



Northern Montana Early Head Start

Parent Handbook And Child Care Contract

**Northern Montana Early Head Start
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Acronym Index

Agencies and Programs

| | |
|----------------|--|
| CACFP..... | Child and Adult Care Food Program |
| DPHHS-QAD..... | Department of Health and Human Services-Quality Assurance Division (child care licensing agency) |
| EHS..... | Early Head Start (Northern Montana) |
| HRDC..... | District IV Human Resources Development Council |
| NMHS..... | Northern Montana Head Start |
| NMEHS..... | Northern Montana Early Head Start |
| TANF..... | Temporary Assistance to Needy Families |
| WIC..... | Women, Infants, and Children |

Screening and Assessment

| | |
|-------------|--|
| ASQ..... | Ages and Stages Questionnaire |
| ASQ-SE..... | Ages and Stages Questionnaire-Social Emotional |
| E-LAP..... | Early Learning Accomplishment Profile |

Staff Members/Credentials

| | |
|-----------|-----------------------------------|
| AA..... | Administrative Assistant |
| CBA..... | Center-Based Assistant |
| CBE..... | Center-Based Educator |
| CDA..... | Child Development Associate |
| CDS..... | Child Development Specialist |
| CCPP..... | Child Care Provider Partner |
| CCPM..... | Child Care Partnership Mentor |
| FCA..... | Family-Community Advocate |
| FIS..... | Fatherhood Involvement Specialist |
| FPS..... | Food Program Specialist |
| FSS..... | Family Services Specialist |
| HBE..... | Home-Based Educator |
| HWS..... | Health and Wellness Specialist |
| JAN..... | Janitor |
| MHS..... | Mental Health Specialist |
| PD..... | Program Director |

Table of Contents

| | |
|--|-----------|
| ACRONYM INDEX | 2 |
| WELCOME!..... | 4 |
| THE EARLY HEAD START PROGRAM | 4 |
| NORTHERN MONTANA EARLY HEAD START..... | 4 |
| HEAD START PERFORMANCE STANDARDS..... | 5 |
| GRANTEE RELATIONSHIP | 5 |
| DISTRICT IV HRDC BOARD OF DIRECTORS | 5 |
| NMEHS STAFF | 6 |
| NMEHS EARLY CARE AND EDUCATION PHILOSOPHY | 6 |
| PHILOSOPHY OF INCLUSION..... | 6 |
| NORTHERN MONTANA EARLY HEAD START CURRICULUM..... | 7 |
| NMEHS SCHEDULED CLOSURES | 8 |
| WEEKLY HOURS AND ATTENDANCE | 9 |
| TRANSITION INTO THE CENTER..... | 11 |
| DAILY SCHEDULE | 12 |
| SCREENINGS AND ASSESSMENTS..... | 12 |
| GUIDANCE POLICY | 13 |
| BITING (& Aggressive Behavior) POLICY..... | 14 |
| SICK CHILD POLICY AND PROCEDURE..... | 15 |
| ORAL HYGIENE POLICY | 16 |
| FEEDING POLICY | 17 |
| HOME VISITS..... | 19 |
| SLEEP POLICY..... | 20 |
| TOILET LEARNING | 20 |
| MEDICATION POLICY | 22 |
| OUTDOOR POLICY | 22 |
| AUTHORIZATION FOR PICKUP PROCEDURE..... | 23 |
| CAR SEAT POLICY AND PROCEDURE | 23 |
| TRANSPORTATION POLICY | 24 |
| IN-KIND | 25 |
| POLICY COUNCIL | 25 |
| PARENT COMMITTEES | 26 |

Welcome!

We are glad you have chosen Northern Montana Early Head Start! This handbook has been written to describe our program, our goals, and our policies. We hope this handbook will answer most questions you will have regarding our program. Much of this handbook is dedicated to policies affecting children and families in the Center Based program, but some of the information will be helpful to those enrolled in other options as well. If you have questions that are not answered in this handbook, please let us know!

THE EARLY HEAD START PROGRAM

Early Head Start programs began in 1994 when an advisory committee on Services for Families with Infants and Toddlers, formed by the Secretary of Health and Human services, saw a need for early, continuous, intensive, and comprehensive child development and family support services to low-income families with children under the age of 3 and/or infants with a risk of a disability.

All children from birth to age three need an environment that honors their unique characteristics and that also provides love, warmth, and positive learning experiences. In addition, all families need encouragement and support from their community so they can achieve their own goals and provide a safe, nurturing environment for their very young children. This recognition has guided the design for Early Head Start programs.

NORTHERN MONTANA EARLY HEAD START

Planning for our program began in 2000 with the help of Community Development Institute, a training and technical assistance program of the Head Start Program and many community partners.

Our grant was awarded in 2001 and we began a year of “start-up” planning on December 1, 2001. Services to families began December 1, 2002 and our childcare center opened on January 13, 2003.

Many local agencies and programs were involved in the planning and implementation of our Early Head Start Program. These very important community partners include Hill County Health Department; Northern Montana Head Start; Havre Public Schools; District IV HRDC-Child Care Link Resource and Referral; DPHHS-Quality Improvement Division-Child Care Licensing; Quality Life Concepts; Hill County Family Support Coalition; and others. Their invaluable involvement continues today as we strive to enhance community involvement in Northern Montana Early Head Start.

Northern Montana Early Head Start is funded to serve 60 children/families in three different options:

✓ **Center based option**

Provides childcare services and parent involvement activities for 20-24 children and their families who have a demonstrated need for a minimum of 20 hours of childcare due to TANF (Temporary Assistance to Needy Families) activities, work or work-related education. Families enrolled in this option receive two home visits and two information-sharing meetings with their child’s center based educator each year.

Families may be asked to provide verification of school/work hours by work supervisors or educators.

- ✓ Parents/guardians of every center-based enrolled child will be required to apply for a Best Beginnings Child Care Scholarship (State paid child care assistance) with Child Care Link Resource and Referral at District IV HRDC within 10 calendar days of notification of enrollment.

- ✓ **Home based option**
Includes a weekly visit by a home based educator that focuses on child development and a parent-child interaction group (socialization) that meets twice a month, usually at the Early Head Start home-based classroom/parent center for 20 – 24 children and their families. During the socialization groups, families come together to play with their children, discuss child development issues and to share a meal.

- ✓ **Child care partnerships**
Early Head Start contracts with local child care providers to provide comprehensive child development services to 8-12 enrolled children and their families. Childcare providers receive a monthly stipend to enhance their programs. Enrolled children and their families benefit and non-enrolled children in those childcare arrangements benefit as well.

HEAD START PERFORMANCE STANDARDS

As you read through this handbook, you will notice a series of numbers and letters (i.e. 1304.21 (a)(ii)) following each policy. These numbers correspond to a performance standard. Even though every Head Start and Early Head Start program is unique to its particular community needs, each program must also conform to the Head Start Performance Standards. These standards are set by the Federal Government and are included in the Code of Federal Regulations. You will find a copy of the Performance Standards in the Parent Center. Staff members and Policy Council members also have a copy of the Standards. Please take the time to review them.

GRANTEE RELATIONSHIP

District IV Human Resources Development Council is the grantee for both Head Start and Early Head Start.

Northern Montana Head Start serves 151 pre-kindergarten-aged children and their families during the school year in center-based classes, home-based classes, combination classes and full-day, full-year services within local child care provider programs. Head Start has classrooms in Havre, Chinook, and Inverness. Northern Montana Head Start has been providing services for nearly 40 years.

Northern Montana Early Head Start began services in December 2002.

DISTRICT IV HRDC BOARD OF DIRECTORS

District IV HRDC is a private, non-profit community action agency serving low-income families in a wide range of programs. The agency is governed by a volunteer board of directors that includes representatives from the community, local government, low-income, and the Head Start/Early Head Start Policy Council.

NMEHS STAFF

All staff that work with children and families as classroom or home-based educators at Northern Montana Early Head Start have – or are working towards - an Early Childhood Education Associate Degree. All staff also has current First Aid and CPR certificates and updated immunizations.

NMEHS recognizes the importance for children to be cared for by adults who have been trained to understand their many changing developmental stages and needs. Therefore, NMEHS has set aside one day a month (the last Friday of each month) for staff training.

NMEHS EARLY CARE AND EDUCATION PHILOSOPHY

1304.20 & 1304.21

Knowing that the foundation for all infant and toddler learning is based on relationships, NMEHS will provide a safe and secure home-like environment for infants and toddlers that will nurture positive relationships between the child and his/her caregivers, home visitors, parents, and peers.

Understanding that the abilities, interests, temperaments, developmental rates and learning styles vary among infants and toddlers, NMEHS will implement an early care and education curriculum that will accommodate the varying needs of infants and toddlers through individualized, developmentally appropriate, fully-inclusive activities, routines and experiences.

Recognizing that parents/guardians are the child's first teachers, NMEHS will support and assist parents/guardians in their ability to serve as their child's primary teachers.

In addition, the daily implementations of the NMEHS curriculum will be responsive to ongoing observations of each child enrolled in NMEHS.

PHILOSOPHY OF INCLUSION

1304.20 (f)(1), 1304.20(f)(2)(i)

Northern Montana Early Head Start believes that all children are unique and special. We value each child for his/her individuality. We strive to provide a natural, homelike setting that supports all children in all aspects of their growth and development, regardless of their diverse abilities.

Northern Montana Early Head Start values the diversity of families and supports a family-guided process for determining services that are based on the needs and preferences of individual families and children.

NORTHERN MONTANA EARLY HEAD START CURRICULUM

1304.20 & 1304.21

The Northern Montana Early Head Start program and curriculum is based on the following goals and objectives for children and their families:

Goals and objectives for Children

1. To learn about themselves

- ✓ To feel valued and secure in their relationships
- ✓ To feel competent and proud about what they do
- ✓ To feel supported as they express their independence.

2. To learn about their feelings

- ✓ To communicate a broad range of emotions through gestures, sounds, and – over time - words.
- ✓ To express their feelings in appropriate ways

3. To learn about others

- ✓ To develop trusting relationships with nurturing adults
- ✓ To show interest in peers
- ✓ To demonstrate caring and cooperation
- ✓ To try roles and relationships through imitation and pretend play

4. To learn about communicating

- ✓ To express needs and thoughts without using words
- ✓ To identify with a home language
- ✓ To respond to verbal and nonverbal commands
- ✓ To communicate through language

5. To learn about moving and doing

- ✓ To develop gross motor skills
- ✓ To develop fine motor skills
- ✓ To coordinate eye and hand movements
- ✓ To develop self-help skills

6. To acquire thinking skills

- ✓ To gain an understanding of basic concepts and relationships
- ✓ To apply knowledge to new situations
- ✓ To develop strategies for solving problems

Goals and Objectives for Working with Families

1. To build a partnership with families

- ✓ To involve families in the NMEHS's planning and evaluation process
- ✓ To listen to and discuss families' questions, concerns, observations, and insights about their children
- ✓ To communicate regularly with families at arrival and departure times about how things are going for their child at home and at the center.

- ✓ To schedule regular conferences and/or home visits
- ✓ To discuss with families ways to handle children's challenging behaviors
- ✓ To resolve differences with families in a respectful way
- ✓ To help families gain access to community resources.

2. To support families in their parenting role

- ✓ To demonstrate respect for a family's approach to childrearing and their feelings about sharing the care of their child
- ✓ To celebrate with families each new milestone in their child's development
- ✓ To incorporate family rituals and preferences into the daily life of NMEHS
- ✓ To help families network with one another for information and support

3. To support families in their role as primary educators of their child

- ✓ To encourage family involvement and participation in program activities
- ✓ To provide families with strategies to support children's learning at home

4. To ensure that the home cultures of the children's families are reflected in the program.

- ✓ To support children's use of their home language
- ✓ To encourage children's awareness of and interest in home language spoken at the program
- ✓ To seek families assistance in learning about the children's home culture
- ✓ To include objects and customs from the children home cultures in the program's environment, routines, and activities
- ✓ To interact with children in a style that is respectful of their home culture.

NMEHS SCHEDULED CLOSURES

Holidays*:

- New Year's Day
- Martin Luther King Day - (third Monday in January)
- President's Day – (third Monday in February)
- Memorial Day – (last Monday in May)
- Independence Day – July 4
- Labor Day – (first Monday in September)
- Columbus Day – (second Monday in October)
- Montana Early Childhood Conference (Wednesday, Thursday, & Friday of the third week of October)
- Veterans' Day – November 11
- Thanksgiving Day and the day after (fourth Thursday in November and following Friday)
- Christmas – December 25

** Early Head Start does not focus on holidays to plan program activities or plan celebrations around holiday themes. Early Head Start places materials in specific learning centers, such as art, dramatic play, housekeeping, quiet, that reflect children's traditional celebrations and allow each child the choice to interact with these materials in ways that are meaningful and of interest to him/her.*

Staff Training Days:

- We will be closed on the last Friday of every month for staff training. There may be certain months when this day needs to be adjusted to a Friday other than the last or when an additional training day is required to meet agency needs. You will be given as much advance notice of any changes as possible.
- We will close every Thursday at 12:00 Noon to allow center-based educators time to work on necessary classroom paperwork.

WEEKLY HOURS AND ATTENDANCE

45 CFR 1305.8

- Only parents/guardians with a demonstrated need for a minimum of 20 hours of child care due to education, work, or TANF program involvement will be eligible for the center-based option. An attendance plan is developed for children in the center-based option upon enrollment. The attendance plan will include the days of week and hours of the day the child will be attending child care. Changes to the attendance plan must be submitted to the Child Development Specialist with no less than a 24-hour notice. Parents may be asked to provide verification of work and/or school attendance. Parents registered in college, high school, or GED classes are allowed up to 10 hours per week of scheduled study time which may occur in between scheduled classes or at the beginning or end of the day. The child's daily attendance in the center should not exceed nine hours on any one day (i.e. 8:00 am to 5:00 pm). Parents working graveyard shifts may be eligible for up to seven hours of care per day for sleep. Parents have the option of using up to 10 hours of child care per month for non-work or education related activities (doctor appointments, meetings, etc.) as approved by Policy Council April, 2004.
- Parents found not to be participating in approved activities (i.e., working, attending classes or scheduled study time, or completing TANF hours) during a time when the child is in the center will be subject to the following Policy:
 - On the first incident, the Child Development Specialist will talk to the parent about the policy that parents need to be participating in approved activities in order for the child to be at the center. Parents will also be given a written statement of the policy. The number of hours the child was in the center while the parent was not engaged in approved activities will be deducted from the 10 hours allotted per month for other activities.
 - On the second incident, the Child Development Specialist, Educators, and Program Director will meet with the parents to discuss the attendance policy. Parents will also be sent a letter detailing what occurred and hours will again be deducted from the 10 hours allotted per month.
 - On the third incident, the family will be suspended from use of the center for one week. A letter will be sent detailing what occurred and hours will again be deducted from the 10 hours allotted per month.
 - On the fourth incident, parents will be asked to move to either the Home Based option or the Child Care Partnership option of our program in order to continue receiving EHS services.

- In order to adequately implement our child care and education philosophy, it is expected that your child will spend a minimum of 20 hours per week at the child care center.
 - *An exception to the 20-hour week minimum may occur during the summer months for those parents/guardians who are not enrolled in school, working, or doing TANF tasks. Parents/guardians who meet this exception will bring their child/children to the center twice a week throughout their summer break for a minimum of one hour per visit. These visits must be scheduled at least one week in advance to ensure appropriate staffing ratios. The parent/guardian may spend that time in the child's classroom or may choose to perform a variety of tasks within the Early Head Start Program on a volunteer basis. Volunteer tasks may include administrative, clerical, custodial, or yard work.*
- Parents are required to call when their child will be absent. We are required by Montana Child Care Center Regulations to inquire as to the reason for the child's absence for the health and safety of the other children and staff. In some cases, a doctor's note may be required for admittance back to the center.
- Daily attendance is documented by the Infant /Toddler Educators. If a child is absent two days in a row without NMEHS being notified, the child's educator will call the family. The FSS, CDS, and/or HWS will be available for support upon request by the educator.
- Parents must provide information to their child's educator regarding where they will be and a phone number of their location at all times in case of emergency.
- Child attendance will be reviewed at the all-day staff meeting each month for the previous month's attendance.
- When a child's attendance is less than 85% of the number of hours defined in the attendance plan for the month, an analysis will be conducted. The analysis will consist of the pattern of absences, including the reasons for the absences as well as the number of absences that occur on consecutive days.
- If the absences are a result of illness or if they are well-documented absences for other reasons, no special action will be taken.
- If the absences result from other factors, including temporary family problems that affect a child's regular attendance, and/or a child has four or more consecutive unexcused absences, appropriate family support procedures will be initiated. Procedures will include home visits or other direct contact with the child's parents. Contacts with the parents will emphasize the benefits of regular attendance, while at the same time remaining sensitive to any special family circumstances influencing attendance patterns. All contacts and special family support activities will be documented.
- Absences will be monitored on a daily basis and reviewed monthly by staff. Staff will confer with parents about the reasons for absences. Family support procedures will be implemented to address barriers to regular attendance. If a family moves out of the area or cannot be located/contacted after all reasonable attempts have been made, that child's enrollment slot may be considered open.

TRANSITION INTO THE CENTER

45 CFR 1304.21(A)(3)(II)

Northern Montana Early Head Start acknowledges that it is extremely hard for a parent to leave a child in the hands of a stranger. Parents may be feeling guilt or anxiety about leaving their child. The assignment of a primary caregiver will make both the child and the parent feel more secure and cared for. It is the primary caregiver's role to help both parent and child with the separation and ongoing adjustment to child care. The primary caregiver is sensitive to the needs of the family.

The parent's role is to:

- Make several visits to the program with the child prior to the first day of care to help the child feel more at home.
- Make time to discuss and exchange written information about the program and about the child, so the parent and caregiver understand each other's concerns and practices.
- To prepare the child (parent talking to child ahead of time regarding attending child care).
- Allowing the child to explore the setting without pressure. Allow the child to interact, leave the parent, and play.
- Transition the child slowly by leaving for short periods of time first and gradually work up to longer periods of time.
- Allow about 10-15 minutes of goodbye time each day before leaving the child in child care.

Infant-Toddler Educator's role is to:

- To develop a relationship of trust with child and parent.
- Sharing information about the program.
- Communicating respect for the parent role.
- Asking questions about the child's care such as routines, likes, and dislikes.
- Being sensitive to feelings of guilt, anxiety, and conflicts about the child's attachments.
- Being clear with the parent about the program's plan for handling the separation process.
- Describing the child's day at child care.
- Provide comfort and nurturing to the child.
- Be available to assist the parent in filling out any forms for the child care center.
- Reassure both parent and child that the separation will be okay, the child will be safe and cared for, and the bond between parent and child will not be impaired.

DAILY SCHEDULE

The daily schedule for the classrooms at NMEHS is designed to be consistent and predictable. However, our schedule does allow for flexibility within the day and for smooth transitions from one activity to another activity.

Our very flexible schedule will be:

| | |
|--------------------|--|
| 7-8:30am | Arrival, greeting, self-directed play, bottles as needed |
| 8:30-9:30am | Breakfast served family style for non-bottle fed infants and all toddlers. Bottle-feeding and sleep as individual schedules dictate through out the day. |
| 9:00-11:00 | Self-directed play in planned learning areas indoors and out. Staff will have planned supervised activities for individuals and small groups. |
| 11:00-11:15 | Clean-up, wash-up and getting ready for lunch. |
| 11:15-12:00 | Lunch for non-bottle fed infants and toddlers. Lunch may be staggered as morning nappers wake up. |
| 12:00-3:00 | Naptime for many toddlers, individualized wake up. |
| 1-5pm | Self-directed play in planned learning areas indoors and out. Staff will have planned supervised activities. |
| 2pm | Clean-up, wash-up and getting ready for snack. |
| 2-3pm | Snack |
| 3-6pm | Self-directed play and learning areas. Goodbyes, conversations with parents, departure. |

SCREENINGS AND ASSESSMENTS

1304.20(b)(1)

National Early Head Start Standards require our program to perform an age appropriate screening of your child to identify his/her developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual and emotional skills. The first five years of life are very important to your child because this time sets the stage for success in school and later in life. During infancy and early childhood, many experiences should be gained and many skills learned. It is important to ensure that each child's development is proceeding without problem during this period; therefore, we are interested in helping you follow your infant's growth and development. To accomplish this, you and your Center Based Educator will complete the ASQ.

Once the initial ASQ has been completed, a more formal assessment, the ELAP (Early Learning Accomplishment Profile), will be completed on a regular and periodic basis

because of the rapid developmental changes in the early years. This assessment covers the six specific developmental areas for your child:

- ✓ Gross Motor Development – large muscle activities like crawling, kicking, reaching, running, walking, etc.
- ✓ Fine Motor Development – smaller muscle activities like grasping, building, stacking blocks, banging items together, shaking, etc.
- ✓ Cognitive Development - thinking skills and activities like mimicking, pointing to an object, understanding words, recognizing items, responding to stimulus, etc.
- ✓ Language Development – babbling, making sounds, showing examples of emotions, smiling, etc.
- ✓ Self-Help Skills – Feeding dressing, toileting and bathing independently.
- ✓ Social/Emotional Development - A child's responsiveness to his/her social environment, i.e: Cooperation, ability to relate to peers, and sensitivity to others.

This screening and assessment process will guide us to a better understanding of the uniqueness of your child. The date and time of the screening or assessment will be made known to you in advance. Your involvement and input in this process is encouraged.

GUIDANCE POLICY

1304.21 (a)(3)(i)(C)-(E)

Our goal at Northern Montana Early Head Start is to provide a safe and nurturing environment for infants and toddlers in order for them to learn how to take care of themselves, be sensitive to other people, and become aware of the world around them. In order to accomplish this goal, the primary function of staff is to encourage, facilitate, and model learning by:

- Getting to know each child's personality, and responding to their individual needs.
- Planning room arrangements that minimize frustration, congestion, and confusion for infants, toddlers, and their families.
- Preparing and arranging interesting toys and activities that relate to all areas of an infant and toddler's development—social, emotional, intellectual, and physical.
- Establishing routines that allow uninterrupted blocks of time for spontaneous, self-directed play in a carefully planned environment
- Providing supervision for each child's learning needs and balancing their needs for independent exploration and caregiver support.
- Providing for and planning transitions between activities.
- Observing, guiding and reacting quickly to solve problems in a comforting and supportive way.
- Observing and making changes accordingly in the environment if there is an increase in stress or negative behaviors.
- Providing clear feedback on behaviors so that infants, toddlers, and young children learn the consequences of their actions.
- Responding to a child's success with words like "You must feel good about finally getting that shoe off," thus acknowledging the child's own inner delight.
- Setting a good example for infants, toddlers, and young children (not sitting on tables, not interrupting play, not talking loudly, using appropriate words)
- Reinforcing positive social interaction.
- Being sensitive to infants' and toddlers' feelings and reactions (avoids abrupt interruptions, warns infant before picking up).

- Reacting consistently to infant and toddler behaviors by using age-appropriate methods of guidance (remove child from negative activity, redirect attention, help toddler avoid conflict over toy, stay close to toddler who bites).
- Using rules that are simple and age-appropriate.
- Having age appropriate expectations (care giver is patient with crying infant and negative behavior of toddler).
- Providing both active and quiet play, varying to meet the needs of the infants and toddlers in care.
- Waiting patiently for the child to complete what he or she is saying or doing without rushing the child or trying to finish the child's statement.
- Never using corporal punishment (hitting, spanking, other physical force), isolation, physical or emotional humiliation, use of food as reward or punishment, or denial of basic needs as discipline or guidance.

BITING (& Aggressive Behavior) POLICY

1304.21 (a)(3)(i)(C); 1304.21 (a) 3(i)(D)

Biting (and other aggressive behaviors like hair pulling, hitting and scratching) is an upsetting behavior that can result from feelings of frustration, over-stimulation, anger, hunger, or pain related to teething. Children often use biting as a way to get their needs met because they do not have more appropriate methods of communicating what they want and because biting gets strong responses from others. Whatever the reason for biting, this behavior evokes strong emotions from all those involved, including the child who bites, the "victim," the parents of both children, and the caregiver.

Unfortunately, biting is a common behavior in group settings of young children and when it occurs at NMEHS, the educators will follow these procedures:

1. The child who was bitten will receive comfort and reassurance. The bite will be washed with cold water and an ice pack will be placed on the wound. If the skin has been broken, the NMEHS HWS will cleanse the wound and make a determination if the wound needs further medical attention.
2. The child who bit will be responded to in a calm, but serious manner that lets him/her know that biting is not the right thing to do. The educator will state briefly and clearly what happened and that the biting is not okay ("You bit her, and it hurt her. I do not want you to bite anyone"). The child may also need to be redirected.
3. The educator (or person who witnessed the bite) will fill out an NMEHS Incident Report form (for both children) that will be signed by the parent, the educator, HWS and NMEHS director. When the parents of both children involved in the biting incident come to pick up their children, he/she will be informed of the incident. Because of confidentiality reasons, parents of both children involved in the incident cannot be informed of the other child's name.
4. To prevent additional biting incidents, the child who bites will be observed to determine the reason for the bite and to problem solve ways to help the child overcome this negative behavior.

SICK CHILD POLICY AND PROCEDURE

CFR 45 1304.22(b)(1)

If your child becomes ill at home you may contact the Health and Wellness Specialist at NMEHS to determine a course of action together. If your child is sent home from NMEHS, the HWS will provide you with an absence waiver for the 24-hour period. NMEHS is not equipped to provide sick-child care.

The following guidelines will help you to make wise decisions about when your child should not attend NMEHS for health reasons. We ask that you watch your child everyday for early symptoms of illness such as tiredness, paleness, or unusual behavior changes. These symptoms may indicate that a communicable disease is incubating. Incubation is the most infectious time.

If the caregivers at NMEHS observe any of the following important symptoms of illness for children, you will be contacted. According to the Montana Department of Public Health, your child **MAY NOT** come to the Center if he/she has any of the following:

- **FEVERS:** 100 degrees or more (including one from teething). Children should be without fever for 24 hours after the last pain reliever (Tylenol, ibuprofen, acetaminophen) was given before returning to NMEHS.
- **DIARRHEA:** Any changes from the child's usual stool pattern: increased frequency, loose/watery, stool runs out of diaper, or child can't get to the bathroom in time. Child must be diarrhea-free for 24 hours after the last episode before returning to NMEHS. It is at the discretion of the HWS if certain infectious diarrhea is suspected and to ultimately decide on an action plan.
- **VOMITING:** Child has forcefully vomited two or more times in the past 24 hours. Child must be vomit-free for 24 hours after the last episode before returning to NMEHS, as stated above.
- **INFECTIOUS CONJUNCTIVITIS/PINK EYE:** Symptoms include: red eyes, red swollen eyelids, pus-like discharge resulting in crusty eyelids, or eyes stuck shut in the morning, he/she should be seen by a physician. Antibiotics must be administered for 24 hours before returning to NMEHS.
- **OTHER BACTERIAL INFECTIONS:** (Strep throat, Impetigo, Scarlet Fever, skin infections). Children must be treated with antibiotics for at least 24 hours before returning to NMEHS.
- **CHICKEN POX:** Child will not be permitted to attend NMEHS from the first signs of symptoms until all sores are scabbed over (approximately one week).
- **HEAD LICE:** Children will be examined for head lice and/or nits (lice eggs) at any time at the Center. If any are present, the child will be sent home and not be permitted to return until all of the nits are removed.
- **RASHES:** Children with rashes must be evaluated by a physician before returning to NMEHS.
- **JAUNDICED:** Children with yellowish skin or eyes will not be allowed to attend NMEHS until a cause is determined by a physician.
- **Persistent symptoms of the following should be examined by a physician:** Breathing Difficulty, Wheezing, Persistent Cough, Ear Pain, Eye Drainage, Seizures, Stiff Neck, Poor Food/Fluid Intake, Irritability (unusually fussy or cranky), Thick Green/Yellow Nasal Drainage

When you take your child to a physician, the doctor must fill out the Dr. Visit Report form, which will be given to the HWS. Your child will not be readmitted to the center without the Dr. Visit form. You will be given a supply of these forms upon enrollment to the center.

A physician's statement can be requested at any time from the HWS.

ORAL HYGIENE POLICY

45 CFR 1304.23(b)(3)

To promote healthy teeth and gums, infants, toddlers, parents, and staff will follow the guidelines and procedures while at Northern Montana Early Head Start:

GUIDELINES:

Infants (0-6 months):

- Gauze and/or washcloths or toothettes will be provided to clean the gums of infants without teeth after meals.
- A toothbrush will be provided by NMEHS when a child gets his/her first tooth.
- The toothbrush will be used after meals, without toothpaste.

Approximately 6 months – 1 year:

- For those children without teeth, gauze/wash cloths or toothettes will be available to clean their gums after meals.
- A toothbrush will be provided by NMEHS when a child gets his/her first tooth.
- The toothbrush will be used after meals, without toothpaste.

Toddlers (more than one year old):

- Teeth will be brushed after each meal.
- When the toddler is able to spit the toothpaste out without swallowing it (approximately two years of age), fluoridated toothpaste can be used.
- A "pea size" amount of fluoridated toothpaste is used.
- To prevent contamination of the toothpaste a paper towel will be used to distribute the toothpaste onto the brush.

PROCEDURES

1. Each person has his or her own toothbrush, labeled by name, so that toothbrushes are never shared.
2. After one finishes brushing his or her teeth, the toothbrush will be rinsed off and dried with a paper towel (using a new paper towel for each brush). Squeezing the excess water from the brush will hurry the drying process and help eliminate the chances of mildew growth.
3. Toothbrushes will be replaced when the bristles become bent, after illness, and at least every three months. Consistent and frequent replacement of toothbrushes, and each child having his/her own toothbrush will eliminate the need for disinfecting toothbrushes.
4. Toothbrushes will be stored upright with bristles up so they do not touch any other toothbrushes in a storage unit made specifically for this purpose. The toothbrush storage units will have a plastic guard on top to prevent contamination from other objects or while being moved from cabinet or countertop, but be open in front to allow for air circulation.

5. If one's toothbrush becomes contaminated, it will be discarded to control the spread of infection and illness.
6. Children will always be supervised while brushing their teeth and will never be allowed to walk/run around with a toothbrush in their mouth.

Staff and parents serve as role models by brushing their own teeth after meals and will teach children proper brushing techniques.

FEEDING POLICY

CFR 45 1304.23(a) through 1304.23(e)(2)

This center participates in the U.S. Department of Agriculture Child and Adult Care Food Program and is open to all eligible participants regardless of sex color, age, race, national origin or disability. If you believe you have been discriminated against in receiving food services because of sex, color, age, race, national origin or disability, write immediately to the Secretary of Agriculture, Washington, D.C., 202050, or the USDA-FCS Office of Civil Rights, 1244 Speer Blvd, Denver, CO 80204.

Feeding infants and toddlers at Northern Montana Early Head Start is a major part of our day. We are committed to providing nutritionally sound meals and snacks served in a relaxed atmosphere that encourages independence. Please keep in mind that your child's nutritional needs change rapidly during the first year of life; therefore it is important to communicate regularly with your child's Educator to ensure his or her needs are being met. The Northern Montana Early Head Start program works with the CACFP to provide nutritious meals for your child while enrolled at NMEHS (1304.23(b)(1)). The following guidelines have been developed in order for your child to have positive mealtime experiences.

Babies birth to four months:

- Infants are fed on demand (1304.23(b)(1)(vii)). They have a natural internal instinct that tells us when and how much they want to eat. We do not control their intake. The only exception is if a doctor has specified a schedule because of a medical concern. We can only serve infants 0-4 months breast milk or iron fortified formula. If you are instructed to put your infant on milk products, low iron formula, or cereal, we will need a note from your doctor.
- Infants are held and talked to while they are being fed. Bottles are never propped or given to infants in their beds (1304.23(e)(5)).
- Infants are burped after feedings before being laid down.
- Infants may begin eating cereal and other solid foods at four months only if the parent has introduced foods at home. Your doctor will let you know when the time is appropriate for your child to eat these foods.
- Introduction to one food at a time, one week apart will enable everyone to identify food allergies that your child may experience. If your child is allergic to a particular food, please inform your child's Educator so he or she may post a notice regarding your child's food allergy.

Babies four months to eight months are offered formula and baby foods appropriate to their age. As they begin baby cereals, fruits, and vegetables at home, discuss with your

child's educator what your child is eating at home to keep consistency between home and EHS.

Babies eight to 12 months of age are offered formula, baby cereals, fruits, and vegetables. Babies will be given table foods according to the posted menu. Breakfast, lunch, and a snack will be provided for your child.

Toddlers one year and older are provided breakfast, lunch, a snack, and dinner, if necessary. Whole milk will be provided at each meal unless your physician prescribes otherwise. Juice will occasionally be offered.

Please do not bring food or snacks to the center. According to food program regulations, we can only serve foods and snacks that have been pre-approved by CACFP staff (as presented to them by our NMEHS staff) to be nutritionally sound and fit into the weekly menu system.

Please do not offer your own child snacks that you have brought in front of the other children while dropping off or picking up your child. The other children will not be allowed to accept such snacks and this will cause stress to everyone present.

GENERAL FEEDING INFORMATION

1. All hands need to be washed before eating. This includes parents, children, volunteers, and staff. Hand washing is the best way to cut down the spread of germs (1304.22(e)(1)&(2)).
2. All formula will be provided while your child is at NMEHS. Be sure to plan for purchasing additional formula your child will need while not at NMEHS. Most families at NMEHS qualify for WIC. If you would like more information on the WIC program, please see the Family Development Specialist or the Health and Wellness Specialist (1304.40(c)(1)(i)).
3. All bottles of breast milk and formula are refrigerated until immediately before feeding, and any contents remaining after a feeding are discarded immediately (1304.23(e)(2)). The bottles will be rinsed out. Staff and parents work together to make sure all containers of breast milk, formula, or milk are labeled with the child's name, and used only for that child. Unused formula is discarded daily. Frozen breast milk is thawed in running, warm water, or in the refrigerator. If frozen solid, breast milk will keep for several months (two-door refrigerator / freezer). In a deep freeze (0 degrees F) it will keep for six months. Once frozen breast milk thaws, it is used within 24 hours and is never refrozen. If breast milk or formula is to be warmed, bottles are placed in a crock-pot. It is then shaken and tested on the preparer's wrist before feeding. Bottles of formula or breast milk are never warmed in the microwave. Microwaves heat unevenly and may cause severe burning. To avoid spoilage, avoid warming formula or breast milk at room temperature or in warm water for extended periods. Bottles of formula may not contain any other substance (such as cereal or other foods) whether they are prepared at home and brought to the center or are prepared by center staff. Exceptions may be granted only with a doctor's order on file at the center.

4. When children are developmentally ready to begin eating solid foods, we will respect and trust the children's ability to choose whether and how much they eat. We will not control amounts of food children eat unless there is a medical concern or a special need that has been addressed by a doctor or other specialist (1304.23(c)(6)).
5. The developmental readiness for feeding skills is taken into consideration for each individual child. It is important for us to introduce and allow each child to explore and develop self feeding skills (1304.23(b)(1)(iv)).
6. The children will be served nutritional meals at regular times throughout the day. Breakfast is at 8 a.m., lunch is at 11 a.m., and snack is at 2 p.m., with an extra morning snack and dinner, if necessary. There is flexibility built into the feeding schedule to be responsive to the individual needs of the child (1304.23(b)(1)(iii)).
7. Children will be served family style. Serving dishes will be placed on the table so that the children can experience and learn this style of eating. Educators, parents, and other staff will sit at the table and eat with the children, demonstrating mealtime skills and creating a relaxed social atmosphere. (1304.23(c)(4)).
8. Mobile infants and toddlers will be served a plate with all of the food choices. The children are encouraged, but never forced, to taste each food. Eating utensils and a small clear glass are introduced at every meal. Self-feeding is encouraged. The children may choose to self-feed with their fingers. This is okay. They become very skilled at self-feeding by practicing. Drinking from a small clear glass is encouraged. When children show an interest or are ready to practice drinking from a glass on their own, we will always encourage it. Children are capable of drinking from a glass and we want to encourage self-mastery. Spills are to be expected, as it is a part of learning to become independent.
9. Toddlers will be given the opportunity to serve themselves from the serving dishes and pour their own drink. They can participate in after meal cleanup by scraping their plates, wiping the table, and washing their own hands and face (1304.23(c)(7)).
10. We will trust the child's internal choice about what they want to eat and how much they eat. If a child has eaten all of his or her fruit and has not eaten his or her casserole, the child will be able to have more fruit if he or she chooses. Food is not used as punishment or reward (1304.23(c)(2)). Each child is allowed sufficient time to eat (1304.23(c)(3)).
11. Northern Montana Early Head Start will provide toothbrushes/gauze for all infants, children, parents, and staff. Infants will have their gums or new teeth wiped off with a clean wet washcloth or gauze; and children, parents, and staff will brush their teeth after every meal, as per the oral hygiene policy (1304.23(b)(3)).

HOME VISITS

1304.40 (i)(1)-(3)

Center-based Educators will be required to make two home visits a year. This provides the opportunity for the Educator and the Family to build a respectful relationship and to develop a broader understanding of each child. The center-based educator will contact you when it is time to schedule a visit.

SLEEP POLICY

CFR 45 1304.22(e)(7), 1304.53(b)(3)

Northern Montana Early Head Start recognizes the efforts of the SIDS Back to Sleep Campaign. Therefore, all children will be placed to sleep on their backs (exceptions will be made when documentation is received from the child's health care provider). Temperature in the child care rooms will be maintained so over heating of children is avoided. It has been shown that the incidence of Sudden Infant Death Syndrome (SIDS), the sudden and unexplained death of an infant under one year of age, are drastically reduced by following these guidelines.

Northern Montana Early Head Start requires that all cribs and cots be spaced at least three feet apart. For purposes of hygiene, all bed linen is assigned to children for their exclusive use and stored separately. Bedding is washed at least once per week.

All cribs will have a tight-fitting mattress that meets current safety standards. Cribs shall have no more than 2 3/8 inches of space between the vertical slats and have secure latching devices. No pillows, quilts, blankets, comforters, sheepskins, stuffed toys, and/or soft products will be in the crib. If children are swaddled or wrapped, thin receiving blankets will be used.

This policy is written in accordance with the State of Montana regulations for day care, Head Start Program Performance Standards, and other regulations.

TOILET LEARNING

CFR 45 1304.21(a)(1)(v); 1304.22(e)(1)(2)(3); 1304.53(a)(10)(viii)&(xv)

Northern Montana Early Head Start will allow and enable children to independently use toilet facilities when it is developmentally appropriate and when efforts to encourage toilet learning are supported by parents.

Experts from the pediatric and child development fields tell us that toilet training should begin "when the child is ready." Realizing this is a many-faceted process, NMEHS will work cooperatively to support the parent and child in this monumental task. Every child accomplishes this independent skill on his or her own schedule. The following list of questions needs to be answered to indicate if the child is "ready" for toilet learning:

1. ***Is the child at least eighteen months old?*** Children develop the muscles and bladder capacity to begin the potty training process between the ages of 18 and 24 months. It is useless and possibly harmful to expect any child to do something that she is physically unable to do.
2. ***Are the child's diapers dry for one to two hours at a time?*** Dry diapers indicate that the child's bladder is large enough and mature enough for toilet training to be successful.
3. ***Does the child know – and let you know when he is wet or has a bowel movement?*** The child will not be able to successfully learn to use the toilet if he is not even aware of being wet or having a bowel movement.
4. ***Does the child tell you or indicate that she/he is uncomfortable in wet or soiled diapers?*** IF the child feels quite comfortable with wet or soiled diapers, it will be hard to convince her to urinate and have bowel movement in the potty. A child who is

ready to begin the toilet training process will pull or tug at wet or soiled diapers or may indicate in another way that she is uncomfortable and want to be changed.

5. ***Is the child able to sit upright for short periods of time?*** If the child is not able to sit anywhere for five minutes, he won't be able to sit onto the potty long enough to urinate and have a bowel movement – especially at first.
6. ***Can the child undress enough to sit on the toilet?*** The child needs to be able to do as much of process independently as possible. The child needs to be able to pull down his/her own pants so that toileting can become a self-help skill. It will be very hard for the child to get to the toilet in time if he/she always has to wait for help with clothing from an adult.
7. ***Is the child able to get himself to the potty?*** For toileting to be a self-help skill, the child needs to be able to walk to and from the bathroom.
8. ***Does the child follow simple directions?*** The child will need to follow simple directions and cooperate with you during the toilet training process.
9. ***Does the child answer simple yes-and-no questions?*** The child should be able to communicate with you and the caregivers during the toilet training process to be able to answer when adults ask if he/she is wet, ready to use the toilet, and so on.
10. ***Does the child imitate others- parents, caregivers, or other children?*** IF the child imitates other (for example, pretending to drink coffee like you do), he/she will likely imitate others when it comes to toilet training, too.
11. ***Does the child trust the adults who care for him and feel comfortable with them?*** The child will have a difficult time learning this new skill if he/she doesn't trust the adults who are caring for him/her.

When a child is ready to begin the toilet learning process, it is important that parents and guardians to remember to:

- Relax – this takes time and patience.
- Let the child practice tasks of toileting routines.
- Follow child's lead
- Be willing to make some changes in your routines, some sacrifices, and some time adjustments in order for the toilet training process to be successful for your child.
- Understand that setbacks are common.
- Never shame or punish.
- Use genuine praise – whether or not task was completed.

To help with the toilet learning process, NMEHS has a private child-sized toilet in each classroom (we do not use potty chairs). In addition, NMEHS will use the following healthy and safety guidelines when helping a child learning to use the toilet:

- A Parent or an Educator will always be present to assist the child in learning to use the toilet.
- The child will be taught proper wiping – front to back.
- The adult can help with redressing if necessary.
- Flushing can be completed by child or adult.
- Hand washing policy will be followed by the child and the adult.

MEDICATION POLICY

1304.22(c) 45; CFR 1304.22(e)(1)(2)(3)

Children's medications will be handled by designated staff trained in accordance with performance standard 1304.22(c)(2). Designated staff must complete medication policy and procedure training before administration of medication.

Northern Montana Early Head Start requires all medications to be given at home whenever possible. However, under certain circumstances, it is necessary for medication to be administered to a child during the day. When a child requires medication to be administered at NMEHS, a parent will be encouraged to make arrangements to give the first dose at home to observe the child for any reactions to the medication. The parent will also be encouraged to come to NMEHS and give the medication during lunch, break, etc. If this is not possible, the following procedures must be complied with regarding the administration of medication.

- All medication, including over the counter medication, must be in its original container, have an expiration date, which will be checked by the educator administering it, and must be labeled with the child's first and last name and stored in a locked box provided by NMEHS. Expired medication will not be administered by NMEHS. If refrigeration is required, medication will be stored in a locked storage box in the refrigerator. Each child care room is equipped with two medication lock boxes.
- Only staff will have access to the lock boxes, which will be locked at all times. Medication must be handed directly to the educator or other staff responsible for medication administration.
- NMEHS staff may not accept or supervise the administration of medication unless a completed medication record form is on file.
- NMEHS will not administer over the counter medication without a documented recommendation by a health care provider. If a health care provider recommends an over the counter medication, parents are required to provide medication instructions for administration and storage.
- In cases when medication is needed for emergency treatment, it is administered by designated staff only if authorized by a local poison control center or doctor.
- Hands of the person administering medication (parents or staff) must be washed before and after medication administration, as per the hand washing policy.
- All medications are given only as instructed on the label or directions.

OUTDOOR POLICY

45 CFR 1304.21(a)(5)(i)

Spending time outside is an important part of our early childhood center's day. Children love and need time to play outside. In order for us to support the growth and development of each child, we incorporate outdoor play into their daily schedules.

1. Infants under three weeks old are not taken outside.
2. Infants three weeks old and older are strolled outside when weather is appropriate.
3. Infants approximately six months old go outside to the play area.

4. Toddlers go outside daily, even in the winter, weather permitting.

Please send your child with the appropriate clothing for outside play:

- Shoes, coats, hats, mittens, and boots are some examples of appropriate clothing.
- Let us know if you need assistance gathering outdoor clothes for your child.
- Please bring an extra set of clothing for your child.

If your child is too ill to go outside, he or she is too ill to be at the center. Please refer to the Sick Child policy.

Getting chilled does not give you a cold. Viruses, not weather, cause colds. Many studies have shown that people exposed to very cold temperatures, icy baths, and drafts do not catch colds unless they are exposed to viruses. Colds are more common in winter months because people spend more time indoors and are exposed to more germs.

AUTHORIZATION FOR PICKUP PROCEDURE

Northern Montana Early Head Start requires written authorization by the child's parent or legal guardian of the names, addresses and telephone numbers of individuals whom the parent or the legal guardian have approved to pick up the child for them. Authorization for release of information/emergency contact is not the same as authorization for release of child. Please list individuals who authorized to pick up the child on the yellow DPHHS-QAD form located in the child's health folder. NMEHS staff will verify the driver's license or picture ID of persons who are not familiar to staff, but are listed on the authorization form and make a copy for the child's file.

A child will not be released without a car seat. Car seats may be checked out from NMEHS for overnight purposes.

CAR SEAT POLICY AND PROCEDURE

Northern Montana Early Head Start has a limited number of convertible and infant car seats available for loan to families in our program.

A Car Seat Checkout form is located at the front desk. To check out a car seat, the following steps must be taken:

- A certified Child Safety Seat Technician must issue the car seat, checking to see if the car seat number or letter has been documented on the checkout form. Staff initials are required for checkout.
- A certified Child Safety Seat Technician must check the harness system to make sure it is appropriate for the child who will be riding in it.
- A certified Child Safety Seat Technician must assist the family with installation of the car seat to ensure it is properly installed.
- The car seat may be checked out for 48 hours.
- The car seat must be checked in by the same staff member who checked it out whenever possible.

- A certified Child Safety Seat Technician will document the date the car seat was returned on the Car Seat Checkout form.
- The car seat will be cleaned as per the car seat cleaning procedure.

Car seats that have been involved in an accident will be destroyed.

TRANSPORTATION POLICY

45 CFR 1304.22(d)(1)(2)

- The Northern Montana Early Head Start program vehicle may only be driven by NMEHS employees who have provided verification of valid driver's license, vehicle liability insurance, and a proper driving record.
- Staff will transport parents and children only after all other transportation options have been exhausted. Documentation is necessary in the vehicle checkout log at the front desk.
- Staff will not transport a child alone. The child's parent or another staff member must be present. Parents are encouraged to be present when NMEHS transports children.
- Staff transport families in the NMEHS vehicle, never their own vehicles.
- When using the vehicle, seat belts must be worn by all passengers and the driver.
- Children will be properly restrained in car seats.
- Parents are encouraged to install their child's car seat in the NMEHS vehicle. The positioning of the car seat and the harness system on the car seat will be checked by a staff member trained in car seat installation.
- A first aid kit and universal precautions kit are located in the glove box. This first aid kit and universal precautions kit will be inventoried on a monthly basis. These kits must be returned to the glove box.
- Booster cables, emergency equipment, and a spare tire should remain in the vehicle at all times.
- Vehicle maintenance will be provided by Tilleman Motors according to owner's manual. The Administrative Assistant will be responsible for scheduling maintenance.
- No pets are allowed in the NMEHS vehicle.
- No smoking is allowed in the NMEHS vehicle.
- Beginning and ending mileage on the NMEHS vehicle will be recorded by the driver for each use.
- Document the purpose of the vehicle usage on the vehicle usage log.
- Avoid documenting family names in the vehicle log due to confidentiality considerations.
- Staff will not be reimbursed for mileage in their own vehicle without prior approval by the NMEHS program director.
- Check the gas gauge before and after each use of the vehicle. If gas is needed, use an HRDC purchase order to fill the tank. A receipt is to be returned into the HRDC fiscal office immediately after filling.

- If a traffic violation is incurred by the driver of the vehicle, the driver is responsible for all expenses, and the incident must be reported to the program director immediately.
- SAFETY OF STAFF AND FAMILIES IS OUR NUMBER ONE CONCERN. Therefore, use precautions and common sense safety practices including but not limited to knowledge of the area, personal safety, valuables locked, locking doors.

IN-KIND

Your involvement in Northern Montana Early Head Start is very important. Our federal guidelines tell us that we need to match 20% of the non-federal share of our grant with donated time and services. This donated time or service is called In-Kind time.

There are many ways to achieve this including, volunteering in the classroom (reading a book during lunch hour, or spending any spare time with your child within the center), volunteering to make cookies for a Early Head Start social event, attending family night, parent committee meetings and serving on policy council. We understand that your time is very important, but we recognize that your involvement helps to make our program a success.

In-Kind donations to Early Head Start include:

- ✓ Time spent attending/driving to EHS related meetings
- ✓ Volunteer time donated to the program
- ✓ Material donations to the program that would have been included in regular program expenses
- ✓ Parent/guardian time spent at the center, at group meetings and during home visits
- ✓ Parent and community volunteer time spent at EHS activities (work shops, socializations, committee meetings)
- ✓ Parent time spent taking their child to medical or dental appointments
- ✓ Parent time spent working on family and educational goals
- ✓ Parent time dropping off and picking up their child from NMEHS

POLICY COUNCIL

The Northern Montana Head Start/Early Head Start Policy Council meets monthly September through May and approves plans, goals, and policies governing the operation of the Head Start Preschool program and the Early Head Start Prenatal/Infant/Toddler program.

Items reviewed by Policy Council include enrollment criteria, enrollment selection, hiring and firing decisions, federal grant applications, and major budget changes. Policy Council conducts an annual self-evaluation.

Policy Council is comprised of a parent representative from each classroom or equivalent (eight home based, eight child care partnership), parent alternates, and community representatives.

Community and parent Policy Council representatives are elected by parents. No representative can serve more than three years. Head Start/Early Head Start program directors and other staff members also attend meetings but have no vote.

Policy Council has five standing committees comprised of council representatives. These committees are Assessment Committee, Bylaws Committee, Executive Committee, Finance Committee, and Personnel Committee.

As a general rule, Policy Council members serve on two standing committees and one of the sub-committees.

PARENT COMMITTEES

Parent Committee meetings include all prenatal mothers, their partners, and parents and guardians of enrolled children (center-based, home-based and child care provider options).

These families gather monthly for a business meeting, educational workshop, and to have fun. Each Parent Committee meeting group elects its own leadership and representatives to the Policy Council.

The Parent Committee has a variety of sub-committees in which parents and community members may participate.

Early Childhood Development (Education) / Disability Committee

- ✓ Comprised of parents/guardians, staff, and community members
- ✓ Annually reviews and updates Early Childhood Development Work Plan, and the Transition Work Plan. Curriculum and best practices in Early Childhood Development are discussed
- ✓ Plans formal training and workshop opportunities for parents within the Early Childhood Development area
- ✓ The Child Development Specialist is the liaison for this sub-committee

Family and Community Partnerships

- ✓ Comprised of parents/guardians, staff, and community members
- ✓ Responsible for reviewing and approving the Family and Community Partnerships and Recruitment Work Plan
- ✓ Meets approximately 3 – 4 times per year
- ✓ Discusses community partnership agreements, resources, absenteeism, referral forms, and recruitment
- ✓ The Family Services Specialist is the liaison for this sub-committee

Program Design and Management Committee

- ✓ Comprised of parents/guardians, staff, and community members
- ✓ Responsible for reviewing and approving the Program Design and Management Work Plan
- ✓ Meets approximately 3 –4 times per year
- ✓ The Program Director is the liaison for this sub-committee

Health Advisory Committee

- ✓ Comprised of members of the local medical community and an Early Head Start Parent/Guardian
- ✓ Meets two times per year
- ✓ Approves the Health Work Plans and discusses specific issues involving health – especially those of local concern
- ✓ Discusses nutrition, tuberculosis testing for adults, physicals, dental assessments, parent health education, mental health and other issues
- ✓ The Health and Wellness Specialist is the liaison for this sub-committee

Fund Raising Committee

- ✓ Comprised of parents who wish to participate in fund raising activities to pay for additional items or activities that are not funded by the Early Head Start program.
- ✓ The Family Services Specialist is the liaison

Other Parent Interest Groups

- ✓ Fatherhood Involvement groups
- ✓ A parent support group is being planned