

2020 - 2021

EARLY HEAD START FAMILY HANDBOOK



Early Head Start &
Children's Learning Programs

A Division of Community Link, Inc.



THE MISSION OF COMMUNITY LINK IS
TO CHALLENGE, TEACH, AND INSPIRE
BOTH PARTICIPANTS AND COMMUNITY,
LINKING THEM IN WAYS THAT
ENHANCE THEIR LIVES.

1ST STEP EMPLOYEE INFORMATION

My Family Educators Name:

Phone Number _____

Program Director: Shelise Zurliene Phone Number 526-3967

Names and Phone Numbers of all Staff:

1st Step's Administrative/Health Assistant: Robin Klocke 526-3960

Tabitha Isaak	618-526-3969 / 618-304-1207	Early Head Start Disabilities Service Coordinator
Laurie Hemker	618-526-3916	Social-Emotional Specialist
Deb Guest	618-526-3970 / 618-314-5242	Family Educator
Josh Reuss	618-526-3968 / 618-314-2273	Family Educator
Kate Frey	618-526-3964 / 618-975-2661	Family Educator
Amy Renfro	618-526-3961 / 618-304-6550	Family Educator
Deb Beckmann	618-526-3972 / 618-314-2347	Family Educator/ Disabilities Service Coordinator

Geralyn Fehrmann	Registered Nurse
Megan Stoner	Registered Dietician

Our office hours are as follows:

Monday—8:00 to 4:15
Tuesday—8:00 to 4:15
Wednesday—8:00 to 4:15
Thursday—8:00 to 4:15
Friday—8:00 to 3:00



Early Head Start & Children's Learning Programs

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Welcome

We appreciate the fact that you have allowed us to come into your home and to become a part of your family's resource network.

This Handbook is designed to inform you about how services will be coordinated and delivered, and the purpose behind the 1st Step Early Head Start & Children's Learning Programs.

In order for 1st Step Early Head Start & Children's Learning Programs to work, there must be communication between the Family Educator and the parent/guardian. We know that you are the best teacher your child will ever have. 1st Step Early Head Start & Children's Learning Programs is here to assist you with answering questions, addressing concerns and getting the support you need to meet your family's specific needs.

If you have any particular questions concerning your participation in our program or any family needs, please refer to this handbook and always feel free to contact your Family Educator or other program staff. We believe that a strong partnership between the program and parents/guardians is the key to success.



Early Head Start & Children's Learning Programs

A Division of Community Link, Inc.

Mailing Address:

PO Box 157
1665 North 4th Street
Breese, IL 62230

Location Address:

955 North Plum Street
Breese, IL 62230

Phone: 618-526-8830
Fax: 618-526-8831

Dear 1st Step Families:

We wish to welcome you and your family to our programs. It is our desire to make your family's transition into our programs a pleasant and rewarding experience.

In order to have a successful program, families and staff must share their talents, knowledge, time and energy so that you and your children can receive the greatest benefits.

Parents who participate in the program show their children that they think learning and sharing are important. We urge you to participate as much as possible.

If you have any particular needs concerning your child's participation in our program or any family needs, please refer to this handbook and always feel free to contact us.

While it is important to build rapport and create lasting relationships, it is also important to maintain professional boundaries when working with families. With this being said, 1st Step staff is not recommended to attend an enrolled family's private event (birthday parties, celebrations, etc), accept Friend requests by an enrolled family on facebook, purchase items from an enrolled family (business, fundraiser, etc) that could be seen as a conflict of interest, etc.

The 1st Step Early Head Start & Children's Learning Programs

Philosophy of Community Link's

1st Step Early Head Start & Children's Learning Programs

Community Link 1st Step Early Head Start & Children's Learning Programs believes that parents/guardians are the primary decision-makers in all aspects of their children's lives. Parents/Guardians possess the capabilities and competencies to explore options and make informed decisions regarding what they feel best meet their needs.

Based on this belief and the recognition of individual family values, diversities and priorities, we are committed to forming partnerships with families in accessing the resources, services, support systems, and information they have identified.

We also believe that services, based on each family's values, diversities and priorities, should be easily accessible, community-based and provided in the child's natural environment by professionals who have knowledge and expertise with young children and families.

In keeping with these beliefs, 1st Step Early Head Start & Children's Learning Programs strives to provide an array of services and to work collaboratively with families and other agencies so that services can be individualized to meet the particular needs of each family.

1st Step Home Visits and Playgroups

Playgroup (for enrolled and waitlisted families only)

- Playgroups are provided 22 times a year.
- Groups last 2 hours.
- Ask Family Educator if siblings can attend.
- Parent/Guardian must attend with the enrolled child.
- 1st Step will pay admission fees for enrolled children and parents/guardians when this is necessary.
- For Early Head Start enrolled families only:
 - Transportation is provided on an as needed basis. Three working day's notice before playgroups is required. If not given three days' notice, no additional transportation or gas cards can be added.
 - Let Family Educator know the number of car seats and number of people in family needing transportation.
 - Transportation only includes parent/guardian, enrolled Early Head Start child and siblings.
 - No food or drinks in vehicles.
 - When the program provides transportation for a family to playgroups, the program must transport the same family back to original address where they were picked up. The family cannot be transported back home by a personal contact.

Playgroup Activities

1. **Snacks**—Parents/Guardians, children and staff typically eat together at playgroups. Your child may ask to eat snack earlier if they are hungry before we eat as a group.
2. **Free play**—Children are able to choose from a variety of activities such as blocks, trucks, dramatic play, art, reading, science, math, puzzles, etc.
3. **Gross motor play**—Children are given the opportunity to exercise their large muscles through activities such as push cars, climbers, playground balls, and songs with movements. ~~Children can go~~ Outside play occurs when weather permits. The child should be dressed appropriately for outdoor activities.
4. **Small group**—Learning centers are arranged for the purpose of working on activities such as language, numbers, colors, shapes, stories, fine motor skills, etc.
5. **Large group**—Children and adults get together for a large group experience that includes such activities as singing songs, exercising to music, and finger plays.

Parent/Guardian Meetings/Parent/Guardian Advocacy

- Parent/Guardian meetings will be offered.
- Snacks and drink are provided at all events.
- Trainings are provided based on parent/guardian surveys.
- Parent/Guardian Advocacy classes are offered throughout the year.

Early Head Start and Prevention Attendance: Home Visits & Playgroups

1. Home visits must be made weekly. If you miss **2 consecutive visits** without contacting your Family Educator, they **will** send you a letter to find out why the home visits are not taking place and to see if there is anything wrong.

2. Home visit attendance is recorded each week. All missed visits are expected to be made up.
3. If you must cancel your home visit, please notify your Family Educator by phone or text message. A family **may be dropped** after several missed visits.
4. Just as we expect you to be at home for scheduled visits, as parents/guardians, you have the right to expect the Family Educator to be at your home on time. If the Family Educator is fifteen minutes late, then you can assume that something has happened to change the schedule. If at all possible, someone will contact you if the Family Educator knows she/he is not going to make it to your home for the visit. You can also call the office to check if the Family Educator is running late or if something is wrong. This is in the best interest of the Family Educator because it will let the office know to find out if something happened to the Family Educator.
5. Playgroup attendance is encouraged, but you will not be dropped from the program because you cannot attend. For some working parents/guardians it takes a special effort to attend playgroups, and we understand and try to work with families to help them attend as many groups as possible.

Early Head Start

	Ages	Hours	To Be Eligible	Weekly Home Visits
Children	Birth to 3 years of age	Vary according to family needs, generally 8:00 am. to 4:15 pm. Monday - Thursday and 8:00 am. to 3:00 pm. on Friday.	Parents/Guardians must be willing to meet for 90 minutes once a week for enrolled children and must meet enrollment income guidelines.	<ul style="list-style-type: none"> - 90 minutes a week - If 2 kids or pregnant mom & 1 or more kids, weekly visits are up to 2 hours. - Parent or legal guardian must be present (no babysitters, grandparents, aunts/uncles). - Our goal is to help the parent/guardian become the child's BEST teacher. - Parents-As-Teachers curriculum - Family Partnership Agreement will be developed.
Pregnant Women	Any age if pregnant	Vary according to family needs, generally 8:00 am. to 4:15 pm. Monday - Thursday and 8:00 am. to 3:00 pm. on Friday.	Pregnant moms must be willing to meet regularly to assess needs, discuss medical actions, to prepare for the arrival of the baby, etc.	<ul style="list-style-type: none"> - Offer weekly 90 minute home visits. - If pregnant & 1 or more children, weekly visits are up to 2 hours. - Information on how your baby is growing, how the baby's health is connected to you, and how to locate resources in preparing for the baby's birth. - Family Partnership Agreement will be developed.



Early Head Start & Children's Learning Programs

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Home Base Option for Children & Prenatal Services

Parent/Guardian Participation Agreement

1st Step Early Head Start (EHS) home based program relies on the family and EHS staff to work together in order for growth to be achieved.

EHS staff will work with you and your child to plan weekly one and a half (1.5) hour home visits for single children and up to two (2) hours for families with more than one child or child & prenatal enrolled. EHS will provide at least 22 socializations per year and will provide transportation to these events, if needed. If an EHS staff member is sick or unavailable and must cancel your scheduled home visit, an effort will be made to contact you by phone.

The EHS Program will offer at least 46 home visits per year and 22 socializations. If a home visit is cancelled, staff will attempt to offer and complete a make-up within the next seven (7) days. EHS staff will advocate and provide assistance to help develop and meet family goals. EHS staff will do developmental, behavioral, and sensory screenings within 45 days of enrollment. EHS will encourage all parents/guardians to participate in Parent Committee and the Policy Council meetings, where parents/guardians have a voice and are able to help make decisions and policies regarding the EHS program.

As the parent or guardian: I understand that my child(ren) will be enrolled in the home base option and I will be home and participate fully in weekly home visits. I understand that all EHS staff is mandated to report any suspected child abuse and/or neglect to DCFS (Department of Children and Family Services).

I will provide records and/or give consent for records that document that my child(ren) will complete immunizations, lead screening, TB test, a hemoglobin or hematocrit test, a dental exam (for children over 2 years old) and all recommended well-baby checks. All prenatal clients will complete medical exam and a dental exam, completed as early in the term as possible.

I will not come or bring my child to socializations if any family member planning to attend is sick or running a fever or has other contagious conditions, such as lice, pink eye, diarrhea or vomiting; and I will let EHS staff know prior to a home visit, if at all possible, if any member of my family has had something contagious (in last 24 hours). I will let EHS staff know when I need to cancel the visit and reschedule for later.

We will work together to plan the activities for each home visit and I will expect EHS staff to share skills that I may use with my child during the home visit, and continue to use during the week to help my child develop and learn socially, emotionally, physically, and intellectually.

Community Link, Inc
1st Step Participation Agreement

We believe you are the primary educator of your child and want to support you in this critical role.

Our staff is committed to assisting families to meet the developmental needs of their children, including educational, health, dental, nutrition, emotional, and special needs. We believe strong parental involvement is necessary for each child's development and success in life. We will enroll families who demonstrate belief in and commitment to our program's philosophy and methods.

Together we will . . .

look at how your child is developing and learning.

discuss and plan activities you and your child will do together during the week which will help you enjoy one another during daily activities and teachable moments.

look at your child's health and dental needs to ensure he/she meets all of the Head Start health requirements within 45 days of enrollment, as well as maintain a schedule of well child checks to insure wellness.

explore information from other community services which may benefit your family.

create family goals within Family Partnership Agreement to provide direction for our home visits.

offer many free family socializations which will provide opportunities for you to meet other families with young children.

I will . . .

participate according to the program guidelines. This will include a weekly 90 minute home visit and monthly socializations.

contact my home visitor right away if I realize that I am unable to make a scheduled meeting or if a member of my family is ill.

understand that I am my child's most important teacher, not the home visitor. Therefore, I agree to actively participate in each visit, sitting on the floor (if able). I will focus on my child, so I will turn the TV off, not actively engaging with my phone, or do housework during the visit.

be sensitive to my home visitor's possible allergies, etc. I will remove overly-friendly pets from the area where we are having our visit.

attend as many of the socializations as possible. I understand that these are designed for my whole family.

not take pictures of anyone besides my own child at socializations.

respect my Family Educator by not photographing, videotaping or live streaming them without their consent.

inform the staff if I choose not to remain in the program. I understand there is a waiting list.



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Resource Directory

Each family in the program will receive instruction on how to access the Resource Directory. This Resource Directory is a listing of local agencies that might be of interest to 1st Step families. It includes services such as the Department of Human Services, food pantries, special needs services and other resources for families with young children.

Confidentiality

Files

The information contained in every file is CONFIDENTIAL and is not to be circulated outside the 1st Step Program without the prior written consent of the family.

1st Step Program will not allow access to information contained in files to be given to anyone outside of this agency without written consent of the parent or guardian of the enrolled person.

Persons authorized to see files are:

- The parent or guardian of a recipient who is UNDER 12 years of age. Please remember that this means EITHER parent/guardian, even if the parents/guardians are divorced and the non-custodial parent/guardian is making the request. The only exception is to this would be in cases where a court has terminated parental rights.
- 1st Step Staff/Contracted Providers
- 1st Step Self-Assessment teams
- All Peer Review Team (for documentation of services only)
- If the client is a DCFS ward, then DCFS must sign the consent to release information.

1st Step must advise parents/guardians of their rights concerning these files and information. Parents/Guardians have the right to read, review, and request a revision of information in their child's file. 1st Step must respond to a parental written request for access to their child's file within 30 days. If the court subpoenas files, 1st Step must comply and send the requested files.

Notice of Abuse/Neglect and Exploitation Protection

- 1) At least annually, Community Link shall provide to individuals and/or their legal representatives written information about protections against abuse, neglect, and exploitation.
 - a) The Department of Children and Family Services defines child abuse as the mistreatment of a child under the age of 18 by a parent, caretaker, someone living in their home or someone who works with or around children. The mistreatment must cause injury or put the child at risk of physical injury. Child abuse can be physical (such as burns or broken bones), sexual (such as fondling or incest), or emotional. Neglect happens when a parent or responsible caretaker fails to provide adequate supervision, food, clothing, shelter or other basics for a child.
 - b) The Department of Human Services Office of the Inspector General defines mental abuse, physical abuse, sexual abuse, neglect and financial exploitation, of a person over the age of 18 who is receiving mental health service or developmental disabilities services, as follows:
 - c) Mental abuse: The use of demeaning, intimidating or threatening words, signs, gestures or other actions by an employee about an individual and in the presence of an individual or individuals that results in emotional distress or maladaptive behavior, or could have resulted in emotional distress or maladaptive behavior, for any individual present.
 - d) Physical abuse: non-accidental and inappropriate contact with an individual that causes bodily harm.
 - e) Sexual abuse: Any sexual behavior, sexual contact or intimate physical contact between an employee and an individual, including an employee's coercion or encouragement of an individual to engage in sexual activity that results in sexual contact, intimate physical contact, sexual behavior or intimate physical behavior.
 - f) Neglect: An employee's, agency's or facility's failure to provide adequate medical care, personal care or maintenance, and that, as a consequence, causes an individual pain, injury or emotional distress, results in either an individual's maladaptive behavior or the deterioration of an individual's physical condition or mental condition, or places an individual's health or safety at substantial risk of possible injury, harm or death.
 - g) Financial exploitation: Taking unjust advantage of an individual's assets, property or financial resources through deception, intimidation or conversion for the employee's, facilities or agency's own advantage or benefit.
- 2) Information shall include the process for reporting allegations to the appropriate investigatory authority, depending on the age of the individual served
 - a) Employees of Community Link are mandated reporters to the Office of Inspector General (OIG) and Department of Children and Family Services (DCFS) regarding any suspected incidents of abuse, neglect or financial exploitation.
 - b) For adults over 18 the OIG hotline is (800) 368-1463
 - c) For children under 18 the DCFS hotline is (800) 25- ABUSE (252-2873)
 - d) If any other person, individual, family member, guardian or advocate who witnesses, is told of or suspects an incident of alleged abuse, neglect, financial exploitation or a death of an individual may have occurred, may report the incident to OIG by telephoning the OIG hotline, or in writing by fax or other electronic reporting system offered by OIG to the OIG Intake or mail at:

Office of Inspector General
901 Southwind Road
Springfield, Illinois 62703

If Your Family Moves

Your family may move and still be in the 1st Step Program, if you still live in our service area. Please provide your new address and directions to the 1st Step staff to confirm your service area, as we only serve Clinton and Washington counties. If you move out of the 1st Step Program's service area, we can try to refer you to another agency if one is available or to other programs.

Smoking

The Law

Effective January 1, 2008 the Illinois Clean Indoor Air Act has ban smoking in public places.

Smoke Free Environment in 1st Step Programs

Program instruction ACFY-Ph-Hi-95-04, effective May 1995, requires Early Head Start to create a smoke free environment for children and adults, and to eliminate exposure of children, staff and other adults to tobacco smoke.

Smoking and/or vaping is never allowed in space used by the 1st Step Program. This includes churches, classrooms, staff offices, kitchens, rest rooms, outdoor play areas, and all vehicles.

Parents/Guardians and staff are role models for the children and should not smoke and/or vape in front of them. Therefore, smoking and/or vaping is not allowed in front of the children during playgroup activities which include playgroups, field trips or other outdoor group activities.

In addition, please consider the health of your child and others involved during home visit time.
Please try to refrain from smoking while any 1st Step Staff is in your home.

Alcohol and Substance Use

Alcohol and substance use is never allowed in space used by the 1st Step Program. This includes churches, classrooms, staff offices, kitchens, conference rooms, rest rooms, outdoor play areas and all vehicles.

The local authorities or 911 will be contacted if anyone is suspected to be under the influence of alcohol or any other substance while attending 1st Step socializations.



Early Head Start & Children's Learning Programs

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POLICIES AND PROCEDURES

Protections for the Privacy of Child Records

Performance Objective: The program establishes and implements procedures to protect the confidentiality of any personally identifiable information (PII) in child records.

Operational Procedure:

Program Procedures – Applicable Confidentiality Provisions

If the program serves a child who is referred to, or found eligible for services under, IDEA, then a program must comply with the applicable confidentiality provisions in Part C of IDEA to protect the PII in records of those children.

Disclosures With and Without Parental Consent

Performance Objective: The program protects personally identifiable information (PII) in child records.

Operational Procedure:

Disclosures With Parental Consent

1. Subject to the exceptions in 1303.22 b and 1303.22 c, the procedures to protect PII require the program to obtain a parent's written consent before the program may disclose such PII from child records.
2. The procedures to protect PII require the program to ensure the parent's written consent specifies what child records may be disclosed, explains why the records will be disclosed, and identifies the party or class of parties to whom the records may be disclosed.
 - a. The written consent must be signed and dated.
3. Signed and dated written consent may include a record and signature in electronic form that:
 - a. Identifies and authenticates a particular person as the source of the electronic consent; and,
 - b. Indicates such person's approval of the information.

4. The program explains to the parent that the granting of consent is voluntary on the part of the parent and may be revoked at any time.
 - a. If a parent revokes consent, 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

1. The procedures to protect PII allow the program to disclose such PII from child records without parental consent if the program notifies the parent about the disclosure, provides the parent/guardian, upon the parent's/guardian's request, a copy of the PII from child records to be disclosed in advance, and gives the parent/guardian 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

1. The procedures to protect PII allow the program to disclose such PII from child records without parental consent to:
 - a. 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 Early 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;
 - b. 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;
 - c. 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;
 - d. 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;
 - e. Comply with a judicial order or lawfully issued subpoena, provided the program makes a reasonable effort to notify the parent/guardian about all such subpoenas and court orders in advance of the compliance therewith, unless:
 - i. A court has ordered that neither the subpoena, its contents, nor the information provided in response be disclosed;

- ii. 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.;
 - iii. A parent/guardian 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/guardian by the program is not required; or,
 - iv. the program initiates legal action against a parent/guardian or a parent/guardian initiates legal action against the program, then the 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.
- f. 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,
- g. 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.

Written Agreements

1. When the program establishes a written agreement with a third party, the procedures to protect such PII must require the program to annually review and, if necessary, update the agreement.
 - a. If the third party violates the agreement, then the program may:
 - i. Provide the third party an opportunity to self-correct; or,
 - ii. Prohibit the third party from access to records for a set period of time as established by the program's governing body and policy council.

Annual Notice

1. The procedures to protect PII require the program to annually notify parents/guardians of their rights in writing described in 1303.20 through 1303.24 and applicable definitions in part 1305, and include in that notice a description of the types of PII that may be disclosed, to whom the PII may be disclosed, and what may constitute a necessary reason for the disclosure without parental consent as described in 1303.22 c.

Limit on Disclosing PII

1. The program only discloses the information that is deemed necessary for the purpose of the disclosure.
-

Parental Rights

Performance Objective: Parents/Guardians have the right to inspect their child's records.

Operational Procedure:

Parental Rights

1. If the parent/guardian requests to inspect child records, the program makes the child records available within a reasonable time, but no more than 45 days after receipt of request.
2. When the program maintains child records that contain information on more than one child, the program ensures the parent/guardian only inspects information that pertains to the parent's/guardian's child.
3. The program does not destroy a child record with an outstanding request to inspect and review the record.

Amend Record

1. A parent/guardian has the right to ask the program to amend information in the child record that the parent/guardian believes is inaccurate, misleading, or violates the child's privacy.
2. The program considers the parent's/guardian's request and, if the request is denied, renders a written decision to the parent/guardian within a reasonable time that informs the parent/guardian of the right to a hearing.

Hearing

1. If the parent/guardian requests a hearing to challenge information in the child record, the program schedules a hearing within a reasonable time, notifies the parent/guardian, in advance, about the hearing, and ensures the person who conducts the hearing does not have a direct interest in its outcome.
2. The program ensures the hearing affords the parent/guardian a full and fair opportunity to present evidence relevant to the issues.
3. 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 either amends or removes the information and notifies the parent/guardian in writing.
4. 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 informs the parent/guardian of the right to place a statement in the child records that either comments on the contested information or that states why the parent/guardian disagrees with the program's decision, or both.

Right to Copy of Record

1. The program provides a parent/guardian, free of charge, an initial copy of child records disclosed to third parties with parental consent and, upon parent/guardian 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/guardian has the right to review any written agreements with third parties involving their child or themselves.

Maintaining Records

Performance Objective: The program maintains child records in accordance with the regulations.

Operational Procedure:

Maintaining Records

1. The program maintains child records in a manner that ensures only parents/guardians, and officials within the program or acting on behalf of the program have access, and such records are destroyed within a reasonable timeframe (6 years) after such records are no longer needed or required to be maintained.
 2. The program maintains, 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/guardians) and why the disclosure was made.
 - a. When the program uses a web-based data system to maintain child records, the program ensures such child records are adequately protected and maintained according to current industry security standards.
 - i. At each new program year the previous year's information is archived and access is only granted to individuals with administration rights.
 3. If a parent/guardian places a statement in the child record, the program maintains the statement with the contested part of the child record for as long as the program maintains the record and, discloses the statement whenever it discloses the portion of the child record to which the statement relates.
-

Head Lice

Performance Objective: To ensure the health and wellbeing of Early Head Start staff and families being served.

Operational Procedure:

1. In the home where there is a suspected case of head lice, the Family Educator will assist the family in determining if the problem is lice and share information on treatment options and home cleaning. The home visit will continue with a focus on treating the lice problem. In the home that has a case of head lice (enrolled child, sibling, or adult) that is under treatment, the home visit will take place as scheduled as long as there are no live lice present.
 2. It is the parent/guardians responsibility to begin treatment in a timely manner.
 3. Participation in 1st Step events will cease until there are no live lice present.
-

Bed Bugs

Performance Objective: To ensure the health and wellbeing of Early Head Start staff and families being served.

Operational Procedure:

For an outbreak in the home

1. In the home where there is a bed bug outbreak, the Family Educator will share information on treatment options and home cleaning. The Family Educator will assist the family in determining options to get the home professionally treated. If the family is renting their home, have them notify the landlord of the infestation. In the home that has a case of bed bugs, the home visits will cease until the home has been professionally treated for bed bugs as that is the only reliable way to exterminate the bugs. The family will provide documentation that the home has been treated. In order to continue services with the family during the treatment process, visits may be conducted in a location deemed appropriate by the Coordinator and Director.
2. It is the parent/guardians responsibility to begin treatment in a timely manner. If the family does not begin treatment in a timely manner, the child's enrollment in Early Head Start services will be determined at the discretion of the Early Head Start Director, Coordinator, and Nurse.

3. Participation in any 1st Step event will cease until the home has been professionally treated for bed bugs as that is the only reliable way to exterminate the bugs. The family will provide documentation that the home has been treated.

For Family Educators

2. Home Visits
 - a. Personal items such as coats and purses should be kept in the vehicle.
 - b. Try to avoid sitting or placing items on beds, couches, or upholstered chairs.
 - c. Items taken into homes should be kept to a minimum.
 - i. Carrying containers should be smooth, cloth bags or plastic or metal containers with a tight-fitting lid.
 - ii. A sealable plastic container will be placed in the trunk/storage area of each vehicle.
 - iii. Bags taken into the home will be placed in the sealable plastic container after a home visit, where they will stay. Bags should not be brought back into the office or placed inside the vehicle. Individual items may be taken out of the bag and taken into the office after being inspected for bed bugs. Tablets/computers should be transported in a protective case and placed in the plastic container. They may be brought back into the building after being inspected for bed bugs.
 - iv. Staff members may not take personal items from their own home into families' homes. Staff members may not take items that were taken into the home to their own vehicle or home. This is cross contamination and increases the chances of spreading bed bugs.
3. If bed bugs are detected/reported while at a home visit:
 - a. Inspect clothing, shoes, and any items taken into the home.
 - b. Place items into the sealable plastic container.
 - c. Notify supervisor of suspected infestation.
 - d. Go directly to your house and undress in the garage or immediately inside the entrance door.
 - e. Place clothing and shoes into a sealed plastic bag.
 - f. Wash clothing and shoes in hot water and place directly into a dryer on the hottest setting for at least 30 minutes.
 - g. Shower and change clothing.
 - h. Vacuum the seat and floor of the vehicle.

Return to work and document the situation.

Infectious Diseases

Performance Objective: 1st Step is an inclusive program that works diligently to accommodate the needs of children who will benefit from participating in the program. However, in order to protect the health of the infants and toddlers, parents/guardians, and staff in 1st Step, there are certain conditions that will require short term exclusion. Children/pregnant moms will be readmitted as soon as appropriate criteria are met.

Operational Procedure:

1. 1st Step Staff will inform parents/guardians of Short-Term Exclusion policy & procedure when child or pregnant mom enters program and on as needed basis.
2. List of conditions that require short term exclusion will be included in 1st Step handbook.
3. Prior to the home visit or event, parents/guardians will notify 1st Step Staff via phone call or text when child or family member has one or more of the conditions listed below so home visit can be rescheduled.
4. If 1st Step Staff arrives at home for visit and learns that child or family member has one or more of the following conditions, then home visit will be ended.
5. Home Visits will be rescheduled when criteria listed below are met.
6. If child or family member has one or more of the following conditions, they will not be able to attend socializations or other 1st Step events.

List of conditions requiring short term exclusion:

- Illness that prevents the child from participating comfortably in program activities.
- Illness that results in a need for care that is greater than the staff can provide without compromising the health & safety of other children.
- Any of the following conditions suggesting possible severe illness: fever accompanied by behavior changes or other signs or symptoms of illness, lethargy, irritability, persistent crying, difficult breathing, or other manifestations of possible severe illness, such as a quickly spreading rash. **Fever is defined as an elevation of body temperature above normal. Oral temp greater than 101 and/or armpit temp greater than 100 degrees F are usually considered above normal for children. If infant 8 weeks or less develops a fever, 1st Step Staff will strongly suggest parent/guardian call health care provider immediately!**
- Diarrhea or stools that contain blood or mucus. Diarrhea is defined by more watery stools, decreased form of stool that is not associated with changes of diet, and increased frequency of passing stool, that is not contained by child's ability to use the toilet.
- Shiga toxin-producing Escherichia coli, including E coli, or Shigella infection, until diarrhea resolves and results of 2 stool cultures are negative for these organisms.

- Salmonella infection, until diarrhea resolves and 3 stool cultures test negative for Salmonella typhi; other types of Salmonella infection do not require negative stool culture results.
- Vomiting 2 or more times during the previous 24 hours, unless the vomiting is determined to be caused by a non-communicable condition and the child is not in danger of dehydration.
- Mouth sores associated with drooling, unless the child's physician or local health department authority states that the child is noninfectious.
- Rash with fever or behavioral change, until a physician has determined the illness is not a communicable disease.
- Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge, often with matted eyelids after sleep and eye pain or redness of the eyelids or skin surrounding the eye), until examined by a physician and approved for readmission.
- Tuberculosis, until the child's physician or local health department authority states that the child is noninfectious.
- Impetigo, until 24 hours after treatment has been initiated (started).
- Streptococcal pharyngitis (strep throat), until 24 hours after treatment has been initiated (started).
- Head lice (pediculosis), **Home visit will only be ended if active lice are seen-see P&P on lice for more info**
- Scabies, until after treatment has been given.
- Varicella(chickenpox), until all lesions have dried and crusted (usually 6 days after onset of rash).
- Persistent abdominal pain (continues for greater or equal to 2 hours) or intermittent abdominal pain associated with fever, dehydration, or other systemic signs or symptoms.
- Rubella, until 6 days after onset of rash.
- Pertussis, until 5 days of appropriate antimicrobial therapy have been completed.
- Mumps, until 9 days after onset of parotid gland swelling.
- Measles, until 4 days after onset of rash.
- Hepatitis A virus infection, until 1 week after onset of illness or jaundice (if symptoms are mild).

Illnesses or Conditions that do not necessitate exclusion but are to the discretion of the 1st Step Director:

- Nonpurulent conjunctivitis (defined as pink conjunctiva with a clear, watery eye discharge without fever, eye pain, or eyelid redness).
 - Rash without fever and without behavioral change.
 - Parvovirus B19 (Fifth Disease) infection once the rash has appeared.
 - Cytomegalovirus (CMV) infection- CMV is a common virus that infects most people at some time during their lives but rarely causes obvious illness.
 - Chronic Hepatitis B virus infection
-

Inclement Weather

Performance Objective: The Early Head Start program's guidelines for safe driving and cancellation of visits/events during inclement weather.

Operational Procedure:

1. Although weather remains unpredictable and individual tolerances for snowy/icy conditions exist, these are the guidelines for Early Head Start home visits and socializations:
 - a. It is difficult to assess the conditions of all roads in the Early Head Start two county service areas. In case of inclement weather and the local school system is closed, home visits will be at the discretion of the Family Educator. It should be noted that visits cancelled by the program or the Family Educator must be made-up according the Head Start Performance Standards.
 - b. In case of inclement weather and all schools in the two county service areas are closed, playgroup/socializations will be cancelled by the program and be rescheduled when weather permits. If only some schools in the two county service areas are closed, playgroup/socializations will be held at the discretion of the Director.
 - c. The Family Educator is responsible for contacting their families scheduled for a home visit or playgroup/socialization if a program decision is made to cancel or limit travel.
 - d. The Director has final determination of canceling or re-scheduling events during cases of inclement weather.
 - e. In the event that Community Link is closed or does not have buses running, does not necessarily mean 1st Step will be closed. If you have any questions, please call 618-526-8830.
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Impasse Procedures

Performance Objective: To facilitate meaningful consultation and collaboration about decisions of the governing body and the policy council, the agency's governing body and policy council jointly establish these written procedures for resolving internal disputes between the governing board and policy council in a timely manner that include impasse procedures.

Operational Procedure:

Internal disputes between the Board of Directors and the Policy Council

1. It is the policy of Community Link to resolve all disagreements between parties in its executive leadership that relate to Early Head Start fairly and expeditiously. Whenever possible, disagreements will be resolved through processes of informal discussion, compromise, consensus seeking and conciliation among the parties. If the parties agree that a mediated solution is necessary, professional mediation may also be employed. The following

procedures have been established for the purpose of resolving an impasse, should it ever occur, between the Board of Directors and the Policy Council:

- a. When conflicting actions or non-actions occur, the chairman of the Policy Council shall notify the President of the Board of Directors within five (5) working days that an impasse exists.
 - b. Upon notification of the impasse, the President of the Board of Directors shall request a meeting with the Chairman of the Policy Council and the Executive Directors to establish a communication process and clearly communicate any difference that may exist. These differences shall be clearly defined in writing. The intent of this meeting will be to communicate the differences and ideas of the respective bodies to each other with the hope of a compromise or amended action on behalf of the respective Board.
 - c. At the next regular meeting of both the Board of Directors and the Policy Council, the chairman of the Policy Council and the President of the Directors, together with the Executive Director, shall clearly set forth to the respective bodies the difference of opinion and a possible solution to the impasse.
 - d. If an impasse still exists by virtue of conflicting actions or non-actions between the Board of Directors and the Policy Council after the following steps have been complied with, the President of the Board of Directors shall immediately request a mediator to examine the wishes and the position of both bodies. A list of potential mediators shall be developed by the Executive Director.
 - e. All mediators shall be persons who are well-respected in the community and will consider the best interest of the community. Mediators should be respected community leaders with experience in resolving disputes and dealing fairly with issues. The mediator shall be paid a reasonable fee for his or her services.
 - f. The mediator shall attempt to resolve the impasse between the two bodies within ten (10) days of the notification of an impasse to the mediator.
 - g. The mediator shall formally notify the Board of Directors and the Policy Council of his or her recommendations to resolve the impasse.
 - h. If no resolution is reached with a mediator, the Board of Directors and Policy Council must select a mutually agreeable third party arbitrator whose decision is final.
2. When there is an impasse, the activity in question cannot be carried out until the impasse is resolved. The role of parents/guardians, Early Head Start staff, and other parties in the decisions-making process is not one of adversaries. Rather, all strive to work together as allies.

Medical, Dental and General Emergencies

Performance Objective: The program has an Allergy and Emergency Contact binder and Emergency Preparedness Procedure posted in a conspicuous area complete with emergency phone numbers.

Operational Procedure:

Medical, Dental and General Emergencies

1. The program maintains and trains staff on policies and procedures for emergencies that require rapid response on the part of staff or immediate medical and dental attention.
 - a. Plans of action for emergencies that require rapid response on the part of staff (e.g. a child choking) or immediate medical or dental attention are posted;
 - b. Emergency phone numbers are posted;
 - c. Up-to-date emergency contact information for each child/family is maintained and authorization for emergency care is readily available. It is maintained by the EHS Staff and also transported to each playgroup/socialization, so that it is immediately accessible in case of an emergency;
 - d. Emergency evacuation routes are posted and are practiced regularly;
 - i. At all playgroups, socializations, meetings, etc, staff will advise families of evacuation routes and exits.
 - e. Staff collects emergency contact information from each family at one of the first initial home visits. This information includes an emergency name and number, the name of the physician, and to whom to release the child in case of an emergency;
 - f. The program maintains procedures for handling cases of suspected or known child abuse and neglect that are in compliance with applicable Federal and State laws. Staff receives training annually.
 - i. If staff feel a child is in immediate danger of harm. 911 will be called immediately.
 - ii. In non-emergency situations, staff will report suspected child abuse or neglect to the Department of Children and Family Services (DCFS)
 2. Family Educators encourage and assist parents/guardians to develop an emergency plan.
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Standards of Conduct

Performance Objective: The program ensures all staff, consultants, contractors, and volunteers abide by the program's standards of conduct.

Operational Procedure:

Standards of Conduct

1. Staff, consultants, contractors, and volunteers implement positive strategies to support family's well-being and prevent and address challenging behavior.
2. Staff, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children. They do not:
 - a. Use corporal punishment;
 - b. Use isolation to discipline a child;
 - c. Bind or tie a child to restrict movement or tape a child's mouth;
 - d. Use or withhold food as a punishment or reward;
 - e. Use toilet learning/training methods that punish, demean, or humiliate a child;
 - f. Use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child;
 - g. Physically abuse a child;

- h. Use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or child's family; or,
 - i. Use physical activity or outdoor time as a punishment or reward;
- 3. Staff, consultants, contractors, and volunteers respect and promote the unique identity of each child and family and do not stereotype on any basis, including gender, race, ethnicity, culture, religion, disability, sexual orientation, or family composition.
- 4. Staff, consultants, contractors, and volunteers are required to comply with program confidentiality policies concerning personally identifiable information (PII) about children, families, and other staff members in accordance 1303.20-1303.24 and applicable federal, state, local, and tribal laws.
- 5. No child is left alone or unsupervised by staff, consultants, contractors, or volunteers while under program care.

Violation of Code of Conduct

- 1. For staff, violation of any or all portions listed herein will result in disciplinary action, up to and including termination.
- 2. For volunteers, violation of any or all portions listed herein will result in the immediate termination of voluntary service.
- 3. For contractors, violation of any or all portions listed herein will result in the immediate termination of all contractual agreements.



NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Effective Date: April 14, 2003

We respect an individual's confidentiality and only release Protected Health Information (PHI) about you in accordance with the Illinois and federal law. **PHI is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.** This notice describes our policies related to the use of the records of your care generated by this agency.

Privacy Contact: If you have any questions about this policy or your rights, contact the Human Resource Generalist at 618-526-8800.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

In order to effectively provide you care, there are times when we will need to share your PHI with others beyond our agency. This includes for:

Treatment: We may use or disclose PHI about you to provide, coordinate, or manage your care or any related services, including sharing information with others outside our agency that we are consulting with or referring you to.

Payment: Information will be used to obtain payment for the treatment and services provided. This will include contacting your health insurance company for prior approval of planned treatment or for billing purposes.

Healthcare Operations: We may use information about you to coordinate our business activities. This may include setting up your appointments, reviewing your care, training staff.

Information Disclosed Without Your Consent: Under Illinois and federal law, information about you may be disclosed without your consent in the following circumstances:

Emergencies: Sufficient information may be shared to address the immediate emergency you are facing.

Follow Up Appointments/Care: We will be contacting you to remind you of future appointments or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

As Required By Law: This would include situations where we have a subpoena, court order, or are mandated to provide public health information, such as communicable diseases or suspected abuse and neglect such as child abuse, elder abuse, or institutional abuse.

Coroners, Funeral Directors, and Organ Donation: We may disclose medical information to a coroner or medical examiner and funeral directors for the purposes of carrying out their duties. When organs are donated, sufficient information will be provided to the program as necessary to facilitate the organ or tissue donation.

Governmental Requirements: We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure. There also might be a need to share information with the Food and Drug Administration related to adverse events or product defects. We are also required to share information, if requested with the Department of Health and Human Services to determine our compliance with federal laws related to health care.

Criminal Activity or Danger to Others: If a crime is committed on our premises or against our personnel, we may share information with law enforcement to apprehend the criminal. We also have the right to involve law enforcement when we believe an immediate danger may occur to someone.

Fundraising: As a not for profit provider of health care services, we need assistance in raising money to carry out our mission. We may contact you to seek a donation.

INDIVIDUAL RIGHTS

You have the following rights under Illinois and Federal Law:

Copy of Record: You are entitled to inspect the PHI our agency has generated about you. We may charge you a reasonable fee for copying and mailing your record.

Release of Records: You may consent in writing to release your records to others, for any purpose you choose. This could include your attorney, employer, or others who you wish to have knowledge of your care. You may revoke this consent at any time, but only to the extent no action has been taken in reliance on your prior authorization.

Restriction on Record: You may ask us not to use or disclose part of the medical information. This request must be in writing. The agency is not required to agree to your request if we believe it is in your best interest to permit use and disclosure of the information. The request should be given to the Human Resource Generalist.

Contacting You: You may request that we send information to another address or by alternative means. We will honor such request as long as it is reasonable and we are assured it is correct. We have a right to verify that the payment information you are providing is correct. We also will be glad to provide you information by email if you request it. If you wish us to communicate by email, you are also entitled to a paper copy of this privacy notice.

Amending Record: If you believe that something in your record is incorrect or incomplete, you may request that we amend it. To do this, contact the Human Resource Generalist and ask for the *Request to Amend Health Information Form*. In certain cases, we may deny your request. If we deny your request for an amendment, you have a right to file a statement that you disagree with us. We will then file our response. Your statement and our response will be added to your record.

Accounting for Disclosures: You may request an accounting of any disclosures we have made related to your PHI, except for information we used for treatment, payment, and health care operation purposes. It also excludes information that we shared with you, your family, information that you gave us specific consent to release, or were required to release. To receive information regarding disclosure made for a specific time period; please submit your request in writing to the Human Resource Generalist. We will notify you of the cost involved in preparing this list. The requested time period may not be for a period longer than six years, but not prior to April 14, 2003.

Questions and Complaints: If you have any questions or wish a copy of this Policy or have any complaints, you may contact the Human Resource Generalist in writing or contact our office for further information at 1665 N. Fourth Street, Breese, IL 62230. You also may complain to the Secretary of Health and Human Services if you believe our agency has violated your privacy rights. We will not retaliate against you for filing a complaint.

Changes in Policy: The agency reserves the right to change its Privacy Policy based on the needs of the agency and changes in state and federal law.

Family Services

Early Head Start provides families with a variety of services, sometimes referred to as “Comprehensive Services”. The description of these services is outlined here and followed by contacts for more information.

Child Development—Early Head Start’s child development program is designed to meet each child’s individual needs. Parents/Guardians are involved in the planning and implementation of activities for their family and the program. Every child receives a variety of learning experiences to foster his/her intellectual, social, emotional and physical growth. Children participate in indoor and outdoor play, and are introduced to many educational concepts.

All Family Educators are trained in child development, early childhood education, and in working with children with disabilities. Developmental and behavioral screenings are completed within 45 days of enrollment.

Health—Early Head Start emphasizes the importance of early identification of health problems. We work with each family to develop a comprehensive health care program, including medical, dental, mental health, and nutritional services. Well checks and immunizations are also monitored and encouraged. Dental exams are strongly encouraged after the first birthday, and required for all children after their second birthday. Vision and hearing screenings and health assessments are completed within 45 days of enrollment.

Transitions—Early Head Start will provide you with resources to help you through transitional times. When your child turns 30 months of age, a transition plan will be developed with the Parent/Guardian, Family Educator, EHS Disabilities Service Coordinator. Early Head Start will send referrals and releases to Head Start, Early Childhood or Pre-K of those children not in EI. CFC will send referrals and releases for the children enrolled in EI.

Mental Health—Early Head Start recognizes the importance of providing mental health services to children to encourage their emotional and social development. A mental health specialist is available to provide resources and training to staff and parents/guardians.

Nutrition—Early Head Start emphasizes the importance of early identification of nutrition problems & the importance of nutrition education. A nutritious snack is served at all playgroups. Monthly handouts are sent out to each family for nutritional snacks, etc. Nutrition Screenings are completed in the first 45 days and every 6 months.

Parent/Guardian Involvement—Parents/Guardians are the most important influence on a child’s development. An essential part of Early Head Start is the involvement of parents/guardians in parent/guardian education, program planning, and activities. Many parents/guardians serve as members of Policy Council and as officers in EHS parent/guardian committees.

Family & Community Partnerships—Early Head Start serves as a link between the family, the program and the community. Every family is encouraged to develop a Family Partnership Agreement. We are here to help families to be more aware of community resources and how to use them. Our goal is to support families as they work to strengthen their family units and improve the quality of their lives.

Disability Services—Early Head Start reserves at least 10 percent of its total enrollment for children with disabilities. Some children receive both Early Head Start services and Early Intervention services, such as developmental therapy, speech, occupational therapy, physical therapy or social/emotional therapy in home based and family child care settings. EHS works closely with the Early Intervention staff to provide services to meet these needs and adapt our curriculum when necessary.

Early Head Start Health Requirements

For our Early Head Start Program to continue receiving money for operation, the government requires that the following health services be provided to all enrolled children. These are the **minimum** requirements every child in the Early Head Start Program must receive:

1. A Child Development/Health History and a Nutrition Assessment will be filled out on each child.
2. During well-baby checks and WIC visits children will be weighed on a regularly scheduled basis. Any children showing a low or high height/weight or any other growth or nutritional concern will receive additional service, which may include height/weight measurements and or referral to a dietician.
3. Vision and hearing screening will be conducted within 45 days of enrollment. Questionable or failed screenings will be referred for further evaluation, with parent/guardian consent. OAE testing will be conducted upon opening and annually and by parent/guardian request.
4. Hemoglobin (blood work to check for anemia) and lead tests will be strongly encouraged when age appropriate.
5. Immunizations need to be kept up to date to protect your children and others from communicable disease. We recommend following the EPSDT schedule for well child check-ups which is a complete physical exam at the following ages: 2 weeks, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 30 months and 36 months. We will assist you with transportation and making appointments if needed.
6. Follow-up care as indicated by medical records.
7. A dental examination for children over the age of 2 is required, however we strongly encourage first dental exam at age one.
8. Dental exams for pregnant women are also required, unless it is not recommended by their primary care physician. If it not recommended, we are required to receive a copy of the primary care physician's dental recommendations.

Please help us and you and your child by getting all the health services required as instructed by your physician or Family Educator.

Dental Care

The care of your child's first teeth is very important and has an effect on his/her permanent teeth coming in correctly. Baby teeth are needed for chewing and speech development. Gauze should be used to wipe off an infant's teeth after a feeding and at bedtime. Parents/Guardians should assist their children in brushing teeth at an early age. Teeth should be brushed well two times a day. Limit sticky and high sugar content food.

All children, two (2) years and older, are required to have a dental exam by a dentist. A copy of the dental exam form will be uploaded into ChildPlus. Parents/Guardians are encouraged to take their child to a dentist after the child's first tooth emerges and follow through with any recommended dental treatment.

Since a baby tooth is so small, it does not take long for a cavity to take over the entire tooth. This will become painful in time. It's a much more positive experience for the child to visit the dentist when feeling well than when in pain. An abscessed tooth puts infection into the body which will spread to other areas of the head and body. The decayed baby tooth can spread to the permanent tooth causing it to come in decayed.

A special form of tooth decay in children between 18 months and 3 years of age is baby bottle tooth decay. This happens when a child is given sugary liquids in a bottle and when a baby is laid down with a bottle, even with milk or formula in it. The results are brownish teeth which are easily broken off, sometimes even with the gum line. This can be painful and gives the child little substance to chew with. They also affect a child's appearance and self-esteem. **Never put a baby to bed with a bottle!**

Make the child's visit to the dentist a pleasant one. Avoid negative talk like, "Don't be afraid, the dentist is not going to hurt you" or "Don't be a baby". This is a new experience for your child. It's okay if he/she is a little afraid. Say things like, 'The dentist takes care of little boy's and girl's teeth'. Positive early dental experiences will lead to continued good dental care in his/her life. Dentistry has come a long way from those painful experiences you may have had as a child. Try not to pass on any feelings from a past negative experience you had. Remember, always keep your appointment or call in advance if you must cancel.

1st Step works with a mobile dentist to provide dental care to the community at least twice a year.

Health Transportation

Some parents/guardians will need help in arranging transportation for dental and medical needs. The following guidelines should be followed when parents/guardians and children will be transported by an Early Head Start staff:

1. **Appointments for medical or dental services should always be made with the Early Head Start staff that will be transporting.** Staff is not usually available on short notice.
2. **Long distance transports must be pre-approved by the Program Director.**
3. The parent/guardian is encouraged to make arrangements for someone to watch brothers and sisters of the child going to the doctor. Early Head Start staff may provide assistance on a case by case basis as approved by the Program Director.

4. Health transportation is only for enrolled children and pregnant mothers.
5. Parents/Guardians should remember that smoking and/or vaping is not allowed in any agency vehicle and their child will be required to sit in an approved safety car seat or seatbelt at all times the vehicle is in motion. Adults are also required to wear seat belts.
6. The parent/guardian and child should be transported directly to the appointment and back. When an appointment will cause the parent/guardian and child to be away from home over a mealtime, the parent/guardian should make arrangements for providing lunch for the child and self. A sack lunch or money for buying lunch out is the responsibility of the parent/guardian. The Early Head Start staff person should not be expected to provide lunch for the child and parent/guardian.
7. The Early Head Start staff will stay with the parent/guardian and child during the doctor's visit. The parent/guardian is to go into the room with the child while the doctor is examining. The Early Head Start staff may also go into the examining room if the parent/guardian and/or the doctor wish but not in place of the parent/guardian.



Early Head Start & Children's Learning Programs

A Division of Community Link, Inc.

POLICY COUNCIL BY-LAWS

ARTICLE 1 – NAME

This organization shall be named Community Link 1st Step Early Head Start Policy Council.

ARTICLE 2 – PURPOSE

The mission of Community Link is to challenge, teach, and inspire both participants and community linking them in ways that enhance their lives.

Section 1 – Purpose

The purpose of the Policy Council is to implement Early Head Start Program Performance Standards, 1301– Program Governance. The Policy Council is to serve as a link between public and private organizations, the Grantee, the communities served by Early Head Start, and the families in the Early Head Start program. Appropriate training and technical assistance shall be provided to members of the Policy Council to ensure that members understand the information they receive and can effectively oversee and participate in the programs of the Early Head Start Program.

Section 2 – Function

The functions of the Policy Council shall include the following:

1. The Policy Council must work in partnership with key management staff and the governing body to develop, review, and approve or disapprove the following policies and procedures:
 - a. All funding applications and amendments to funding applications for Early Head Start (HS), including administrative services, prior to the submission of such applications to HHS;
 - b. Procedures describing how the governing body and the Policy Council shall implement shared decision-making;
 - c. Procedures for program planning in accordance with the requirements of 1301;
 - d. The program's philosophy and long- and short-range program goals and objectives;
 - e. The composition of the Policy Council and the procedures by which policy group members are chosen;
 - f. Criteria for defining recruitment, selection, and enrollment priorities, in accordance with the requirements of 45 CFR part 1302 Subpart A;
 - g. The annual self-assessment of the Grantee's progress in carrying out the programmatic and fiscal intent of its grant application, including planning or other actions that may result from the review of the annual audit and findings from the Federal monitoring review;

- h. Program personnel policies and subsequent changes to those policies, in accordance with 45 CFR 1302.90, including standards of conduct for program staff, consultants, and volunteers;
 - i. Decisions to hire or terminate the Early Head Start director of the Grantee;
 - j. Decisions to hire or terminate any person who works primarily for the Early Head Start program of the Grantee;
 - k. Policy Council reimbursement. Grantee must enable low-income members to participate fully in their group responsibilities by providing, if necessary, reimbursements for reasonable expenses incurred by the members; and
 - l. Internal dispute resolution. Grantee and the Policy Council jointly must establish written procedures for resolving internal disputes, including impasse procedures, between the governing body and Policy Council.
2. In addition, the Policy Council must perform the following functions directly:
- a. Serve as a link to the Parent Committees, the governing body, public and private organizations, and the communities they serve;
 - b. Assist Parent Committees in communicating with parents/guardians enrolled in all program options to ensure that they understand their rights, responsibilities, and opportunities in Early Head Start and to encourage their participation in the program;
 - c. Assist in recruiting volunteer services from parents/guardians, community residents, and community organizations, and assist in the mobilization of community resources to meet identified needs; and
 - d. Establish and maintain procedures for working with the Grantee to resolve community complaints about the program.

ARTICLE 3 – MEMBERSHIP

Section 1 – Composition

- 1. At least 51 percent of Policy Council members must be a parent/guardian of currently enrolled children [Head Start Act Section 1304.50(b)(2)].
- 2. The Policy Council will be made up of six (6) Parent Representatives and five (5) Community Representatives from the community.

Section 2 – Eligibility

- A. The Policy Council is made up of Parent Representatives and Community Representatives from the community. To be eligible for membership on the Council, an individual must fall into one of these categories:
- 1. A Parent Representative is defined as a biological parent or person acting in the role of parent of (a) currently enrolled child/children [Head Start Act Section 1306.3(h)] and residing in Clinton or Washington County.
 - 2. A Community Representative from the community is defined as an individual residing in or representing an agency or program serving either Clinton or Washington County. A Community Representative from the community may be a former 1st Step Early Head Start parent/guardian, child-care/social-services professional, or an interested citizen [Head Start Act Section 1304.50(b)(3)].

- B. No person may serve on the Policy Council while he/she or any member of his/her immediate family is employed by the 1st Step program. Immediate family will include husband, wife, brother or brother-in-law, sister or sister-in-law, father or father-in-law, mother or mother-in-law, son or son-in-law, and daughter or daughter-in-law Head Start Act 642(c)(2)(B).

Section 3 – Responsibilities

All Policy Council members will:

1. Stay informed as to the purpose, plans and progress of the Policy Council.
2. Consider all viewpoints; listen with respect and attention to all the information before making a motion or voting.
3. Act as a positive role model and conduct him/her self in a professional manner.
4. Attend Policy Council meetings regularly and actively participate in those meetings

Parent/Guardian members will also:

1. Bring ideas and suggestions from their Parent Committee groups.
2. Report back to their Parent Committee the activities of Policy Council. This should be documented in the Parent Committee minutes.

Community members will also:

1. Act as an advocate for the 1st Step Early Head Start Program
2. Offer information to the parents/guardians concerning services available in the communities they serve.
3. Influence the services of the community in order to improve the available resources to our families.

Section 4 – Procedures for Election of Members

1. Parent Representatives
 - a. Any parent/guardian of a child currently enrolled in 1st Step Early Head Start may be nominated or may nominate herself/himself as a Parent Representative to the Policy Council.
 - b. Nominations shall be placed only with the consent of the nominee. Parent Representatives will be elected by ballot from the list of nominated parents/guardians of children currently enrolled in the program.
 - c. The annual nomination will be done in March and election process will take place in April, and elected parents/guardians will be presented to the Policy Council in May.
 - d. Each family enrolled in Early Head Start and each Community Representative is entitled to one vote.
 - e. Only one parent/guardian from the immediate household in which an enrolled child resides is eligible to serve on the Council at a time.
 - f. In the event of an opening for a Parent Representative on the Policy Council, parents/guardians in the 1st Step Early Head Start Program are informed about that vacancy from the 1st Step and are invited to nominate themselves or another parent/guardian in the program to represent all parents/guardians at Policy Council meetings. After nominations are received, a list of nominees is compiled and ballots are sent out for a vote. The Policy Council Parent Representatives is elected from this list of nominees. The selected Parent Representatives are

- presented to the Policy Council at the next Policy Council Meeting for approval.
2. Community Representatives
 - a. Community Representatives from the community may be nominated by parents/guardians, staff or current Policy Council members. All nominees must then be approved by the Policy Council.
 - b. Parent Representatives acting on behalf of all parents/guardians of children currently enrolled in the program will cast ballots to elect Community Representatives annually at the April Policy Council meeting or, in the event of an opening, at the next scheduled Council meeting.
 - c. One representative from Community Link Board of Directors may be appointed by the Board Chairperson to serve on the 1st Step Early Head Start Policy Council. If so appointed, the member shall be considered a Community Representative from the community and shall have all rights of membership, unless the five Community Representatives from the community are filled at the time of appointment. All membership by-laws apply to the Board Representative.
 - d. According to the Head Start Act Section 642(c)(1)(iv)(I & II), the Community Link Governing Board shall include parents/guardians of children who are currently or were formerly enrolled in Early Head Start or Head Start programs. To accomplish this requirement, the Policy Council Chairperson may fill this position herself/himself or may request a current or past Early Head Start parent/guardian to fill this role; all Governing Board by-laws apply to this parent representative.

Section 5 – Term of Office

- A. Members shall stand for election or re-election annually.
- B. Members of the Policy Council shall be limited to five (5) one-year terms. A one-year term is defined according to annual election in April and is for a 12 month period from May to April of the following year. 1301.3(d)(2)
- C. If a member cannot finish a full one-year term, elections will be conducted for a new member to fill a partial term which will not count towards the five (5) year term limit. A partial term can be one (1) to eleven (11) months in length dependent upon the vacancy.
- D. Parent Representatives whose children transition from the Community Link 1st Step Early Head Start Program will be allowed to complete their current term.

Section 6 – Voting Rights

- A. Only elected Parent Representatives and Community Representatives from the community may vote on Policy Council decisions.
- B. Each member of the Policy Council shall have one vote (either in person, by phone, or email). There shall be no proxy voting by, or for, any member.
- C. Following Community Link's Conflict of Interest Policy, an individual must disclose the existence of his/her financial interest in connection with matters constituting any actual or possible conflict of interest. In such an instance, the individual may make a presentation at the Policy Council meeting or committee meeting but, after such presentation, shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement that is the subject of the conflict of interest.

Section 7 – Resignation/Termination/Vacancy of Membership

- A. Membership may be terminated by the Policy Council after due notice to the Policy Council member and opportunity to be heard is given.
- B. A member of the Policy Council can be terminated by a majority vote of the Policy Council if absent from three (3) consecutive meetings without having given a legitimate excuse prior to the meeting or missing 6 or more meeting throughout the program year regardless of the situation. A member of the Policy Council may also be terminated if the member violates the signed Standards of Conduct for program staff, consultants, and volunteers. 1302.90(c)
- C. A Policy Council Member wishing to resign from Policy Council needs to submit their resignation in writing to the Director of the Program before the next Policy Council Meeting.
- D. Policy Council Members who resign or who are terminated shall be replaced by the standard process as promptly as possible.

Section 8 – Quorum

- 1. At least 1/3 of the voting members must be present at a meeting for official business to be conducted. This constitutes a quorum.
- 2. A member may attend the meeting by telephone, if he/she is unable to be present physically.
- 3. If the Policy Council Chair or Vice-Chair is not present, a voting member must assume the role of Acting Chair in order for business to be conducted.
- 4. The Policy Council Chair can count in determining whether or not a quorum is present.

ARTICLE 4 – OFFICERS

Section 1 – Officers

Officers shall consist of a Chairperson, Vice-Chairperson and a Secretary. Individuals in these positions, like other members of the Policy Council, have no authority to speak or act on behalf of the Policy Council other than per the authority granted by the by-laws, or by resolution of the Policy Council or Board of Directors.

Section 2 – Election and Term of Office

Nominations for officer positions must be offered from the floor. This can be from an interested candidate or from another member. If more than one nomination is made for a position, election will be by secret ballot. Each officer will be elected by a majority vote of the members present once the Policy Council has been seated in April, and will serve a term of one (1) year.

Section 3 – Removal

Any officer or member of the Policy Council, who fails to perform the duties as outlined in the by-laws, can be removed by a majority vote of the Policy Council.

Section 4 – Chairperson

1. The Chairperson will:
 - a. Preside at all meetings and maintain order.
 - b. Encourage commitment and cooperation from each Policy Council member.
 - c. Lead the program toward the accomplishment of its mission.
 - d. Appoint standing and special committees and committee chairpersons.
 - e. Serve on all committees and coordinate activities as needed.
 - f. Encourage all committees to function well and be accountable to the full Policy Council.
 - g. Sign official documents requiring signature.
 - h. Explain motions to be voted on and may only vote to break a tie.
 - i. Perform other duties as appropriate.

Section 5 – Vice Chairperson

1. The Vice Chairperson will:
 - a. Preside at Policy Council meetings in the absence of the Chairperson.
 - b. In the case of the vacancy of the chairperson, assume the office of Chairperson.
 - c. Perform other duties as appropriate.

Section 6 – Secretary

1. The Secretary will:
 - a. Record the minutes at Policy Council meetings and record motions as they are made.
 - b. Sign Policy Council minutes once approved (secretary is not allowed to vote to approve minutes).
 - c. In case of a vacancy another Policy Council member will record the minutes.
 - d. Perform other duties as appropriate.

ARTICLE 5 – COMMITTEES

The Policy Council will appoint such committees as are necessary to the proper conduct of business, including but not limited to the following: Executive Committee, Personnel Committee, and By-Laws Committee. Staff can attend as support but cannot vote in these meetings.

Section 1 – Personnel Committee

The purpose of this committee is to act in an advisory capacity to Policy Council regarding approval or disapproval of hires and terminations.

1. This committee is responsible for:
 - a. Assisting in interviewing and recommending persons to be hired to fill vacancies in Early Head Start.
 - b. Providing recommendations and reports to Policy Council as a whole regarding the termination of employees (with the exception of probationary staff).
 - c. Answering questions from Policy Council regarding personnel matters.
2. All meetings of the Personnel Committee will be closed to everyone except the committee members, immediate supervisor, Early Head Start Director, Executive Director and interpreter when necessary.

Section 2 – Policy Committee/Program Committee

The purpose of this committee will assist with policies, procedures, program planning and other issues relating to governance as well as program related activities such as self-assessment, community assessment, review of program plans, developing goals, objectives and program outcomes, developing the program budget, etc.

Section 3 – Activity Committee

The purpose of this committee will assist in program activities such as planning parent/guardian activities and trainings, developing support groups, developing a newsletter, etc.

Section 4 – Self-Assessment Committee

The purpose of this committee will assist with preparing for and completing annual program self-assessment and Federal site review.

Section 5 – Health Service Advisory Committee

The purpose of this committee will assist the program in strengthening the child health care guidelines by drawing on its knowledge of the community. Also assists in identifying long-term providers, sources of funding for health services and ways to inform community health providers about the needs of Early Head Start children and families.

Section 6 – Special Committee

Special Committees may be appointed by the Chairperson or selected by the Council as the need arises. These committees can review and comment prior to presentation to Policy Council in the following areas: Requests for funds, Policies and Procedures, Program Plans, or other applicable matters.

ARTICLE 6 – MEETINGS

Meetings will be conducted according to Robert's Rules of Order.

Section 1 – Regular Meetings

Regular meetings of this Policy Council will be held on the third Friday of each month (unless Friday falls on a holiday) beginning at 12:00 pm. A member may attend by telephone if they are physically unable to attend.

Section 2 – Special Meetings

1. The Chairperson or Early Head Start Director may call a special meeting or change the regular meeting date as needed. This can include a phone call and/or email to each member to conduct business. Each member's vote will be accounted for in the written minutes of the Phone and/or Email Meeting.
2. When the Policy Council needs to deal with sensitive issues regarding staff or families, the portion of the meeting in which the issues are discussed will be closed to anyone other than voting members and approved staff. The minutes shall be handled as stated in the Open Meetings Act.

Section 3 – Notice of Meetings

1. Written notices will be mailed, electronic copy, and/or Community Link's Policy Council Portal to each member at least one week prior to the date of each regular meeting. The mailing will include:
 - a. An agenda for the meeting
 - b. Minutes from the previous month's meeting
 - c. Supporting documents requiring approval
2. Notice of special meetings will be given at least forty-eight (48) hours prior to the meeting via phone call, email, or home visit.

ARTICLE 7 – CONFLICT RESOLUTION PROCESS – POLICY COUNCIL AND BOARD OF DIRECTORS

It is the policy of Community Link to resolve all disagreements between parties in its executive leadership that relate to Early Head Start fairly and expeditiously. Whenever possible, disagreements will be resolved through processes of informal discussion, compromise, consensus seeking and conciliation among the parties. If the parties agree that a mediated solution is necessary, professional mediation may also be employed. The following procedures have been established for the purpose of resolving an impasse, should it ever occur, between the Board of Directors and the Policy Council:

- a) When conflicting actions or non-actions occur, the chairman of the Policy Council shall notify the President of the Board of Directors within five (5) working days that an impasse exists.
- b) Upon notification of the impasse, the President of the Board of Directors shall request a meeting with the Chairman of the Policy Council and the Executive Directors to establish a communication process and clearly communicate any difference that may exist. These differences shall be clearly defined in writing. The intent of this meeting will be to communicate the differences and ideas of the respective bodies to each

other with the hope of a compromise or amended action on behalf of the respective Board.

- c) At the next regular meeting of both the Board of Directors and the Policy Council, the chairman of the Policy Council and the President of the Directors, together with the Executive Director, shall clearly set forth to the respective bodies the difference of opinion and a possible solution to the impasse.
- d) If an impasse still exists by virtue of conflicting actions or non-actions between the Board of Directors and the Policy Council after the following steps have been complied with, the President of the Board of Directors shall immediately request a mediator to examine the wishes and the position of both bodies. A list of potential mediators shall be developed by the Executive Director.
- e) All mediators shall be persons who are well-respected in the community and will consider the best interest of the community. Mediators should be respected community leaders with experience in resolving disputes and dealing fairly with issues. The mediator shall be paid a reasonable fee for his or her services.
- f) The mediator shall attempt to resolve the impasse between the two bodies within ten (10) days of the notification of an impasse to the mediator.
- g) The mediator shall formally notify the Board of Directors and the Policy Council of his or her recommendations to resolve the impasse.
- h) If no resolution is reached with a mediator, the Board of Directors and Policy Council must select a mutually agreeable third party arbitrator whose decision is final.

ARTICLE 8 – AMENDMENTS

- 1. These By-Laws will be reviewed at least annually or as the need arises.
- 2. These By-Laws may be amended by sending a copy of the proposed amendment to each Policy Council member at least one (1) week before the meeting.
 - a. The Policy Council may debate an amendment before adoption.
 - b. All amendments must be approved by a majority of the Policy Council members present.
- 3. Policy Council By-Laws must be approved by the governing board.



Early Head Start & Children's Learning Programs

