



2021-2022 HHS PARENT HANDBOOK

Welcome Parents and Guardians,

Welcome to the family of Heartland Head Start! Know that each child, each family, and each employee is very important to us.

This Parent Handbook was prepared to make sure that you and your child have the information needed to have a successful experience in our program. We can't put everything into this booklet, but we'll answer any question at any time. Please get to know us as it helps us get to know your children better.

There are some basic things we want you to remember as your child begins his/her time with us.

- School attendance, being on time, and a good night's sleep are all basic to a child's success.
- Our partnerships between parents, families, and staff are helpful to your child's educational experience.
- Parent involvement is important to your child's overall success. We invite you to be an active member in our school through volunteering in the classroom, office, or events. Additional opportunities are joining the Policy Council and attending school and family events.
- Heartland Head Start is on the journey of becoming a trauma informed and resilient organization. We are teaming with others in the community to better fit the needs of children, families, and staff we serve.

We believe that communication is the key to a positive experience. Working together we can improve our services and give the best for all enrolled at Heartland Head Start. Education is a partnership between the school, students, parents/guardians, and our community. All children and families are more successful when we work as a team to reach common goals.

We hope that your time with Heartland Head Start will be a rewarding and positive life-changing experience for you and your family.

Sincerely,

The Heartland Head Start Executive Team

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Heartland Head Start Acronyms:

- Heartland Head Start: HHS
- Head Start: HS
- Early Head Start: EHS
- Family Resource Advocate: FRA
- Home-Based: HB
- Parent Child Educator: PCE
- Parent Child Connection: PCC
- Policy Council: PC
- Parent Family Community Engagement: PFCE
- Illinois Department of Human Services: IDHS
- Child Care Assistance Program: CCAP

Mission Statement

Heartland Head Start (HHS) enhances the lives of children and families who meet the federal income and eligibility guidelines in McLean and Livingston Counties in Central Illinois. We do this by providing a comprehensive child and family development program for women receiving prenatal care, and children ages birth to five years old and their families.

Statement of Vision

Our vision at HHS is to implement high quality programming and partnerships to have ready children, ready families, ready communities, and ready schools. To that end, we strive for an organization that has engaged staff members who love to learn and use creative approaches to meet each child's and family's individual needs. We are your partner for education, health, nutrition, parent engagement, social service, and emotional improvement. We help children and families, who sometimes face the most challenging circumstances, by building the solid foundation they need to succeed in school and beyond. HHS is not a daycare center, childcare program, or your child's babysitter.

Comprehensive Services

Education: HHS's educational program is designed to meet each child's individual needs. Every child receives a variety of learning experiences to foster intellectual, social, and emotional growth. Children participate in indoor and outdoor play and are introduced to the concepts of words and numbers. They are encouraged to express their feelings and develop self-confidence and the ability to get along with others. Emphasis is placed on what the child "can do," not what they cannot do. These existing skills are the building blocks of other skills.

Health: HHS embraces a comprehensive vision of health for children, families, and staff, a vision that ensures that basic health needs are met; encourages practices that prevent future illnesses and injuries; and promotes positive, culturally relevant health behaviors that enhance life-long well-being.

HHS emphasizes the importance of early identification of health problems. Many children of income eligible families have never seen a doctor or dentist. Head Start arranges for every child to receive comprehensive health care, including medical, dental, mental health, and nutrition services.

***Nutrition:** In our center-based programs each child is provided breakfast, hot lunch and/or a nutritious snack. Food is served family style and staff eat with the children. Children are encouraged to try a variety of wholesome foods; part of the classroom experience is education in nutrition.

Special Services: Young children vary in their skills, knowledge, backgrounds, and abilities. A child with special needs can often learn more readily in a group with other children rather than in a separate group of children who all have a disability. HHS offers a wide variety of experiences for children in preparation for kindergarten. HHS has successfully carried out a 1972 Congressional mandate requiring that at least 10% of its enrollment be available for children with disabilities.

* Indicates a change in policy. Please refer to the COVID-19 Parent Letter provided in the Beginning of the Year Home Visit packet or the website per HHS Education Managers.

Mental Health: HHS and EHS programs support the mental health of children, families, and staff every day. Promoting positive early childhood mental health is seeking to foster social and emotional well-being in the classroom and at home. The mental health of children and families and the adults that care for them are essential for school readiness. A mental health professional must be available to every HHS program to provide training to staff and parents in being responsive to the unique needs of children. Examples can include interventions, instructional practices, and classroom and/or school community supports focused on improving competencies such as perseverance, learning mindsets, compassion, self-management, sense of belonging, etc.

Family Engagement: Parents are the most important influences on a child's development. An essential part of our program is the engagement of parents in their education, program planning, and operating activities. Ongoing research shows that family engagement in schools improves student achievement, reduces absenteeism, and restores parents' confidence in their children's education. Students with engaged parents or other caregivers earn higher grades and test scores, have better social skills, and show improved behavior.

Social Services: The social services aspect of HHS represents an organized method of assisting families to assess their needs, and then providing those services that will build upon the individual strengths of families to meet their own needs.

***Transportation:** Transportation needs and services vary throughout our programs, depending on geographic location, community transportation available, and needs of families. Transportation is typically provided to and from center-based services, child and parent activities, and other social service meetings and appointments.

Core Values

High Quality Programming

To consistently deliver a high level of service to our children and families, leadership pursues an atmosphere that nurtures commitment and continues improvement. To effectively reach this goal, HHS respects and values time, effort, resources of staff, families, and the community.

Wellness

To use a holistic approach ensuring that the children, families, and staff have their basic health needs taken care of by providing comprehensive services; this encompasses all aspects of the individual. The program encourages preventive measures so that individuals will have a future of healthy habits contributing to lifelong well-being.

Professional Development and Life-Long Leaders

To create an atmosphere and agency culture that encourages both formal and informal ongoing learning opportunities for our children, families, and staff. This reinforces that learning does not just occur in the classroom and that continuous professional and personal development is essential for ongoing professional success and personal fulfillment.

Empowerment

To understand that people working together are the greatest force for change. Offer opportunities and support to enable growth and transformation towards outcomes of identified needs and interests.

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School Readiness

To ensure that children are ready for school, families are ready to support their children's learning, and schools are ready for children. Clearly identify the goals and skills children demonstrate when they are "school ready." Clear articulation of these goals and skills allows teaching staff to choose and implement the most effective curriculum, assessments, and teacher-child interactions in five major areas of development: Social and Emotional Development; Language and Literacy, Approaches to Learning; Cognition and General Knowledge; and Perceptual, Physical Well-Being and Motor Development. Recognize that parents are their children's primary teachers and advocates. Work together to promote school readiness and to engage families as their children make the transition to kindergarten, so that schools will be ready for children.

Diversity

To acknowledge that everyone comes from a variety of backgrounds regardless of whether they are staff or families served. By respecting and equally treating all members without prejudice, staff and families will learn from one another and improve the quality of the program by integrating all cultures and differences.

Children

To create a positive learning environment for all children that promotes school readiness.

Inclusiveness

To develop relationships with each child and adult in the program, build on acceptance and respect of everyone's ability and/or differences. Treat everyone as an individual while providing a sense of belonging.

Staff

To provide support and encouragement to staff in obtaining knowledges, skills, and experiences needed to perform their assigned functions responsibly and successfully.

Collaboration

To build relationships with children, families, staff, and the community so that working together creates common goals and a lasting impact.

Program Goals

- Goal #1 – HHS will be a trauma-informed organization that is responsive to the impact of trauma on children, families, staff, and the community.
- Goal #2 – HHS will strengthen community partnerships to promote positive outcomes for communities, families, children, and staff.
- Goal #3 – HHS will build overall effectiveness and sustainability of the organization by using data driven approaches and fiscally sound processes to support programmatic outcomes.

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Enrollment Requirement

HHS enrolls pregnant women and children who are six weeks up to the age of five. Preference is given to children with an identified or suspected disability, children or families whom English is a second language, children or families referred to HHS by an agency or professional, children or families that are homeless according to the McKinney Vento Homeless Assistance Act, children that are current foster children, and families who have known or suspected needs.

Requirements for Head Start (HS) Enrollment

Applicants for all HS program options must provide the following documents:

- The child's certified birth certificate,
- Income verification (Pay Stubs, Social Security, No Income Documentation),
- Proof of residency (Driver's License, Mail, Utilities Bill),
- Medicaid or Insurance Number,
- Health information (immunization records, hemoglobin level (dated no later than 6 months prior to start date), lead test result, TB screening result or statement of no risk, and a school physical (dated no later than six months prior to start date).

Additional requirements, including a work requirement, will need to be met to qualify for the HS Center-Based option for Full-Day/Full-Year. (This choice requires CCRRN approval and a possible co-payment.)

Requirements for Early Head Start (EHS) Enrollment

Applicants for all EHS program options must provide the following documents:

- The child's certified birth certificate,
- Income verification (Pay Stubs, Social Security, No Income Documentation),
- Proof of residency (Driver's License, Mail, Utilities Bill),
- Medicaid or Insurance Number,
- Health information (Well Baby Exam –completed no later than 6 months to the start date; lead test result, TB screening results or statement of no risk, hemoglobin for children ages 1 and up.

Required information for EHS enrollment varies according to the age of the child and the enrollment option.

Additional requirements, including a work requirement, will need to be met to qualify for the EHS Center-Based option for Full-Day/Full-Year. (This choice requires CCRRN approval and a possible co-payment.)

Requirements for Expectant Family Enrollment

Applicants for the Expectant Family wanting Home-Based (HB) must provide the following documents:

- Proof of pregnancy from a healthcare provider,
- Income verification (Pay stubs, Social Security, No income documentation),
- Proof of residency (Driver's License, mail, Utility Bill),
- Health information- Family will have 45 days to get following to program:

Program Options

*Head Start

HHS offers programs that feature different experiences. Each option includes all HS services and opportunities. All options provide home visits and parent/teacher conferences held twice per year.

- **Full Working-Day/Full-Year, Center-Based:** This option is available to a limited number of families who meet the Illinois Department of Human Services (IDHS) Child Care Assistance Program (CCAP) guidelines. There is a co-pay fee based on the IDHS sliding scale. This program is designed to assist parents who are working or going to school full-time. Children enrolled in this option attend 9.5 hours, 5 days a week. This all-day program is an extended version of the regular Center-Based Part-Day program and is located at Stillwell East site in Bloomington. Bus transportation is not provided.
- **School-Day/Part-Year, Center-Based:** Children enrolled in this option attend 6.5 hours daily, Monday through Friday. These classrooms are located at the Stillwell West site in Bloomington, at YWCA in Bloomington, and the Boys and Girls Club in Pontiac. These classrooms are not in session during the summer months. Bus transportation is **not** provided in these classrooms. Families enrolled in this option are **not** required to qualify for CCAP.
- **Part-Day/Part-Year, Center-Based:** Children enrolled in this option attend 3.5 hours daily, Monday through Thursday. These classrooms are not in session during the summer months. Transportation is provided if the family resides with the Stillwell West site and YWCA site in Bloomington. Families enrolled in this option are **not** required to qualify for CCAP.

*Early Head Start

HHS offers programs that feature different approaches to the early childhood experience. Each includes all HS component services and opportunities.

- **Full Working-Day/Full-Year, Center-Based:** This option is available to a limited number of families who meet the IDHS CCAP guidelines. There is a co-pay fee based on the IDHS sliding scale. This program is designed to assist parents who are working or going to school full-time. Children enrolled in this option attend 9.5 hours, 5 days a week. This program is located at our Stillwell East site in Bloomington.
- **School-Day/Full-Year, Center-Based:** This option operates year-round, Monday-Friday for 6.5 hours each day and is located at our Pontiac site and Stillwell East and West site in Bloomington. Families enrolled in this option are **not** required to qualify for CCAP.

*Home-Based Early Head Start (Expectant Mothers/Birth-3 Years Old)

The purpose of our Home-Based (HB) program is to assist parents as their child's first teacher. By visiting a family's home on a weekly basis, Parent Child Educators (PCE) help parents improve parenting skills and assist their children by enhancing their child's growth and development. Whether it is support on providing nutrition/health assistance, adult education, or other services, PCEs are incredibly knowledgeable. The program also serves expectant mothers and helps provide information on prenatal/postnatal care, health and safety, nutrition, and community resources.

- **Expectant Family Services:** A PCE will engage the entire family in exploring the joys of parenthood and providing prenatal education. Family services include support in accessing pre-

and post-partum care, support in obtaining dental services and post-birth transition planning to appropriate childcare options. Expectant families are also invited to participate in social events with other EHS expectant families.

- **Home Visit:** A PCE will visit the home once per week for 90 minutes. All family members in the home are invited and encouraged to participate in the visit. Families and PCEs form a team to learn from each other and provide support. During the visits, family members will interact with each other and with the teacher, talk about how things are going, and make plans for activities throughout the next week. **Parents are required to be present in the home for the visit to take place.** Twice per month, families are invited to participate in social events with other EHS HB families where they can build new relationships through becoming a member of the Policy Council (PC), Socializations, or Parent Child Connections (PCC).

Attendance

HHS must be contacted each day a child is absent from class. Please call (309) 662-4880 and choose the appropriate attendance extension for your child's classroom each day your child is gone. When calling, provide the following information: child's name, classroom, teacher, and reason for the absence. If you are cancelling a home visit, please contact your PCE directly.

A HB requirement is to complete 46 visits per family within a calendar year. Weekly home visit attendance is highly encouraged to help meet this goal. We encourage families to contact their PCE in the event of a cancellation. We do understand emergencies can happen (i.e., sickness, death in the family, called into work, etc.). When a family has no contact with their PCE for two weeks or continuously cancels visits, an attendance letter will be mailed to the family informing them of possibly being dropped from the program. In the event a PCE should cancel due to illness or an emergency, the family will be notified, and the visit will be rescheduled. Optional times and days will be given to meet the family's need.

Socializations

The HB program includes Socializations twice a month for both Livingston and McLean Counties. This is an opportunity for children and parents to get to know one another and share experiences. These events also encourage children to socialize with each other. Some examples include Baby Rock at Normal Public Library, Miller Park Zoo outing, and Family Day at the park. Since socializations are an important program requirement, families are encouraged to attend monthly socializations held in either county.

Special Tips

Clothing:

- Children should be dressed for active and sometimes messy activities. Please do not send children in clothing that cannot get dirty.
- Tennis/gym shoes are strongly encouraged.
- Children should be dressed to play outdoors in cold or hot weather. Boots, coats/jackets, hats, gloves/mittens should be worn during cooler weather. Families who need these items and cannot provide them should contact their Family Resource Advocate (FRA) or PCE for assistance.
- Each child should bring a change of clothing to be kept at school in case of an accident (shirts, pants, underwear, and socks). Backpacks are allowed.

Other Items:

- To avoid breaking or losing personal toys, please leave all toys at home.
- To help protect our students who have food allergies, outside food may not be brought into your school buildings/classroom (site).

Weapons Procedures

Bringing weapons to any HHS facility or on the bus will not be tolerated. A safe school is very important for children and adults. If a child possesses a weapon, the parent(s) and police will be notified, and the child will be sent home immediately. The child may return to classes only after a parent/teacher meeting. Toy weapons or other toys brought in and used as a weapon will be taken and must be picked up by a parent/guardian.

Lawn Care and Pest Control Products Application

An Integrated Pest Management (IPM) approach for controlling insects, rodents, and weeds is used at HHS. We have contracted with Orkin, a reputable national provider of IPM services to schools, to provide this service. Chemicals will only be used when necessary and will not be routinely applied. When chemicals must be used, we will try to use the least toxic chemicals Orkin has available. Children and families will not be allowed in the treated areas for the time recommended on the pesticide label. For your information, we have a list of pesticides and Safety Data Sheets (SDS) that may be used in our buildings this school year. This list may be obtained by contacting the HHS transportation and facility manager at (309) 662-4880.

Complaint Procedure

If a parent has a complaint about a process, a policy, a staff member, or a service regarding HHS, there are steps to follow for addressing the issue. Anyone making a complaint should ALWAYS discuss the issue with the individual involved in the matter first. If that does not work, please follow these steps if related to the family/child complaints:

NOTE: Issues that affect administrative operations (i.e., transportation, enrollment, finance, etc.) should go to the Operations Director.

1. Meet with their FRA or PCE immediately to share the concern. They in turn will work to solve the issue.
2. If the FRA or PCE does not resolve the complaint, the issue should be taken to the Education Manager of the site where the child is enrolled. The Education Managers should address the topic within 5 days.
3. If the issue does not get resolved, a meeting with the appropriate Director in the organization should be held within ten working days of the complaint. (Child and Family Services, Operations/Administration, or Finance.)
4. If the complaint is still not resolved, the Executive Director should be notified and a meeting with the person lodging the complaint will be held within fifteen working days of the complaint.
5. In the event there is still no resolution to the problem, the person issuing the complaint may ask Policy Council, in writing, to address the issue at the next regularly scheduled meeting. A special meeting can be called by the Chairperson of PC if necessary. The PC Chairperson is responsible for making sure the complaint is resolved no more than 30 days after the PC members have

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reviewed the issue. The decision of PC regarding the complaint is final. If legal matters are involved, the Governance Board may also get involved.

Emergency Card Numbers for Each Child

The Department of Children and Family Services (DCFS) requires two emergency phone numbers on file for each child enrolled. The two **emergency contacts** must be at least **18 years of age** and permitted to pick up or receive the EHS or HS child, in case the parent cannot be reached. By providing these contacts, parents are giving permission to share information about the person picking up a child and to share information about the child. Please make sure the emergency contact person knows he/she is on the list, and they are willing and able to pick up the child. Updated information can be given to the child's HHS teacher, FRA, PCE, or by calling the Central Office.

Sex Offender Guidelines

In Illinois, the law requires that sex offenders and sexual predators register with their local law enforcement to report where they live and work. Illinois law prohibits convicted sex offenders and predators from being within 500 feet of a school or childcare program and 100 feet from a school bus stop. They are also prohibited from public places where children may gather such as a park, library, or playground. At HHS, former or registered sex offenders will be expected to follow the mandates of the law. A Child Sex Offender Guidelines Form is filled out for each child by the parent /guardian during the initial intake process stating that they understand the guidelines for protecting children from child sex offenders and will not arrange for a convicted child sex offender to pick-up or drop-off my child at HHS or the bus stop or will invite a convicted child sex offender to attend any HS sponsored events. This includes parents and family members, as well as juvenile offenders. Police will be called if a sex offender or predator is found to be violating the law.

Statement of Conduct

HHS is a drug-free, alcohol-free, smoke-free environment for children and families. The safety of children enrolled in HHS, their families, and employees are of the utmost importance. Adult behavior that is disruptive or suggests use of drugs or alcohol during any HHS activity or sponsored event will not be tolerated. Individuals displaying such behavior will be asked to leave the premises. As mandated DCFS reporters, a call to the local police and/or DCFS is required if staff suspects that an adult who is picking up a child is under the influence of alcohol or other drugs. HHS also reserves the right to contact the local police as needed when visitors act in inappropriate ways (such as the use of profanity or threatening behaviors).

Cellphone/Electronic Device Use

Students need an adult's full attention at pick-up and drop-off times to make these transitions go as smoothly as possible. **Therefore, the use of cellphones/electronic devices (tablets, headphones, etc.) are not permitted on any HHS site.** Adults should finish phone conversations and put their cell phones away before entering the building, to fully focus on their child.

Security Videos

HHS does use surveillance video equipment. Cameras are never used in areas where children and staff would expect privacy, such as restrooms. Videos are used for the protection of the child and staff at HHS. Videos may be watched by authorized personnel **only**. Videos are not made directly available to

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staff, parents, or the public and are sole property of HHS. All requests for copies of security video recordings will be coordinated with the assistance of HHS's attorney.

Transportation

Parents of children in the HS program 3-5-years-old riding the bus must participate in a transportation training and sign the transportation agreement form. All parents or caregivers are required to escort their child to the bus when the child is entering the bus and when the child is departing the bus. The adult receiving the child must be listed on the emergency contact form. A valid form of identification will be requested from the monitor to ensure the adult receiving the child is listed on the emergency contact form. **It is a DCFS requirement that all children have an escort to and from the bus that is at least 18 years of age.** This adult must also sign the child on and off the bus.

***Riding the School Bus is a Privilege**

Please remember HHS is not required to provide transportation services. Suspension of bus services is possible if a child's or parent's behavior threatens the safety of others or if safety requirements are not followed. Failure to follow bus rules and procedures (such as failure to escort a child to and from the bus) may be cause for the child to be removed from the bus or for services to be canceled. Notifications of changes in schedules or location needs to be reported immediately to Central Office and FRA (only 3 allowed per year). Monitors and bus drivers are employees of contracted companies and not HHS. If you have any questions or concerns, please contact the transportation assistant at (309) 662-4880. Please allow at least two weeks for the changes.

When You Bring Your Child to School

Any child who does not ride the bus **must be accompanied by the parent** (or someone older on the emergency contact card by the parent who is 18 years or older). **Signing in and out is a requirement when bringing your child to and from the classroom.** Parents should never leave the child alone in the classroom or at the door. No child under the age of 13 should be left unattended in a car or the parking lot while accompanying children to the classroom. Unattended children could be reported to the authorities. According to Illinois law, children should be restrained in an appropriate child safety seat. If you do not have an appropriate car seat(s), please talk to your teacher, FRA, or PCE about assistance options.

Parking

We have limited parking spaces at many of our locations. When dropping off and picking up a student, please use only designated parking spaces. Please use extreme caution when driving or walking through school parking lots. Please be respectful of others trying to drop off/pick up and do so in a timely manner. If you are unsure as to where to park, speak to your child's teacher.

Promoting Positive Behavior in the Classroom

It is the goal of HHS to provide a safe and secure learning environment for all children and staff. This goal involves a team approach in teaching and supporting a child's appropriate and acceptable behavior.

Classroom staff will teach children the following rules to ensure a positive and safe learning environment:

- We take care of our classroom.
- We treat each other with respect.

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- We walk in the classroom.
- We use our words to express our feelings.
- We keep ourselves and others safe.

Classroom rules are intended to protect the rights of all children and staff and to promote a safe learning environment. When children display unsafe behavior, different interventions may be used, such as parent conferences and/or inter-agency referrals. Referrals for services to outside agencies will be made if a child displays extreme and/or unsafe behavior in the classroom or somewhere else such as:

- Hurting others or self.
- Destruction of materials or equipment.
- Defiance.
- Tantrums.
- Leaving the classroom or building.
- Inappropriate language or gestures.

Discipline Policy

Setting reasonable limits on children's behavior gives them the security of knowing exactly what is expected. Children will be encouraged to make positive choices. As staff create a developmentally appropriate environment, they will set reasonable limits, redirect unacceptable behavior, and nurture positive interactions. Our program does not use time out, corporal or unusual punishment, and/or violation of personal right. Nor do we expel a child from our program.

The Head Start Path to School Readiness

HHS strives to give all children from birth to five years old the skills they will need to be ready to learn. We strive to give families the skills they need to be ready to support their child's learning. We also want our families to be ready to be their child's advocates. Parents and their child's teaching team work together throughout the year towards helping the child grow in their school readiness skills. Together, parents and teaching teams work towards their goals through screenings, assessments, home visits, parent/teacher conferences, school, family events, newsletters, and an open-door classroom policy for parental input and updates on their child's progress.

Social/Emotional Health and Special Needs

The HHS program seeks to foster a child's social and emotional well-being so that all children and their families can achieve their fullest emotional, social, and intellectual development. HHS has Classroom Consultants/Mental Health Consultants and a Special Services Manager who are all available to discuss specific concerns with parents and staff. HHS encourages the appreciation of individual differences and recognizes the need for a supportive environment for all children.

Disability Services

HHS supports the rights of all children, regardless of their diverse abilities to participate actively in natural settings within their communities. In addition, staff collaborate with community agencies and school districts to provide extra services to meet the unique needs of children with disabilities.

Children with an Individualized Family Service Plan (IFSP) or an Individualized Education Program (IEP) may be dually enrolled in HHS and Early Intervention and/or Early Childhood Education (ECE). A child may have an IFSP and receive therapy services in one of our Early Head Start Classrooms and a child who has an IEP can attend both Head Start and the local public school.

Attendance Information

As stated in the program goals, “HHS will engage and encourage children, families, and staff in attaining consistent attendance which leads to lifelong success.” Attendance is very important in a child’s development of school readiness skills. Students who are absent tend to achieve at lower levels than other children. Therefore, we monitor and document attendance daily. Your child’s attendance is critical to their success, now and in the future.

HHS must be contacted each day a child is absent from class. Please call (309) 662-4880 in McLean County or (815) 842-2845 in Pontiac and choose the appropriate attendance extension for your child’s classroom each day your child is gone. When calling, provide the following information: child’s name, classroom, teacher, and reason for the absence. If you are cancelling a home visit, please contact your PCE directly.

If a child is absent, a member of HHS staff will contact the parent within an hour after the start time (if no call has been received) to determine the reason for the absence.

If a child misses class regularly and has no contact with the FRA/PCE for two weeks or continuously cancels visits, an attendance letter will be mailed to the family informing them of possibly being dropped from the program. In the event a PCE should cancel due to illness or an emergency, the family will be notified, and the visit will be rescheduled.

Arrival and Pick-Up Procedures/Emergency Contact

It is very important that emergency contact forms be updated with current information on individuals allowed to pick up a child. Contact the HHS teacher, FRA, PCE, or call the office, to update the form when changes need to be made.

***Early Pick-Up of Child**

Please contact HHS’s Central Office at (309) 662-4880 in Mclean County or (815) 842-2845 in Pontiac when picking up a child early to inform the classroom staff.

***Late Arrival of Child**

Contact HHS when a child will arrive late for class and provide the likely arrival time. The classroom staff will be notified on the child’s late arrival.

Late Pick-Up of Child

If you will be late in picking up your child for any reason, call HHS immediately. A phone call will not waive late fees. Call HHS Central Office at (309) 662-4880 in Mclean County or (815) 842-2845 in Pontiac immediately. Arrange with an emergency contact to pick up the child.

Late Pick-Up Procedures

If a child is not picked up from school or met from the bus on time, the child will be returned to the HHS Central Office at the end of the bus route. All emergency contacts will be called to pick up the child. **There will be a fee for staffing expenses related to the care of a child after the program day has ended.** If the child is not picked up after 15 minutes of attempted contact, the DCFS Hotline or local police may be called to report the child as abandoned. HHS is responsible for the well-being and protection of a child until a parent or emergency contact arrives or until the local police/DCFS authorities arrives.

Late Fees

There will be a \$5.00 charge for each child not picked up within 5 minutes at the end of the program day. An additional \$1.00 will be added per minute after the 5 minutes have passed, until the child is picked up.

Rules state a program may charge a reasonable fee for staffing expenses related to the care of a child after the program day has ended. Please be respectful of staff, who also have children and family obligations that they must take care of after work.

***Hours of Operation**

The **Central Office** is open from 8:00am to 5:00pm., Monday – Friday and closed during major holidays. Other hours of operation vary by site and enrollment options. They will be reviewed with parents/guardians during the first home visit and classroom orientations.

Part-Day and School-Day Classrooms – Attendance Time Procedures

- If your child has not arrived within an hour of the start time and we have not received a phone call, you must contact the HHS attendance line.
- Children are to arrive no more than 5 minutes prior to the beginning of the school day.
- Children should be picked up no earlier than 5 minutes before the end of the school day.

Full-Day Classrooms – Attendance Time Procedures

- If your child has not arrived within an hour of the start time and we have not received a phone call, you must contact the HHS attendance line.
- If your child is in the Full-Day Program, please do not pick up your child during nap time. (Please refer to staff for your child's classroom nap times.)

The FRAs and classroom staff will work with families as needed to support and help improve child's attendance and arrival/departure times if there are any issues.

One Call Now

HHS uses One Call Now to inform parents about school closings, emergencies, and major events. Parents can choose to be notified by text or email. If you would like to change the method of communication, please contact your FRA, PCE, or teacher. It is important that parent contact information is always kept up to date. It is the parent's responsibility to keep the information current.

Weather Related Emergencies and School Closings

The procedure for weather related emergencies and school closings is as follows:

- Parents/guardians will be informed about school closings through One Call Now and are responsible for keeping their contact information updated.
- **McLean County:** Families may also listen to the radio station WJBC (1230 AM) or check the website (www.wjbc.com) for information.
- **Livingston County:** Parents may listen to the local Pontiac station, WJEZ (98.9 FM) or check the website (www.wjez.com) for information.

Health Screenings Health Services

Physicals/Well-Child Checks: Children are required to follow the EPSDT schedule for physicals/Well-Child Checks and provide their FRA/PCE with a copy of the exam results after each visit.

Students will receive the following health screenings during the school year:

Hearing/Vision Screening: Within the first 45 days of attendance each year, children ages 3-5 receive screenings conducted by a certified screening technician. Children under the age of 3 will receive an instrument-based vision and hearing assessment from a Head Start staff member. Children birth-age 1 will receive a vision milestone assessment each month until age 1.

Dental Exam: Dental exams are performed 2 times each program year for students ages one and older. Exams include a cleaning and fluoride treatment conducted by a licensed dental hygienist. If students do not attend the on-site dental clinics, they must receive an exam at their dental home and provide their FRA/PCE with documentation of their visit.

Blood Pressure Screenings: HHS staff will check the blood pressure of children ages 3 years and over if a reading is not recorded on the annual school physical form.

Dental Exam: Dental exams are performed 2 times each program year for students ages one and older. Exams include a cleaning and fluoride treatment conducted by a licensed dental hygienist.

Hemoglobin Screening: Newly enrolled children, ages one and older, must have a Hemoglobin (or Hematocrit) screening within the last 6 months. After a child's enrollment, hemoglobin screenings are conducted annually.

Lead Screening: Children over the age of one must have a lead test screening before they can be enrolled.

Hearing/Vision Screening: Children ages 3-5 receive screenings conducted by a certified screening technician once per year. Children in the EHS program who are under the age of 3 can be screened by their physician during their Well Baby Check visits.

Height and Weight Measurements: Every child's height and weight are measured three times per school year to monitor and assess each child's growth rate.

Developmental Screenings: Children are screened for cognitive, language, and motor development indicators by HHS staff.

Social Emotional Screenings: Children will be screened for social-emotional development using the Ages and Stages Social Emotional Screening questionnaire. Parents will be asked to complete information on a form regarding their child's development during the enrollment process. Teachers will complete the screening within the first 45 days of school.

If further diagnostic testing or treatment is required, HHS staff will work with the child's parent(s) to facilitate further medical evaluation and treatment for all the service areas listed above.

*Child Illness

HHS collaborates with the Health Services Advisory Committee to develop a Communicable Disease Plan to provide a protocol for reporting and responding to sickness and communicable diseases. It is important for staff and families to understand when a child is too sick to attend school and/or when to seek medical attention.

Children are checked daily for illness. **Children will not be allowed to come to class with any of the following:**

- Fever (oral temperature of 101 degrees or higher). Children need to be fever free without assistance from medicine for 24 hours or longer before returning to class by order of a physician.
- Illness which prevents the child from participating comfortably in program activities.
- Illness which calls for greater care than staff can provide without compromising the health and safety of other children.
- Unusual exhaustion, irritability, persistent crying, difficulty breathing, or other signs of possible severe illness.
- Diarrhea and/or vomiting two or more times in the previous 24 hours unless the vomiting is determined to be due to a non-contagious condition and the child is not in danger of dehydration.
- Mouth sores associated with the child's inability to control his or her saliva, until the child's physician or the local health department states that the child is non-infectious.
- Rash with fever or behavior change, unless a physician has determined the illness to be non-communicable.
- Pink Eye (purulent conjunctivitis), until 24 hours after treatment has been started or longer by order of a physician.
- Impetigo, until 24 hours after treatment has been started or longer by order of a physician.
- Strep Throat (streptococcal pharyngitis), until 24 hours after treatment has been started or longer by order of a physician.
- Head Lice (see Head Lice on page 15).
- Scabies, until 24 hours after the first treatment or longer by order of a physician.
- Chicken Pox (varicella), until at least six days after the rash began.
- Whooping Cough (pertussis), until five days of antibiotic treatment has been completed.

- Mumps, until nine days after having swollen glands.
- Measles, until four days after the rash is gone.
- A symptom, which may be indicative of one of the serious communicable diseases as identified by the Illinois Department of Public Health. Your physician and local health department has copies of that listing.

HHS will send notes home with a child and post in the classroom when a communicable disease occurs at a classroom site. A report of any known or suspected case or carrier of communicable disease will be sent to the local health authorities.

Head Lice

HHS has a “No Nit Policy” concerning head lice, which means all children must be free of all live lice and eggs/nits. The teaching staff conduct head lice checks weekly. If any head lice are detected, the child will be required to return home. The process will be repeated until the child is lice and nit free. Home treatment as well as treatment for other family members is also recommended. (See Head Lice Policy for full details).

Bed Bugs

Bed bugs do not transmit disease, but individuals who live in infested homes suffer from lack of sleep, anxiety, and secondary skin infections from the itching bites.

To help prevent infestation at HHS, students are not allowed to transport blankets, stuffed animals, or other items of comfort for sleep purposes to and from home. However, children may bring these items if they are left at HHS for the duration of enrollment. Staff will make sure they are washed on a regular basis and sent home when a child exits the program. If a case of infestation occurs, families will be alerted immediately. HHS will handle each case on an individualized basis. However, if a family’s home is infested with bed bugs, HHS will connect the families to a Pest Control company. HHS will work with families on a case by case basis to determine treatment plans. Children will not be able to receive center services until they are bed bug free, but the FRA or PCE will continue to provide support. (See Bed Bug Policy for full details).

When a Child is Hurt or Ill

If a child should become ill or injured at school, parents will be contacted immediately.

- If a child needs emergency care because of an accident or illness that occurs while the child is in HHS care, staff will document all attempts to contact the child’s parent at the phone numbers provided. If unable to locate the parents, HHS will document attempts to do so and maintain the documentation in a child’s file. By keeping their child’s emergency card updated, parents ensure that they will be contacted at the time of an emergency.
- **If immediate medical treatment is needed, staff will call 911 and accompany a child to the emergency room via ambulance.** Children who are referred for emergency medical treatment **MUST** have a doctor’s note to return to school.
- Major and minor accidents or illnesses that happen to a child at HHS will be recorded in the file and parents will be notified.

Reports of all incidents and injuries involving children are documented by the person responsible for the child at the time of the incident and include:

- The time and place of the incident or injury and details about how it occurred.
- When medical care is necessary, a statement will be signed by the physician attending to the child describing the nature and extent of the injury.

Transportation of an Ill Child

When a child is ill or injured, the teacher determines the degree of injury or illness, the place of care, and mode of transportation. Please see the section on Emergency Care for additional information. Children whose parents cannot provide transportation and who need to be transported due to illness or for medical appointments will go with TWO adults in a Heartland Head Start vehicle unless it is an emergency as noted prior.

Medications

Medications are only to be administered according to DCFS regulations and only when prescribed by a child's physician. HHS CAN administer over-the-counter medication IF proper paperwork is filled out by a parent/guardian. HHS does not administer ANY prescription medications without signed authorization from a physician. Any medications that are to be given to a child at school must be brought by a parent and not sent to school or on the bus with the child.

- No medication can be masked to cover up the symptoms of your sick child.
- Both prescription and non-prescription medication shall be accepted only in its original container.
- Prescription medications shall be labeled with the full pharmacy label.
- Over the counter/non-prescription medications shall be administered only after the parent submits the completed School Medication Authorization Record form, which is on file, reviewed by the Health & Nutrition Manager, and updated on a regular basis if necessary.
- Over the counter/non-prescription medications must be brought into the classroom in a sealed, unopened container with the child's name indicated on the medication.
- A member of the teaching team in each classroom will properly document, on the Medication Administration Record form, when the child is given a dose of medicine.
- The medication shall be administered in accordance with the package instructions, unless otherwise ordered by the physician.
- Medications shall have child-protection caps whenever possible.
- All medication, whether refrigerated or not, shall be kept in locked cabinets or containers that are designated by the teacher in each classroom and used only for this purpose.
- Medications will be kept out of the reach of children.
- Medications will not be kept in rooms where food is prepared, unless refrigerated, in a separate locked container.
- Medications will not be used beyond the expiration date.
- When a child no longer needs to receive medication, the unused portion or empty bottle shall be returned to the parent.
- Any topical products, such as diaper ointment, sunscreen, or insect repellent, whether supplied by HHS or not, shall be approved by the parent in writing prior to use on the child.

To obtain a School Medication Authorization form, Seizure Action Plan Form, Asthma Action Plan form, Individual Health Plan or Food Allergy Action Plan form, contact your child's FRA or teacher

Individual Health Plan: If a child has a health need or condition requiring special care, the teaching staff needs to be informed of all related information. Parents should ask the teacher or FRA for a copy of the Individual Health Plan.

*Nutrition Services

Nutrition services are an essential part of the Heartland Head Start program. Breakfast, lunch, and afternoon snacks are served to the children each school day. Depending on the classroom section and the length of the child's day children may be offered food twice or up to three times a day. All breakfast and lunch meals include 1% milk depending on the age younger children are given whole milk. All children will be offered food no sooner than two hours and no longer than three hours from the last meal served.

HHS staff work to ensure that mealtime:

1. Increases a child's experience with food
2. Introduces new foods to children
3. Is a time for learning about a variety of subjects (including nutrition)
4. Is a socializing experience in a relaxed atmosphere
5. Develops sound eating habits
6. Sometimes allows children to help prepare food and set a table
7. Encourages cultural pride through offering varied ethnic and culture related foods

All meals meet USDA Child and Adult Care Food Program guidelines. Meals are prepared by staff using the meal pattern menu cycle from CACFP. Parents may view menus on the HHS website or in TS- Gold. A paper copy of the current menu will be posted in each classroom. If a child has a food allergy or is on a special diet, contact the Health or Nutrition Manager and alert the child's teaching staff. If food substitutions are to be made for a food allergy the child must have a Food Allergy Action Plan form signed for documentation from a physician. This form must be on file before the child can start school.

Outside Food Policy

The Outside Food Policy at HHS is to provide a safe and healthy environment for children. Therefore, bringing food/beverage items to celebrate student birthdays, holiday parties, or other occasions is not permitted. This policy is based on the rise in food allergies and our goal to provide the children with healthy foods and beverages. Families are more than welcome to provide non-food items to celebrate. The following are example of non-food items:

- Stickers
- Temporary Tattoos
- Pencils
- Coloring books or small toys

Another way to celebrate would be to bring or donate a child's favorite book for the teacher to read. Classroom staff will also take the time to make sure a child feels special on their birthday. If food is brought in, we will not accept it under any circumstance.

No Peanuts or Tree Nuts Policy

1. We take reasonable precautions to avoid serving products containing peanuts or their byproducts to all children with or without a nut or a peanut allergy.
2. Tree Nuts, peanuts, or peanut products could show up in the classrooms and at our sites without our knowledge, exposing the child to this allergen.
3. Some manufacturers make and package foods in areas where there are peanuts, peanut dust, or tree nuts. HHS avoids ordering food processed in this way but cannot guarantee all foods are nut-free or come from a nut-free zone.
4. If a child has a diagnosed nut allergy, parent(s) and/or guardian(s) should provide the emergency medication and related information to treat a possible reaction. 911 will be called as soon as an allergic reaction is suspected. Parent(s) and/or guardian(s) will be notified immediately after the emergency medical personnel are contacted.

Family Services

HHS staff offer family services through our FRAs, PCEs, and our PFCE Department. FRAs and PCEs use the Family Outcomes of:

- Family Well-Being,
- Family Connections to Peers and Community,
- Families as Advocates and Leaders,
- Positive Parent Relationships,
- Families as Lifelong Educators,
- Families as Learners, and
- Family Engagement in Transitions in their work.

The PFCE Framework is a researched based structured foundation that promotes Family Engagement and School Readiness. We use data collected from the PFCE Framework to prioritize the needs of families, to support home and school relationship building, to provide trainings for parents, to find community resources that are needed to help empower families, to assist families with writing goals based on strengths and needs identified during family assessments, and to enhance school readiness skills.

Mandated Reporting

HHS is licensed by the Department of Child and Family Services (DCFS). As a licensed agency, any staff member who suspects possible child abuse or neglect is required by law to report it to DCFS.

Family Literacy

HHS strives to assist parents in their role as a child's first and most important teacher through the four components of family literacy:

- Adult Education,
- Parent Education Skills,
- Child Education, and
- Parent and Child Activity Time.

Adult family members are encouraged to continue their formal education or begin job training if needed. FRAs help set education/job training goals and support efforts in mapping out a plan to make the goals a reality. These goals may include working on, or completing a basic education, GED, ESL, job training, college certificate, or other vocational program. Referrals to classes or needed support in enrolling are offered.

HHS sends home written information on topics of interest to parents of young children on a regular basis. These topics include such things as literacy, physical health and development, child development, school readiness, nutrition, and mental health.

Families are also offered many opportunities to participate in literacy programming, both at home and in the community throughout the school year. The importance of daily family reading time and building a home library combined with community resources, especially those provided by local public libraries, are emphasized.

Reading aloud to your child is the most important thing you can do to help your child become a reader!

Family Engagement

The goal of family engagement is to provide support, encouragement, and training to help parents, guardians, and other family members in their roles as their child's first and most important teachers. At HHS, parents and guardians may take part in classroom events, family activities, training programs, and workshops. Many family members serve as a representative of Policy Council (PC) and attend Parent Child Connection (PCC) events.

Free family activities are offered throughout the year and information is regularly sent home to parents. HHS sponsored events offer families an opportunity to be together in a safe and fun learning environment. One Call Now may be used to send program updates and reminders for classroom events.

Parents as Volunteers

HHS receives funding from the Federal Government. Every program must match its federal grant by at least 20% or 20 cents for every dollar awarded in its grant with non-federal donations. Non-federal donations can either be goods, space, or services. Parents and families can help us meet this match requirement by volunteering in the classroom, chaperoning field trips, working in the office, or even doing some projects at home. All volunteers will be asked to complete volunteer/non-federal match contribution forms so that their donations of time can be recorded.

All volunteers working directly with EHS and HS students, that would be counted in the child ratio in the classroom, must complete a volunteer application on our Better Impact link located on the HHS website, go through volunteer orientation, receive a background check, and submit a physical and negative TB test completed within the past 6 months. Those NOT counted in the child ratio (only volunteering one time or once a month) will not be obligated to submit medical documentation.

Become a Parent Volunteer Today!

“No one can do everything, but everyone can do something.” Being a Heartland Head Start Parent Volunteer is like no other experience you will ever have. Each week, we have numerous opportunities for you to engage with the children or to help us out in other ways. Not only can you practice your engagement skills and add experience to your resume, but you can also make an impact on our families’ lives every day. To sign up and find out about open volunteer opportunities please go to <http://btrr.im/nxrd6>.

Parents and Families as Decision Makers

Parents and families are an important part of the program. We encourage input and presence; all are welcome to visit our classrooms at any time. Parents and guardians help make program decisions and recommend policies. They participate in PCC events, PC, classroom activities, parent group activities, and make recommendations to improve the program. Parents also serve as volunteers and are invited to apply for employment at HHS. Many current and former parents are employed by HHS.

Parent Child Connection (PCC) Events

It is our goal at HHS to help develop skills that can be used towards their jobs and in the community. Conducting events and following parliamentary procedures are skills we feel are valuable for the parent:

- Parents have the chance to visit the classrooms and meet other families.
- Teachers are in attendance to update the parents on what is happening in the classroom and answer questions.
- Parents and children work together on a special activity.
- Interested parents are elected to help plan and carry out PCC events.
- PCC meetings are held at each site at least four-five times during the year.
- Provide parents an interactive educational training.

Policy Council (PC)

- PC is part of the HHS governance structure.
- The Policy Council consists of current parents (at least 51%) and community members.
- Members serve in an advisory capacity to make decisions on how the program runs.
- PC shares policymaking with the Governance Board and does official business on behalf of HHS.
- Interested parents/guardians from both classroom and HB options are elected to serve as PC members during the initial PCC meeting and throughout the year as needed.
- Meetings are held once a month.
- Positions are held for one year.
- Members can be re-elected in October and serve up to five one-year terms.

Transition Program

HHS offers transition activities and information throughout the school year for infants, toddlers, and preschoolers transitioning into EHS, HS, and the public schools.

Families engage in transition activities throughout the year to support school readiness skills, such as program and community events. Tip sheets are also distributed and contain information about easing separations, school readiness, and parent and teacher relationships.

Families receive support from staff as they transition to other enrollment options. HHS also provides newly enrolled families the opportunity to:

- Meet teaching staff,
- Visit the classroom, and
- Learn valuable information about daily routines.

Families transitioning to kindergarten:

- Receive information about where and when their child needs to pre-register.
- Can visit with kindergarten staff at pre-registration events and visit a classroom.

Successful transitions are a priority for HHS. The connections between preschools, school, and families can maintain and maximize the gains that children achieve in our program.

Heartland Head Start Executive Team

Interim Executive Director:

Teri Meisner

Interim Director of Child and Family Services:

Emily Evanson and Kathy Trainor

Director of Operations:

Tim Margherio

Director of Finance (Contracted):

Janessa Williams

Heartland Head Start Governance Board

President:

Julie Cotter

Vice President:

Kristal Shelvin

Secretary:

Sara Harris

Treasurer:

Karyn Smith

Board Members at Large:

Vergetta Harris

Erika Ralston

Kiki Towns

Brandon Oliver

If you have any questions or concerns, messages can be left for all Heartland Head Start Governance Board Members through the Central Office at (309)662-4880.

* Indicates a change in policy. Please refer to the COVID-19 Parent Letter provided in the Beginning of the Year Home Visit packet or the website per HHS Education Managers.

Policy Council

Chairperson:

Holly Davis

Vice Chair:

Vacant

Treasurer:

Andrae Rimmer

Secretary:

Vacant

Policy Council Members at Large:

Paula Coleman

Papal Pandya

Sheila Diaz

Christina Lyons

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www.facebook.com/heartlandheadstart/

