

#Built4This

FAMILY GUIDE

PARENT & FAMILY HANDBOOK

2026 - 2027

Building Bright Futures Together 



FAMILIES



CHILDREN



COMMUNITY

OUR MISSION

To provide the highest quality of service to children and families through a community team effort based on the question:

Is it good for children?



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The mission of Regina Coeli is to provide the highest quality of service to children and families through a community team effort based on the question:

"Is it good for children?"

■ Strategic Design Impact Team of Regina Coeli Child Development Center ■

Josalyn Brown, Ph.D. - Executive Director (HS & EHS Director)

Dawn C. Williams, Ph.D. - Director of Program Performances

Shaniqua Edwards - MSHS-Director of Program Operations & Data Systems

Sandra Flad, MBA, SRHM-CP, PHR - Director of Business & Innovation

Shanna G. Bickham, M.ED, MAEd - Director of Program Operations & Compliance

Frederick Taylor, M.Sc - Director of Instruction & Intervention

Dametra Varnado - Director of Operations Support

Derrick Thomas - Safe Environment Facilitator

Melvina Lawson - Safe Environment Facilitator



Regina Coeli Child Development Center is a private non-profit organization. We are excited to partner with you on your child's educational journey. As we value parents and guardians as the first educators of their children.

Regina Coeli Child Development Center is committed to providing a safe and nurturing environment for all children in our care. We prioritize their health, safety, and well-being, and strive to promote healthy lifestyles and ensure the physical, emotional, and developmental needs of each child are met. Our staff are trained in first aid, child protection, and safety procedures, and we maintain open communication with parents/guardians regarding their child's health and safety.

We believe that open lines of communication between parents, teachers, other RCCDC staff and students are key to promoting a learning environment that is conducive to learning.

We provide a Parent Handbook that is a great resource to refer to throughout the year. The Parent Handbook provides essential information and guidance for our program.

Below you will find pertinent information regarding your children's center and classroom.

Hours of attendance:

Early Head Start Children (EHS) 7:30am - 2:45pm

Head Start Children (HS) 7:30am - 2:00pm

All Children will be dismissed at 2:00pm on Wednesdays

Method of Communication: **The Band App** - Please download the BAND app, as this is the preferred method of communication to relay important information regarding the center, upcoming events, activities, bus information, and closures.

The Center Manager is:

Your child's teacher is:

Your child's Family Advocate is:

Head Start Center Name:

Address: _____ (phone number): _____

■ **Emergency Closure** ■ ■ ■ ■

◆ **Important Reminder**

Emergency closures are communicated by phone and BAND. Please keep notifications turned on.

Closures will be made by the Strategic Design Impact team. In the event the center must close due to an emergency during the school day, we will notify you by phone and Band of the center's closing.

■ Fees: ■ ■ ■ ■ ■

Early Head Start and Head Start services are provided free. At no time will children or families be assessed a fee for the regular service day. Extended services outside of the Head Start day (before care and/or aftercare) do require payment.

■ Open Door Policy: ■ ■ ■ ■ ■

Feel free to visit your Head Start center at any time. You are welcome to observe your child in any activity throughout the day and to volunteer in the program. All parents, guardians and visitors must sign in at the office and be accompanied by a staff member while at the center. There might be times, based on Licensing and LDHH guidelines, that the center will have to limit the number of visitors and access to the classrooms. If you have any questions about the program or services, speak to any staff member. If we can do anything to make your child's first school experience better, let us know. We look forward to working with you and thank you for enrolling your child in our program.

■ Smoke-Free, Drug-Free, and Weapons-Free Campuses ■ ■ ■ ■ ■

All RCCDC operated programs provide a smoke-free, drug-free, and weapons-free campus.

A Smoke-Free campus means that you should extinguish all tobacco/vaping products before you turn into the center's driveway. Smoking is not allowed by staff, parents, volunteers, or visitors in any area of the center's property, including driveways, parking lots (even if it is in your own car), restrooms, outdoor learning areas, classrooms, offices, kitchens, hallways, closets, training facilities, buses, and privately owned vehicles while being used to transport children, parents, or staff to a program activity or service.

A Drug-Free campus means that children or adults, including staff, parents, volunteers, or visitors to the center shall not appear at any RCCDC facility or center sponsored activity with unauthorized controlled substances or alcohol in their possession or under the influence of unauthorized controlled substances and alcoholic beverages. The sale or use of such substances is prohibited on RCCDC property and at center sponsored activities.

A Weapons-Free campus means that children or adults, including staff, parents, volunteers, or visitors to the center, may not bring weapons of any kind onto any RCCDC property or to any center sponsored activity, including but not limited to firearms, bombs, or knives. The only exception to this rule is for on-duty law enforcement officers in uniform.

■ Child Care Licensing Standards ■ ■ ■ ■ ■

All Regina Coeli Child Development Center operated programs are licensed by the State of Louisiana, Department of Education as Type "III" Early Learning Centers. Licensing surveys/inspections, regulations, and information regarding early learning centers can be found on the department's website in Bulletin 137. Any significant, unresolved licensing complaints can be submitted to the department.

■ Louisiana Licensing Contact Information ■ ■ ■ ■

Department of Education; Division of Licensing www.louisianabelieves.com P.O. Box 4249 Baton Rouge, LA 70821

Phone: (225) 342-9905

FAX: (225) 342-2498

■ Nondiscrimination Statement effective 5/22: ■ ■ ■ ■

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g. Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 7202600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 8778339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Compliant Form which can be obtained online at: USDA

Program Nondiscrimination Complaint Form, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA.

The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:

U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW Washington, D.C. 20250-9410; or

2. fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov.

This institution is an equal opportunity provider.

■ Child Care Criminal Background Check (CCCBC) ■ ■ ■ ■

Regina Coeli is committed to ensuring the health and safety of all children, families, employees and volunteers and that the community is as safe as possible. This policy sets forth Regina Coeli's procedures for conducting background checks for all staff positions.

■ Policy ■ ■ ■ ■ ■

Federal performance standards (45 CFR Chapter XIII, Subchapter B, Subpart I, 1302.90 b) and Louisiana licensing regulations (CCDF Bulletin 137, Chapter 18) mandates Regina Coeli Child Development Center to obtain a finger-print based Child Care Criminal Background Check (CCCBC) determination on all employees from the Louisiana Department of Education prior to employment and every 5 years thereafter.

Ongoing employment and/or any offer of employment is contingent on a Determination of CCCBC Eligibility by the Louisiana Department of Education.

■ Procedure ■ ■ ■ ■ ■

The Louisiana Department of Education shall determine whether a person is either eligible, provisional, or ineligible for childcare purposes.

■ New Employees: ■ ■ ■ ■ ■

Prior to employment Regina Coeli will request a determination of eligibility from Louisiana Department of Education.

Any offers of employment are contingent on receiving an eligible for employment determination.

Any person receiving an ineligible for employment determination is not able to be considered for employment with Regina Coeli.

Any person receiving a provisional determination will fall under the Regina Coeli's CCCBC monitoring guidelines.

It is the responsibility of the employee to comply in a timely manner with all instructions from the Department of Education to clear their provisional determination.

■ Current Employees: ■ ■ ■ ■ ■

Every five years from initial CCCBC determination Regina Coeli will request a new determination for current employees.

Any employee receiving an ineligible for childcare determination will be immediately placed on administrative leave without pay and recommended for termination. (CCDF Bulletin 137, Chapter 18, 1819 A).

It is the responsibility of the employee to inform the immediate supervisor or the Human Resources Director of any of the following:

final conviction or a plea of nolo contendere to any of the crimes listed in R.S. 15:587.1(C), or those of a jurisdiction other than Louisiana which would constitute a crime under the provisions cited in R.S. 15:587.1(C); becoming registered or required to register on the Louisiana sex offender and child predator registry, any other state sex offender registry, or the national sex offender registry; or

having name recorded on the Louisiana state central registry of child abuse and neglect or any other state registry of child abuse and neglect.

It is the responsibility of the Center Manager to provide written notice to the licensing division within 24 hours of notice of any occurrence under statement 2 or 3 written above.

■ Monitoring Guidelines: ■ ■ ■ ■

A provisionally employed staff member may be counted in the child to staff ratios but must be always monitored in accordance with the following:

A monitor of a provisionally employed staff member must be an adult staff member for whom the center has a CCCBC-based determination of eligibility for childcare purposes, (or prior to October 1, 2018, a satisfactory CBC), who is designated by the center to monitor a specific provisionally employed staff member.

The center must designate a monitor for each provisionally-employed staff member present at the center.

The monitor shall be physically present at the center at all times when the provisionally- employed staff member is present at the center.

Monitors must remain within close enough physical proximity of their designated provisionally-employed staff members to be able to intervene at any time if intervention is needed.

A monitor shall perform at least one visual observation of each designated provisionally- employed staff member every 30 minutes.

The center may designate one monitor for up to a maximum of five provisionally-employed staff members at any given time.

At least one monitor must be physically present at all times in any room during naptimes if a provisionally-employed staff member is present.

The center shall have a log or other written documentation of the monitoring of provisionally-employed staff members identifying each provisionally employed staff member, the designated monitor for each, and the times of the visual observations.

■ **Regina Coeli Child Development Centers** ■ ■ ■ ■ ■

<p>Bogalusa Head Start 1202 Erie Avenue Bogalusa, LA 70427 (985)-735-5668 Services: Pre-K, Early Head Start</p>	<p>Central Tangipahoa Head Start 728 E. Railroad Avenue P.O. Box 472 Independence, LA 70443 (985)-878-9856 & 878-9881 Services: Pre-K & Early Head Start</p>	<p>Covington Head Start 73134 E. Stadium Drive Covington, LA 70433 (985)-893-0053, 893-2792, 892-8638 & 892-8626 Services: Pre-K & Early Head Start</p>
<p>Franklinton Head Start 531 Hilltop Drive Franklinton, LA 70438 (985)-839-5422 & 839-9554 Services: Early Head Start & Pre-K</p>	<p>O.W. Dillon Elementary School 1459 Service Rd. Kentwood, LA 70444 (985)229-8225 Services: Pre-K</p>	<p>Early Foundations Family Center 800 N Morrison Blvd Hammond, LA 70403 985-602-4093 Services: Early Head Start</p>
<p>Lacombe/Mandeville Head Start 60366 S. 24th Street Lacombe, LA 70445 (985)-882-5610 & 882-7094 Services: Pre-K</p>	<p>Livingston Head Start 25753 Walker South Road Denham Springs, LA 70726 (225)-665-8629 & 667-2156 Services: Pre-K & Early Head Start</p>	<p>North Tangipahoa Head Start 63508 Roch Road Roseland, LA 70456 (985)-748-5196 & 748-3858 Services: Early Head Start & Pre-K</p>
<p>Pearl River Head Start 63631 Hwy 11 Pearl River, LA 70452 (985)-863-3660 & 863-3681 Services: Pre-K & Early Head Start</p>	<p>Perrin Early Learning Center 350 Ash St. Ponchatoula, LA 70454 (985)-386-9734 Services: Pre-K</p>	<p>Robert Head Start 22476 Hwy 190 East Robert, LA 70455 (985)-318-8812 Services: Early Head Start, Pre-K</p>
<p>SLU Head Start 125 Lion Lane Hammond, LA 70401 (985)-277-1516 & 277-1519 Services: Early Head Start & Pre-K</p>	<p>Slidell Early Head Start 61260 Airport Road Slidell, LA 70460 (985)-605-5070 Services: EHS</p>	<p>Springfield Head Start 31100 Carter Cemetery Rd Springfield, LA 70462 (225)-294-5811 & 294-2764 Services: Pre-K, EHS</p>
<p>St. Helena Head Start 77 Greensburg Street P.O. Box 88 Greensburg, LA 70441 (225)-222-4500, 222-6115 Services: Pre-K & Early Head Start</p>	<p>RCCDC Expectant Families Program Servicing All Parishes</p>	<p>Administrative Offices 22476 Hwy 190 Robert, LA 70455 (985)-318-8800</p>

■ Program Options ■ ■ ■ ■ ■

■ Expectant Family Services ■ ■ ■ ■ ■

We provide Early Head Start services to expectant families within our service area. This program offers services beginning and during pregnancy and continuing through the child's first year after birth. Services include prenatal education, access to community resources, and guidance on postnatal care to support healthy outcomes for both parent and child.

■ Early Head Start Program ■ ■ ■ ■ ■

Early Head Start is a center-based program available to children between the ages of 6 weeks up to 3 years. Learning is based on building relationships, trust, and well-being. Lesson plans are individualized for each child and the daily schedule ensures consistency in routines.

■ Head Start Center Based Program ■ ■ ■ ■ ■

The center-based program option provides children aged three to five with classroom experiences planned by qualified teachers to promote developmental growth in all areas. Individualized planning ensures that the specific needs of each child are met in a safe, nurturing learning environment. Teachers and parents meet at least four times per year to set and update goals for the child.

#BUILT4THIS SECTION

Family Partnership & Communication

Parent rights, responsibilities, communication tools, confidentiality, and shared partnership expectations.



■ Parent Roles ■ ■ ■ ■ ■

Parent and family participation and involvement are essential to the success of the Head Start program. We believe that parents and family members are their child's first teachers and are valuable contributors to our program. For this reason, we have very high expectations for families.

■ Parent Rights ■ ■ ■ ■ ■

My rights as a parent or guardian in the program include:

To be recognized as my child's primary educator.

To be treated with respect by the Head Start employees.

To be welcomed in my child's classroom. I may visit the center at any time during its hours of operation (without advance notice).

To receive information and guidance from the Head Start teacher about my child's progress and development, including regular progress reports from my child's teacher.

To participate in discussions about my child's progress and set goals for my child's learning and development.

To be supported as an advocate for my child. In the event that my child has a diagnosed disability or is referred to for a concern; I will be involved with the local school district in creating an Individualized Education Plan, and will be kept informed on my child's progress in meeting his/her goals.

To participate in decisions regarding my child's center and the Head Start program. My ideas and suggestions will be valued, and I will have opportunities to share them with staff and other parents. Opportunities include Parent Center Committee Meetings, and Policy Council meetings.

To be informed about resources within the community related to education, health, social services, employment.

To review and ask for clarification on policies and procedures.

If unable to resolve at the local center level, submit any concerns regarding the center's alleged violation of the licensing requirements to the state Licensing office.

To report any concerns about child abuse or neglect occurring at the center to the state Licensing office.

■ Parent Responsibilities ■ ■ ■ ■ ■

My responsibilities as a parent/guardian in the Head Start program include:

Ensure my child attends school consistently and on time to support his/her development.

Participate actively in the program and take advantage of the opportunities that the program offers.

Adhere to the Regina Coeli Child Development Center Adult Conduct Policy.

Work with teachers, staff, and other families in a cooperative manner.

Be open to new ideas and experiences that can benefit me and my children.

Help make the Head Start program better by offering my opinions, constructive criticism, and suggestions.

Ask questions of my child's teacher, Family Advocate, the Center Manager or other members of the staff.

Reinforce what my child learns at school by working with my child at home.

Ensure my child is up to date on all required medical and dental screenings.

Follow up on any medical/developmental screenings with concerns for my child immediately.

Participate in orientation process as part of the transition to a new school. This process occurs with all "new" children throughout the program year.

Participate in two home visits each year with my child's Teachers.

Participate in home visits with the Family Advocate assigned to my family.

Participate in two Parent/Teacher Conferences per year.

Volunteer with my child's program.

Ensure my child has extra clothing at the center.

■ Social Media ■ ■ ■ ■ ■

Regina Coeli Child Development Center (RCCDC) recognizes that parents have the right to express themselves on social media platforms. We ask that parents use respectful and positive language when referring to RCCDC or any associated RCCDC site. If there are issues or concerns with any RCCDC site, please contact the center manager to address the concerns. If the concern is not resolved, the center manager will follow the RCCDC chain of command to address the matter. To protect the health, safety, and well-being of our children and staff, we ask for an opportunity to address all concerns so that we correct them in a timely manner.

Furthermore, please visit our website for a direct link that allows for all complaints or concerns under the "Contact Us" forum at www.rccdc.org.

■ Parent Communication ■ ■ ■ ■

◆ Communication Reminder

Please keep your phone number, address, emergency contacts, and BAND notifications current.

To meet your child and family needs, it is vital that we positively communicate with each other. We will communicate with you by phone, letters or notes sent home with your child, monthly newsletters, and home visits as needed. Your child's Teacher will send weekly messages to you by

using the program called Family Messaging through SmartTeach. Through this weekly form of communication, your child's teacher will be able to share information about his or her progress and center events. Please be sure to partner with your teacher to ensure he/she has your updated contact information.

Please complete your child's Infant/Toddler Parent-Teacher Communication Form daily. The form is in the sign-in binder in the classroom. You are encouraged to use the daily communication form to share information about your child and any changes at home that teachers may need to know about.

Since good communication is so important, please inform your Family Advocate or Center Manager immediately of any changes in your living or mailing address, telephone numbers, emergency contact phone numbers, or the names of any contact person. Please let your teacher or Family Advocate know of events such as parents being away from home; new persons living in the home; illness or hospitalization of a family member; a death in the family; a move by the family; divorce or separation of parents; or the death of a pet.

Your teacher will schedule two home visits and two parent conferences with you during this program year. Parent Conferences and Home visits maybe held at the center. During Parent/Teacher Conferences, the opportunity to share information about your child and the progress he/she is making in school will be the basis and focus of this meeting. Your family advocate and other staff will make home visits as needed during the year in order to meet with you to talk about the needs of your child or family. You may request a conference with the Center Manager or any staff member at any time.

■ Confidentiality of Records ■ ■ ■ ■

We must obtain a lot of personal information about your child and family to best assist in your child's learning. We will protect this information by following strict confidentiality procedures. If you are the parent or legal guardian of your child, you may have access to any of the information in your child's file. Contact your child's Family Advocate or Center Manager to review any information at any time. Only certain staff members can see your child's file as spelled out in the RCCDC Confidentiality Policy. If we need to share your child's information with another agency, you will be asked to sign a consent form to release the information before it is shared.

■ Photographing Children ■ ■ ■ ■

Unauthorized photographing of Head Start children using any electronic device is not permitted within Head Start facilities or Head Start sponsored activities. Parents may only photograph their own child/children. Video recordings are prohibited.

#BUILT4THIS SECTION

Safety, Conduct & Rights

Adult conduct, mandated reporting, child release, attendance, and grievance procedures.



■ Regina Coeli Child Development Center Policies ■ ■ ■ ■

■ Adult Conduct Policy ■ ■ ■ ■

■ Purpose: ■ ■ ■ ■

One of the primary goals of Regina Coeli Child Development Center is to teach children to recognize, understand, and accept standard rules of social conduct and behavior. A large part of this teaching occurs through the "modeling" of appropriate behaviors by adults who come in contact with the program. For adults, as well as children, some behaviors are unacceptable. The adults in our program shall have a clear understanding of which behaviors are unacceptable. They shall be aware of the consequences for exhibiting unacceptable behaviors.

The Adult Conduct Policy applies to all staff, parents, visitors, etc. while on RCCDC properties, sponsored activities or RCCDC business.

■ Policy: ■ ■ ■ ■

Adults will comply with all Regina Coeli Child Development Center (RCCDC) Policies.

Adults will not use vulgar language while at a Head Start program or while participating in a RCCDC sponsored activity at or away from the center.

Adults shall not drink alcoholic beverages while at a RCCDC facility or while participating in a RCCDC sponsored activity away from the center, including field trips. Adults shall not appear at any RCCDC facility, or RCCDC sponsored activity, under the influence of alcoholic beverages or controlled substances.

The sale or use of such substances is prohibited on RCCDC property and at RCCDC sponsored activities, including bus stops.

Adults are not to fight, cause injury, or take part in any acts of physical violence while at RCCDC facility or while participating in any RCCDC sponsored activity.

Adults shall not threaten, belittle, or treat children, families, employees or the public while at RCCDC or while participating in a RCCDC sponsored activity, including field trips and bus stops.

Adults shall not make false statements about defame, or injure the character of another RCCDC parent, child or employee. Adults should treat others with respect, even in times of conflict and disagreement.

Adults shall not use physical punishment of any form on any enrolled child while at a Head Start program or while participating in a RCCDC sponsored activity, including field trips and at bus stops.

Adults shall not steal anything, regardless of its value, from the RCCDC program, employees or other people working or volunteering at the center.

Adults shall not falsify information on child applications or at the time of enrollment. Nor shall they falsify information on travel or any reimbursement forms.

Adults shall not bring weapons onto any RCCDC facility or to any RCCDC sponsored activity away from the center, including, but not exclusively, firearms and knives.

Adults should dress appropriately while at the center or at center sponsored activities. Appropriate dress includes wearing shoes and clothing that is not:

offensive

revealing

containing profanity, or

promoting the use of alcohol, drugs or weapons.

Adults should not engage in any sexual activity at a RCCDC facility or while participating in any RCCDC sponsored activity.

■ Child Abuse and Neglect Reporting Policy ■ ■ ■ ■

"As mandated reporters, staff members working for Head Start and Early Head Start programs are legally obligated to report suspected child abuse or neglect to the appropriate state child protection agency" (ACF-IM-HS-15-04).

Staff members are required to report incidents where there is a reasonable suspicion that abuse or neglect has occurred, or there is a substantial risk that abuse or neglect may occur, either in the care of a Head Start agency or outside of the program. It is not the responsibility of the staff person or the Head Start program to investigate whether abuse or neglect occurred, but rather to report probable incidents. Attempts by staff members to investigate reports can jeopardize the accuracy of the official investigation conducted by law enforcement and/or child protective services.

All RCCDC employees, substitutes, volunteers, Foster Grandparents and any other staff member are considered mandated reporters of child abuse and neglect in the state of Louisiana (LA CHC 603 (17)).

■ Definition of Abuse/Neglect: ■ ■ ■ ■

As defined in the Louisiana Children's Code, abuse is "the infliction by the caretaker of physical or mental injury or the causing of deterioration of a child." Neglect is defined as "the failure by a caretaker to provide

for a child the proper or necessary support or medical or surgical or any other care necessary for the child's well-being."

■ Types (taken from Louisiana Child Welfare Information Gateway): ■ ■ ■ ■

Physical abuse is non-accidental physical injury (ranging from minor bruises to severe fractures or death) as a result of punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting (with a hand, stick, strap, or other object), burning, or otherwise harming a child, that is inflicted by a parent, caregiver, or other person who has responsibility for the child. Such injury is considered abuse regardless of whether the caregiver intended to hurt the child. Physical discipline, such as spanking or paddling, by a parent and/or guardian is not considered abuse if it is reasonable and causes no bodily injury to the child.

Neglect is the failure of a parent, guardian, or other caregiver to provide for a child's basic needs.

Neglect may be:

Physical (e.g., failure to provide necessary food or shelter, or lack of appropriate supervision)

Medical (e.g., failure to provide necessary medical or mental health treatment)²

Educational (e.g., failure to educate a child or attend to special education needs)

Emotional (e.g., inattention to a child's emotional needs, failure to provide psychological care, or permitting the child to use alcohol or other drugs) Sexual abuse includes activities by a parent or caregiver such as fondling a child's genitals, penetration, incest, rape, sodomy, indecent exposure, and exploitation through prostitution or the production of pornographic materials.

Emotional abuse (or psychological abuse) is a pattern of behavior that impairs a child's emotional development or sense of self-worth. This may include constant criticism, threats, or rejection, as well as withholding love, support, or guidance. Emotional abuse is often difficult to prove, and therefore, child protective services may not be able to intervene without evidence of harm or mental injury to the child.

Abandonment is now defined in many States as a form of neglect. In general, a child is abandoned when the parent's identity or whereabouts are unknown, the child has been left alone in circumstances where the child suffers serious harm, or the parent has failed to maintain contact with the child or provide reasonable support for a specified period. Some States have enacted laws—often called safe haven laws—that provide safe places for parents to relinquish newborn infants.

Substance abuse is an element of the definition of child abuse or neglect in many States.

Circumstances that are considered abuse or neglect in some States include the following:

Prenatal exposure of a child to harm due to the mother's use of an illegal drug or other substance.

Manufacture of methamphetamine in the presence of a child.

Selling, distributing, or giving illegal drugs or alcohol to a child.

Use of a controlled substance by a caregiver that impairs the caregiver's ability to adequately care for the child.

■ Making the Report: ■ ■ ■ ■

If the alleged perpetrator resides outside of the home, a report should be made to law enforcement in the jurisdiction in which the suspected incident of abuse or neglect occurred.

If the alleged perpetrator resides within the home of the child/ren indicated in the report, the report is to be made to the Department of Children and Family Services (DCFS).

Reporters can make non-emergent reports on the DCFS website at www.dcf.louisiana.gov.

The following types of reports are not allowed through the online reporting portal, and must be called in to the Hotline at 1-855-4LAKIDS (1-855-452-5437):

death of a child o drug exposed

newborn o human trafficking o life-threatening injuries o safe haven

sexual abuse with access to the alleged

perpetrator in the home or emergency situations requiring immediate assistance

Dual reporting (reporting to both DCFS and law enforcement) is both permissible and encouraged. If a foster child is the focus of an abuse report, the child's DCFS caseworker must be notified.

If a mandated reporter makes an oral report to the DCFS Hotline, the reporter must follow with a written report within five (5) days, which can be done through the online reporting portal.

According to Louisiana Administrative Code, Title 28, Part CLXI, Bulletin 137, Louisiana Early Learning Center Licensing Regulations, ... "an early learning center shall not delay the reporting of suspected abuse or neglect to the Child Protection Statewide Hotline in order to conduct an internal investigation to verify the abuse or neglect allegations; and an early learning center shall not require staff to report suspected abuse or neglect to the center or management prior to reporting it to the Child Protection Statewide Hotline."

However, reporters can choose to call upon their Center Manager and/or appropriate content area Specialists, if desired.

All reports are to be made as quickly as possible, following the reporter becoming aware of the incident. Reports should not be made more than three hours after the initial observation and/or disclosure of child abuse and/or neglect.

Staff shall make reports on borderline situations to allow DCFS to make the final decision to investigate. It is not the role of the reporter to question the action or inaction of DCFS or Law Enforcement; it is merely the staff's role to report every incident of suspected abuse or neglect. It is not the role of the reporter to initiate an investigation or collect evidence including taking pictures or questioning the child.

If a reporter feels that a child/ren are in immediate danger, this concern must be conveyed to DCFS and/or Law Enforcement.

The report shall contain the following information, if known:

The name, address, age, sex and race of the child.

The nature, extent, and cause of the child's injuries or endangered condition, including any previous known or suspected abuse or neglect to this child or the child's siblings.

The name and address of the child's parent(s) or other caretaker(s).

The names and ages of all other members of the child's household.

The name and address of the reporter (use Head Start address) - reports can be anonymous.

An account of how this child came to the reporter's attention.

An explanation of the cause of the child's injury or condition offered by the child, the caretaker, or any other person.

The number of times the reporter has filed a report on the child or the child's siblings.

Any other information that the reporter believes might be important or relevant.

Any incidents occurring while the child is at the RCCDC center.

■ Penalties for Failure to Report (Children's Code art. 609; Rev. Stat. 14:403(A)(1)): ■ ■ ■ ■

Violation of the duties imposed upon a mandatory reporter subjects the offender to criminal prosecution.

Any person who is required to report the abuse or neglect of a child and knowingly and willfully fails to do so shall be fined no more than \$500 or imprisoned for no more than six months, or both.

Any person who is required to report the sexual abuse of a child, or the abuse or neglect of a child that results in the serious bodily injury, neurological impairment, or death of a child and knowingly and willingly fails to report shall be fined no more than \$3,000, or imprisoned with or without hard labor, for no more than 3 years, or both.

Any person who is age 18 or older who witnesses the sexual abuse of a child and knowingly and willfully fails to report the sexual abuse to Law Enforcement or to DCFS as required by law shall be fined no more than \$10,000 or imprisoned, with or without hard labor, for no more than 5 years, or both.

■ False Reporting (Children's Code art. 609; Rev. Stat. 14:403(A)(3)): ■ ■ ■ ■

The filing of a report that is known to be false may subject the offender to criminal prosecution. Any person who reports a child as abused or neglected or sexually abused to DCFS or Law Enforcement knowing that such information is false shall be fined no more than \$500 or imprisoned for no more than 6 months, or both.

■ ELECTRONIC DEVICES PRACTICES POLICY ■ ■ ■ ■

■ POLICY ■ ■ ■ ■

Regina Coeli Child Development Center operates under the philosophy and guidance for Developmentally Appropriate Practices as the most effective method of classroom operation for children under the age of six. Therefore, the use of any electronic devices as a teaching tool is either limited or prohibited.

■ PROCEDURES ■ ■ ■

These classroom practices include all activities involving electronic devices, including but not limited to television, movies, games, videos, computers and handheld electronic devices, shall adhere to the following limitations:

Electronic device activities for children under age two are prohibited.

Time allowed for electronic device activities for children ages two and above shall not exceed two hours per day, with the exception that television, DVD, or video viewing shall be limited to no more than one hour per day.

Computers that allow internet access are not used by children.

Programs, movies, and video games with violent or adult content, including but not limited to soap operas, television news, and sports programs aimed at audiences other than children, shall not be permitted in the presence of children.

All television, video, DVD, or other programming shall be suitable for the youngest child present.

"PG" programming or its television equivalent shall not be shown to children under age five.

Any programming with a rating more restrictive than "PG" is prohibited.

All video games shall be suitable for the youngest child with access to the game

■ Child Release Policy ■ ■ ■

Purpose

In keeping with Louisiana Child Day Care Center Class "A" Minimum Standards, Regina Coeli Child Development Center (RCCDC) will ensure a daily attendance record for children to include the time of arrival and departure of each child and the name of the person to whom the child was released.

■ Policy ■ ■ ■

Regina Coeli Child Development Center (RCCDC) is committed to ensuring the safety and wellbeing of all enrolled children as they leave the care and responsibility of trained RCCDC staff. A child shall never be released to anyone unless authorized in writing by the parent/ guardian. A child may be released to a legal parent (as indicated on the birth certificate) or guardian (as indicated on custody agreements) with the following exceptions:

A child shall not be released to a non-custodial parent as indicated by a legal document in the child's master file, or

A child may not be released to a parent for whom there is a restraining order on file as issued by a law enforcement agency.

The procedures developed herein shall be in effect for all children whether released from RCCDC centers, from buses owned and/or operated by RCCDC, or from staff vehicles in the rare instances when children are

transported home by staff. Photo identification, including LAWallet must be shown for a child to be released.

In the event children are left at the center or returned on the bus, the staff person in-charge shall contact everyone listed on the child release form. After all efforts are exhausted to contact someone listed on the child release form, the Center Manager or the designated staff member in-charge shall call the local police department and explain the situation and ask for assistance from the police in locating the child's parent/guardian and/or getting the child home safely. Subsequently, on the next working day, a report shall be made to the Department of Children and Family Services Service (child protective services) regarding the incident, which is deemed to be child "neglect".

■ Attendance ■ ■ ■ ■

◆ Parent Action Step

Call the center as soon as possible when your child will be absent so staff can confirm your child is safe.

Head Start Performance Standards state that a program must implement a process to ensure children are safe when they do not arrive at school. If a child is unexpectedly absent and a parent has not contacted the program within one hour of program start time, the program must attempt to contact the parent to ensure the child's well-being.

Head Start Performance Standards at a minimum is that a child maintains an 85% monthly attendance. When the child's attendance falls below 85%, the Center Manager and assigned Family Advocate will review the pattern of absences, reasons for absences as well as the number of absences that occur on consecutive days. Family support services will be offered by the program to assist the family with concerns that may be affecting the child's attendance and at the same time improving the child's attendance to 85% or better. This support may involve the family and the assigned Family Advocate entering an IFPA - Individualized Family Partnership Agreement in which the goal again is to improve the child's attendance to 85% or better.

Excessive absences (missing more than twice per month) or failure to contact the center/respond to staff can result in your child's spot being vacated.

■ Center, Parent, or Community Member Grievance Policy ■ ■ ■ ■

Purpose

In keeping with Head Start performance standards and State Licensing requirements for Type III Child Care Centers, Regina Coeli Child Development Center (RCCDC) shall have a policy defining a parent or community member's right to file a grievance and the procedure for completing such.

■ Policy ■ ■ ■ ■

In keeping with the agency's mission, RCCDC recognizes there may be occasions in which a parent, guardian, or community member has reason to question the activities, policies, procedures, or philosophy of the Head Start programs RCCDC operate or oversee or might question the actions of a staff member employed by the agency.

■ Definition of Grievance ■ ■ ■ ■

The term "grievance" is used to describe the dissatisfaction of a parent, guardian, or community member with certain conditions beyond her/his control, including but not limited to the following: unfair treatment of a child or family, disrespectful treatment by a Head Start employee or volunteer, or inconsistent adherence to Regina Coeli Child Development Center policies and procedures.

■ Right to File a Grievance ■ ■ ■ ■

Head Start children and their family members shall be treated fairly in all respects. Any parent, guardian, or community member who feels that she or he has been subject to unfair treatment must present her/his grievance to the Center Manager for prompt consideration and a fair decision.

A parent, guardian, or community member has the right to express grievance without fear of discharge of her/his child, restraint, interference, coercion, discrimination, reprisal, or retaliatory action. This principle also applies to any other person taking part in the presentation of a grievance either as a witness or a family representative.

It is the responsibility of the Center Manager to hear all grievances registered in good faith by a parent, guardian, or community. The Center Manager shall try to clarify misunderstandings. All problems will be settled whenever possible, at the lowest level by the Center Manager.

If the parent is unable to resolve the grievance at the center level, the parent may contact the Director of the Center Manager at 985-318-8800 to present his/her concern.

If the parent is unable to resolve the grievance with the Program Director, the parent may present his/her concern or complaint in writing to the Executive Director and request a hearing with the grievance committee.

The Executive Director of Regina Coeli Child Development Center is Dr. Josalyn Brown.

Email: jrobinson@rccdc.org Phone: (985) 318-8800.

If you have any significant, unresolved complaints about how licensing standards are followed, you may contact state licensing officials at:

Department of Education, Division of Licensing
P.O. Box 4249 Baton Rouge, LA 70821

www.louisianabelieves.com Phone: (225)
342-9905 Fax: (225) 342-2498

#BUILT4THIS SECTION

Education & School Readiness

Curriculum, school readiness, classroom routines, field trips, and safe learning environments.



■ Program Services ■ ■ ■ ■

■ Education Services ■ ■ ■ ■

You are your child's most important teacher. Young children learn academic and social skills by playing with objects and interacting with people. Classrooms have materials to help your child learn early reading, writing, math, and science skills based on his/her developmental level. In the Preschool Classrooms, Regina Coeli Smart Boards will be used to enhance and expand the Curriculum /School Readiness Goals. In addition, the Ignite by Hatch is an electronic tablet also used in the HS classrooms that provides the children with experiences to support their development in math and literacy. All HS parents are encouraged to sign up to access the Ignite activities at home.

In accordance to the Louisiana Early Learning Center Licensing Regulations: "electronic device activities for children under age two are prohibited; and time allowed for electronic device activities for children ages two and above shall not exceed two hours per day, with the exception that television, DVD, or video viewing shall be limited to no more than one hour per day." Your child's teacher will then plan learning activities based on these assessments. Parents are encouraged to access their child's SmartTeach profile online. Parents are to participate, be informed, and have input into their child's educational curriculum.

The daily classroom schedule for pre-k children provides large group, small group, and individual activities, as well as a balance of active and quiet learning experiences throughout the day. The daily schedule for infants and toddlers provides a less structured daily schedule of age-appropriate activities and learning experiences.

Teachers work with preschool aged children to develop five Central Domains: Social & Emotional Development, Approaches to Learning, Language & Literacy, Perceptual, Motor, and Physical Development, and Cognition. Children learn these skills by participating in learning centers, outdoor learning, group time, individual activities, meals, and rest time. Teachers assess children during the program year to check their progress in these skill areas.

Your child will be more successful when you are involved with his/her learning. You can do this by reading to your child every day, working with your child's teacher to develop lesson plans, meeting with your child's teacher to set goals for your child, asking your child's teacher for activities to work on at home with your child, limiting TV or video game time, or talking and listening to your child about his/her day. The Home-to-School Connect Calendar is a good resource for parent-child activities.

■ School Readiness ■ ■ ■ ■

◆ Built for Kindergarten

Every learning experience supports social-emotional growth, language, literacy, problem solving, and independence.

School readiness is a measure of how prepared a child is to succeed in school, cognitively, socially, and emotionally.

The areas we concentrate on for School Readiness are:

Approaches to Learning - Children will demonstrate positive ways to approach learning and will show a desire to learn.

Social and Emotional Development - Children will form and continue positive relationships with adults and other children, control their feelings and behaviors and develop a positive self-concept and a positive attitude about their own ability to do things.

Language and Literacy - Children will listen and understand language, use language to express thoughts and needs, engage in conversation, and demonstrate knowledge of print and its use.

Cognition - Children will develop the ability to reason, remember, solve problems and use skills that help them experiment, understand and organize their world.

Perceptual, Motor, Physical Development - Children will learn to use their senses to gather information and respond to the world around them. Children will learn to crawl, walk, run and hop, use paint brushes, scissors, buckle, button, zip and practice health and age-appropriate safety habits. Children will develop healthy eating habits and learn to make nutritious food choices.

In each of these categories, there are a set of skills that will prepare your child for kindergarten and throughout the program year. We, the staff at RCCDC, will work hard to ensure that every child has reached his or her full potential.

■ Off-Site Field Trips ■ ■ ■ ■

Children will take field trips, when age appropriate, to gain new experiences. You must sign a permission form before your child can go on a field trip. If you do not sign the permission form or do not want your child to attend a field trip, he/she can spend the day in another classroom. Field trip volunteers should plan to attend field trip orientation prior to chaperoning a field trip. If you chaperone, non-Head Start children will not be permitted to participate in the field trip.

RCCDC will follow guidance and recommendations given by the Louisiana Department of Health and Department of Licensing concerning field trips.

■ Dress Code ■ ■ ■ ■

Please dress your children each day in play clothes that can get dirty; clothes that your child can take on or off by himself/herself to use the bathroom; and shut them in shoes so that your child can run, jump, or climb in safely. Children are not allowed to wear flip flops. Infants and toddlers are not allowed to wear hair beads, barrettes, bows on any type of clip, jewelry, or pacifier holders.

■ Toileting Guidance ■ ■ ■ ■

Young children need the close supervision of an adult during toileting. Children who go to the bathroom without proper supervision often do not complete the toileting process. It is important for caregivers/teachers to recognize that the need to assist young children with toileting is a critical part of their work and that their attitude regarding this is equally important as they teach children self- help skills.

Steps to ensure appropriate toileting:

During a Bowel Movement

As the child enters the bathroom the teacher monitors it (and assists as needed).

Using a calm voice, the teacher will guide the children through the cleaning process. - Get toilet paper

Wipe

Continue wiping until no feces is visible on the toilet paper

Pull up clothes

Flush toilet

Go wash hands

■ Safe Sleep Policy ■ ■ ■ ■

Regina Coeli Child Development Center, in accordance with Head Start Program Performance Standards (1302.47)(5)(ii) provides sleeping arrangements for infants with firm mattresses and does not allow soft bedding materials such as comforters, pillows, fluffy blankets or stuffed toys. Safe sleep procedures are acknowledged as a high priority, and children are placed on their back to sleep.

According to the Louisiana Early Learning Center Licensing Regulations §.1909 Safe Sleep Practices, written and signed authorization from a physician is required for an infant to sleep in a car seat or any other sleeping device while at the Early Learning Center. Authorization shall include the amount of time the child is allowed to remain in the stated device. Written notice of the specifically authorized sleeping position shall be posted on or near the crib.

#BUILT4THIS SECTION

Family Engagement

Parent leadership, volunteering, Policy Council, ReadyRosie, and family partnership opportunities.



■ Parent, Family, and Community Engagement ■ ■ ■ ■ ■

◆ Family Engagement Reminder

Your voice matters. Parent participation strengthens classroom, center, and program-wide decisions.

It is the belief of Regina Coeli Child Development Center and Head Start and Early Head Start that parents are the first and most important teachers in the lives of their children. It is our goal to engage parents in our programs and the education of their children through a variety of methods, activities, and opportunities at each of our centers.

Parents can anticipate an open-door policy at each center. You are welcome to visit your child at any time throughout the day. We want parents to interact with their child and share their individual talents with the other children enrolled in our classrooms. Parents are welcome to become regular volunteers, substitutes, and apply for paid positions within our centers. At least 1/3 of our current staff have been Head Start parents...this is a number we are very proud of at Regina Coeli!

Parents and staff will communicate frequently about the health, education, and well-being of their child. They will be asked for their input in regard to lesson plans, goals for themselves and their child, and program policies or standards. Parents will be asked to take leadership roles in Parent Committee's, to join our Policy Council, and/or additional program committees. We seek parent volunteers to help with our hiring processes and to assist the center with activities.

Parents and staff will also participate in Parent-Teacher conferences, at least two per year to discuss goals and progress of their child. Staff will also complete two home- visits per year to further engage parents in their role in their child's education. In Head Start Family Engagement means building relationships with families to support family well-being, strong parent-child relationships, and ongoing learning. Family Engagement happens in the home, early childhood program, school, and community, and is a shared responsibility between all those who support a child's learning.

The Program Performance Staff will work on:

- enroll and engage the family in a system of ongoing family healthcare.
- engage the family in daily literacy activities with the children in the home.
- engage the family in home activities that support school readiness goals as well as individual goals.
- engage the family in mental health programs that support their identified strengths and needs.
- engage the family in activities that support the unique culture within the family and community.

■ **Opportunities for Family Engagement** ■ ■ ■ ■

Regina Coeli Child Development Center strives to focus on positive child and family outcomes to close the achievement gap and build a better future for children, families and communities. We want your child to build upon the good start you have given them in your home. Parent involvement is the basis for your child's success.

■ **Parent Committee** ■ ■ ■ ■

All Parents of children currently enrolled in the program are automatically members of the Parent Committee at each center. The responsibilities of the Parent Committee are to advise staff in developing and implementing local programs, policies, activities and services, participate in the recruitment of children, elect parent representatives and alternates to the Policy Council communicate to elected representatives' issues for discussion at Policy Council meetings.

■ **Policy Council** ■ ■ ■ ■

Parents may serve on the Policy Council if elected by the parents at their centers. The Policy Council must be made up of at least 51% parents of children presently enrolled, plus representatives from the community who are elected by the parents.

Parents on the Policy Council are responsible for: approving procedures for program planning; approving the program's philosophy and long and short-range goals and objectives; approving the selection of delegate agencies and service areas; approving the criteria for defining recruitment, selection, and enrollment priorities; approving funding applications & amendments to applications prior to submission; helping to resolve community complaints or complaints from other parents.

Parents may be reimbursed for travel to these meetings, for babysitting while attending meetings, or other reasonable expenses incurred by members. Agendas and minutes of Policy Council and parent meetings are available at each center.

■ **Special Classroom Activities and Field Trips:** ■ ■ ■ ■

Share your interest with children by leading an age-appropriate activity, sharing your musical talent or leading an art activity or helping on a field trip.

■ Substitute/ Student Volunteer: ■ ■ ■ ■

■ Substitutes ■ ■ ■ ■

Must apply through ApplicantPro.

Center Managers select applicants and complete the Substitute Processing Form

Substitutes follow the same onboarding process as regular hires.

■ Student Volunteers ■ ■ ■ ■

Initiate request through Center Manager (CM).

CM explains requirements and provides the background application.

Once returned, CM sends completed application, consent, and ID/DL as 3 PDFs to Business & Innovation.

Students must:

Pay state fee for CCCBC using debit/credit.

Complete two-part fingerprint/background process via emails from Louisiana CCCBC and IdentoGO.

Submit health screening documentation.

Only after eligibility and screening are confirmed can students begin volunteering.

Note: Volunteers are not substitutes and cannot be left in charge of children.

■ Parent Meetings and Trainings: ■ ■ ■ ■

Head Start centers will hold parent committee meetings and training throughout the program year. Transportation and childcare will be provided if needed. These meetings will provide the opportunity to share center information, Policy Council reports and current events and to allow parent input into your child's classroom/ curriculum.

All parents who have children enrolled in a particular center or home-based program are members of the parent committee. Staff will review parent committee ideas with the Program Manager and Parent, Family, and Community Engagement Specialist before final approval is given.

Officers are elected and parents and staff use these meetings to exchange ideas and to work together to develop programs.

Parents receive an agenda announcing the upcoming meeting/training time, place, and topics to be covered at the meeting. A copy of the minutes from the previous meeting will be available.

Each parent committee will have a parent activity fund to spend as the group decides within certain guidelines. The amount of this fund will be determined yearly according to the budget.

■ Teacher Conferences (1302.34)(b)(7) and Home Visits (1302.34)(b.)(3) ■ ■ ■ ■

All centers will offer two conferences at the school and two center/home visits during the program year to meet with your child's Teacher or Asst. Teacher. During Parent/Teacher conferences and home visits, Teachers will share information about the center, educational screenings, and child's progress, individual goals developed, and home activities discussed. Parents can request an additional meeting with the Teacher if needed.

Family Advocates are also available to assist families with:

crisis intervention.

support and referral to appropriate community resources.

A link with state and federal benefits.

medical and dental resources.

housing resources.

parent education.

Participating in orientation, parent meetings, home visits, parent/teacher conferences, and events.

Bringing child to class on time and every day because attendance is key to success.

Reading to children every night to encourage a love of learning and build their vocabulary.

Volunteering at Head Start/Early Head Start during the program year.

Keeping all medical and dental appointments

Parent Curriculum

Home To School Connection Calendars

Male Involvement Activities

■ Volunteer Opportunities ■ ■ ■ ■

Parent Committee:

Participate in the leadership of your child's center by attending meetings and discussing issues. Serve on a committee that focuses on specific issues affecting the program, such as health or social services.

Policy Council:

Represent your child's center as the elected representative by attending monthly meetings and voting on many of the important decisions affecting the entire Head Start program. Some functions of Policy Council include:

Serve as the link between center/home base to Policy Council bringing updated information to the parent meetings so other parents will be informed of current changes, grants, and strategic plans.

Serve as a link between public and private organizations, neighborhood councils, the Board of Directors and the community it serves. Initiate suggestions and ideas for program improvement and receive a report on actions taken by the administering agency about its recommendations.

Plan, coordinate and organize agency-wide activities for parents with the assistance of staff.

Recruit volunteer services from parents, community residents and organizations, and mobilize community resources to meet identified needs.

■ Research-Based Parenting Curriculum (Ready Rosie) ■ ■ ■ ■

1302.51 (b) Head Start Performance Standard states a program must, at a minimum, offer opportunities for parents to participate in a research-based parenting curriculum that builds on parents' knowledge and offers parents the opportunity to practice parenting skills to promote children's learning and development. Regina Coeli's parenting curriculum is Ready Rosie.

Ready Rosie is a research-based parenting curriculum that builds parents' knowledge and supports the parent-child relationship. Ready Rosie utilizes the power of video and mobile technology to empower families and schools to work together to promote school readiness. Ready Rosie's "modeled moment" videos in English and Spanish are delivered to families via text, email and app. Head Start and Early Head Start parents are introduced to Ready Rosie during the enrollment process and are encouraged to sign up for the program by providing your child's name, your name as the parent/guardian, your mobile phone number, and your email address. Your assigned Family Advocate will be a partner and support your being active in your child's learning through Ready Rosie.

■ In-Kind and Fundraising ■ ■ ■ ■

You will hear a lot of discussion about "raising in-kind" during the year at your center. We must match every five dollars that we receive from the federal government with one dollar of locally raised in-kind services or cash (20% match). We will never charge you a fee for the program, but the time that you and your family or neighbors volunteer to help your child and teacher at the center or at home counts as "IN-KIND". Parents often want to plan fund raising events to help match the grant. We follow strict guidelines for in-kind and fund raising; therefore, please ask for guidance from your Center Manager.

Your Center Manager and Family Advocate will share more about this at Parent Orientation. They will give you a packet of information with the rules and forms for documenting your volunteer time and services.

■ Disabilities/Early Intervention Services ■ ■ ■ ■

RCCDC supports children's healthy development of their adaptive, communication, cognitive, physical, and social/emotional needs.

In accordance with Head Start Performance Standards, RCCDC provides screenings and ongoing assessments of children to identify the need for services.

If follow-up is needed, we may refer your child for further evaluation. Families are always involved in the referral, evaluation, and goal setting process for a child. Staff members work closely with families and community agencies to provide services to meet the needs of children.

Children may have needs in the areas of speech, language, learning, hearing, vision, behavior, motor development (involving large or small muscles), social or emotional health, and mental health.

If you have concerns about any area of your child's development, you may contact your Family Advocate and/or Early Intervention Assistant for assistance.

■ Mental Health Services ■ ■ ■ ■

Mental health and wellness for children is important for success in school and life. RCCDC programs help children feel good about themselves, develop healthy relationships, manage daily stress and solve problems.

Mental health classroom activities provide children with the social and emotional skills they will need throughout their life. Staff provide materials and opportunities for each child to explore, experiment, create, question and make sense of the world around them.

The classroom structure provides children with opportunities to play and work together, make friends and practice social interaction skills. This is an important part of creating positive mental health and wellness for your child.

It is important to address the mental health and wellbeing of families as well. Many children and their family members have seen or experienced trauma ranging from violence, crime, drug or alcohol addiction, abuse, neglect and/or homelessness.

These experiences can significantly and negatively affect the mental health and wellbeing of the family unit for many years, depending on the person and the experience. Our programs can provide both children and families with the necessary skills to help them cope with adverse and stressful events, as well as assist families during times of need or crisis.

RCCDC contracts with mental health and counseling agencies within our community; and provides referrals for both children and their family members for these beneficial services.

■ Behavior Management Procedures ■ ■ ■ ■

To create a supportive and nurturing environment that promotes positive behavior and social- emotional development among children.

Conscious Discipline techniques are used for classroom management. RCCDC uses Conscious Discipline to build strong relationships with our children, families, and centers.

This behavior management plan aims to foster a safe and supportive learning environment for all children in the Head Start program.

■ Standard Toddler Rules: ■ ■ ■ ■

Keep your hands and feet to yourself; use soft touches
Use a quiet voice (while inside classroom)
Listen quietly
Sit on your bottom (in a chair)

■ Standard Pre-K Rules: ■ ■ ■ ■

Walk while inside (classroom or bus)
Use a quiet voice (while inside classroom or bus)
Listen quietly (during group activities)
Keep your hands and feet to yourself
Sit on your bottom (in a chair, on the floor and on the bus seat)

■ Disciplinary Action Not Permitted in a RCCDC Program ■ ■ ■ ■

The following violations (but not limited to those below) of the Discipline Plan will be grounds for immediate termination of an employee. Parents and Volunteers who violate this policy may be excluded from the center and Head Start activities entirely. (Refer to the Adult Conduct Policy)

- Striking, pinching, aggressively pulling/yanking/squeezing, or thumping a child with the hand or with any object
- Pulling a child's hair or ear
- Withholding a meal, parts of meals, or snacks
- Requiring a child to clean up body fluids or feces from any surface

■ Biting Policy ■ ■ ■ ■

Biting is a developmentally common phase that can occur with young children. Biting is preventable to a degree but may occur in the most well-prepared early childhood setting. Should a bite occur during the day, we will immediately respond to the child who was bitten. We assure him/her and care for the bite.

If your child is bitten and the skin is not broken, we use a cold pack.

If your child is bitten and the skin is broken, we will follow medical advice and clean the bite.

If your child is bitten, we will call you to let you know about the bite.

If your child bites another child, we will call you to let you know about the incident.

In some cases, parental support may be required.

Teachers will complete an incident report and have it signed by you, center staff, and Center Manager/designees. A copy of the incident report will be kept on file at the center. Teachers and Center

Manager/designee will analyze the cause of any ongoing biting. We do have a plan to address the cause of biting, focusing on keeping children safe and helping those who are stuck in biting patterns. Lastly, due to confidentiality we are unable to provide you with the name of the child who bit your child or discuss their personal situation.

RCCDC Staffing Guidance

Staffing's are an opportunity for staff and parents to work together to develop plans to meet the needs of children and families. Many issues can be resolved with good communication amongst center staff and the child's family members. The goal of Staffing's is to identify, develop, review, and document needs, recommendations, interventions, and plans. All staffing participants are expected to maintain professionalism.

There are four parts to the staffing process:

- Identification of needs, concerns, and issues regarding a child and/or family
- Development of plans to address and resolve issues
- Implementation of recommendations
- Monitoring the plan and completing follow-up Participants may include:

- Center Manager
- Center Staff
- Administrative Staff
- Parents/Guardians
- Therapist

Responsibilities of Parent/Guardians:

- Share concerns/ information about child's strengths and any areas of improvement
- Advocate for the needs of the child
- Ask questions to receive clarity
- Complete Questionnaire prior to Staffing with center staff
- Complete observations of child at center as needed

#BUILT4THIS SECTION

Health, Nutrition & Wellness

Screenings, illness guidance, medication, health care plans, nutrition, and CACFP requirements.



■ Health Services ■ ■ ■ ■ ■

◆ Health Partnership

Health records, screenings, and follow-up care help children participate safely and successfully.

A child who does not feel well cannot learn as easily as a healthy child. To participate in the program your child must receive health screenings and follow up services. Health and developmental screenings are an important requirement for your child as well as any required follow-up treatments. It is important for you to go with your child to appointments and to follow up on concerns. It is important for you to keep appointments and be on time. If you need help scheduling an appointment, please talk to your Advocate or Center Manager.

Your Advocate will work with you to develop a relationship with the doctor and dentist of your choice. She/he will be available to help you get the health services needed for your child. Please notify your Advocate of the dates of appointments. She/he can assist you with transportation to appointments and/or babysitting if she/he knows in advance about your needs.

See the following information about required screenings and when to keep your child home from school due to illness.

■ Health Screenings ■ ■ ■ ■ ■

Health screenings are an important part of eliminating any health problems that might keep your child from learning. They may be completed prior to enrollment but must be completed within the first 45-90 days of enrollment. We will help you address any concerns, problems or needs identified so your child can receive follow-up diagnosis and treatment. Your Family Advocate will assist you in any way needed to complete all these screenings, examinations, or follow-up treatment. Your Advocate can help you make appointments, help with transportation if needed, and suggest resources to help pay for the services if you do not have insurance.

Each child enrolled in our program will receive health screenings based on the EPSDT SCHEDULE adopted by the State Office of Public Health. The schedule includes a complete physical examination, and a record of current immunizations must be given to the Center Manager or Family Advocate in order for your child to begin classroom activities. Head Start policies require us to have a current record of immunizations.

As part of the physical examination, other screenings must be completed within 45-90 days of your child's first day. These screenings include vision, hearing, nutritional assessment, height and weight measurement, hemoglobin or hematocrit, lead, speech, and a developmental screening. We will help you schedule a dental examination for your child within the first 90 days of enrollment, if your child has not had one recently.

The following list explains the health screenings that are important to ensure that your child is healthy and ready to learn. If any screening shows a need for further evaluation with a health professional, a family or resource advocate will assist with making appointments, reminders, transportation, etc.

Blood Lead Screening: a blood test used to identify your child's exposure to lead. Exposure to lead can cause severe problems including reduced mental IQ, intellectual disability, hyperactivity, learning disabilities, coma and death.

Blood Pressure: the pressure or tension of the blood against the artery walls as it is forced by the heart throughout your child's body.

Dental Examination: a full assessment of your child's mouth that is performed by a dentist. The exam includes examination for decay, infection and tooth placement or alignment. The dentist will indicate if further treatment is needed.

Hearing Screening: pure tone screenings assess your child's ability to hear and respond to tones in each ear. This procedure is painless and is used to detect abnormalities or hearing loss.

Height and Weight Measurement: to determine growth problems and nutritional inadequacy. Hemoglobin or Hematocrit Assessment: a screening that is used to detect anemia. Anemia is the condition that results when your child's body does not have enough red blood cells to carry oxygen from the lungs to the tissues and/or to make hemoglobin.

Immunizations: vaccines or shots protect your child from serious illnesses such as chicken pox, measles, mumps, rubella, tetanus and diphtheria. Immunization provides children with defenses against many contagious diseases. Before your child enters the classroom, an up-to-date immunization record is required. The immunization record must have a current date of expiration or date when the next immunization is due. If this date has passed and the child has not received his or her scheduled immunizations the child may not be able to attend school until the scheduled immunization appointment is completed. If your doctor is unable to give your child an immunization, have the doctor write a note explaining the reason and bring the note to your Center Manager or Family Advocate.

Nutrition Assessment: a screening to identify your child's eating habits, food preferences, and food allergies which require a special diet.

Physical Examination: an overall assessment of the child's health performed by a licensed medical professional.

Speech Screening: a test used to identify a child's ability to speak and be understood,

Vision Screening: A visual acuity test is used to measure how well a child can see. A strabismus test detects abnormalities or muscle dysfunction of the eye.

■ Establishing a Medical Home ■ ■ ■ ■

Your child must have a regular physician and dentist within 30 days of enrollment. If you need assistance in obtaining one, please ask your advocate for assistance. The attached resource directory will list some providers that might be available in your area. There are some web resources listed that may also assist you. In Louisiana, several programs assist with consistent medical care for children. LaCHIP is the Health Insurance Program for Louisiana.

Developmental/Health/Nutrition Social and Emotional Screening Deadlines

Procedure	Deadline
Immunizations	Due Upon Enrollment
Ongoing Source of Health Care/ Linked to a Primary and Dental Provider.	Within 30 Days of Enrollment
Screening	Deadline
Pure Tone/Hearing	Within 45 Days of Enrollment
Vision (Evidence-based Vision/Strabismus)	Within 45 Days of Enrollment
Nutrition Assessment	Within 45 Days of Enrollment
Speech (3 yrs)	Within 45 Days of Enrollment
Developmental	Within 45 Days of Enrollment
Social/Emotional	Within 45 Days of Enrollment
Screening	Deadline
Physical Examination	Within 90 Days of Enrollment
Dental Examination	Within 90 Days of Enrollment
Height/Weight Assessment	Within 90 Days of Enrollment
Blood Pressure (3yr and over)	Within 90 Days of Enrollment
Hemoglobin/Hematocrit (12 months and over)	Within 90 Days of Enrollment
Blood Lead Level**	Within 90 Days of Enrollment

**Lead Levels are to begin at 12 months of age and within 90 days of enrollment. Required twice at 12 months and 24 months. If documentation of both screenings is not available, then have another lead completed between ages 3-5.

Illness and Attendance

To provide a healthy environment for your child and other children at the center, there may be times when your child needs to stay home or be sent home from school. Please learn the following signs of illness and guidelines for when your child should stay home and when he or she can return to school.

If your child is absent for three (3) or more consecutive days because of illness, a doctor's excuse is required prior to the child returning to the classroom. The statement from the doctor should clearly state that your child is able to return to school. Any restrictions such as activity restrictions or diet restrictions should be included in the statement from the doctor. Remember to inform your Advocate of your child's health status and any new medication or treatments required as a result of a doctor's visit.

Criteria for excluding a child from the center:

CHICKEN POX/SHINGLES (VARICELLA ZOSTER) - Until all lesions have dried or crusted (usually 6 days after onset of rash and no lesions have appeared for at least 24 hours.) Remaining lesions must be covered by a bandage or clothing.

CONJUNCTIVITIS/PINK EYE- Symptoms of pink eye such as eye drainage, crusty eyelids, redness on the white part of the eyes, swelling and itching may indicate pink eye, which is a contagious disease. Parents will be notified immediately. Exclusion is not necessary before the end of the day. Children should be seen by a doctor for diagnosis prior to returning the next day with an excuse that states when the child will be allowed to return to school.

DIARRHEA- Exclusion for 2 or more episodes of diarrhea within a 24-hour time. He or she may return to school when no diarrhea has occurred for 24-hours. The Health Specialist must be contacted for inclusion of children with non-communicable diarrhea.

HEPATITIS (any type)-If diagnosed with hepatitis he or she may return to school after one week from the onset of illness with a physician's statement stating he or she is no longer contagious and may return to school.

HIB DISEASE (Haemophiles Influenza B)-If diagnosed with HIB disease he or she may be excluded. He or she may return to school after treatment and with a physician's statement stating he or she is no longer contagious and may return to school.

HIV Infection (AIDS) - A child/adult will be excluded until health, neurologic development, behavior, and immune status is deemed appropriate (on a case-by-case basis) by qualified persons, including physician, guardian center manager and health specialist.

IMPETIGO/INDIAN FIRE- If a child/adult has impetigo he or she may return after prescribed treatment and a written statement from physician, stating no longer contagious and may return to school. Exclusion is not necessary before the end of the day as long as affected area or areas can be covered with a bandage or clothing.

LICE-His or her parent or guardian may return to the classroom after a trained staff member has checked for nits and/or lice. The hair and scalp must be free of lice and nits upon return to the Head

Start classroom. Children should not miss more than 2 days of school for treatment of head lice. Absences longer than 2 days will be unexcused.

MEASLES/MUMPS/RUBELLA-If a child is diagnosed with measles, mumps or rubella, he or she must be excluded from school. Exclusion is usually 6-9 days. Treatment must be prescribed by a physician. A written statement is required stating he or she is not contagious and may return to school.

MENINGOCOCCAL DISEASE/MENINGITIS-If a child has meningitis he or she may be excluded from school. He or she may return to school after treatment prescribed by a doctor has been received. A written statement from your child's physician stating he or she is no longer contagious and may return to school is required upon return to school.

MOUTH SORES/BLISTERS- If a child has mouth blisters or sores with drooling he or she may return when it is determined that he/she is not contagious by your child's physician. A written statement from your child's physician stating he or she is not contagious is required upon return to school.

MRSA (Methicillin Resistant Staphylococcus Aureus) - If a child is diagnosed with MRSA he or she may be excluded from school. He or she may return to school after implementation of a prescribed treatment regimen by a physician. A written statement from the diagnosing doctor stating he or she is not contagious and may return to school is required upon return to school. The affected area must be covered by a bandage or clothing.

PERTUSSIS/WHOOPING COUGH-If a child has pertussis or whooping cough he or she may return to school after 5 days of treatment prescribed by his or her physician. A written statement stating he or she is not contagious and may return to school is required upon return to school.

RASH - If a child has a rash, he/she may return to school when it is determined that he/she is not contagious by child's physician. A written statement from physicians stating that he or she is not contagious is required upon return to school. Exclusion will continue if rash/lesion is draining and cannot be covered.

RESPIRATORY SYNCYTIAL VIRUS (RSV) - If a child is diagnosed with RSV he or she may be excluded. The child may return after treatment from physician and with a written statement stating he or she is not contagious and may return to school.

RINGWORM- If a child has ringworm he or she may return to school the following day as long as treatment has started. Repeating episodes or evidence of ineffective treatment will require a course of prescribed treatment from your child's physician and an excuse to return to school. Exclusion is not necessary before the end of the day as long as affected area or areas can be covered with a bandage or clothing.

SCABIES- If a child has scabies he or she may return to school after treatment from his or her physician. A written statement from physician stating no longer contagious and may return to school is required upon return to school.

STAPHYLOCOCCUS AUREUS BACTERIAL INFECTION (Staph Infection) - If a child is diagnosed with Staphylococcus he or she may be excluded from school. He or she may return to school after 24 hours of a prescribed treatment regimen by a physician. A written statement from the diagnosing doctor stating he or she is not contagious and may return to school is required. The affected area must be covered by a bandage or clothing.

STREP THROAT- If your child has strep throat he or she may return to school after two doses of antibiotics and no fever for 24 hours. A written statement from your child's physician stating that he or she is not contagious is required upon return to school.

TEMPERATURE/FEVER- A temperature of 100.4° F requires exclusion until afebrile (without a fever) for 24 hours (without afebrile medication). If his or her temperature is not resolved after 48 hours contact your child's physician for further evaluation. A written statement from your child's physician stating that he or she is not contagious is required upon return to school.

TUBERCULOSIS- If your child is diagnosed with tuberculosis or exposure to the bacteria causing tuberculosis, he or she may return to school when it is determined that he or she is no longer contagious by a physician. A written statement stating he or she is not contagious and may return to school from the diagnosing physician is required upon return to school.

VOMITING-If your child is vomiting, he or she may be excluded from school. If your child has 2 or more vomiting episodes within a 24-hour time frame he or she may not attend school. He or she may return to school when no vomiting has occurred for 24- hours. The Health Specialist must be contacted for inclusion of children with noncommunicable vomiting.

NOTE:

Children/Adults may be excluded from broken bones or other medical conditions that can result in limitations of participation or job duties. Children/Adults must be able to participate comfortably in activities and staff must be able to provide needed care/ accommodation without compromising the health and safety of other children/adults. A Doctor's note of clearance will be required.

With many illnesses (e.g. colds) children have either already been exposed to others before becoming obviously ill or is not contagious one day after beginning treatment. (E.g. strep throat, conjunctivitis, impetigo, ringworm, parasites, head lice and scabies). The waiting periods required after onset of treatment vary with the disease. If you are unsure, check with your local health department or physician. Children who are chronic carriers of viral illnesses such as CMV (cytomegalovirus) and Herpes can and should be admitted to day care centers.

The immediate exclusion of a child from a Head Start center or classroom may sometimes be necessary or best practice. As stated above, in many instances, others have already been exposed prior to the onset of symptoms, and it is of no additional benefit to immediately exclude a child from center activities. The health specialist or physician should be contacted when further guidance is needed. If a parent is notified of an illness, the child should be picked up immediately (Child should be picked up within 60)

Medication Administration Policy

If a child or staff person requires the administration of medication during classroom hours, RCCDC Head Start/Early Head Start program sites will ensure that Head Start performance standards and Louisiana State Licensing requirements are met. All medications, including those required for staff and volunteers, will be labeled and stored under lock and key, and refrigeration, if necessary. There will be a designated, trained staff member to administer, handle and store child medications. Physicians' instructions and written parent or guardian authorizations for all medications administered by staff will be obtained prior to administration.

An individual record of all medications dispensed shall be maintained and reviewed regularly with the child's parents. There will be a record kept documenting any changes in a child's behavior that could have implications for drug dosage or type. This record will assist parents in communicating with their physician

regarding the effect of the medication on the child. Procedures will be put into place to ensure that appropriate staff members can demonstrate proper techniques for administering, handling and storing medication, including the use of any necessary equipment to administer a particular medication.

Medication Administration Procedures

If possible, medication schedules should be arranged so that medications will not need to be given during Head Start hours. If medication must be given or made available during Head Start hours, a Medication Administration order from child's health care provider, parental consent, and Health Care Plan must be completed. A Health Care Plan is not needed for diaper rash cream but still requires a medication order and parental consent. The RCCDC Health Specialist must approve plan/forms prior to child attending a Head Start classroom. Child's attendance will be delayed until approval is received. All medication must be labeled with child's name and dosage.

First Dosage of medications must be given by parents at home, if possible, and documented on the Medication Log. The method of medication administration at the center shall be oral, topical or inhaled. Epi-Pens may also be administered in emergencies with signed documentation by physician and parent/guardian. Other methods of administration will be assessed and managed on an individual basis in consultation with the parent/guardian and with physician documentation. Staff may require training for some types of medication, and this may delay the child attending school. Medication will be transported on the bus if deemed necessary by physician on the Health Care Plan.

PARENT RESPONSIBILITIES:

Obtain a completed and signed State of Louisiana Medication Order and Health Care Plan from the child's physician indicating clearly the prescribed medication must be administered during the hours the child is at the center, including Emergency and As Needed (PRN) medications (ie. EpiPen, emergency inhalers, Benadryl, topical cream, etc.)

If needed, provide a standardized printout from pharmacy for prescription medication or bottle packaging or a printed document from the manufacturer's

website for each medication stating side effects and contraindications.

Complete and sign RCCDC Parent/Guardian Consent for Medication Administration for each medication to be given at the center. Parents must also sign the Health Care Plan and State of Louisiana Medication order.

Parental authorization form shall be completed for 1-week intervals (Monday-Friday) for acute medications. Example: behavior medication

Parental authorization forms shall be completed every six months or when the medication regimen changes for Emergency and PRN medication.

Sign authorization for emergency transport via local EMS if needed.

Administer the first dose of any new medication at home and report to the child's physician, center manager and advocate any unusual reactions to the new medication and document on RCCDC Medication Log.

Medication must be transported to the center by a parent/guardian or designated adult. Medication transported by the child shall be returned to the parent without administration.

Provide a 5-day supply of medication (not including Emergency or PRN medication) to be kept at the center. Unused medication shall be returned to the parent/guardian at the end of the authorized period.

■ Health Care/Action Plans ■ ■ ■ ■

Health Care/Action plans are often required for children requiring regular or emergency medication. A plan is also needed for children with medical conditions or allergies that may require accommodation. The health care plan is required to be in place prior to a child attending or as soon as staff are notified of a condition. Parents will be provided with forms to be completed by a medical provider. Occasionally the process of obtaining and implementing the action plan may delay or interrupt your child being allowed to attend school. If your child requires an alternative brand of diapers/wipes, it will be the parents' responsibility to provide these items. RCCDC will provide a designated brand of diapers and wipes for children ages six weeks and older.

■ Nutrition Services ■ ■ ■ ■

Regina Coeli Child Development Center will comply with the Louisiana Department of Education Child and Adult Care Food Program requirement for each parent to complete a CACFP Child enrollment form.

The program provides foods to meet your child's daily nutritional needs by serving healthy breakfasts, lunches, and snacks. Children and adults participate in family style meals served in the classrooms. Meals are part of education in our program. Children are encouraged, but never forced, to eat all the food on the daily menu. We do not give candy to the children. The monthly newsletter includes the menu for all meals to be served during the month.

When a child is tardy and the breakfast food has been removed from the classroom, the parent/guardian will go to the kitchen to get a breakfast plate for the child and sit with him/her in the parent/conference room while the child eats.

Classroom and kitchen volunteers eat lunch free of charge, if they sign in by 9:30 AM.

Nutrition counseling is available to parents or guardians to assist with any concerns we might find or that you have about your child or family's eating habits, weight problems, or other nutrition issues.

Some children have food allergies and documentation from a physician is required to provide a special diet for a child. In addition, if a child has dietary restrictions due to religious preferences, a menu revision may be requested.

Birthday Celebrations, Candy, and Outside Foods

Head Start will provide all food served at its centers in order to meet Child & Adult Care Food Program (CACFP) Licensing and Louisiana Sanitation guidelines and to avoid any liability issues. We will provide a nutritious breakfast, lunch, and afternoon snacks for your child every day. Parents are welcome to participate in all nutrition activities including planning menus, assisting with classroom nutrition activities and preparing food in the kitchen. Children, parents, or volunteers may not bring food, gum, candy, or snacks from home to the center.

Our program schedule does not allow time for individual birthday parties. The center celebrates birthdays on the last Wednesday of each month for all the children in your child's class who have had a birthday that

month. The snack provided for this celebration will be a fruit tray. You may ask the teacher how you can help with this monthly party during the month of your child's birthday.

Birthdays of children that fall in the summer months are celebrated in May.

■ Child Health & Safety ■ ■ ■ ■ ■

Regina Coeli Child Development Center is committed to providing a safe and nurturing environment for all children in our care. We prioritize their health, safety, and well-being, and strive to promote healthy lifestyles and ensure the physical, emotional, and developmental needs of each child are met. Our staff are trained in first aid, child protection, and safety procedures, and we maintain open communication with parents/guardians regarding their child's health and safety.

This policy ensures that children are cared for in a safe and supportive environment, with a strong focus on preventing harm and promoting healthy growth.

Child Health and Safety Procedures

Purpose and Scope; The policy's objective is to ensure a safe, healthy, and supportive environment for children.

It applies to all staff, volunteers, parents, visitors, and children.

Health and Well-Being

Medical Records: Maintaining up-to-date health information for each child, including allergies, medical conditions, and immunization records.

Illness Protocols: Clear procedures for when children are sick (e.g., symptoms of contagious diseases, exclusion policies, and when children should be sent home).

First Aid: All staff maintain current first aid and CPR. A first aid kit should always be available and accessible.

Medication: Guidelines for administering medication to children, including parental consent and documentation.

Nutrition: Ensuring children have access to healthy meals and snacks that meet their dietary needs.

Safety Procedures

Supervision: Ensuring that children are always supervised by a Regina Coeli Child Development employee and maintaining agency staff-to-child ratios.

Emergency Procedures: Plans for emergencies such as fire drills, evacuations, and natural disasters. This includes training staff to handle various emergency situations.

Transportation: If applicable, policies for safely transporting children to and from activities or events.

Accident Reporting: Clear procedures for reporting and documenting accidents or injuries.

Child Protection

Safeguarding: Measures to protect children from abuse, neglect, and exploitation, including background checks for staff and volunteers.

Reporting: Procedures for reporting suspected abuse or neglect to the appropriate authorities.

Safe Environment: Ensuring the physical environment is free from hazards (e.g., sharp objects, unsafe play areas, or toxic substances).

Parent/Guardian Involvement

Communication: Ongoing communication with parents/guardians regarding any health or safety concerns related to their child.

Parental Consent: For certain activities (e.g., field trips, special treatments), written consent is obtained from parents/guardians.

Staff Training and Development

Health and Safety Training: Ongoing training for all staff on child health and safety practices.

Awareness of Individual Needs: Staff are educated about the specific health and safety needs of children under their care.

Review and Updates

The policy should be reviewed annually to ensure alignment with state, federal, current laws, regulations, agency and best practices.

Daily Health Check and Incident Reports

The daily health check is an observation of the child that occurs twice a day. Once as they are welcomed to the center and prior to departure. The observer is checking for easily observable signs of well-being. Parents will be notified by staff for explanation if needed.

The Illness/Incident/Accident form is completed to document injuries, accidents, illnesses or unusual occurrences in behavior.

The purpose of Illness/Incident/Accident reporting is to:

To ensure safety and well-being of child

Document the occurrence of illness, incidents, and accidents.

Notify parents of illness, incidents and accidents.

Notify RCCDC staff of incidents or accidents for required follow-up. (For example: Facility repairs or referrals to specialists)

Notify the Department of Children & Family Services (Licensing), if an incident results in a child receiving medical care at doctor's office or hospital.

Parents are immediately notified in the following situations:

Blood not contained in an adhesive strip.

Head or neck or eye injury.

Human bite which breaks the skin.

Any animal bite.

An impaled object.

Broken or dislodged teeth.

Allergic reaction.

Skin changes: rash, spots, swelling, etc.

Unusual breathing.

Symptoms of dehydration.

Any temperature reading over or 100.4°.

Any illness or injury requiring professional medical attention.

Incident Reporting Guidelines

PURPOSE

The purpose of Illness/Incident/Accident reporting is to:

To ensure safety and well-being of child

Document the occurrence of injuries, accidents, illnesses, or unusual occurrences in behavior.

Notify parents of injuries, accidents, illnesses, or unusual occurrences in behavior.

Notify RCCDC staff of injuries, accidents, illnesses, or unusual occurrences in behavior so that appropriate follow-up measures may be taken. (For example: Facility modifications or repairs or referrals to specialists)

Notify the Department of Education (Licensing) and proper authorities if an incident is deemed a critical incident.

WHO: The staff member who observed the incident must complete the Incident Reporting form.

If a volunteer or parent observes the incident, a teacher or other appropriate staff member must complete the form. All Staff members present must be documented on the incident form. Volunteers and/or parents may also be listed. The assigned advocate (or in their absence the in-charge person) will contact parents immediately. Completed forms are to be given to the Center Manager or person in-charge.

WHEN: This form must be used to document injuries, accidents, illnesses or unusual occurrences in behavior. It is not necessary to complete an accident report for minor events such as when a child falls outside in the pea gravel while running and does not sustain, nor complain of, an injury.

An Incident form must be completed for the following:

When first aid needs to be administered (ex. a child falls and scrapes his/her knee resulting in bloodshed).

When there is a physical symptom of illness (ex. child is feverish or has any rash or unusual coughing).

A head injury or bump to the head, whether it results in any outward sign of injury. Head injuries always warrant immediate follow-up and immediate notification of the parent/guardian.

A child verbally indicates possible signs of illness, infections, bruises, injuries, physical condition, etc., whether there is any outward sign of an injury.

There is an unusual or unacceptable behavior of a child. For example, when a child bites another, a child is unusually tired or withdrawn, a child exhibits drastic change in behavior (begins crying a lot, has unusual separation anxiety, begins fighting a lot, starts wetting him/herself, etc.).

Refer to Behavior Management Policy for guidance regarding mental health and behavior concerns. ABC checklist may need to be implemented.

NOTIFY PARENTS IMMEDIATELY IN THE FOLLOWING SITUATIONS:

- blood not contained in an adhesive strip
- head or neck or eye injury
- human bite which breaks the skin
- any animal bite
- an impaled object
- broken or dislodged teeth
- allergic reaction
- skin changes: e.g. rash, spots, swelling, etc.
- unusual breathing
- symptoms of dehydration

- any temperature reading over or 101
- any incident involving private parts such as buttocks, penis, vagina, etc.
- any illness requiring professional medical attention ▪ any injury requiring professional medical attention

CRITICAL INCIDENTS:

For incidents/accidents deemed critical incidents, the Center Manager or in charge person shall immediately follow the Critical Incident Guidelines. Critical Incidents are defined as:

- death;
- serious injury or illness that required medical attention;
- reportable infectious diseases and conditions listed in LAC 51.II.105; and
- any other significant event relating to the health, safety, or well-being of any child, including but not limited to a lost child, an emergency situation, fire or other structural damage, or closure of the center.

What is considered a serious injury/illness or other significant event?

- any injury to the neck or head
- any incident/accident involving private parts such as buttocks, penis, vagina, etc.
- any concern regarding supervision and/or neglect of a child or children
- any child with an infectious disease found on this link:
(<https://ldh.la.gov/assets/oph/Center-PHCH/Center-CH/infectious-epi/Surveillance/sanitarycode.pdf>)

Lead poisoning:

5 Things to help lower your child's lead level.

If your child has a high level of lead, there are things you can do at home to help.

Plan with your doctor and work together with your doctor to find the best treatment for your child. Ask questions if you don't understand something.

You may need to:

Go back for a second lead test. - Test your child for learning and development problems. This test is called a "developmental assessment."

Find the lead in your home.

Most children get lead poisoning from lead paint in homes built before 1978. It is important to find and fix lead in your home as soon as possible. Have your home inspected by a licensed lead inspector. Don't remodel or renovate until your home has been inspected for lead.

Home repairs like sanding or scraping paint can make dangerous lead dust.

Clean up lead dust.

When old paint cracks and peels, it makes lead dust. Lead dust is so small you cannot see it.

Children get lead poisoning from swallowing dust on their hands and toys.

Use wet paper towels to clean up lead dust.

Clean around windows, play areas, and floors.

Wash hands and toys often with soap and water. Always wash hands before eating and sleeping.

Use contact paper or duct tape to cover chipping or peeling paint.

Give your child healthy foods.

Feed your child healthy foods with calcium, iron, and vitamin C. These foods may help keep lead out of the body.

Calcium is in milk, yogurt, cheese, and green leafy vegetables like spinach.

Iron is in lean red meats, beans, peanut butter, and cereals.

Vitamin C is in oranges, green and red peppers, and juice.

Learn more. Get support.

Contact your local health department. Trained staff will answer your questions and connect you to other resources in your community.

Dealing with lead poisoning can be stressful. Be sure to ask for support.

You may want to talk to other parents who have children with lead poisoning.

#BUILT4THIS SECTION

Transportation & Emergencies

Transportation expectations, pedestrian safety, home fire safety, and hurricane information.



■ Transportation and Pedestrian Safety ■ ■ ■ ■

◆ Safety Reminder

Transportation routines require consistent communication between families and center staff.

Head Start is not required to provide transportation for your child. However, in some areas buses are available on a limited basis to assist with transportation. If you are fortunate enough to have bus service in your area, you will need to locate the nearest pick-up point as buses do not go door-to-door.

If you are providing your own transportation, your child must ride in an age appropriate child restraint, booster seat, or seat belt depending on the age and/or weight of your child. When you transport your child, always make sure that he or she is escorted safely into the center by an adult. Never drop your child off unattended and assume that she or he will get into the center alone, and please do not leave any children unattended in the car while you come into the center. Adults and children may never walk in front of, on the side of, or behind buses when they are parked in the children loading and unloading zones at Head Start centers. Always wait for buses to depart before entering the center.

Transportation safety education is part of the Head Start curriculum. For child safety, during afternoon bus loading parents are not permitted to enter or exit the building until the buses are loaded. Please teach your child about pedestrian, passenger, and bus safety.

Pedestrian Safety information will be provided by the Center Manager at Parent Orientation.

If your child is a bus rider, you must follow these rules:

Someone must accompany your child to the door of the bus to assist the child onto the bus. You must hold your child's hand until they are safely on or off the bus.

A person listed on the Child Release form must come to the door of the bus to assist your child off the bus. Your child will only be released to someone listed on the release form.

Photo identification is required for your child to be released at the bus stop

Failure to meet your child at the bus may result in termination of bus privileges.

All bus questions should be directed to the Center Manager.

If your child is a car rider, you must follow the drop-off and pick up procedures provided by your Center Manager regarding your child.

Photo identification is required of anyone picking up a child (including custodial parents)

You must sign your child in and out.

NEVER drop your child off without signing in and making sure they are with an adult.

NEVER leave a child unattended in a vehicle

Pedestrian and Auto Safety:

Please enjoy this parent safety brochure, compliments of your child's school or childcare facility. Keep in mind that this is but one small part of child safety, not intended to be complete safety education. Please visit us online at WWW.KEEPYOURCHILDSAFE.org, Global Children's Fund for a variety of free book downloads covering all aspects of child safety.

Safety in the Car:

Every year, thousands of children are killed in car accidents. You may think this an unavoidable tragedy of modern times. But guess what, around two-thirds of these deaths could have been prevented with the proper use of a seatbelt or safety restraint device!!!

Seatbelts are a necessity for children ALL THE TIME.

Children can and have been killed even in NON-COLLISION accidents at speeds as low as 10 MPH. Put it this way, if you were to take that dashboard and swing it at your child's head like a baseball bat imagine what damage that could cause.

For children:

Encourage children to wear seat belts all the time, even when they are going slow or only going on short trips. Talk with them about making sure they wear their seat belts when they ride in other people's cars as well. Studies show that children who are raised in households where the adults don't wear seatbelts are much more likely not to wear them themselves. So set a good example for your children.

Car Seats:

Car seats are another necessity. A seat belt does your child no good if they can't stay in it. Nor does it help if it is positioned wrong so as to cause internal organ damage during a crash. Most experts say a child should be in a car seat or booster seat until about 8 years or 80 pounds. Also, make sure you know how to correctly install your car seat. Around half of all car seats are installed improperly. Most local fire stations offer periodic car seat checks and will also be glad to help you out if you simply stop by at any time and ask them to check it out for you.

Safety Around Cars:

Every year, around 700 children are killed in child to auto accidents. Another 50,000 are stuck by a car and treated in emergency rooms, most often with very serious or life-threatening injuries. For children...

Teach children to stop, look and listen before they cross the street. They should stop, look all ways for traffic that is coming, (not just two), and then cross the street. They should continue looking around them even while they cross the street.

Teach children to never chase anything out into the street. If a ball, pet, or anything else goes out in the street, never chase it. Stop and watch where it goes, then call an adult to go get it or cross the street very carefully yourself. Avoid this from happening by not playing games near the street in the first place.

Make sure that children understand that just because they see a car does not mean the driver can see them. Talk to them about how cars stop. By the time a driver sees them, has time to react, and then put on the breaks and the breaks work, it could take quite a while. Be sure they give themselves plenty of extra time anytime they cross the street.

Never let toddlers play outside in the front yard. Nearly 10 percent of all child pedestrian related injuries occur in driveways, and children ages 4 and under account for 80 percent of those.

Teaching kids' safety around cars:

We have two fun children's books designed to deal with these safety issues. The first, How To Not Get Run Over, teaches kids important pedestrian safety tips. The second, Why Do We Wear Our Seatbelts, is a children's book that encourages seatbelt use through fun children's humor. Both can be downloaded and printed for free from our website.

Hi Families,

This is an exciting year! I will be using a resource called ReadyRosie to communicate with you and to provide meaningful activities that you can do at home to support your child's learning.

ReadyRosie is a simple tool for you to:

Hear what we are doing in the classroom

Discover activities and games you can play that relate to classroom learning

Have more fun than ever with your child through meaningful interactions

The best part is that each activity/ game is modeled in a 2-minute video so you and your child can watch together and then play the game! You will receive these videos and communication via text message and/ or email.

I will need your email and/ or mobile phone to invite you to ReadyRosie. Please fill out the information below and return by tomorrow, so you can receive your invitation via text or email as soon as possible!

Thank you for partnering with me and for being active in your child's learning through ReadyRosie!

Click on the "CC" Button to access closed captioning and subtitles in Vietnamese and Arabic.

Sign me up for ReadyRosie please!

STUDENT NAME

YOUR NAME

■ **Band Guidance for Parents** ■ ■ ■ ■

Each center will utilize the **BAND APP** as their communication method for parents. It is very important for you to sign up in BAND and ensure that your notifications are turned on.

We are asking parents to please sign up as this is where you will find important information for your center.

Parents, below are a few reminders for utilizing the BAND APP:

Please utilize the app between the hours of 7:30 A.M. to 4:00 P.M.

We ask that parents reserve this space for center reminders, events, and center closure updates.

If you have a concern regarding your child, the classroom, teacher, etc., please contact the center manager.

Parents, please always reference our Parent Handbook for written guidance on our policies and procedures.

Please also familiarize yourself with our Adult Conduct Policy.

REGIONAL RESOURCE GUIDE - REGION 9

Livingston - St. Helena - St. Tammany - Tangipahoa - Washington

Organization	Contact Information	Contact Information	Services/Information
Children and Youth with Special Health Care Needs Program (CYSHCN) www.ldh.la.gov/cshs	Children's Special Health Services (CSHS) Family Resource Center	985-543-4165 504-568-5055 504-896-1340	CSHS Office Hammond CSHS Central Office N. O. Children's Hospital Rm 2020
www.ldh.la.gov www.ldh.la.gov/ehdi	Early Hearing Detection and Intervention (EHDI)	504-568-5028	NB Hearing Screens info
www.ldh.la.gov/genetics	Genetic Diseases	504-568-8254	NB Heel Stick Screening Genetic Diseases Resources
www.ldh.la.gov/lead	Childhood Lead Poisoning Prevention	504-568-8254	Information and resources
Child Care Assistance Program (CCAP) www.louisianabelieves.com	Toll free	877-453-2721 Ext. 1	Child care assistance for children under 13 or under 18 with a disability
Dental Services (MCNA) MCNA www.mcna.net	Main	800-494-6262	Medicaid dental provider locator
Department of Children and Family Services	State reporting* hotline-abuse/neglect (DCFS) Family Support Services	855-452-5437 888-524-3578	Investigates abuse and neglect reports for children 24 hour hot line - SSI, WIC,
(Food Stamps-SNAP) www.dcf.la.gov			Medicaid, emergency funds
	Supplemental Nutrition Assistance Program	888-524-3578	Food/nutrition assistance
Developmental Disabilities Services Florida Parishes Human Services Authority (FPHSA) www.fphsa.org/	Office of Citizens with Developmental Disabilities (OCDD)	985-543-4333 225-567-1248 Ext. 4	WAIVER registry; cash subsidy; vocational & residential services; PT/OT/ST; Nutritionist/Dietician; Nurse, Psychologist
North Lake Resource Center on Developmental Disabilities www.ldh.la.gov	Resource Center (Hammond)		Support services
Early Intervention Services Early Steps www.ldh.la.gov/earlysteps	Livingston, St. Helena, St. Tammany, Tangipahoa, Washington	985-429-1252	Developmental Screening and Early intervention; ST, OT, PT
Educational Assessments Dept. of Education - website	Livingston	225-686-7600 225-222-4349	Developmental Screening; Special Education preschool;
Child Search/Exceptional Children - Pupil Appraisal	St. Helena - Greensburg St. Tammany	985-898-3311 985-748-7153	ST, OT, PT
www.louisianabelieves.com	Tangipahoa Washington	985-839-9816	
Emergency/Disaster American Red Cross LA www.redcross.org/la/new-orleans	Am Red Cross	800-229-8191	Emergency relief Vietnamese/Spanish Evacuation guides

ViaLink www.vialink.org Dept of Children and Family Services (DCFS) www.dcfsls.gov	Via Link Family Services	211 888-524-3578	Community services link 24 hr hot line-SSI WIC, Medicaid, Food Stamps
Family/Peer Support Families Helping Families Northshore LA www.fhfnorthshore.org	FHF Main Toll free	985-875-0511 800-383-8700	Information, referrals, trainings & peer to peer support; education- IEP support;
Bayouland FHF Information Center www.blfhf.org	Family2Family Information Center	800-331-5570	Resources
Hands and Voices/Guide by your side www.lahandsandvoices.org	Hands and Voices	504-388-5712	Family peer support for children who are deaf/hard of hearing

Organization	Contact Information	Contact Information	Services/Information
Legal Assistance Advocacy Center www.advocacyla.org	Toll free Spanish/Vietnamese	800-960-7705	Legal Services Advocacy/outreach/training Education/Voting/Access
Medicaid Insurance Helplines			
Medicaid/Healthy LA Plans			
www.myplan.healthy.la.gov *		855-229-6848	Information on Medicaid - *online
Aetna Better Health Healthy Blue	Medicaid Info Line	855-242-0802	provider locator tool
	Aetna	844-521-6941	Assistance with service approvals, prior auths, denials and complaints
AmeriHealth Caritas	Healthy Blue AmeriHealth	888-756-0004	
LA HealthCare Connections	LA HealthCare	866-595-8133	
United HealthCare	United HealthCare	800-587-5187	
	Hammond	985-543-4800	
Mental/Behavioral Health Services	Bogalusa/ Washington	985-732-6610	Treatment for Mental Health &
	Livingston - St. Helena	985-543-4730	Addictive Disorders
Florida Parishes Human Services Authority www.fphsa.org	St. Tammany	985-624-4450	
	Tangipahoa	985-543-4730	
	Crisis Line*	855-268-1091	*after hours
		or call 211	(4:30 pm - 8 am M-F weekends/holidays)

Mental Health Supports - Louisiana Federation of Families for Children's Mental Health www.laffcmh.org	Main Parent Line (Toll Free)	225-293-3508 800-224-4010	Info, referrals, education peer and family mentoring thru age 24
Personal Care Services PCS - Medicaid EPSDT www.ldh.la.gov	Toll free	225-342-0555 877-455-9955 Ext 2	EPSDT personal care services

Prescription Assistance-Partnership for Prescription Assist www.pparx.org St. Vincent De Paul CENLA (CMAP) Wal-Mart www.walmart.com	PPA SVD CENLA Local store	888-477-2669 504-940-5031 888-443-7494 contact local store	Rx Assistance Prescription Assistance Prescription Assistance \$4-5/30 day supply
Shriner's Hospitals for Children (Shreveport) www.shrinershospitals.org	Shriner's Main	318-222-5704	Orthopedic conditions; Surgery; Therapy; Equipment
Social Security SSI www.ssa.gov	Toll free	800-772-1213	Benefits for children with qualifying disability *Reapply if denied - benefit re- determined at age 18
Transportation (Medical)	Medicaid	855-325-7565	Non-emergency medical
Healthy Louisianan Plans Medicaid www.ldh.la.gov/medicaid	Amerigroup/Healthy Blue	866-430-1101	transport (cab) to/from medical
	Aetna	877-917-4150	visit- parent/child
	AmeriHealth	888-913-0364	*Must schedule 2 days before appointment
	Louisiana Healthcare	855-369-3723	
	United Healthcare	866-726-1472	
Vocational Rehab Louisiana Rehab Services (LRS) www.laworks.net	Covington Office	866-355-0430 985-871-8385	Vocational rehab/work support & counseling for persons with disabilities
WIC-Nutrition Supports Women Infants and Children Program (WIC)	Toll free National helpline *service locator & appointments	800-251-2229	Food and formula, nutrition education, breastfeeding support, health and pregnancy resources
Partners for Healthy Babies-Website http://1800251baby.org/	Bureau of Family Health online resources		Resources for mom and baby
Partners for Family Health-Website https://partnersforfamilyhealth.org/			Resources for LA families

#BUILT4THIS SECTION

Acknowledgement & Orientation Form

A family-friendly checklist confirming the handbook topics reviewed during orientation.



◆ **Family Review Reminder**

Please review each section, initial the items discussed, and sign the acknowledgement at the end.

■ Parent Orientation Checklist ■ ■ ■ ■

Child's Name: _____ Center: _____

A staff member has reviewed the following information with me. Initial next to each listed item reviewed.

Topic Reviewed	Parent Initials
Welcome Letter / Center Information	
Center Closure Information	
Evacuation Plan	
Open Door Policy / Policy on Fees	_____
Smoke-Free, Drug-Free, and Weapons-Free Campus	
Childcare Licensing Standards / Child Care Criminal Background Check (CCCBC)	
Parent Rights, Responsibilities & Involvement	
Communication - including social media and BAND	
Confidentiality	
Adult Conduct Policy	_____
Child Abuse and Neglect Reporting	
Child Release Policy	
The Importance of Attendance - including tardiness and procedure if child is left at the center	
Program Services	
Education Services, School Readiness, Field Trips, Toileting Guidance, Dress Code	
Parent, Family, and Community Engagement - including parent committee, Policy Council, volunteering, ReadyRosie, In-Kind	
Disabilities & Mental Health Services - including Behavior Management Policy, Behavioral Health, and Center Staffing	
Health & Nutrition Services - Daily Health Checks, Incident Reporting Guidelines, Health Care Plan, Illness and Exclusion	
Nutrition Services - CACFP, Menu Revisions, Birthday Celebrations, Candy & Outside Foods	
Transportation and Pedestrian Safety	
Additional Information	
Parent Health Guide / ReadyRosie Sign Up	
Environmental Resources / Center BAND Guidance & Sign Up	
Community Resources / Diaper Expectations Form	
Parent Concerns	_____

