

2020-2021
PARENT / GUARDIAN HANDBOOK

EDUCARE CHICAGO



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2020-2021 Parent Handbook

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Dear Families,

The staff at Educare Chicago are honored that you have selected Educare Chicago to provide your child/ren early learning and care needs. We are committed to providing your child and family the highest quality of early education, social service supports, and individualized care to meet your family's unique needs. At Educare Chicago, we believe that you are your child's first and primary teacher. In partnership with you, a team of early childhood professionals will coordinate individualized services that will support your child's developmental growth while aiding you to be successful with the goals you have established for your family.

We encourage all parents to become active participants in their child's educational experience. We look forward to seeing you volunteer in the classrooms, at parent committee meetings, and at family engagement events. We are always looking for parent leaders interested in supporting the school and other program initiatives.

This handbook provides important details about your rights and responsibilities, and our school's policies/procedures. Please take time to carefully read through the contents of this handbook. If you have any questions, any staff member can help you or direct you to the proper person to answer your questions. Also, please do not hesitate to contact us at 773-924-2334 for assistance.

Welcome to Educare Chicago!

Angela Lampkin,
Educare School Director

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Site Administrator

Michelle Morris,
Family and Community Engagement Manager

Danielle Jordan,
Senior Master Teacher

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Disabilities / Wellness Supervisor

Aishia Brown,
Comprehensive Service Manager

Keoka Bias,
Master Teacher

Christie Stinson Moore,
Master Teacher

Parent / Guardian Responsibilities

Educare recognizes that as a parent or guardian, you are the most important partner in your child's education. Your involvement is essential to your child's educational success.

Parent Responsibilities

As a parent or guardian, you are responsible for:

- Communicating to your child that education is important.
- Ensuring your child attends school regularly and arrives on time. Providing reasons for absences and tardiness to your child's teacher or Family Support Specialist.
- Informing the school of changes in your address or telephone number. Ensuring the school has current emergency contact information for persons listed as emergency contacts.
- Ensuring that your child has all required well child/well baby check-ups and immunizations within the required timeframes.
- Attending parent conferences, participating in parent committee, home visits, and activities at the school.
- Participating in virtual engagement experiences.
- Knowing the discipline guidelines as stated in this handbook as well as the behavior expectations of your child's classroom and discussing them with your child's assigned teachers.
- Conducting yourself in a respectful manner, modeling appropriate behaviors for your child/ren.
- Completing Family Home Activities, collaborating with your child's teacher to complete the Ages and Stages Questionnaire, and establishing Individual Curriculum Plan (ICP) Goals for your child.
- Partnering with your Family Support Specialist(s) to establish and make progress toward your Family Partnership Agreement (FPA) Goals.
- Communicating your child and family's needs and sharing concerns in a professional manner.

Our Program

Welcome

Welcome to Educare Chicago! Educare is a program within the Child and Family Support Services programs of the Ounce of Prevention Fund (the Ounce). We are glad that you are here, and we want to make you and your child feel comfortable in our school. The Family Handbook covers program opportunities, policies, and procedures. Keep it in a convenient place so that you can refer to it easily throughout the year. We look forward to your suggestions and encourage you to ask questions about any program area.

Mission

The Ounce gives children in poverty the best chance for success in school and in life by advocating for and providing the highest quality care and education from birth to age 5.



Vision

Educare Chicago aims to break the cycle of generational poverty by providing comprehensive services to young children and families. This includes implementing best practices in early learning and family engagement and investing in program innovations to continuously improve outcomes at the program, classroom and individual child levels.

Phase-in Process

We want to make sure your family's transition into Educare is the very best! We ask that you (or someone who is really important in your child's life) spend several hours in the classroom with your child on his/her first day(s) of school. You will have the opportunity to see the activities your child will be exposed to and the teachers will learn from you what you and your child might need from them. We believe this phase-in process will help your child feel more comfortable in this new environment and gives you the chance to get to know the staff that will support you and your child. You may also want to bring items from home such as a picture of you and a small toy. If you are unable to spend the time with your child on the first day(s) we ask that you select a relative or someone who is really important in your child's life to assist with the phase in process. If a letter to your employer would be helpful in planning and scheduling this important beginning, we would be happy to provide you with one.

COVID 19-Amendment: While operating in a pandemic, Educare will implement virtual experiences to support the phase in process. To keep the school environment safe, parents or visitors will not be allowed to access the classrooms.

The Educare Model

Our program is part of the Educare Learning Network, which currently has 25 Educare Schools in operation throughout the country. Each Educare School in the network seeks to provide the highest quality learning environment for infants, toddlers and preschoolers in preparation for school readiness. Each school is designed and built around a research-based program model that reflects the developmental needs of children from prenatal to 5, their families, and the high-risk communities in which they live.

The power of the Educare Model is due largely to the combination of the following core features and working together in a comprehensive way to achieve effective high quality early childhood programming that helps children grow up safe, healthy, and eager to learn. The four core features in the Educare model are:

- High-Quality Teaching Practices
- Intensive Family Engagement
- Embedded Professional Development
- Data Utilization

To support teachers and the Family Support team to meet the needs of your child and your family, you will be asked to participate in the Educare Implementation Study. Through the Implementation Study, information is collected on the developmental progress your child is making, and you will be asked to participate in various surveys regarding your needs and services you have been provided. This information is used to inform program improvements and individual supports for your family. If you have any questions or would like more information about the Educare Model or Educare Learning Network, feel free to contact our School Director.

COVID-19 Amendment: Prior to COVID-19, Educare provided comprehensive services in a school based model. To support continued programming for families, Educare will now offer dual program options to include virtual learning experiences for those families uncomfortable with a school based option, and during periods when the program must close due to a spike in current pandemic.

Our Curriculum

Our primary curriculum is Creative Curriculum for Infants, Toddlers, 2-Year-Olds, and the Preschool System, developed by Teaching Strategies Inc.

The philosophy behind our curriculum approach is that young children learn best by doing. Learning isn't just repeating what someone else says; it requires active thinking and experimenting to find out how things work and to learn firsthand about the world we live in. For children in our birth to three program, this learning occurs by the exploring of many materials and through many carefully designed activities that build on each child's strengths and interests. In the three to five program (Pre-K) classrooms, this kind of exploration continues, but children will also learn through working on long-term studies on specific topics of interest such as dinosaurs, fruits and vegetables, or architecture. These studies allow children to learn math, science, reading, writing, etc. in ways that are connected to real life experiences. This makes the learning more fun and meaningful.

Children learn best when they are in an environment where they feel safe, emotionally secure and have a sense of belonging. This is best achieved by ensuring that the children in our program interact with teachers and staff that establish and maintain secure, nurturing relationships with each child. Establishing and maintaining positive, secure relationships is extremely important to children's later school and life success. Our curriculum is implemented in collaboration with our families. We seek family input and encourage families to share any ideas that will enhance learning with their child's teachers or to come into the classroom and facilitate a learning experience.

Our Educare School has also developed an approach to enhance our curriculum and instruction called *New Beginnings*. *New Beginnings* was designed to help us focus on creating a safe school and individual classroom environments that promote development, learning, self-regulation, executive functioning, cooperation and collaboration, and a sense of community. It proactively addresses issues related to children's behavior, children's feelings, and classroom management, which in turn leads to greater academic achievement. Based on the core belief that learning happens in the context of relationships, this approach is informed and guided by what is needed to build trusting relationships and caring classroom communities. Being more specific and intentional in addressing the social/emotional climate of our classrooms and program involves all program staff as well as families. *New Beginnings* also seeks to improve school readiness skills in children by providing teachers with specific, intentional strategies, guidance, and supports that can be implemented immediately and over time, creating the kind of optimal social/emotional learning environment where positive results are realized and sustained.

COVID-19 Amendment: As a result of COVID-19, Educare has implemented virtual learning opportunities for children and families. Our school based services will be Monday Through Thursday. Children and families will be offered virtual learning experiences on Fridays. These opportunities will include, music and movement experiences, Classroom group meetings via Zoom. Class Dojo opportunities, and story times.

Additionally, the Illinois Department of Children and Families has instituted adjusted group sizes for early learning programs while operating in a pandemic. Based on the smaller group sizes and parent preference some children will be enrolled in the virtual school option. Staff will provide families with individualized lesson plans that are supported by demonstrations using a curriculum support called Ready Rosie. These demonstrations will be uploaded and Class Dojo.

Children and families will also be provided daily group experiences, and weekly 1 on 1 individualization supports. For your child to benefit from virtual learning experiences, it is necessary for parent participation in the daily and weekly learning opportunities and follow through of implementing the learning activities in the home. All families will be emailed access to Class Dojo and our assessment system Teaching Strategies Gold.

Our Curriculum Goals

The most important goal of our early childhood curriculum is to help children become enthusiastic learners. This means encouraging children to be active and creative explorers who are not afraid to try out their ideas and to think their own thoughts. Our goal is to help children become independent, self-confident, and inquisitive learners who know how to learn. We're providing a foundation that includes good habits and attitudes (particularly a positive sense of themselves) and the foundation for academic or "school" learning which will prepare them for success in kindergarten and beyond.

Our Curriculum Goals and Objectives for Infants, Toddlers and Twos are:

- To learn about self and others (trusts, regulates own behavior, responds to others' feelings...)
- To learn about moving (gross and fine motor skills)
- To learn about the world (understands how objects can be used, sustains attention, cause and effect)
- To learn about communicating (develops language, enjoys books, participates in conversations...)

Our Curriculum Goals and Objectives for Preschool are:

- Developing a Sense of Self
- Responsibility for Self and Others
- Prosocial Behavior
- Physical Development
- Learning and Problem Solving
- Logical Thinking
- Listening and Speaking
- Reading and Writing
- Representation and Symbolic Thinking

School Readiness Goals

In collaboration with parents representing our school on the Parent Policy Council, Educare has established school readiness goals that align with the Head Start Early Learning Outcomes Framework (ELOF), the Illinois early learning and development standards (IELDS) for preschool, and the Illinois Early Learning Guidelines for Children Birth to Age 3. These standards tell parents, early childhood professionals, and the community what children at various stages should learn and be able to accomplish at the various age levels. We monitor children's progress toward accomplishing school readiness goals three times each year. Information on our school's progress is shared with families at Parent Committee Meetings.



Our School Readiness Goals are:

Approaches to Learning: Children will show an interest in varied topics and activities, an eagerness to learn, creativity and independence in their interactions with activities and materials. (Behavioral, Emotional, Cognitive)

Social and Emotional: Children will demonstrate the ability to identify and express emotions.

Cognitive: Children will build skills related to attentiveness, perseverance, problem solving, memory, and flexibility as they interact with their environment.

Physical: Children will develop control of large and small muscles for movement and manipulation of materials.

Language and Literacy: Children will demonstrate developmentally appropriate receptive and expressive language skills and communication and literacy strategies in their home language/s (may be English or another language/s). English language learners will increase their use and comprehension of English.

Family Engagement: Families will be actively engaged in the program and their child's development.

Screenings and Child Assessments

Educare screenings children 45 days after enrollment and annually to ensure additional supports are not needed to meet your child's individual needs. Early Head Start children are screened more frequently according to guidance from the screening tools we use. These screenings are conducted in collaboration with parents and the results of the screenings are shared in writing.

Children birth to three receive a developmental screening using the Ages and Stages Questionnaire (ASQ 3). Additionally, behavioral screening is conducted using the Ages and Stages Questionnaire Social Emotional (ASQ SE). Preschool Children are also screened using the ASQ SE and the developmental screening is the Early Screening Inventory (ESI-R). These results are also shared with parents in writing.

Educare's primary assessment tool is Teaching Strategies Gold (TSG). This assessment tool is aligned with our curriculum and our state's early learning standards. This assessment has key objectives for learning and development that follow an age appropriate developmental continuum. Teachers use this assessment three times a year. Results of the assessment are shared with families during parent staff conferences and parents are provided a progress report. What is unique about this assessment is the teachers collect information on your child's developmental accomplishments and loads the information into a portfolio that documents your child's developmental accomplishments. As a parent, you can also access this portfolio to see how your child is doing socially and academically.

To Access Teaching Strategies Gold, you will need to provide your Family Support Specialist with your email address. Your Family Support Specialist will work with you to set up an account through Teaching Strategies. We will issue you a username and password through Teaching Strategies. Your unique username and password will be sent to your email address. The school will not have a record of your username and password. If you get locked out, or you forget your username and password, you will see your Family Support Specialists for assistance. To log into the assessment system, visit family.teachingstrategies.com.

Educare will provide training for parents annually to support families to access this system.

Implementation Study

Educare participates in a National Implementation Study. We collect data on staff, families, classroom effectiveness, classroom quality, and child outcomes. We have a research team, called our Local Evaluation Partner (LEP) that assists with data collection, data sharing, and data utilization to inform services for children and families. Additional assessments that are used as measures of social or academic progress are:

Peabody Picture Vocabulary Test (PPVT)	Measure Language Skills	Preschool
Preschool Language Scale	Measures Language Skills	2 ½ - Preschool
Backen	Measures School Readiness	Kindergarten Bound

Inclusion

Everyone learns, moves, relates, and communicates in their own way. Most of the time children do these things in ways that we expect, and sometimes there are differences in the way children do what they do. In your child's classroom, you will likely see children who play or communicate differently because we enroll some children who have a specialized plan called an IFSP or IEP. Sometimes children come to us with these plans already in place, and sometimes our screening and referral process uncovers a problem with a child's development that needs attention. When this happens, we talk with you about the options for evaluation (usually a referral to Early Intervention or CPS). If the evaluation shows us the child needs some extra supports for a little while, families work together with the Disabilities/Wellness Supervisor, teaching staff, and Family Support staff to ensure the child's needs are met. No matter what your child needs, we make efforts to include him or her in all program activities. If you have questions about development, inclusion, or special needs, ask a teacher, an Inclusion Aide, the Comprehensive Service Manager, or the Disabilities/Wellness Supervisor.

The Arts

What is art? Art is music, creative writing, visual arts, theater, pretend play, dance, and sculpture. It is used in the classrooms to enrich the learning of academics and to engage children. Throughout the year, resident artists provide rich experiences for children in the areas of drawing/painting, dance, music and storytelling.

The art experience is not just for the children at the center. On the contrary, it is for the family. During the year, families will experience:

- Artist residencies in the classrooms
- Live on-site performances
- An artistic environment
- Children engaged in activities in the classroom that include artistic expression

Outdoor Play

Being outside is a big part of what we do each day within our curriculum approach. We believe that being outdoors gives children a different experience and a chance to learn different things. It contributes to their overall development.

We take children outdoors every day so they can crawl and explore, run, jump, swing, climb and use all the large muscles in their bodies. We also talk about the things children see, hear, touch and feel so they become aware of changes in the outdoor environment.

Going outside particularly benefits children's health. Fresh air and physical activity help to strengthen children and lessen their chances of getting contagious viruses. Remember that viruses share the warm climate with us. By going outside daily for a certain amount of time children can shed a virus. These are reasons why we stress outdoor play.



All children will need to have clothes for the weather. For example, if it is snowing, your child will need boots, gloves or mittens, scarves and hats.

Please know that your child's safety is always primary. We will not go outdoors if it is dangerous or if it is below 30 degrees or heat index above 90 degrees. We will require a doctor's signed note if your child is unable to participate in outdoor activities.

COVID-19 Amendment: Classrooms are provided individual outdoor and gross motor schedules. Classrooms can no longer share outdoor and gym times. Outdoor and gym equipment are sanitized between each classroom's usage of the materials.

Naptime

After a busy morning of play, all children need to take a rest. In the 0-3 classrooms, nap is defined by what the parent tells us the child's usual nap is and what the child shows us he/she needs at the center. Most babies (under 6 months) sleep on and off all day; older infants (6-15 months) usually sleep twice a day before their second birthday and then begin to take only one nap after lunch.

In the 3-5 classrooms, children lay down on their cots after lunch and are required to be on their cots for at least 1 hour. After that, if they are not sleeping, they may get up and do quiet activities until the remainder of their classmates wake up. Soft, soothing music may be played and teachers may help children fall asleep by sitting near them or rubbing their back.

All children have their own cot/crib, which is labeled and cleaned weekly with bleach and water solution. Sheets are sanitized and laundered once a week by a professional service for your child to keep on their cot or have with them in their crib (no pillows for infants).

COVID-19 Amendment: Cots and cribs are placed 6 feet apart.

Field Trips

Field trips are an integral part of the curriculum for 3-5 classrooms and are used to enhance the learning experiences. Children learn the most from field trips when the trips are connected to something specific, they are studying in their

classrooms. For example, when children are studying fruits and vegetables, besides growing them in their classrooms and in the garden, field trips to the supermarket and a local farmers market will help them learn not only about how food grows but how it gets from the garden or farm to their homes. Because field trips are determined by the course of study in the classroom, each classroom team will research, plan and schedule their classroom's trip(s). The number of trips per classroom will vary based on what is necessary for each study. You will receive written notification about the field trip destination prior to the trip. We welcome parents to provide input on ideas for field trips related to the classroom study. It is important that parent and other volunteers who come with us on field trips adhere to the following **"Golden Rules for Field Trips"**. These will ensure that field trips are a positive experience for the children, families and staff and that the health and safety of each child is guaranteed.

Golden Rules for Field Trips

To ensure maximum safety...

- Our programs provide lunch (which includes a beverage) for every child and adult who goes on the field trip. Parents and other volunteers may not buy meals, snacks, drinks or other items for their child or other children. We also ask that all adults participating in the field trip eat the lunch that is provided.
- We ask that parents and other volunteers refrain from using offensive language and smoking while on the field trip.
- Due to DCFS licensing standards and safety concerns, we are unable to allow parents/caregivers or other volunteers to bring additional children (siblings or friends) on field trips.
- Parents and volunteers attending the field trip and assigned small groups of children will need to remain with the classroom staff during the entire field trip. Parents and volunteers must always be responsible and attentive to the children.
- Children and parents cannot be dropped off at the field trip location. All parents and children will depart for trips from the center.
- **Cell phones can be used for emergencies only.**

COVID-19 Amendment: Due to the pandemic, Educare will not be providing field trips or outings outside of the school. Additional in house field trips are also suspended until there is a vaccination or cure for COVID-19.

Nutrition and Mealtime

Educare Chicago participates in the Child and Adult Care Food Program (CACFP). During the school day, the children are served breakfast, lunch and a snack, which is catered by EAT Enterprises/Lunch at Hand. We also serve an additional in-house snack to all children who are still in programming at 5 p.m. Mealtime are relaxed with a family-style atmosphere, and children are encouraged to have conversations and to try new foods. Our daily menus are posted in your child's classroom so that you will always know what is served to your child. We are considered a Peanut-Free Zone: Due to the sensitivity of peanut allergy with our children and staff (many cannot not smell, taste, or touch peanuts or anything that has come in contact with peanuts), it is the recommendation of our teaching staff that we will become a peanut-free zone. This means that we will not have any peanuts or peanut products in our building.

Please inform your child's teacher and Family Support Specialist immediately if your child is allergic to any foods or has special dietary need so that we can make the necessary arrangements for their health and enjoyment.

The program provides formula and baby food for infants and toddlers. We use Enfamil Formula, Gerber Cereals/Jar Food and Earth's Best Jar Food. If your child uses a different brand of food, we will try our best to make reasonable accommodations. Children in the Early Head Start program are fed according to what the child shows us they need

and the USDA infant meal pattern. Children's need for food and milk are individualized in the Early Head Start program. An infant's intake is written down after each meal. As children can sit up, they are placed at the table in a highchair to eat with their friends. As toddlers get older, they are introduced to eating with a spoon and drinking from a cup with no lid.

Mealtime for Children 3-5 are:

Breakfast between 8:30 – 9 a.m.

Lunch between 11 a.m. – 12 p.m.

Snacks at 2 p.m.

Mealtime for Children 0-3 are:

Breakfast between 8:30 – 9 a.m.

Lunch between 11 a.m. – 12 p.m.

Snacks at 2 p.m.

If your child arrives outside of these times, he/she will be provided with a meal from the menu or food with the nutritional equivalent.

Breastfeeding Friendly Environment

Educare is a Breast Feeding Friendly Environment, and we support nursing Mothers by providing an onsite Lactation Room located in The Nurse's and Health Specialist's Office, room 131. The mother's breast milk is incorporated in her child's diet by bottle and mixed in infant cereal. A breast milk storage and handling policy is in place and states: Non frozen breast milk should be brought in a container/bottle that will be used to feed your child. The container should be labeled with your child's name and the date the milk was expressed. We will keep the milk refrigerated. The unused milk left in the container will be returned to you at the end of the day.

Frozen human milk must be transported in a single use plastic bag labeled with the child's name and date. The frozen milk will be stored in a freezer and allowed to thaw using warm running water.

Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices and employees and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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
2. Fax: (202) 690-7442; or

3. Email: program.intake@usda.gov

This institution is an equal opportunity provider.

COVID-19 Amendment: Family style dining will not be implemented while operating within a pandemic. All meals and snacks will be individually wrapped and pre-plated when being delivered to the classrooms. Food deliveries will be retrieved outdoors. Only essential visitors will be allowed access to the school premises.

Transition Celebration

At Educare we feel that all transitions are important, including daily hellos and goodbyes, moving from lunch to nap, and long winter and summer breaks from school, to name a few. For children under age 5, making it through any transition (big and small) successfully is an important accomplishment often filled with both excitement and fear. From a young child's perspective, transitioning to a new room with new teachers, or leaving Educare for a brand new school, is a lot of change to take in and manage.

We recognize that just as many families wish we would celebrate holidays; many would like a formal graduation ceremony. However, with what we know about children's development such ceremonies can be stressful and scary for children so young. For this reason, rather than treat these big end of the year transitions as a graduation, we welcome them as an opportunity to celebrate our relationship with the children and with you. This approach is more low-key and less formal than a graduation ceremony, but in the long run we believe it will be more meaningful because the focus is on the experiences and accomplishments of each of your children and of you. It is with this purpose and in this spirit that we will be offering the following activities at the *End of the Year Events*:

- Kindergarten-Bound Parent Breakfast (parents only)

Classroom Events will include some or all the activities listed below:

- Slide Shows
- Distribute portfolios of children's work
- Parents discuss memories of the year/write down memories
- Children discuss memories of the year/say goodbye to each other
- Staff discuss memories of the year/tell about joys with the specific children and families
- Scrapbooking pictures
- Taking pictures with children and families
- Children and staff can demonstrate a circle time for parents
- Certificates placed inside portfolios, already in child's cubby, or with goodbye book
- Read a story about goodbyes, end of the year etc.

Outside event will include some or all the following activities:

- Food
- Face Painting
- Bounce House
- Photo Booth
- Movie Viewing in McCormick Room

Given the activities planned for this day, we ask you to please **not** bring in graduation-related items (ex. cakes, cupcakes, balloons) and to please dress your child appropriately for outdoor play (bounce house, running games, etc.)

Continuity of Care

Because we recognize the importance of relationships and attachments in the first years of life, we incorporate Continuity of Care into our EHS programming. Continuity of Care in our program means that children and families stay with the same teachers and FSS for a maximum of three years in early head start and a maximum of two years in head start.

SIDS Policy

In order to prevent Sudden Infant Death Syndrome (SIDS), we always place children on their backs to sleep. Special plans and attention are given to those children who need a little more help getting used to sleeping on their back. In the event your child requires an alternate sleep position, Educare will need written authorization by your child's health care provider.

Program Services

Educare strives to provide the very best services to children and their families. We realize that children and families enrolling at our center may face challenges that require special services. Listed below are the program services available to the children and families we serve.

Mental Health / Developmental Consultant: Our Mental Health/Developmental Consultant, when needed, works with the classroom teachers and parents to understand how to help children with developmental differences. Some issues that would be considered are exposure to violence, losses, family stress and other factors that affect overall development.

Child Psychologist: A Child Psychologist provides in-depth evaluation services.

Registered Nurse: A Registered Nurse is available full-time in the center to consult with staff and families on health related issues.

Nutrition Consultant: Our Nutrition Consultant will advise parents and teachers on strategies they can use to encourage proper eating habits as well as planning for special dietary requirements.

Inclusion: Some children need additional supports while they are learning and growing. At Educare, teachers, parents and Family Support Specialists work together to ensure everyone has what they need, whether it's an internal support like our "sensory room" or our "playgroup," or a connection to external resources such as Early Intervention or CPS' office of Diverse Learner Supports and Services. Our Disabilities/Wellness Supervisor makes sure the referral process goes smoothly and works with teaching staff and the Inclusion Team to incorporate inclusive practices into the classrooms.

COVID-19 Amendment: Consultation services by consultants will occur virtually, except for the Nurse Consultant. Classroom observations will be done through SWIVL technology. Parent consent is required prior to any individual child observation.

Parent Engagement

Educare and The Ounce offers many ways for you to get involved and play a meaningful role in partnering with staff to support your child's growth and development. While we recognize the busy schedules of many families, we expect that all families can be involved in some or all the activities listed below. Ongoing communication between home and our program is an important part of making you and your child's experience here a successful one. The areas listed below are ways we partner with families in our program:

Home Visits

Home visits provide great opportunities to make connections between the home and the program setting. They offer a chance for parents and staff to get to know one another and for staff to give individualized attention to family strengths, interests and goals. Head Start and Early Head Start requires two home visits per year. Staff will work with you to arrange the most convenient times for these visits.

Family Partnership Agreements

Head Start requires that we partner with parents and guardians of the children in our program in order to "establish mutual trust and to identify family goals, strengths and necessary services and other supports" (Head Start Performance Standards). We do this by working with you to complete a Family Partnership Agreement. Your Family Support Specialist will sit down with you in order to find out from you about your family's strengths, goals and any areas in which we can help you to receive services and supports toward reaching those goals. We will review this plan with you periodically throughout your involvement in our program. Anytime we can be of assistance to you in finding services or resources please feel free to talk to your Family Support Specialist.

Parent - Staff Conferences

Parent conferences are held two times per year. These are scheduled meetings, but you can request a personal meeting any time during the year. The conference is a time to share information, talk about goals and report on what is going on in our classrooms.

Ongoing Involvement / Communication

We welcome the involvement of all family members and are always interested in hearing your suggestions, concerns, or thoughts. Parents or other close family members are strongly encouraged to participate in the classroom, go on field trips and attend workshops and trainings at our center. City regulations do require that all persons volunteering in situations that allow them to be with children will need to have a current physical with TB results on file. Please ask Family Support for the necessary forms.

Parent Committee Meetings

All parents of enrolled children are automatically members of the Parent Association. Parent Association meetings are now incorporated into monthly parent group meetings and Parent Engagement Breakfasts. The purpose of the meeting is to give parents an opportunity to assist in the development of activities that address your interests and needs. Important program updates will also be discussed in all parent groups and Parent Engagement Breakfasts. You will have the chance to suggest topics for the meetings and attend sessions on Child Development, Child Language and

Literacy, Nutrition and Child Guidance, to name a few. All parents and other involved family members are encouraged to attend.

Policy Council

The Policy Council shares responsibility with Head Start/Early Head Start staff for overseeing the delivery of high quality services to children and families. Through the Policy Council and Parent Association, parents and other community representatives are empowered to actively participate in the shared decision-making process. Serving on the Policy Council provides an opportunity for parents to develop valuable team skills, communication skills and leadership skills. Council members are nominated and elected annually by the Parent Association in the fall. Once elected, you can begin to be a part of a unique experience that will thoroughly enrich your life. [See Appendix I \(page 29\) for more information.](#)

Classroom Activity Events

Parents meet with teachers and Family Support of their child's classroom to discuss in-depth what happens in the classroom and to review other aspects of the program. This is also an opportunity for parents to share any ideas they may have to facilitate learning and to enhance the curriculum.

COVID-19 Amendment: All family engagement experiences will be virtual. Families will receive notifications via text blast, Class Dojo and flyers sent home to access family engagement experiences.

Celebrations

Religious and Cultural Observances

Our program is not affiliated with any religious institution and therefore does not include any type of religious instruction or observance. The staff respects each family's individual beliefs and faith systems and will never impose personal beliefs on your child or family. We ask that you share with us during enrollment any instructions regarding special traditions or beliefs that your family observes. In the hope that all children will share stories and thoughts freely with each other, children will be hearing about the different beliefs and holiday celebrations that are happening in your family. Staff will use these differences as educational experiences and try to integrate these ideas into themes of understanding and respecting diversity. For this reason, specific holidays are not observed.

Birthdays

Children's birthdays will be celebrated on or near their birth date unless the parent requests that no celebration be held. Cake, pastries, cookies or other foods with high sugar and/or fat content shall not be served to children enrolled in the day care program. To ensure that each child can participate in the celebration, please ask your child's teacher for a list of treats that everyone can enjoy and the proper number of items for the class. DCFS licensing regulations prohibits us from accepting homemade food or pre-opened packages.

Parents/caregivers of the child are encouraged to join us for the celebration, which usually occurs after naptime. Because we want all children in the classroom to enjoy and participate in the party, we must limit the number of adult individuals allowed to attend birthday celebrations. Please talk to your child's teacher for further information.

COVID-19 Amendment: While operating in a pandemic, only classroom teachers are allowed in the classrooms. No additional staff or parents can participate in these celebrations.

Our Policies & Rules

Violence-Free and Smoke / Drug-Free Environment

The Ounce programs promote safe and healthy environments for all children and families enrolled. To ensure that our environment remains safe and comfortable for families, children and staff, we ask that you adhere to the following policies:

- All center staff and participants must understand that OPF Centers are violence-free zones for children and adults.
- All families, visitors and staff must refrain from using offensive language or threats of abuse at the center.
- There is to be no verbal, physical, or written abuse displayed toward any child or adult within the center or surrounding property.
- Any display of inappropriate behavior by a parent, guardian, or visiting adult will be addressed immediately.
- All members of the center staff are Mandated Reporters and any sign of physical or mental abuse by a parent, caregiver, or visiting adult upon any child must **by law** be reported to the Department of Children and Family Services (DCFS). Whenever possible, we will contact you first. (See our policy listed under Mandated Reporting Act/Abuse and Neglect for further information).
- Weapons of any kind are prohibited from the center, classrooms and the grounds. This includes those carried by police or security officers. The presence of any weapons will result in notification of the police.
- Smoking, the use of drugs or alcohol is prohibited on school grounds and during school sponsored activities like field trips. This rule includes the parking lot.

Confidentiality Statement

We recognize that as you participate in our program, you share very confidential and private information with us. All forms and information on you, your child/ren, and your family are considered confidential and can only be viewed by appropriate Ounce staff and designated external consultants and reviewers. Other persons will not be given access to this information without your written consent unless it becomes necessary in order to ensure you or your child's safety and welfare. These records are secured both in locked file cabinets and our Management Information System.

Mandated Reporting Act / Abuse and Neglect Policy

All staff members of The Ounce's Educare School are legally mandated by the State of Illinois to report suspected child abuse and neglect. If we have reason to believe that child abuse or neglect has occurred or is occurring, we are required BY LAW to report it to the Illinois Department of Children and Family Services (DCFS). For this reason, we will ask you about all serious bumps, bruises, burns, injuries or observed neglect of a child's health or safety needs. If a call needs to be placed because of suspected child abuse and neglect, you will be asked to join a special meeting where we make the call and can discuss a plan for implementing a potential safety plan. Please let us know if your child has had an accident outside of the program.

Guidance & Discipline Policy

Guidance and Discipline is viewed as a learning opportunity and the joint responsibility of the staff and family. In our program developmentally appropriate activities and a daily schedule will be provided to engage the child mentally and physically, which will lead to positive behavior. Only people who have a relationship with the child will set and follow through with limits and consequences, keeping in consideration children's different levels of ability to control their own

behavior. The final goal of this policy is to promote self-control, which is one element of social and emotional development that enables children to form friendships, to communicate effectively, to use others as resources for problem solving and to gain social competence.

Procedures

1. Adults will use positive techniques to help children develop self-control, such as modeling expected behavior, redirecting children to acceptable activities and intervening to implement consequences for unacceptable or harmful behavior.
2. A process of observing, anticipating and redirecting will be utilized to guide behavior.
3. Limits and consequences shall be clear and understandable to the child, consistently implemented and explained to the child at their level of understanding before and as part of the consequence.
4. Guidance and consequences shall be developmentally appropriate and logically related to the child's act and shall not be out of proportion to the unacceptable behavior. The child shall be made aware of the relationship between the act and the consequences. Firm positive statements about behaviors or redirection of behaviors shall be the accepted techniques for use with infants and toddlers.
5. Direct service staff will develop consistent and clear rules, involving children, wherever possible, in the development of those rules.
6. Direct service staff will assist children to develop age-appropriate problem-solving skills by guiding them and by modeling how to solve problems and to resolve differences.
7. Direct service staff will use books, stories, puppets and other experiences to reinforce positive social behaviors.
8. Direct service staff will utilize other resources (current curriculum books and supervisors) to develop plans for guidance and discipline specific to pre-school children and infants and toddlers.
9. Preschool children shall have reasonable opportunity to resolve their own conflicts.
10. If a child needs to be away from the group or activity to regain control, the child will be redirected to another space close by an adult, with the opportunity to engage in an alternate activity. The child will be given the opportunity to re-engage in the original activity or with the group with the support of the teaching staff.
11. Teaching staff will talk with parents to develop an approach that supports the child and bridges the home and program environments to provide consistency for the child.
12. Specific behavior management plans may be developed to support the needs of a child. These specific plans will be developed with the family, teaching staff, family support specialist, appropriate management staff and our developmental/mental health consultant. Plans may include individualized play experiences to promote emotional regulation, planned breaks away from the group and consultation with additional specialists (with parent consent). This must be documented in the child's file. All staff working with the child shall receive training on implementing the plan and cooperate in its implementation.

The following behaviors are prohibited by any adults in the center, including staff, parents and visitors:

- Time out of any kind
- Corporal punishment, including hitting, spanking, swatting, beating, shaking, pinching and other measures intended to induce physical pain or fear
- Threats regarding or the actual withdrawal of food, rest, use of the bathroom, or activities
- Children shall not be disciplined for toilet accidents
- Abusive or profane language
- Any form of public or private humiliation, including threats of physical punishment
- Any form of emotional abuse, including shaming, rejecting, terrorizing or isolating a child

Head Start Performance Standards severely limits or prohibits suspension and expulsion of children due to a child's behavior.

Program Eligibility Requirements

Head Start / Early Head Start

Educare Chicago receives federal funding to provide comprehensive Head Start/Early Head Start services for children and families. We provide early childhood education to children ages 6 weeks to age 5. We prioritize enrollment based on families' needs. Families experiencing homelessness, children that are in foster care, children with a diagnosed disability and families receiving TANF & SSI are considered a priority for the program. The Head Start/Early Head Start program determines eligibility according to the Office of Head Start (OHS) regulations. In general, eligibility is based on family income at or below the U.S. Federal Poverty Guidelines (<https://aspe.hhs.gov/poverty-guidelines>).

IDHS Child Care Acceptance Program Eligibility

also known as Child Care Initiatives

Educare Chicago also receives funding from the Illinois Department of Human Services (IDHS) Child Care Assistance Program (CCAP). To qualify for the program and receive full day child care an applicant must be:

- Illinois resident
- Recipient of Temporary Assistance to Needy Families (TANF), or a
- Family with a Special Needs child(ren), or a
- Teen parent enrolled full-time in elementary or high school or GED classes to obtain a high school degree or its equivalent, or a
- Working family whose monthly income does not exceed the [income guidelines](#) for their family size.
- This list is not all inclusive – please see Eligibility for more details about determining your eligibility for CCAP.

If a family receives the child care subsidy, you qualify for a full day program and are responsible for paying the monthly co-payment which is determined by your family income and family size. To maintain full day services, parents must maintain eligibility for CCAP.

Co-Payment Procedures

We are able to provide full-day services to children and families through the Child Care Assistance Program (CCAP) with the Illinois Department of Human Services. We are required by that contract to assess and collect fees or co-payments from parents for child care services. You will receive a letter from Eligibility that states what your state determined co-payment will be each month. It also appears on your approval letter sent from the state. Statements are issued on the 10th of each month and co-payments are due by the last day of the month.

Co-payments must be paid by money order and made payable to The Ounce of Prevention Fund. We apologize for the inconvenience; however, we are unable to accept cash. In the event you are unable to pay your monthly copay. You will need to make payment arrangements with the Family Support and Community Engagement Manager or the School Director.

IDHS Child Care Procedures

In order to **avoid over payments** and to continuously receive the child care subsidy, parents **must** report changes to their eligibility immediately and/or within five days. Changes include:

- Job change/New Job/Second Job/Job Loss
- Increase or Decrease in work hours/schedule/shift change
- Increase or decrease in wages
- Begin/stop attending school
- Semester/Training program break
- Increase in family size
- Newly married
- Maternity/Medical Leave
- Change in Custody
- Address Change

All changes **must** be reported to Eligibility. Eligibility will notify the state on your behalf. Failure to report changes can sometimes result in an overpayment that you will have to repay to the state.

Attendance / Absentee Policy

Regular attendance is important for your child to establish and maintain a consistent relationship with his/her teachers and classmates. Good attendance also helps him/her to develop and feel comfortable in a school setting and to gain the important skills necessary for kindergarten readiness. Therefore, it is critical that children be present and on time every day. Of course, we recognize that some circumstances make it necessary for a child to miss school.

Excused absences are defined as the following:

- Family Emergency
- Planned vacation (up to 2 weeks)
- Illness
- Medical appointments (for the child)

School attendance is monitored regularly. If your child's attendance falls below 85%, your Family Support Specialist and your child's teacher will schedule a meeting with you to discuss strategies to get your child to school regularly.

Late Pick Up

Educare closes at **3:30 p.m.** Children are expected to be picked up prior to closing. In the event you are running late (past your child's scheduled pick up time) or you will arrive after **3:30 p.m.**, you must contact the school and inform the school that you will be late and the approximate time of your arrival. Parents picking up after their scheduled pick up time will be charged \$5 every 15 minutes. Upon picking up your child, you will be asked to sign your child out and sign the Late Pick Up Slip. The Late Pick Up Fee will be added to your monthly bill. You will be expected to pay all fees by the end of each month. In the event you are challenged with paying your monthly fee, you can make payment arrangements or volunteer at Educare in lieu of payment.

Parent-School Check-in Policy

Head Start has introduced a requirement and an approach to safety and attendance. To ensure you and your child/ren are safe when they do not arrive at school on time, Educare has implemented a parent-school check-in time. Each day, if your child has not arrived at school by **9 a.m.**, someone from the school will call the enrolling parent to check on the safety and attendance of your child/ren. If you know in advance that your child will be absent or late, please inform your classroom teacher and your Family Support Specialist, so the program will know when to expect your child. If your phone number changes at any time, please notify your classroom teacher and your Family Support Specialist. Please partner with us to ensure your child/ren are receiving the best education at Educare.

Easy things to remember regarding the policy:

1. Inform your child's teacher, Family Support Specialist, or the office daily if your child will be tardy or absent. Contact us at 773-924-2334.
2. If you must leave a voicemail, please state your child's name, room number and whether your child will be absent or late and the date(s) of the absence or tardy.
3. Always keep your contact information and emergency contact information current.
4. Strive to bring your child to school every day and on time. On time is **8 a.m.** Let us know how we can support you.

Educare will:

1. Call you each day when your child has not arrived at school by **9 a.m.** if we haven't already been informed of the absence or tardy.
2. If we are unable to reach you, we may call the emergency contacts to ensure you and your child/ren are okay.

If you have questions regarding the Head Start requirement, please contact your Family Support Specialist or the Family Support and Community Engagement Manager.

If your child consistently has unexcused, irregular attendance or frequently misses most of the scheduled day, unfortunately, we may need to withdraw him/her from the program. This is due to our commitment toward continuous learning as well as our ongoing need for funding.

When there are four or more consecutive absences and Family Support has been unable to contact the family, Family Support will perform a home visit. At the home visit, Family Support will discuss the importance of regular attendance and develop an attendance plan with the family. After the home visit, the child is then expected to return to the program the next day unless the Family Support Specialist and the parent have reached a mutually agreeable return date.

Arrival and Departure

For the safety of our program, all parents and children are expected to enter the center through the front entrance at 5044 S. Wabash Avenue. If a parent, grandparent, or legal guardian is attending a school sponsored event that is scheduled after the school day (4 p.m. or after) such as Parent Committee, Policy Council, or a community meeting, they may park in the parking lot on State Street and use the back State Street entrance. If you need temporary or special accommodations to enter through the back entrance, you must make a request to our School Director or Facilities Coordinator. In the event a parent/legal guardian or individual authorized to pick up or drop off a child has a disability and a handicap sticker, accommodations will be made to allow parking in a handicap designated space in the

State Street parking lot and use of the back entrance. If approved, the security guard will be informed of the special accommodations.

COVID-19 Amendment: All School Sponsored events will be virtual. Due to COVID-19 social distancing is implemented and large school events pose a potential risk of spreading the Coronus Virus.

Arrival



In order to ensure that we meet both your goals and ours, it is extremely important for your child to arrive to school before **8 a.m.** each school day. Our school opens promptly at 7:30 a.m. Monday through Friday. Classrooms will be assigned specific drop off times and drop off locations. Parents will need to drop off at their assigned times. Parents and children will complete a daily screening for COVID-19 symptoms. Parents and children over two must wear a face mask.

Our program is structured so that each learning activity builds upon the one before it and leads to the one that follows. Therefore, we strongly encourage you to have your child at the program before **8 a.m.**

Departure

All children must be picked up no later than **3:45 p.m.** (except on days that the program is only open a half day, then children must be picked up by 12:30 p.m.). Classrooms will be assigned pick up times and pick up locations. We understand that emergencies do arise that may delay you, so please call the school if you cannot make it on time. When you arrive late, you will be charged a late fee of \$5.00 for every fifteen minutes that you are late, per child. This charge begins at **3:30 p.m.** If a parent is late and has not contacted the center, and we are unable to reach you or any of your designated pick up persons by **4:30 p.m.**, we will contact the Department of Children and Family Services (DCFS) and report that your child has not been picked up, in accordance with DCFS licensing standards.

For safety reasons, children enrolled in the program cannot be released to children under the age of 13. Your child will **only** be released to individuals you have designated on the pick-up form. They will need to show some form of picture identification, such as a driver's license, state ID, school ID, military ID, or a passport. Additionally, staff will **never** release your child to anyone who appears to be intoxicated or incapacitated.

We understand that, on rare occasions, your child may arrive or be picked up late due to unforeseen circumstances. However, if a pattern of lateness develops, Family Support will contact you to address the issue. If it continues to occur, your child may not be able to participate in the program. If our schedule does not match your needs, we will assist you in finding a more appropriate program.

COVID-19 Amendment: Parents need to identify a consistent person to pick up and drop of their child to avoid exposure. It is strongly suggested to avoid sending persons that are sick or are considered to be in an at risk category for COVID-19.

Site Entrance and Visiting Policy

Our school is a special protected place for children. It is a place where children learn and grow. It should be a safe and predictable environment for them. For this reason, we must be careful and mindful of the activity and traffic in the center. Our policy for site entrance and visiting is the following:

- For the safety of our program, all parents, children and visitors are expected to enter the center through the front entrance at 5044 S. Wabash Avenue.
- All adults entering the center will be asked to show a picture ID to Security and checked against the child's approved pick-up list.
- All children must be signed in and out at one of the computer stations in each classroom every day with a swipe card. You must also sign your child in and out of the classroom on the paper sign-out sheet.
- Parents/guardians, please remember that your child will only be released to people listed on your release form. We cannot release children to people who are not on the list. We will have to call you if someone shows up to pick up your child, and we don't have him or her listed. If you are having someone come who has never come before, and they will not be a regular pick up person, you must provide us with that permission in writing or you must call the teacher to inform us of the change in pick up. That person will need to show photo identification in order for us to release the child.
- Parents/guardians and individuals on the pick-up list are allowed to go past the reception area unattended. All other visitors or unauthorized persons must wait for an escort.
- No more than one adult should go to the classroom to pick up a child unless both parents have arrived for pick-up.
- Parents who bring other children to the center should always be sure to supervise them.
- To ensure the safety of all the children, please do not allow your child/ren to run in the hallways of the center.
- Please do not use cell phones, including earpieces, in any classroom. Please complete your conversation prior to entering the classroom.

COVID-19 Amendment: Only essential visitors will be allowed access to Educare Chicago. Visitors and parents are not allowed in the classrooms while operating in a pandemic.

Transportation

Educare does not provide transportation services. We do however charter school busses for Family Outings and Classroom Fieldtrips. You can access Educare via public transportation. The closest Red Line stop is located at 47th and the Dan Ryan/State street. The closest Green Line stop is at 51st and Prairie. Bus #15 Jeffery Local runs east-west on 51st. Bus #29 runs north-south on State St. Visit www.metrarail.com/maps-schedules to find out additional information regarding Metra routes, schedules and fees.

In cases of an emergency or extreme hardship, Educare provides Ventra passes on a limited basis.

Emergency Contact Information

Periodically, we will ask you to update your child enrollment form so that we can ensure accuracy in our records. Please notify us of any change in your address, telephone (work/home) numbers, emergency contact persons, or telephone changes for them. It is critical that we be able to reach someone in case of illness or emergency with your child.

Clothing and Jewelry

Our primary goal is to ensure a happy, safe and healthy start for the children in our care. For this reason, we ask that infants and children not wear any dangling or hoop earrings, bracelets, or necklaces. We cannot take responsibility for lost jewelry. During play, these items can easily fall off and be lost or cause injury. Beads on shoestrings are also not allowed for this reason.

In addition to the items listed above, infants and toddlers cannot wear barrettes, beads, or any ball-bearing accessories (like pony-tail holders with colored balls on the ends or ribbons for bows.) Again, these items can fall off and quickly end up in the mouth of a young child and are considered choking hazards.

Due to messy play with materials such as paint and water, as well as possible spills from food, your child's clothing may need to be changed during the course of the day. Therefore, we need a change of clothing (shirts, pants, underwear and socks) to be always kept in your child's personal cubby. Clothing should be clearly labeled with your child's name. We also ask that you check the clothes periodically to adjust for seasonal and size changes.

Remember, we go outside every day if the weather permits, so please dress your child accordingly. For example, if it is cold, your child will need boots, gloves or mittens, scarves and hats.

COVID-19 Amendment: Parents will be required to provide an extra pair of shoes for children to wear at school. These shoes will be kept onsite in the child's cubby. Please label the shoes with your child's name.

Personal Belongings

The center's overall policy is that children do not bring personal belongings (toys, games, stuffed animals, etc.) to the center unless they are requested. This is to prevent the loss of these precious items.

If your child is wearing diapers or pull-ups, the program will provide generic diapers or pull-ups as well as bottles and pacifiers. The program will also provide infant formula. If you want your child to use a specific brand of diaper, bottle, pacifier, or formula different from what we provide, you will have to bring them in at your own cost.

The following items should not be brought to school:

- Money
- Medication (unless it is by prescription and given to the teachers)
- Toys (unless requested by the teachers for special occasions)
- Valuable or breakable items
- Sharp objects
- Candy, gum, or food

Your Gifts to Us

Parents/caregivers can best show their appreciation to staff and volunteers through kind words (written or spoken). There is no better gift than for you to allow us to share in the life of your child and family. Please note that staff and volunteers cannot accept gifts or money from parents/caregivers. It would be our pleasure to accept letters, drawings, or photos!

Accidents or Injuries to Children in the Center

As always, safety is our first priority at Educare Chicago. However, sometimes during normal development such as a toddler learning to walk or a preschooler learning through exploration, accidents and/or injuries will occur. In the event your child sustains a minor injury at school, we will provide basic first aid. Basic first aid consists of cleaning the area with soap and water, use of band-aid, and/or applying an ice pack if needed. Parents will be notified of injury either at pick up or via phone call.

Accident/injury reports will be written whenever a child is injured or when a mark on a child's body has occurred while in our care. Some examples of accident reporting would be falls, bumps, scratches, scrapes, bites from another child, or any other injury resulting in medical attention or a call to 911. If the injury is serious, a supervisor will be contacted immediately. If it is determined that the child requires immediate medical care, staff will call 911 and a staff person will accompany the child to the emergency room until the parent arrives.

The parent will be called when there is an accident/injury with their child which requires medical attention. If other children were involved (Child A was bit by Child B and Child A is injured) the other child's name will not be mentioned in the accident report form to protect the confidentiality of all families. The accident/injury form will be given to the parent at pick up. If staff was unable to reach the parent during the day, staff will explain the accident or injury to the person picking up the child.

Medical Policy

Healthy children are ready to learn, and in order to ensure that your child is ready to begin his/her day, a staff member will conduct a daily health check to identify signs and symptoms of illness in order to intervene early. Daily Health checks must be done with the parent and child present. If any of the symptoms, will ask you to take your child home for the day. At home, if you notice any of the following, please do not bring your child to school and call to let us know the reason for your child's absence. [See Appendix II \(page 30\) for more specific information about our Medical Exclusion Policy.](#)

COVID-19 and other Health Exclusions will be strictly enforced. Due to COVID-19, all daily health checks will occur before entering the classrooms. Parents will be screened as well.

If a determination is made that your child is too ill to remain at school, the parent or the emergency contact person will be called. For the comfort of the child and prevention of spreading illness, sick children should be picked up within an hour or less after the parents are notified of the illness. It is important that all parents provide their updated cell phone as well as emergency contact information.

Sick children will be placed in the isolation room and be supervised by a member of the Health Team until the child is picked up. Parents will be assessed a **Late Pick Up Fee of \$5.00 every 15 minutes** for picking up past the one hour deadline.

If it is determined that the child requires immediate medical care, staff will call 911, and a staff person will accompany the child to the emergency room until the parent arrives.

Medication

To ensure that proper medication is being given to children, we will only give prescription medication with written authorization from the child's physician and the parent. Whenever, changes are made to your child's medication or treatment plan, updated information must be provided to Educare's health team. The parent must complete the "Medication Permission Form". Prescription medication will be given only as prescribed by a physician/dentist.

The label of prescribed medication must include:

- A full pharmacy label
- The child's first and last name
- The date the prescription was filled
- Name of the health care provider who wrote the prescription
- The medication's expiration date- expired medication will be sent home or not accepted
- Administration, storage and disposal instructions
- All information on the label must be legible.
- Medications must be in the original container as given out by the pharmacist.
- Medications must be designated for your child.

Over-the-counter medications and products that are used to treat a disease or illness cannot be administered without the written approval of your health care provider. Examples of these are: cough, cold and fever medications and skin ointments and creams. Over-the-counter products such as insect repellents and sunscreens are exceptions and need written approval from the parent. For the safety of the children, they are not allowed to self-medicate without written consent from your health care provider.

Health Requirements

In order to maintain compliance with Head Start/Early Head Start and City of Chicago day care licensing regulations, we will require that you provide documentation that your child has well child visits, lab tests and immunizations on a schedule prescribed by the American Academy of Pediatrics. [The schedule can be viewed in Appendix III \(page 32\).](#) If we do not receive this documentation, staff will follow up with you to ensure that we remain in compliance. All health requirements for children should be current during the time of enrollment for new and returning students. Any health requirements that expire during school year, are to be updated as soon as possible and submitted to Educare's health team or assigned FSS.

Handwashing

To cut down on the spread of germs, your child will be taught how to properly wash their hands. Children and parents will be expected to wash hands upon entering the building, before and after eating, after using the bathroom, after cleaning their nose and before and after playing in the sensory table.

Brushing Teeth

Practicing good oral care begins at birth. As a best practice, your child's teacher will wipe the inside of your child's mouth with a wet cloth after eating. As your child gets teeth, teachers will begin teaching your child how to brush teeth. As your child grows, teachers will support your child to become independent to brush his/her own teeth. Educare supplies the toothbrushes and toothpaste. Toothbrushes are changed every three months. We use fluoridated toothpaste.

COVID-19 Amendment: While operating in a pandemic, children will not brush teeth at school. Parents are encouraged to brush your child teeth prior to coming to school and ensure teeth are brushed again before bed time.

Toilet Training

When developmentally appropriate, your child's classroom team will collaborate with you to support your child in learning to use the toilet. Some signs that your child is ready to be toilet trained are:

- Child has the communication knowledge to inform you he/she needs to use the bathroom.
- Child has the self-help skills to pull their pants up and down.
- Child stays dry for long periods of time.

School Closings

At the start of each program year or at the time of a child's enrollment, a School Calendar will be provided detailing specific dates for school closings. Educare will be closed two or more weeks in August prior to the opening of Chicago Public Schools. Additionally, there is no school on the following holidays:

- Labor Day
- Thanksgiving and the Day After Thanksgiving
- Winter Break (December 21st through January 1st)
- Martin Luther King, Jr. Day
- Presidents' Day
- Spring Break (April 1st and April 2nd)
- Memorial Day
- July 5th (4th of July Observance)

There are also days when the school is closed for Professional Development Days. Please refer to the School Calendar. Eligible parents may qualify for a dual child care authorization to use an alternative provider on the days Educare is closed. If you are interested in applying for a dual authorization, please see one of Educare's ERSEA Specialist.

Weather Related Closings

Whenever Chicago Public Schools closes due to Inclement Weather, Educare also closes. Weather related closings will be sent out via text and will be posted on our Facebook Page.

Emergency Closings

As always, our primary concern is the health and safety of the children and it is for this reason that if at any time we cannot operate safely, the center will be closed. Parents/caregivers will be called and asked to come and pick up their children as soon as possible. If the school closes for an emergency, you will be contacted by text. This information will also be posted on our Facebook page.

COVID-19 Amendment: Educare will close whenever local and official have City, State, or Federal Mandates to close to social distance to stop the spread of COVID-19. When these closures occur, children and families will be provided comprehensive virtual programming.

School Maintenance and Safety

We are honored that you have chosen Educare and are entrusting us with your most prized possession – your child. You have read that safety is always our primary concern. Part of providing a safe environment is ensuring that our building is clean and secure. Educare has maintenance staff on-site to perform cleaning throughout the day and in the evening, along with minor repairs. We conduct regular checks to make sure the classrooms, play areas and other rooms are free of hazardous materials. We also have regular fire, tornado, lock down and bus drills so that children will be familiar with what to do in case of an emergency. If you have any questions or concerns about the upkeep of the school or our safety practices, please contact our Facilities Supervisor, Site Administrator, or the School Director.

COVID-19 Amendment: Hot touch frequency areas are cleaned and sanitized on an hourly basis. In the event of a COVID-19 exposure, the school will be closed for a deep cleaning.

School Evacuations

In the event Educare needs to evacuate the school, children and staff will walk to Greater Harvest Baptist Church, located at 5141 S State St, Chicago, IL 60609; contact at 773-924-7766.

Environmental Assessments

Educare performs a variety of facility assessments to ensure our school is safe for children. Radon tests are performed every three years. We also perform lead in water testing. The results of our most recent lead in water test and full mitigation plan are posted at the front Security Desk.

As part of our Health Services, children are monitored for lead levels. In the event your child has elevated levels, our health team will provide you with resources to help address your child's health needs.

Grievance

Educare's goal is to partner with you to ensure your child and family are reaching their optimal potential. We understand that your child is your most prize possession. We are thankful you have entrusted the staff at Educare as your partner to prepare your child for school. Your input is always welcome. In the case there is a concern or complaint about any aspect of the program please follow these steps.

- Complete a written complaint form (see receptionist or staff member). Written concerns should include a description of the problem, date of occurrence, names of people involved and possible solutions.
- The written concern form will be completed by the individual (s) involved and given to the Educare School Director within ten (10) working days. A meeting will be scheduled to discuss the situation.
- A written response will be prepared by the Educare School Director outlining action taken and given to parent/community members within ten (10) working days of the meeting.
- If the parent/community member is not satisfied with the action taken by the Educare School Director, the parent/community member can request a formal meeting with all participants involved in the concern along with the Executive Committee of the Policy Council. A request for a formal meeting will be done in writing and given to the Chair of the Policy Council.

- A written resolution will be provided to the parent/community member within 10 days after the formal meeting.
- If the complaint/concern is still not resolved, the parent/community member can request a meeting with the Senior Vice President of Programs. The request to meet will be made in writing. A face to face meeting will be scheduled. The Vice President of Programs will provide a written resolution within 10 days of the meeting. The Vice President of Programs resolution is the final resolution.

Educare Chicago Contact Information

Name	Position	Phone Number	Email Address	Office Room Location
Angela Lampkin	Educare School Director	773-690-4016	alampkin@ounceofprevention.org	108/109
Lauren Matsuo	Site Administrator	773-924-2334 ext.	lmatsuo@ounceofprevention.org	131
Michelle Morris	Family and Community Engagement Manager	773-924-2334 ext. 5633	mmorris@ounceofprevention.org	FC 208
Danielle Jordan	Senior Master Teacher	773-924-2334 ext. 5221	djordan@ounceofprevention.org	116
Keoka Bias	Master Teacher	773-924-2234 ext.	kbias@ounceofprevention.org	116
Christie Stinson Moore	Master Teacher	773-924-2334 ext. 5009	cmoore@ounceofprevention.org	116
Danielle Drain	Disabilities/ Wellness Supervisor	773-924-2334 ext. 5242	ddrain@ounceofpreention.org	121
Aishia Brown	Comprehensive Service Manager	773-924-2334 ext. 5137	abrown@ounceofprevention.org	FC 209
KJ Jones	Health Specialists	773-924-2334 ext. 5638	kjones@ounceofprevention.org	103
Katherine Richardson	Nurse Consultant	773-924-2334 ext. 5122	Katheriner@ounceofprevention.org	103
Alicia Daniels	Family Support Specialist	773-924-2334 ext. 5643	adaniels@ounceofprevention.org	FC
Yugunda Jeffries-Streeter	Family Support Specialist	773-924-2334 ext. 5640	yjeffries@ounceofprevention.org	FC
Angela Nelson	Family Support Specialist	773-924-2334 ext. 5632	ajmerson@ounceofprevention.org	FC
Lorrie Ray	Family Support Specialist	773-924-2334 ext. 5630	lray@ounceofprevention.org	FC
Teresa Bennett	Family Support Specialist	773-924-2334 ext. 5631	tbennett@ounceofprevention.org	FC
Fallon Brown	ERSEA Specialist	773-924-2334 ext.	fbrown@ounceofprevention.org	FC
Sabrina Nowlin	ERSEA Specialist	773-924-2334 Ext	snowlin@ounceofprevention.org	FC

Classrooms

Classroom	Phone Number	Classroom	Phone Number
105	773-924-2334 ext. 5113	122	773-924-2334 ext. 5132
106	773-924-2334 ext. 5114	123	773-924-2334 ext. 5133
107	773-924-2334 ext. 5115	124	773-924-2334 ext. 5134
113	773-924-2334 ext. 5123	128	773-924-2334 ext. 5139
114	773-924-2334 ext. 5124	129	773-924-2334 ext. 5140
115	773-924-2334 ext. 5125	130	773-924-2334 ext. 5141
121	773-924-2334 ext. 5131		

Introduction to the Policy Council

The Policy Council serves as a link to the Policy Committee, Parent Committees, Grantee Agency, Governing Boards, Sub-Committees and the larger communities that provide Head Start Services. All program options are represented on the Policy Council. Parents participate in establishing policy and shared decision-making through the Policy Council and/or Parent Committees.

The Policy Council works with Management Staff and the Governing Body to develop, review and approve or disapprove:

- Funding applications
- Procedures for shared decision-making about long and short range program goals
- The composition of the Policy Council and selection process
- The annual and on-going Self-Assessment process
- Criteria for recruitment and enrollment of children
- Personnel policies
- Decisions for hiring or terminating staff

The Policy Council also establishes procedures to work with the agency in resolving community complaints about the Head Start Program. The Council assists Parent Committees in planning, organizing and coordinating program activities for parents with the assistance of staff and ensures that funds are asked for from program budgets to support parent activities.

Medical Exclusion Policy

Children will be screened upon arrival daily for any obvious signs of illness via Daily Health Checks. If symptoms of illness are present, a member of the health team/management will provide with determination for exclusion. If children become sick during the school day, the teaching staff will notify a member of the health team. The child will be isolated and cared for in the health team's isolation area and parent will be contacted for pick up. Pick up should occur within an hour or less from time called. Parents will be provided an exclusion notification that outlines when child can return or if medical clearance is needed prior to return.

Children will be excluded if they exhibit the following:

- Fever of 100.4 or higher
- Cough
- Shortness of breath or difficulty breathing
- Fatigue/Irritability that impacts participation in programming or requires care that stretches teaching team's capacity to safely care for all children in room
- Mouth sores associated with the child's inability to control his or her saliva, until the child's physician or the local health department states that the child is noninfectious
- Illness that prevents the child from participating comfortably in program activities
- Illness that calls for greater care than the staff can provide without compromising the health and safety of other children
- Muscle or body aches, chills
- Headache
- New loss of taste or smell
- Sore throat, Strep throat (streptococcal pharyngitis), until 24 hours after treatment has been initiated and until the child has been without fever for 24 hours
- Head lice, until the morning after the first treatment. Visual inspection will occur after first treatment at daily health check and child will be excluded if symptoms persist along with request to get medical clearance before return. Also, child must not be irritated or constantly scratching
- Scabies, until the morning after the first treatment and symptom free from rash and intense itching
- Chicken pox (varicella), until at least 6 days after onset of rash
- Whooping cough (pertussis), until 5 days of antibiotic treatment have been completed. Due to COVID-19 will not be admitted if chronic coughing and can't wear a mask
- Mumps, until 9 days after onset of parotid gland swelling. Child must be able to swallow, talk and not be in any pain
- Measles – until 5th day after rash along with symptoms of coughing, fever, runny nose, red, watery eyes must be not be present
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea – loose stool that uncontrollable in diapered children and more than child's normal output. Children who are potty-trained and cannot contain bowels to get to toilet and output is more than normal
- Skin irritation/rash fever or behavior change, unless a physician has determined the illness to be non-communicable
- Pinkeye (bacterial conjunctivitis) indicated by pink or red conjunctiva with white or yellow eye mucous drainage and matted eyelids after sleep. During time of COVID-19 child's eye must not be draining to attend and must have medication treatment within a 24 hour period

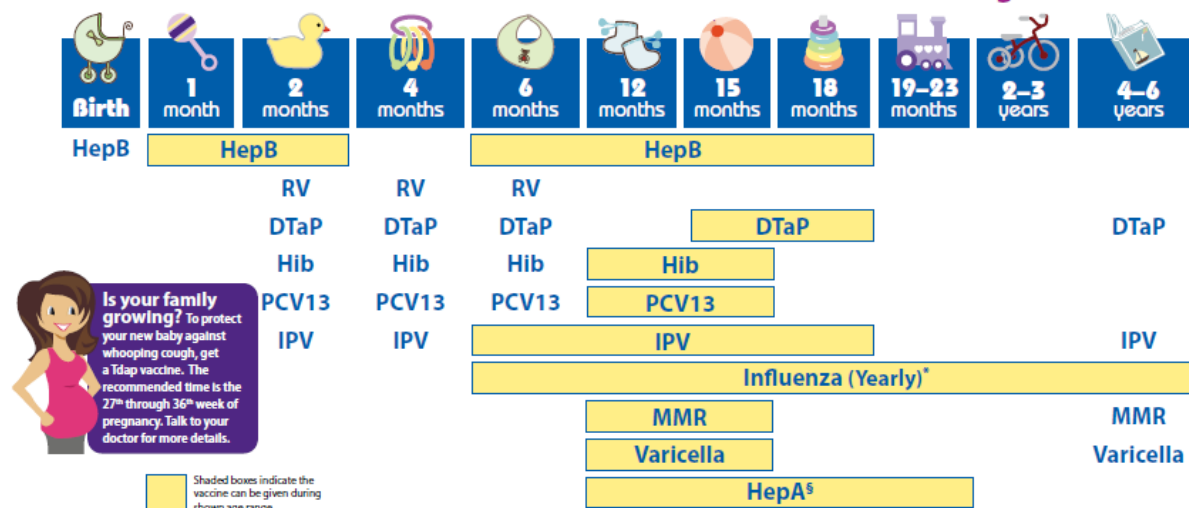
- Red, runny and irritated eyes due to allergies or pink eye
- Any child suspected of having COVID-19, diagnosed with COVID-19, or having been in contact with a persons suspected of or diagnosed with COVID-19 will be excluded from Educare until written documentation is provided by the child's physician that the child is no longer communicable and may return to school
- If a child is diagnosed with COVID-19, he or she is not to return to Educare until ALL three of the following are met:
 - Individual is free from fever without the use of fever-reducing medications for at least 72 hours
 - Individual's symptoms, including cough, have improved
 - It has been at least 10 days since the onset of the individual's illness
- If a child has symptoms of COVID-19 and it is determined by a medical provider that the individual likely does not have a COVID-19 infection, the child can return to school if the following is met:
 - No fever for 72 hours without the use of fever reducing medications (fever is temperature greater than 100.4F/37C)
 - Negative test for COVID-19 OR a note from a medical provider documenting no clinical suspicion of COVID-19 infection
- The CDC recommends that any child with close contact (within 6 feet for greater than 15 minutes) to a person suspected or diagnosed with COVID-19 be excluded for 14 days and monitored for symptoms. If symptoms develop, they are encouraged to be evaluated and tested for COVID-19.

Parents must report to a member of the health team or their assigned FSS, when their child has been diagnosed with COVID-19 or any other communicable disease as soon possible, also reporting exposure to communicable diseases are important as well. In the event, that Educare has a positive/confirmed case of COVID-19 or a communicable/infectious disease, notification will be provided to all parents and staff, notifying the illness, number of cases, date of notification and the signs and symptoms. Parents of children who had direct contact with the positive/exposed child/adult while receive a separate communication to provide CDC recommendations and next steps. Deep cleaning of areas visited/used by positive/exposed child/person will be deep cleaned and closed off for a designated time as a preventive step and communication with City of Chicago Health Department whenever two positive cases occur within 14 days will be reported immediately.

COVID-19 Amendment: Children must be healthy and must not display any symptoms related to COVID-19 or any other communicable diseases.

Immunization and Well Child Schedule

2020 Recommended Immunizations for Children from Birth Through 6 Years Old



NOTE:

If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:

* Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

§ Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the first dose. All children and adolescents over 24 months of age who have not been vaccinated should also receive 2 doses of HepA vaccine.

If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.

See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.

For more information, call toll-free
1-800-CDC-INFO (1-800-232-4636)
or visit
www.cdc.gov/vaccines/parents



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



American Academy
of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

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

* DTaP combines protection against diphtheria, tetanus, and pertussis.

** MMR combines protection against measles, mumps, and rubella.

Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics



Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care. Refer to the specific guidance by age as listed in the *Bright Futures Guidelines* (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017).

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. The Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care are updated annually. Copyright © 2020 by the American Academy of Pediatrics, updated March 2020. No part of this statement may be reproduced in any form or by any means without prior written permission from the American Academy of Pediatrics except for one copy for personal use.

	AGE: HISTORY	INFANCY										EARLY CHILDHOOD						MIDDLE CHILDHOOD						ADOLESCENCE												
		Prenatal ^a	Newborn ^b	3-5 d ^c	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y			
MEASUREMENTS	Initial/Interval	•																																		
	Length/Height and Weight	•	•																																	
	Head Circumference	•	•																																	
	Weight for Length	•	•																																	
	Body Mass Index ^d	•	•																																	
SENSORY SCREENING																																				
DEVELOPMENTAL/BEHAVIORAL HEALTH	Vision ^e		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
	Hearing		• ^f	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
	Developmental Screening ^g							•																												
	Autism Spectrum Disorder Screening ^h		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
	Developmental Surveillance		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
	Psychosocial/Behavioral Assessment ⁱ		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
	Tobacco, Alcohol, or Drug Use Assessment ^j		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
	Depression Screening ^k		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
PHYSICAL EXAMINATION ^l																																				
PROCEDURES ^m																																				
Newborn Blood ⁿ	•	• ^o	• ^o	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
	•																																			
	•																																			
	•																																			
Critical Congenital Heart Disease ^p		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Immunizations ^q		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Anemia ^r						•																														
Lead ^s								•	• or ^o ²¹																											
Tuberculosis ^t								•	• or ^o ²¹	•																										
Dyslipidemia ^u									•																											
Sexually Transmitted Infection ^v																																				
HIV ^w																																				
Cervical Dysplasia ^x								• ²¹	•																											
ORAL HEALTH ^y																																				
Fluoride Supplementations ^z																																				
ANTICIPATORY GUIDANCE																																				

- If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
- A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a confirmatory test. The prenatal visit should include a history of previous pregnancies, perinatal history, and a discussion of the child's health and development. The prenatal visit should be scheduled at 12 to 14 weeks gestation. For more information, see "Prenatal Visit" (<http://pediatrics.aappublications.org/content/134/4/1227-6>).
- Newborns should have an evaluation after birth, and breastfeeding should be encouraged and instruction and support should be offered.
- Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "Breastfeeding and the Use of Human Milk" (<http://pediatrics.aappublications.org/content/129/3/1877-9>). Newborns discharged less than 48 hours after birth should have a "Hospital Day for Healthy Term Newborns" (<http://pediatrics.aappublications.org/content/129/2/465-6>).
- Screen per "Target Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" (http://pediatrics.aappublications.org/content/120/Supplement_4/5164-63).

- Screening should occur per "Clinical Practice Guidelines for Screening and Management of High Blood Pressure in Children and Adolescents" (<http://pediatrics.aappublications.org/content/130/3/517-524>). Blood pressure should be measured in children and adolescents at least once a year, or more frequently if risk factors are present. A child with a blood pressure reading at or above the 95th percentile should be screened for cardiovascular risk factors. See "Blood Pressure Assessment in Infants, Children, and Young Adults by Pediatricians" (<http://pediatrics.aappublications.org/content/137/1/1335-6>) and "Procedures for the Evaluation of the Visual System by Pediatricians" (<http://pediatrics.aappublications.org/content/137/1/1337-7>).
- Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened per "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (<http://pediatrics.aappublications.org/content/120/6/1995-1001>).
- Verify results as soon as possible, and follow up, as appropriate.
- Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 13 and 17 years, and once between 18 and 21 years. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies" (<http://pediatrics.aappublications.org/content/120/6/1995-1001>).
- See "Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening" (<http://pediatrics.aappublications.org/content/120/1/150-160>).

KEY: • = to be performed ★ = risk assessment to be performed with appropriate action to follow, if positive

(continued)
BMC-2020-0183
2/20/2020

19. Confirm initial screen was accomplished, verify results, and follow up, as appropriate. The Recommended Uniform Screening Panel (<https://www.ruspanel.org/advisory-committee/haritable-disorders/nupid.html>), as determined by The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (<https://www.babysfirsttest.org/newborn-screening/status/>) establish the criteria for and coverage of newborn screening procedures and programs.

20. Verify results as soon as possible, and follow up, as appropriate.
21. Confirm initial screening was accomplished, verify results, and follow up, as appropriate. See "Hyperbilirubinemia in the Newborn Infant ≥35 Weeks' Gestation: An Update With Clarifications (<http://pediatrics.aappublications.org/content/134/4/e116>)".
22. Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per "Endorsment of the Health and Human Services Recommendation for Pulse Oximetry Screening of All Healthy Term Newborns" Disease (<https://www.hhs.gov/guidance/document/endorsement-health-human-services-recommendation-pulse-oximetry-screening-all-healthy-term-newborns>).
23. Schedule per AAP Committee on Infectious Diseases, see available at <https://www.aapublications.org/content/135/2/immunizations>. Every visit should be an opportunity to update and complete a child's immunizations.
24. Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP Pediatric Nutrition Policy of the American Academy of Pediatrics (from chapter).
25. For children at risk of lead exposure, see "Prevention of Childhood Lead Toxicity" (<http://pediatrics.aappublications.org/content/136/2/20111839>) and "Low Level Lead Exposure Nurtures Children's Brain Growth Call for Primary Prevention" (<http://www.aacp.org/news/lead/low-level-lead-exposure-nurtures-childrens-brain-growth-call-for-primary-prevention/>).
26. Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or a high pregnancy area.
27. Tuberculin testing per recommendations of the AAP Committee on infectious diseases (<http://pediatrics.aappublications.org/content/135/2/immunizations>).
28. Testing for Congenital Hypothyroidism. Testing should be performed on recognition of high-risk factors.
29. See "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" (<http://www.aahfpc.org/wp-content/uploads/2016/06/2016AHAACCCHS.pdf>).

29. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the *MAP and Red Book: Report of the Committee on Infectious Diseases*.

30. Adolescents should be screened for HIV according to the USPSTF recommendations (<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdatePanelItem/usps-hiv-screening-recommendation>)

31. See USPSTF recommendations (<https://www.preventivecaretaskforce.org/wp-content/uploads/2019/07/USPSTF-Pediatric-Oral-Health-Recommendations.pdf>) for indications for public examinations prior to age 7. It is noted in the document that "The American Academy of Pediatric Dentistry (<http://pedodent.aapd.org/2019/04/04/USPSTF-Pediatric-Oral-Health-Recommendations/>) recommends that dental examinations be performed by age 1." (<http://pedodent.aapd.org/2019/04/04/USPSTF-Pediatric-Oral-Health-Recommendations/>)
32. A risk assessment (the child has a dental home, if no dental home is identified, perform a risk assessment) (<https://www.aapd.org/2019/04/04/USPSTF-Pediatric-Oral-Health-Recommendations/>) and refer to a dental home. Recommend brushing with fluoride toothpaste in the proper dosage for the child's age (<https://www.aapd.org/2019/04/04/USPSTF-Pediatric-Oral-Health-Recommendations/>)
33. Perform a risk assessment (<https://www.aapd.org/2019/04/04/USPSTF-Pediatric-Oral-Health-Recommendations/>)
34. See "Maintaining and Improving the Oral Health of Young Children" (<https://www.aapd.org/2019/04/04/USPSTF-Pediatric-Oral-Health-Recommendations/>)
35. See USPSTF recommendations (<https://www.preventivecaretaskforce.org/wp-content/uploads/2019/07/USPSTF-Pediatric-Oral-Health-Recommendations.pdf>) for fluoride varnish application. It is noted that "Fluoride varnish should be applied to all children every 3-6 months in the primary care or dental office. Indications for fluoride use are noted in "Fluoride Use in Caries Prevention in the Primary Care Setting" (<https://pediatrics.aappublications.org/content/143/6/926>)."
36. If primary water source is deficient in fluoride, consider oral fluoride supplementation. (<https://pediatrics.aappublications.org/content/143/6/926>)

Summary of Changes Made to the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)

This schedule reflects changes approved in October 2019 and published in March 2020. For updates and a list of previous changes made, visit www.aap.org/periodicityschedule.

MATERNAL DEPRESSION

- Footnote 16 has been updated to read as follows: "Screening should occur per 'Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice' (<https://pediatrics.aappublications.org/content/143/1/e20183259>)."

BLOOD PRESSURE

- Footnote 6 has been updated to read as follows: "Screening should occur per Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents (<http://pediatrics.aappublications.org/content/140/3/e20171904>). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years."

- Footnote 24 has been updated to read as follows: "Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP *Pediatric Nutrition: Policy of the American Academy of Pediatrics* [Iron chapter]."

- Footnote 25 has been updated to read as follows: "For children at risk of lead exposure, see 'Prevention of Childhood Lead Toxicity'".

- Footnote 25 has been updated to read as follows: "For children at risk of lead exposure, see 'Prevention of Childhood Lead Toxicity' (<http://pediatrics.aappublications.org/content/138/1/e20161493>) and 'Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention' (https://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf)."

Statement from IDHS Bureau of Child Care and Development

According to the State of Illinois' Department of Human Services – Bureau of Child Care and Development:

You are responsible for notifying Ounce of Prevention Fund – Educare School within 10 days if you Change Providers, Stop Working or Change Jobs, Stop Attending School or Training, Change Family Size, Change Income, Change Address, Stop Receiving TANF, Have Maternity/Medical Leave, or Have Any Other Changes that may affect your eligibility. ***Failure to do so in a timely manner may result in pay back of overpayments (childcare subsidy you were not eligible to receive) and/or loss of child care benefits. Also, report these changes to your DHS local office caseworker if you are receiving other benefits from DHS.***

The Ounce of Prevention Fund – Educare School would like to remind and inform parents/guardians that we are required by the State of Illinois to report any suspected fraudulent information received by our agency in reference to applying for or re-determining child care cases. According to the Illinois Department of Human Services, Child Care Program Manual (07.05.01) ***“All cases of suspected intentional program violations must be referred to the Illinois Department of Human Services, Bureau of Child Care and Development, Program Integrity and Quality Assurance Unit for further investigation”.*** In addition, if fraudulent information is provided by either deliberate omission and/or submission of false or misleading information, the Ounce of Prevention Fund – Educare School reserves the right to terminate your child/ren's enrollment in the program at any time.

If you are having challenges or have concerns regarding your eligibility, please speak with a representative from Eligibility and/or your Family Support Specialist. We are here to help you and to provide assistance to you at all times. Our goal is to make sure you understand the process and continue your child/ren's enrollment in our program.

Confirmation of Review

You will be signing that you have read this Family Handbook and had an opportunity to ask additional questions. Please see your classroom teacher, family advocate, or a member of the school leadership team if you have additional questions or concerns. This handbook will be reviewed through the Parent Committee and Policy Council. Please help us keep this handbook updated and join our meetings!

**Ounce of Prevention Fund
CHILD AND FAMILY SUPPORT SERVICES
EDUCARE FAMILY HANDBOOK ACKNOWLEDGEMENT**

I _____ (print name) have received a copy of the Family Handbook. In each case, my questions have been answered, and I understand the policies as written. Specifically, I have reviewed the Guidance and Discipline Policy. I also understand that failure to adhere will constitute grounds for dismissal from the program.

I _____ (print name) have also received a copy of the DCFS publication "Summary of Licensing Standards for Daycare Centers".

Signed: _____

Date: _____

Educare Chicago
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Chicago, IL 60615
773-924-2334



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