerns.

DISCIPLINE AND GUIDANCE:

Head Start promotes positive discipline and guidance that encourage self-esteem, self-control, and self-direction. These methods include the following:

- Using praise and encouragement of good behavior instead of focusing only on the unacceptable behavior.
- Reminding a child of behavior expectations throughout the day by using clear, positive statements. Staff will encourage active participation from the children and aide in the development of positively stated rules for the classroom.
- Redirecting behavior using positive statements and providing children with acceptable, alternative choices.
- Using brief supervised separation or time out from the group, when appropriate for the child’s age and development, which is limited to no more than one minute per year of the child’s age.
- Encouraging children to use self-regulation techniques that are age-appropriate and based on the developmental level of each child. (CSEFEL)
- Aiding children with creating problem-solving strategies and techniques that help children develop self-control skills and assume responsibility for their own actions.
Introduction
Your child's health is very important. It helps determine how she/he takes in and uses information and interacts with the world around her/him. Early Head Start/Head Start staff members are committed to promoting overall wellness by addressing the needs of enrolled children. After all, physical health and academic growth go hand in hand.

Medical and Dental Home
Your child should have primary (regular) health care and dental care providers. This enables the physician and dentist to become familiar with your child and her/his health care and dental care needs. Your child will also become more comfortable during visits as she/he becomes better acquainted with the providers.

Requirements

Head Start Performance Standards and Maryland Child Care regulations require that every enrolled child meet the following requirements:

- Up-to-date Immunizations (shots)
- Up-to-date Well Child Exam (Physical)
- Lead and Hemoglobin/Hematocrit tests
- Dental Exam(s)

• Immunizations your child must be up-to-date for his or her age according to the Maryland DHMH “Age Appropriate Immunization Requirements for Children Enrolled in Child Care Programs.” (See chart on page 32.)

• Well child exam (Physical) must be up to-date according to the Maryland Healthy Kids Preventive Health Schedule.
  - For Head Start, children are required to have a physical at least once per year. For example, if a child had a physical on September 15, 2018, the child would be required to have his/her next physical by September 15, 2019.
  - For Early Head Start, children are required to be up-to-date on a schedule of well baby/well child exams. These well baby/well child exams are due at the following ages: 0-1 months; 2 months; 4 months; 6 months; 9 months; 12 months; 15 months; 18 months; 24 months; 30 months and 36 months.
• **Lead and Hemoglobin tests.**
  
  - **For Head Start,** children are required to have a lead test that is done at the age of 24 months or later. We cannot accept a lead test that is done before the child’s 2\textsuperscript{nd} birthday, per Maryland Child Care regulations. Children are also required to have a hemoglobin test at the age of 24 months or later. The hemoglobin test is a test for anemia.
  
  - **For Early Head Start,** lead and hemoglobin tests must be completed at 12 months of age and again at age 24 months. Per Maryland Child Care regulations, a lead test that is done before the child’s 1\textsuperscript{st} birthday will not be accepted. If the child is already 12 months of age when he/she enters the program and did not have lead and hemoglobin tests completed on or after the child’s 1\textsuperscript{st} birthday, he/she will have to have lead and hemoglobin tests done at that time, and then have another lead/hemoglobin test done 12 months after the date of the first test. If the child is already 24 months of age when he/she enters the program, he/she will have to have lead and hemoglobin tests done at that time, unless lead and hemoglobin tests were completed on or after his/her 2\textsuperscript{nd} birthday.

• **Dental exam.** It is recommended that children visit the dentist every 6 months, beginning within 6 months of eruption of their first tooth. Head Start/Early Head Start requires that enrolled children ages 12 months and older have a dental exam completed, or are up-to-date on their yearly dental exam, within 90 days of the first day of school, which is usually the end of November. Children who need follow-up dental work (such as fillings or extractions) must have the work completed or establish a plan for completion before the end of enrollment.

**IMPORTANT**

Maryland Child Care regulations require that we have documentation of immunizations (shots) and a recent well child exam before we can admit a child into our care.

Maryland Child Care regulations also require that we have documentation of a completed lead test (at age 12 months or later if the child is between the ages of 12 and 24 months; or at age 24 months or later if the child is age 24 months or older) within 30 days of the first day of school.

This means that, by law, we cannot allow children to remain in our care if we do not have documentation of a recent well child exam (physical), immunizations (shots), and lead test(s). You can obtain these records by contacting your child’s health care provider or creating an account on the health care providers online patient portal.

Children who do not have documentation of up-to-date physical, lead test and/or appropriate shots may be temporarily excluded until the documentation can be provided.

**Emergency Contact Cards and Child Safety**

You must complete an Emergency Contact Card for your child. This card will be available to appropriate staff in case of an emergency. The card will contain home and work telephone numbers and beeper and cellular telephone numbers (as applicable), for each parent/guardian. This same information will be listed for at least one, but up to three additional persons who may be contacted in the event of an emergency and to whom your child may be released, should you be unavailable. The names, addresses, and telephone numbers of your child's medical and dental care providers will also be listed. Health insurance information including name of insurer, identification number, and the name of the subscriber will be recorded. Any medical condition or special medical instructions regarding your child will be detailed on
the back of the card. As circumstances change, it is important that you let your child’s teacher or Family Service Coordinator know when information provided on the card has changed. This can be done in person or with a phone call at any time.

Child safety is a priority at all times during the center day. Measures are in place such as Emergency Preparedness, building and bus evacuation plans, field trip safety precautions, school bus safety equipment and more. If you have any concerns or questions regarding your child’s safety, please feel free to discuss the matter with your child’s teacher or Family Service Coordinator.

Medication
Prior to Early Head Start/Head Start staff administering a prescription or non-prescription medication to your child, you must complete and sign a Medication Administration Form. A new Medication Administration form must be completed at the beginning of each 12 month period, for each medication, and each time there is a change in dosage or time of administration of a medication. Prescription medication must be in a container labeled by the pharmacist or prescriber. Non-prescription medication must be in the original container with the label intact. Parent/Guardian must bring the medication to the facility and pick up the medication at the end of authorized period; otherwise it will be discarded. Basic care items such as: a diaper rash product, sunscreen or insect repellent, authorized and supplied by the child’s parent may be applied without Physician approval. Prescription medications must be administered according to a physician’s instructions or the instructions on the medication’s label. All medications must be in the original bottle and must be labeled with:

- The child’s first and last names;
- The name of the medication;
- The medication’s expiration date;
- The dosage, method of administration, storage, and disposal instructions;
- The name of the health care provider (for prescription meds);
- The date the prescription was filled; and
- Any special instructions such as “take with food”, etc.

At least the first dose of medication must be administered at home. (COMAR, 07.04.072.49 B34) This will allow you to observe your child for any possible reaction. If a medication such as insulin is prescribed and must be administered by injection, a family member will be responsible for medication administration.

Volunteering in the Classroom
According to Maryland Child Care Regulations, every adult who volunteers in an Early Head Start/Head Start classroom must provide proof that she/he has had a tuberculin (TB) test. If you have had a prior test within the last 5 years, you must obtain a copy of the test results or a written statement from your physician or a Health Department official stating the test date and the results. If you have not had a tuberculin (TB) test within the last 5 years, you will need to be tested. Tuberculin (TB) testing is offered at the Garrett County Health Department.

First Aid/CPR
All Head Start staff members are certified in First Aid and CPR. When minor bumps, bruises, cuts, and scrapes occur staff will provide appropriate treatment. Should serious injury occur, 911 will be called immediately and a parent/guardian will be promptly contacted.
WELLNESS POLICY

We believe in guiding children toward personal wellness through the development of their mind and body. We will offer our participant’s opportunities to learn apply and teach others about health and wellness. We will focus on all aspects of student health by providing access to choices in nutrition, physical activity and other aspects of living that impacts health. We believe that by living a healthy lifestyle, the participants will be more ready to learn and therefore be ready for be successful in school. We encourage our families to participate in all aspects of wellness by engaging in our programs, events and resources.

Nutrition Standards
The Garrett County Community Action’s, Child and Family Development program provides healthy meals and beverages based on the Child and Adult Care Food Program (CACFP) meal requirements. Serving only healthy foods, limiting the amount of fats, sugars, and salt that is consumed during mealtime, as well as beverages in a child care environment models healthy eating behaviors.

Goals:
1. Use dark green, red, orange and deep yellow vegetables at least twice a week.
2. Use lean meats (chicken, turkey, and fish) at least twice a week.
3. Use whole grains five days a week.
4. Provide staff training on nutrition and beverage standards twice/year.

Nutrition Education
The Child and Family Development Program provide standard-based nutrition education that reflects current scientific research and national guidelines.

Goals:
1. Provide staff resources to incorporate nutrition in daily activities.
2. Provide staff training on nutrition at least twice a year.
3. Provide parent and family trainings throughout the program year.

Physical Activity
The program encourages our children to participate in a variety of daily physical activity opportunities that are age appropriate and fun.

Goals:
1. Provide teacher-led physical activities to children two or more times per day.
2. Develop a written policy that supports the programs stance on physical activity and screen time.
3. Provide staff and family trainings on physical activity and screen time at least twice a year.

Healthy Mealtime Environment
Child and Family Development Program provides meals and snacks to children at appropriate times throughout the day in a safe and pleasant environment by staff who serve as role models for healthy behaviors.

Goals:
1. Staff will encourage more eating of healthy foods.
2. Self-serve opportunities will be provided to children at all sites.
EXCLUSION GUIDELINES FOR SICK CHILDREN

Daily Health Check – Upon arrival of each child each day, program staff observe to determine if each child appears ill or well. Program staff notify parents of any child who has symptoms that require exclusion, and parents should make arrangements to remove the child from the child care setting as soon as possible. Parents of children whose symptoms do not require exclusion receive written or verbal notification of the child’s symptoms at the end of the program day.

Exclusion – Program staff make the final decision about whether children with mild illness can remain in care or should be excluded. Children whose symptoms require exclusion are made comfortable while separated from other children within sight and hearing of program staff, who continue to monitor the child’s symptoms while awaiting parent pick-up. Program staff discuss child’s symptoms and actions taken with the person assuming care. Families are encouraged to have a backup plan for child care in case of temporary exclusion.

Return to Care – Most conditions that require exclusion do not require a primary health care provider visit before returning to the child care setting. A child who had required exclusion may return to care when s/he no longer meets criteria for exclusion. If a child has been evaluated by a primary care provider, follow the advice of the provider for return to care. An absence of 3 days or more due to illness requires a written note from the parent or primary care provider to return to care.

Key Criteria for Temporary Exclusion

- The condition:
  - prevents the child from participating comfortably in activities;
  - results in a need for care that is greater than staff can provide without compromising the health and safety of the other children;
  - poses a risk of spread of harmful disease to others according to documentation from child’s health care provider;
- A severely ill appearance, including, but not limited to:
  - lack of responsiveness (lethargy);
  - noisy/labored/difficult breathing that is not typical for that child;
  - quickly spreading rash;
- A temporal artery (forehead scanner) temperature over 100.4 degrees Fahrenheit;
- Mouth sores with uncontrolled drooling, unless health care provider states that the child is not infectious;
- Diarrhea (stools that are more frequent and less formed than usual for that child and not associated with a change in diet):
  - is not contained in the diaper for diapered children;
  - causing accidents for toilet-trained children;
  - more than 2 stools above what is normal for that child during the program day;
  - contains blood or mucus;
- Vomiting more than 2 times in the previous 24 hours (does not include infant’s “spitting up”);
- Lice or nits – treatment must be started before returning to care.
I NEED TO STAY HOME IF...

<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can’t participate comfortably</td>
<td>I am having trouble breathing</td>
</tr>
<tr>
<td>Persistent pain, crying or discomfort</td>
<td>Fast, noisy, or labored breathing that is not typical for me</td>
</tr>
<tr>
<td>I have a rash</td>
<td>With fever or behavior changes or a rash that is spreading</td>
</tr>
<tr>
<td>I have a fever</td>
<td>Temperature over 100.4</td>
</tr>
<tr>
<td>I have mouth sores</td>
<td>With uncontrolled drooling</td>
</tr>
<tr>
<td>I have diarrhea</td>
<td>&gt; 2 poops above my normal, or poop leaks out of my diaper</td>
</tr>
<tr>
<td>I am vomiting</td>
<td>&gt; 2 times in the previous 24 hours</td>
</tr>
<tr>
<td>I have head lice</td>
<td>My head is itchy; lice or their eggs (nits) are in my hair</td>
</tr>
</tbody>
</table>

I AM READY TO GO BACK TO SCHOOL WHEN I AM...

<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acting the way I normally do</td>
<td>Breathing the way I normally do</td>
</tr>
<tr>
<td>Rash and fever free, or my doctor says the rash is not contagious</td>
<td>Fever free without medication (i.e. Tylenol, Motrin)</td>
</tr>
<tr>
<td>Free of mouth sores, or no longer drooling, or my doctor says the sores are not contagious</td>
<td>Pooping the way I normally do, or poop stays in my diaper without leaking</td>
</tr>
<tr>
<td>Free from vomiting for at least 2 meals</td>
<td>Treated with lice treatment at home, and proof is provided upon my return to school</td>
</tr>
</tbody>
</table>

If I am absent for 3 or more days, I need a note from my doctor or parent to go back to school.

Any time I have been to the hospital or my doctor because I am sick, my parent should follow my doctor’s advice about when it is safe for me to go back to school. Sharing this advice with my teachers helps them take good care of me when I do return.
HEAD LICE POLICY

When there is an indication of head lice in an Early Head Start/Head Start center, all classroom children will be screened. In the event that lice or nits are found, parent(s)/guardian(s) will be notified and must transport the child home. The child may return to the classroom after proper treatment (check with your child’s physician or your family’s pharmacist for recommended treatment). The empty medication bottle or the prescription label must be provided as proof of treatment. At this time, the center teacher will recheck the child’s head. If the child is free of lice and/or nits she/he may remain. When lice and/or nits are found, the child will need to return home. Parent(s)/Guardian(s) will need to remove nits and a second treatment may be necessary. Follow medication instructions. Lice treatments are pesticides and should not be used more frequently than directed.
# 2020 Recommended Immunizations for Children from Birth Through 6 Years Old

<table>
<thead>
<tr>
<th>Age</th>
<th>Vaccines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>HepB</td>
</tr>
<tr>
<td>1 month</td>
<td>RV</td>
</tr>
<tr>
<td>2 months</td>
<td>DTaP</td>
</tr>
<tr>
<td>4 months</td>
<td>Hib</td>
</tr>
<tr>
<td>6 months</td>
<td>PCV13</td>
</tr>
<tr>
<td>12 months</td>
<td>IPV</td>
</tr>
<tr>
<td>15 months</td>
<td></td>
</tr>
<tr>
<td>18 months</td>
<td></td>
</tr>
<tr>
<td>19–23 months</td>
<td></td>
</tr>
<tr>
<td>2–3 years</td>
<td></td>
</tr>
<tr>
<td>4–6 years</td>
<td></td>
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</tbody>
</table>

**Is your family growing?** To protect your new baby against whooping cough, get a Tdap vaccine. The recommended time is the 27th through 36th week of pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

**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.

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

American Academy of Family Physicians
<table>
<thead>
<tr>
<th>Disease</th>
<th>Vaccine</th>
<th>Disease spread by</th>
<th>Disease symptoms</th>
<th>Disease complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chickenpox</td>
<td>Varicella vaccine protects against chickenpox.</td>
<td>Air, direct contact</td>
<td>Rash, tiredness, headache, fever</td>
<td>Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>DTap* vaccine protects against diphtheria.</td>
<td>Air, direct contact</td>
<td>Sore throat, mild fever, weakness, swollen glands in neck</td>
<td>Swelling of the heart muscle, heart failure, coma, paralysis, death</td>
</tr>
<tr>
<td>Hib</td>
<td>Hib vaccine protects <em>Haemophilus influenzae</em> type b.</td>
<td>Air, direct contact</td>
<td>May be no symptoms unless bacteria enter the blood</td>
<td>Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>HepA vaccine protects against hepatitis A.</td>
<td>Direct contact, contaminated food or water</td>
<td>May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine</td>
<td>Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>HepB vaccine protects against hepatitis B.</td>
<td>Contact with blood or body fluids</td>
<td>May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain</td>
<td>Chronic liver infection, liver failure, liver cancer</td>
</tr>
<tr>
<td>Influenza (Flu)</td>
<td>Flu vaccine protects against influenza.</td>
<td>Air, direct contact</td>
<td>Fever, muscle pain, sore throat, cough, extreme fatigue</td>
<td>Pneumonia (infection in the lungs)</td>
</tr>
<tr>
<td>Measles</td>
<td>MMR** vaccine protects against measles.</td>
<td>Air, direct contact</td>
<td>Rash, fever, cough, runny nose, pink eye</td>
<td>Encephalitis (brain swelling), pneumonia (infection in the lungs), death</td>
</tr>
<tr>
<td>Mumps</td>
<td>MMR** vaccine protects against mumps.</td>
<td>Air, direct contact</td>
<td>Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain</td>
<td>Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness</td>
</tr>
<tr>
<td>Pertussis</td>
<td>DTap* vaccine protects against pertussis (whooping cough).</td>
<td>Air, direct contact</td>
<td>Severe cough, runny nose, apnea (a pause in breathing in infants)</td>
<td>Pneumonia (infection in the lungs), death</td>
</tr>
<tr>
<td>Polio</td>
<td>IPV vaccine protects against polio.</td>
<td>Air, direct contact, through the mouth</td>
<td>May be no symptoms, sore throat, fever, nausea, headache</td>
<td>Paralysis, death</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>PCV13 vaccine protects against pneumococcus.</td>
<td>Air, direct contact</td>
<td>May be no symptoms, pneumonia (infection in the lungs)</td>
<td>Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>RV vaccine protects against rotavirus.</td>
<td>Through the mouth</td>
<td>Diarrhea, fever, vomiting</td>
<td>Severe diarrhea, dehydration</td>
</tr>
<tr>
<td>Rubella</td>
<td>MMR** vaccine protects against rubella.</td>
<td>Air, direct contact</td>
<td>Sometimes rash, fever, swollen lymph nodes</td>
<td>Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects</td>
</tr>
<tr>
<td>Tetanus</td>
<td>DTap* vaccine protects against tetanus.</td>
<td>Exposure through cuts in skin</td>
<td>Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever</td>
<td>Broken bones, breathing difficulty, death</td>
</tr>
</tbody>
</table>

* DTap combines protection against diphtheria, tetanus, and pertussis.
** MMR combines protection against measles, mumps, and rubella.
ORGANIZATION AND COMMUNITY PARTNERSHIPS

Head Start/Early Head Start operates under the auspices of Garrett County Community Action Committee, Inc. (CAC). CAC is the grantee agency. This means CAC receives funds directly from the federal government to operate Head Start/Early Head Start programs.

The Head Start / Early Head Start programs promote the GCCAC goal of creating a positive attitude about the value of education among working families and young people thereby increasing the number of Garrett County families who are economically self-sufficient while children are provided with opportunities to interact with their peers in a developmentally appropriate environment welcoming of children of all abilities that offers a balance of child initiated and teacher directed activities reflecting the interests of the children, their primary language, and cultural background.

Head Start/Early Head Start is governed by:

Community Action Committee Board of Directors and Policy Council
Performance Standards
Department of Health & Human Resources/ Administration for Children, Youth and Families
Maryland Child Care Administration – Licensing Standards

Community Partnerships/Resources

GARRETT COUNTY BOARD OF EDUCATION
GARRETT COUNTY PARTNERSHIP FOR CHILDREN AND FAMILIES
DEPARTMENT OF SOCIAL SERVICES
GARRETT COLLEGE
MARYLAND COOPERATIVE EXTENSION SERVICE (GARRETT COUNTY)
FAMILY STABILIZATION SERVICE
GARRETT COUNTY HEALTH DEPARTMENT
HEALTHY FAMILIES OF GARRETT COUNTY
GARRETT COUNTY JUDY CENTER
<table>
<thead>
<tr>
<th>Month</th>
<th>Topic</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly</td>
<td>Policy Council</td>
<td>Parent representatives from each parent group participate in monthly meetings and as needed committee meetings to assist in program governance for the E/HS programs.</td>
</tr>
<tr>
<td>Monthly</td>
<td>ABC Family Meetings</td>
<td>FSS meet with ABC families to review goal progress.</td>
</tr>
<tr>
<td>3 or 4 Times per Program Year</td>
<td>Pathway Basic Planning</td>
<td>FSS meet with Pathway Basic families to review goal progress.</td>
</tr>
<tr>
<td>4 Times per Program Year</td>
<td>Parenting Education</td>
<td>CFD along with the Judy Center, Garrett College and other community partners will provide a six week training session 4 times throughout the program year. The Nurturing Family class is an innovative program designed to empower and support families by providing you with the tools to guide you in your journey through parenting.</td>
</tr>
<tr>
<td>Twice per Program Year</td>
<td>Self Esteem Course</td>
<td>CFD will provide at least twice a six week course of Self Esteem, Resiliency with a group of individuals to work on their self-image and worth.</td>
</tr>
<tr>
<td>September</td>
<td>Financial Education Workshop</td>
<td>CFD and Asset Develop will partner to provide an engaging card game to help parents learn how their habits and attitudes about money support or sabotage life, relationships, career and financial goals. This workshop will also use budgeting and other financial tools.</td>
</tr>
<tr>
<td>September</td>
<td>Nutrition Education</td>
<td>CFD and the University of Maryland will partner to provide a workshop on storing food for long periods of time. Such as canning, freezing etc.</td>
</tr>
<tr>
<td>October</td>
<td>Financial Education Workshop</td>
<td>CFD and Asset Development will partner to provide a financial education training that focuses on an aspect of finances.</td>
</tr>
<tr>
<td>November</td>
<td>Financial Education Workshop</td>
<td>CFD and Asset Development will partner to provide a financial education training that focuses on shopping for Christmas on a Budget.</td>
</tr>
<tr>
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</tr>
<tr>
<td>December</td>
<td>Holiday Safety and VITA training</td>
<td>FSS will share information with families about household/child safety (ex. electrical, age appropriate toys, food, and children’s schedule while parents are at work and centers closed). They will also talk about budgeting for the holidays, and VITA tax site for the upcoming tax season.</td>
</tr>
<tr>
<td>January</td>
<td>Health and Dental Training</td>
<td>FSS will participate in a 1 hour training presented by Randa Rumer on Physical and Dental Health topics. FSS will then present the material (with display and handouts) to families.</td>
</tr>
<tr>
<td>March</td>
<td>Job Fair Preparation Workshop/ Job Fair</td>
<td>CFD and the Garrett College Career Coach will partner to provide a workshop for families with Pathway goals to advance in their career or gain employment. This workshop will focus on families who want to attend the Garrett County Job Fair offered in late March at the Garrett College CARC.</td>
</tr>
<tr>
<td>March</td>
<td>Nutrition to GO!</td>
<td>FSS will provide training to families based upon the Nutrition to Go curriculum where families learn to make healthy food choices, increase physical activity, manage limited food choices, and shopping on a budget.</td>
</tr>
<tr>
<td>April</td>
<td>Family Fun Festival/Garrett County Health Fair</td>
<td>Local agencies set-up tables with information about what they offer families along with fun activities for children and their parents.</td>
</tr>
<tr>
<td>April</td>
<td>Financial Education Workshop</td>
<td>FSS and Asset Develop will partner to provide a Financial Training on Credit and Credit Reports.</td>
</tr>
<tr>
<td>May</td>
<td>Summer Safety and Fun-Topic</td>
<td>FSS will share information with families about summer safety (ex. keeping cool in hot weather, water safety, children’s schedule while parents are at work and centers are closed, food safety, etc.). Information will also be shared with families about free and low cost activities for families in the community.</td>
</tr>
<tr>
<td>May</td>
<td>Kindergarten Transitions</td>
<td>Parents will be encouraged to attend transition activities including school tours, lunches, meeting teachers and registration events.</td>
</tr>
</tbody>
</table>
For questions, concerns or to file a complaint contact your regional office

<table>
<thead>
<tr>
<th>Region</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anne Arundel</td>
<td>410-573-9522</td>
</tr>
<tr>
<td>Baltimore City</td>
<td>410-554-8315</td>
</tr>
<tr>
<td>Baltimore County</td>
<td>410-583-6200</td>
</tr>
<tr>
<td>Prince George's</td>
<td>301-333-6940</td>
</tr>
<tr>
<td>Montgomery</td>
<td>240-314-1400</td>
</tr>
<tr>
<td>Howard</td>
<td>410-750-8771</td>
</tr>
<tr>
<td>Western Maryland, Allegany,</td>
<td>301-791-4585</td>
</tr>
<tr>
<td>Garrett &amp; Washington</td>
<td></td>
</tr>
<tr>
<td>Upper Shore, Kent, Dorchester,</td>
<td>410-819-5801</td>
</tr>
<tr>
<td>Talbot, Queen Anne's &amp; Caroline</td>
<td></td>
</tr>
<tr>
<td>Lower Shore, Wicomico, Somerset</td>
<td>410-713-3430</td>
</tr>
<tr>
<td>&amp; Worcester</td>
<td></td>
</tr>
<tr>
<td>Southern Maryland, Calvert,</td>
<td>301-475-3770</td>
</tr>
<tr>
<td>Charles &amp; St. Mary's</td>
<td></td>
</tr>
<tr>
<td>Harford &amp; Cecil</td>
<td>410-569-2879</td>
</tr>
<tr>
<td>Frederick</td>
<td>301-696-9766</td>
</tr>
<tr>
<td>Carroll</td>
<td>410-549-6489</td>
</tr>
</tbody>
</table>

The OCC Regional Office will investigate your complaint to determine if child care licensing regulations have been violated. All confirmed complaints against child care providers may be viewed at CheckCCMD.org.

For additional help, you may contact the Program Manager of the Licensing Branch at 410-569-8071.

Resources

- **Child Care Subsidy** - Assists parents with cost of childcare
  1-866-243-8796
- **Consumer Product Safety Commission (CPSC)** - regulates certain products used in childcare
  [cpsc.org](http://cpsc.org)
- **Maryland EXCELS** - Maryland’s Quality Rating System for Childcare Facilities
  [marylandexcels.org](http://marylandexcels.org)
- **Maryland Developmental Disabilities Council** - May assist with ADA issues
  [md-council.org](http://md-council.org)
- **Maryland Family Network** - Assists parents in locating childcare
  [Marylandfamilynetwork.org](http://Marylandfamilynetwork.org)
- **PARTNERS Newsletter** - What’s happening in the Division of Early Childhood Development
  [Earlychildhood.Marylandpublicschools.org](http://Earlychildhood.Marylandpublicschools.org)

To this site to check provider inspection violations
[checkccmd.org](http://checkccmd.org)
Who Regulates Child Care?

All child care in Maryland is regulated by the Maryland State Department of Education, Office of Child Care’s (OCC), Licensing Branch.

The Licensing Branch’s thirteen Regional Offices are responsible for all regulatory activities, including:

- Issuing child care licenses and registrations to child care facilities that meet state standards;
- Inspecting child care facilities annually;
- Providing technical assistance to child care providers;
- Investigating complaints against regulated child care facilities;
- Investigating reports of unlicensed (illegal) child care; and
- Taking enforcement action when necessary.

COMAR Regulations and other information about the Office of Child Care may be found at:
earlychildhood.marylandpublicschools.org/child-care-providers/office-child-care

What are the types of Child Care Facilities?

| Family Child Care – care in a provider’s home for up to eight (8) children |
| Large Family Child Care – care in a provider’s home for 9-12 children |
| Child Care Center – non-residential care |
| Letter of Compliance (LOC) – care in a child care center operated by a religious organization for children who attend their school |

All facilities must meet the following requirements:

- Must obtain the approval of OCC, fire department and local agencies;
- Must have qualified staff who have received criminal background checks, child abuse and neglect clearances, and are not on the sex offender registry;
- Family child care providers must maintain certification in First Aid and CPR;
- Child Care Centers must maintain a ratio of one staff certified in first aid and CPR per every twenty (20) children at all times;
- Must offer a daily program of indoor and outdoor activities;
- Must maintain a file with all required documentation for each enrolled child;
- Must post approved evacuation plans, conduct fire drills and emergency preparedness drills; and
- Must report suspected abuse and neglect, and may not subject children to abuse, neglect, mental injury or injurious treatment.

Did You Know?

- Regulations that govern child care facilities may be found at: earlychildhood.marylandpublicschools.org/regulations
- The provider’s license or registration must be posted in a conspicuous place in the facility;
- A child care provider must enter into a written agreement, with a parent, that specifies fees, discipline policy, presence of animals, the use of volunteers, and sleeping arrangements for overnight care;
- Parents/guardians may visit the facility without prior notification any time their children are present;
- Written permission from parents/guardians is required for children to participate in any and all off property activities;
- All child care facilities must make reasonable accommodations for children with special needs;
- A “Teacher” qualified person must be assigned to each group of children in a child care center;
- Staff:child ratios must be maintained at all times in child care centers;
- Parents/guardian must be immediately notified if children are injured or have an accident in care;
- Child care facilities may have policies beyond regulatory requirements;
- OCC should be notified if a provider has violated child care regulations;
- Parents/guardians may review the public portion of a licensing file; and
- The provider’s compliance history may be reviewed on CheckCCMD.org.
Personally Identifiable Information (PII)
Protections for the Privacy of Child Records

Disclosures of PII With, and Without Parental Consent:
Limit on disclosing PII: GCCAC will only disclose the information that is deemed necessary for the purpose of the disclosure.

Disclosure with parental consent-
- GCCAC must obtain a parent’s written consent before the program may disclose such PII from child records (other than listed below labeled without parental consent).
- GCCAC will ensure the parent’s written consent specifies what child records may be disclosed, explains why the records will be disclosed, and identifies who the records may be disclosed to.
- The written consent must be signed and dated.
- The granting of consent is voluntary on the part of the parent and may be revoked at any time. If consent is revoked, that revocation is not retroactive and therefore it does not apply to an action that occurred before the consent was revoked.

Disclosure without parental consent but with parental notice and opportunity to refuse-
- GCCAC may disclose PII from child records without parental consent if the program notifies the parent about the disclosure, provides the parent, upon the parent’s request, a copy of the PII from child records to be disclosed in advance, and gives the parent an opportunity to challenge and refuse disclosure of the information in the records, before the program forwards the records to officials at a program, school, or school district in which the child seeks or intends to enroll or where the child is already enrolled so long as the disclosure is related to the child’s enrollment or transfer.

Disclosure without parental consent-
- Officials within the program or acting for the program, such as contractors and sub recipients, if the official provides services for which the program would otherwise use employees, the program determines it is necessary for Head Start services, and the program maintains oversight with respect to the use, further disclosure, and maintenance of child records, such as through a written agreement
- Officials within the program, acting for the program, or from a federal or state entity, in connection with an audit or evaluation of education or child development programs, or for enforcement of or compliance with federal legal requirements of the program; provided the program maintains oversight with respect to the use, further disclosure, and maintenance of child records, such as through a written agreement, including the destruction of the PII when no longer needed for the purpose of the disclosure, except when the disclosure is specifically authorized by federal law or by the responsible HHS official
- Officials within the program, acting for the program, or from a federal or state entity, to conduct a study to improve child and family outcomes, including improving the quality of programs, for, or on behalf of, the program, provided the program maintains oversight with respect to the use, further disclosure, and maintenance of child records, such as through a written agreement, including the destruction of the PII when no longer needed for the purpose of the disclosure
- Appropriate parties in order to address a disaster, health or safety emergency during the period of the emergency, or a serious health and safety risk such as a serious food allergy, if the program determines that disclosing the PII from child records is necessary to protect the health or safety of children or other persons
- Comply with a judicial order or lawfully issued subpoena, provided the program makes a reasonable effort to notify the parent about all such subpoenas and court orders in advance of the compliance therewith, unless:
  - A court has ordered that neither the subpoena, its contents, nor the information provided in response be disclosed;
  - The disclosure is in compliance with an ex parte court order obtained by the United States Attorney General (or designee not lower than an Assistant Attorney General) concerning investigations or prosecutions of an offense listed in 18 U.S.C. 2332b(g)(5)(B) or an act of domestic or international terrorism as defined in 18 U.S.C. 2331.
  - A parent is a party to a court proceeding directly involving child abuse and neglect (as defined in section 3 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101)) or dependency matters, and the order is issued in the context of that proceeding, additional notice to the parent by the program is not required; or,
  - A program initiates legal action against a parent or a parent initiates legal action against a program, then a program may disclose to the court, also without a court order or subpoena, the child records relevant for the program to act as plaintiff or defendant.
- The Secretary of Agriculture or an authorized representative from the Food and Nutrition Service to conduct program monitoring, evaluations, and performance measurements for the Child and Adult Care Food Program under the Richard B. Russell National School Lunch Act or the Child Nutrition Act of 1966, if the results will be reported in an aggregate form that does not identify any individual: provided, that any data collected must be protected in a manner that will not permit the
personal identification of students and their parents by other than the authorized representatives of the Secretary of Agriculture and any PII must be destroyed when the data are no longer needed for program monitoring, evaluations, and performance measurements;

- A caseworker or other representative from a state, local, or tribal child welfare agency, who has the right to access a case plan for a child who is in foster care placement, when such agency is legally responsible for the child's care and protection, under state or tribal law, if the agency agrees in writing to protect PII, to use information from the child’s case plan for specific purposes intended of addressing the child's needs, and to destroy information that is no longer needed for those purposes; and,
- Appropriate parties in order to address suspected or known child maltreatment and is consistent with applicable federal, state, local, and tribal laws on reporting child abuse and neglect.

**Parental Rights to Child Records**

**Inspect record**-
- A parent has the right to inspect child records.
- If the parent requests to inspect child records, GCCAC must make the child records available within a reasonable time, but no more than 45 days after receipt of request.
- The program must ensure the parent only inspects information that pertains to the parent’s child if multiple child records are maintained together.
- The program shall not destroy a child record with an outstanding request to inspect and review the record under this section.

**Amend record**-
- A parent has the right to ask the program to amend information in the child record that the parent believes is inaccurate, misleading, or violates the child’s privacy.
- The program must consider the parent’s request and, if the request is denied, render a written decision to the parent within a reasonable time that informs the parent of the right to a hearing.

**Hearing**-
- If the parent requests a hearing to challenge information in the child record, the program must schedule a hearing within a reasonable time, notify the parent, in advance, about the hearing, and ensure the person who conducts the hearing does not have a direct interest in its outcome.
- The program must ensure the hearing affords the parent a full and fair opportunity to present evidence relevant to the issues.
- If the program determines from evidence presented at the hearing that the information in the child records is inaccurate, misleading, or violates the child’s privacy, the program must either amend or remove the information and notify the parent in writing.
- If the program determines from evidence presented at the hearing that information in the child records is accurate, does not mislead, or otherwise does not violate the child’s privacy, the program must inform the parent of the right to place a statement in the child records that either comments on the contested information or that states why the parent disagrees with the program’s decision, or both.

**Right to copy of record**- GCCAC must provide a parent, free of charge, an initial copy of child records disclosed to third parties with parental consent and, upon parent request, an initial copy of child records disclosed to third parties, unless the disclosure was for a court that ordered neither the subpoena, its contents, nor the information furnished in response be disclosed.

**Right to inspect written agreements**- A parent has the right to review any written agreements with third parties.

**Maintaining Records**
- A program must maintain child records in a manner that ensures only parents, and officials within the program or acting on behalf of the program have access, and such records must be destroyed within a reasonable timeframe after such records are no longer needed or required to be maintained.
- A program must maintain, with the child records, for as long as the records are maintained, information on all individuals, agencies, or organizations to whom a disclosure of PII from the child records was made (except for program officials and parents) and why the disclosure was made. If a program uses a web-based data system to maintain child records, the program must ensure such child records are adequately protected and maintained according to current industry security standards.
- If a parent places a statement in the child record, the program must maintain the statement with the contested part of the child record for as long as the program maintains the record and, disclose the statement whenever it discloses the portion of the child record to which the statement relates.