



Dear Families,

It is our pleasure to welcome you and your child to Seedlings Early Learning Program. Our staff is well prepared for another exciting year. We are excited to get back to in person services in all areas of the program this year.

The Family Handbook you have received was prepared to ensure that you and your child have the information needed to have a successful experience in the program.

There are some basic things we want you to remember as your child begins his/her educational experience.

- School attendance, punctuality, and a good night sleep are all basic fundamentals for children's success.
- Collaborative partnerships that involve parents, families, and staff are the most beneficial to the successful educational experience of the child;
- Parent involvement is fundamental to your child's overall success.

If at any time you have questions about the program, feel free to contact your child's teacher or the Center Manager of the site where your child attends class. Their contact information is located on page three (3) in this handbook.

Once again, welcome and thank you for allowing us the privilege of being a part of the early education of your child.

Respectfully,

The Seedlings Program Staff

Stay Home if Sick
Interim Exclusion Guidelines During COVID-19

Dear Parents/Guardians,

The Washington State Department of Health has an Interim exclusion guideline during COVID-19. We will be following their guidelines by asking parents/guardians/staff to screen before coming into the building buildings and before boarding our buses. For this screening process we will be sending a card home with each child that has the symptoms listed below. If any symptoms do appear, please do not send your child to school and the communicate with the center.

Symptoms:

- A temperature of 100.4 or higher and/or
- A cough that you cannot connect to another health problem and/or
- Shortness of breath that you cannot connect with another health problem and/or
- A sore throat that you cannot connect with another health problem and/or
- Muscle aches that you cannot connect with another health problem or to an activity such as physical fitness and/or
- Have someone in the household that has any of the signs above and/or
- Congested or have a runny nose and/or
- Fatigue and/or
- Headache and/or
- Loss of Taste or smell and/or
- Diarrhea and/or
- Been in close contact with anyone suspected or confirmed with COVID-19
- Have taken any medication to reduce a fever before coming into the center.

Anyone *potentially exposed* to someone with confirmed coronavirus disease should follow the DOH “**What to do if you were potentially exposed to someone with confirmed coronavirus disease (COVID-19)**” Guidelines or **What to do if you have symptoms of coronavirus disease 2019 (COVID-19) and have not been around anyone who has been diagnosed with COVID-19**, which states that “You should isolate yourself at home and away from other people”. – **Contact your doctor.**

Children or staff member excluded for fever, difficulty breathing, cough, or because of having been potentially exposed to COVID-19, should stay home except for medical care. Please contact your primary care physician. You can return after these three things have happened:

- You have had no fever for at least 24 hours (that is three full days of no fever without the use of medicine that reduces fevers)

AND

- Other symptoms have improved (for example, when your cough or shortness of breath has improved)

AND

- At least 10 days has passed since your symptoms first appeared

Temperature Reading:

Temperatures will be taken at the facility before entering the building and at the bus stop before boarding the bus. The staff taking temperatures will be wearing personal protective equipment such as a mask, gloves, and smocks.

For other illness, stay home for 24 hours after symptoms resolve. We will also continue to follow our usual daily health check and exclusion policy per WAC 110-300-0205 upon the student's arrival to the classroom. Refer to the Health Services Section of the **Parent Handbook**.

We will also be modifying other daily practices in the classroom and facility in responds to COVID-19 such as follows:

- Increased cleaning, sanitizing and disinfecting in the classroom and facility.
- Reduced classroom ratio to allow spreading out of children in the classroom during activities and meal times.
- Increased health checks and temperature readings during the day.

You will get more information on these and other modified practices during parent program orientation and staff preservice. For more information on COVID-19 please refer to The Yakima Health District, Douglas Public Health Network, Chelan-Douglas Health District, The Washington State Dept. of Health, or The Centers for Disease Control and Prevention. <https://www.yakimacounty.us/2323/COVID-19> ; www.doh.wa.gov/emergencies/coronavirus, www.cdc.gov/coronavirus/2019-ncov <https://cdhd.wa.gov/covid-19/> <http://douglaspublichealthnetwork.org/>.

EARLY HEAD START ENROLLMENT AGREEMENT

Center: _____ Program Year: _____ Home-Based Center-Based

Child’s Last, First Middle Name: _____

Parent/Guardian’s Name(s): _____

Program Days: _____ Program Hours: _____ Meals: Varies

<p><u>Program Information (Parent Orientation)</u></p> <ul style="list-style-type: none"> • Mission Statements • 3 Main Program Goals • Facts about the program • Child Abuse and Neglect (mandated reporters) • Parent Sign-in/Sign out Procedures • Authorization to release your child • Resolving Parent complaints • Center’s contact information • Covid-19 Information <p><u>Parent, Family, and Community Involvement</u></p> <ul style="list-style-type: none"> • Parent Volunteers • In-Kind • Parent Committees and Policy Council • Home Visits • Parent Teacher Conferences • Center Family Activities • Parent Center Communication • Attendance (90% individual attendance) 	<p><u>Education</u></p> <ul style="list-style-type: none"> • Child Development • Daily Activities • Disabilities • Mental Health Services • Screenings, evaluations, and observations (ASQ3, ASQ-SE 2, and TS Gold) • Dressing your Child for School <p><u>Health</u></p> <ul style="list-style-type: none"> • Well child exams • Dental exams • Nutrition (USDA program) • Sick Child Policy • Returning to class after an illness • Emergency Procedures Plan <p><u>Transportation</u></p> <ul style="list-style-type: none"> • Changes to Pick-Up and Drop-Off addresses may take up to two weeks. • Parent Handbook pages 23-25 • Transportation Procedures (Transportation #1)
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Staff will keep your family information confidential. Parents/Legal Guardians may ask to see or request copies of their child’s file at any time. Staff may request assistance from their supervisor regarding family concerns. State law requires all staff to report suspected neglect or abuse of children to the proper authorities.

The Head Start/Early Head Start/Migrant Seasonal Head Start program is federally funded and is free of charge to qualifying families. Our centers are operated by ESD 105 and EPIC. The above information has been explained to me and my signature reflects my understanding and commitment to participation in ESD 105 Head Start Programs. I am receiving a copy of the parent’s program manual at this time.

Transitions from Center-Based EHS:

According to licensing requirements, if your child is going to turn 18 months old during the program term, they will have to transition from an infant room into a toddler room on their birthday. If there is space available for your child, they will start a transition plan two (2) weeks prior to their birthday. If there is no space available your child will go on the waitlist with a high priority. We may pursue special accommodations with Washington State licensing to ask for a waiver as an individual basis.

If your child is going to turn 3 years old during the program term, they will have to transition from a toddler room into a Head Start preschool room on their birthday. 3 months before their 3rd birthday, a Head Start Eligibility will be verified. If eligible and there is space available for your child, they will start a transition plan two (2) weeks prior to their birthday. If eligible and there is no space available your child will go on the waitlist with a high priority. We may pursue special accommodations with Washington State licensing to ask for a waiver as an individual basis.

Transitions from Home-Based EHS:

If your child is going to turn 3 years old during the program term, they will have to transition from an EHS Home-Base into a Head Start preschool room on their birthday. 3 months before their 3rd birthday, a Head Start Eligibility will be verified. If eligible and there is space available for your child, they will start a transition plan two (2) weeks prior to their birthday. If eligible and there is no space available in the preschool classroom your child will continue receiving Home-Based services until a slot becomes available; while the preschool classroom is in session.

Home Base Services:

FAMILY	HOME VISITOR
I understand that I will receive 1 home visit per week for 90 minute sessions.	I will provide 1 home visit per week for 90 minutes.
I will be home and ready for our visit or will let you know in advance if I will not be home.	I will keep our appointed time and date. If I must cancel, I will give you as much notice as possible.
I will call and give as much notice as possible if anyone in the home is ill. There are times when it may be appropriate to cancel the visit even though my child enrolled in the program or I am not ill.	If I must cancel due to illness, I will call with as much notice as possible. The Family Advocates will try to complete the meeting in my place so that the meeting is not missed. If that is not possible, I will reschedule the cancelled visit the following week or shortly thereafter.
I understand that missed or cancelled home visits must be rescheduled. I will make every effort to reschedule during the same week or shortly thereafter.	I will make every effort to contact you to reschedule after a missed or cancelled home visit. I will make every effort to schedule within the following week or shortly thereafter.
I understand that I must keep a minimum of 90% home visit attendance.	I will make every effort to reschedule missed visits. If the home visit attendance rate falls between 85-80% I will make an attendance action plan with you; if it falls below a 75%, you may be waitlisted.
I understand the time of the visit is just for my family. My full attention will be given to the visit. I will refrain from watching TV, talking on the phone or other activities that may distract from our time together. I will not leave during the visit.	I will work to schedule our visits at a time that is mutually convenient. We will choose a consistent time that we can plan on from week to week. I will not take or make cell phone calls during the visit.
We will plan for, review and evaluate each home visit together.	We will plan for, review and evaluate each home visit together.
I will participate during the week in activities we have developed and planned specifically for my child.	We will work together to plan and develop activities specifically for you and your child.
I understand I am responsible to keep my child up-to-date with each of their well child exams. These exams follow the state's EDPST schedule of 2, 4, 6, 9, 12, 15 or 18, 24, and 36 month exams. I also understand my child needs to complete their 1 st dental exam by their 1 st birthday. After that, I will keep my child up-to-date with a dental exam every 6 months.	I will help you obtain the required health exams. I will share with you the schedule of the Well-Baby health checks.
I understand I will be expected to obtain the required state mandated immunizations.	I will share with you the immunization schedule and provide any information necessary to help you acquire the proper care.

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I understand the program expects participation in Family Socialization (Kids Zone) activities.	I will expect you to attend and help plan the Family Socializations (Kids Zone). I will expect to get reminders of Kids Zone schedule.
I understand the program encourages participation of parents in the Parent Committee/Policy Council.	I will give you the information regarding Parent Committee/Policy Council meetings.
If the program is not meeting my needs I understand that I have the opportunity to speak to you, the coordinator or director regarding my concerns.	If the program does not seem to be meeting your needs, I will discuss this with you and make changes as necessary.

Parent/Guardian's Signature

Date

Family Services Staff's Signature

Date

PERMISSION FORM

Last, First Middle Name: _____

Birth date: _____

Parent has a right to revoke any and or all permission with written notification to staff.
 This form will be kept in child’s file and is valid for one (1) year from date of signature.

I authorize for the child(ren) listed above to:	Yes	No	Parent Initials
1. Participate fully in the Early Childhood Development Programs.	<input type="checkbox"/>	<input type="checkbox"/>	
2. In case of an emergency: Receive first aid treatment, be transported and receive necessary medical or dental treatment.	<input type="checkbox"/>	<input type="checkbox"/>	
3. I authorize Seedling Staff to sign my child into the center upon arrival and allow Seedling Staff to sign my child out upon departure of the center on behalf of the authorized adult.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Be photographed and/or videotaped for such use as training, recruitment, media releases, and bulletins.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Be transported in Seedlings buses for program activities.	<input type="checkbox"/>	<input type="checkbox"/>	
6. Participate in health and developmental screenings to be performed by staff including: height, weight, hearing, vision, motor, cognitive and social-emotional. If further testing or evaluation is necessary, I will be notified for permission before this occurs.	<input type="checkbox"/>	<input type="checkbox"/>	
7. Be screened in a general classroom observation by a mental health consultant. If my child needs to be observed individually at another time, I will be notified and asked permission before the observation occurs.	<input type="checkbox"/>	<input type="checkbox"/>	
8. Have diaper rash ointment, Desitin Rapid Relief Diaper Rash Cream, applied as needed. The ointment has the active ingredient zinc oxide.	<input type="checkbox"/>	<input type="checkbox"/>	
9. Have MAX BLOCK sunscreen that is waterproof with a SPF 50 applied as needed by Seedlings staff. The sunscreen has the active ingredients Avobenzone, Homosalate, Octisalate, Octocrylene, and Oxybenzone.	<input type="checkbox"/>	<input type="checkbox"/>	
10. Have my information (name, address, number of children, ages and family size) released to agencies that are recognized as offering legitimate and beneficial assistance to families. (Family Information to vendors/solicitors will not be sold or provided).	<input type="checkbox"/>	<input type="checkbox"/>	
11. Have basic information (child’s name, date of birth, home address, phone number, parent/guardian name) shared with my child’s school district for kindergarten transition purposes.	<input type="checkbox"/>	<input type="checkbox"/>	
12. Have an exchange of my child’s data collected from Teaching Strategies GOLD assessments with my child’s school district for the purpose of kindergarten transition.	<input type="checkbox"/>	<input type="checkbox"/>	

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13. Have my child's information accessible to Seedlings contracted agencies or individuals for the purpose of providing Head Start / Early Head Start / Migrant Seasonal Head Start services.	<input type="checkbox"/>	<input type="checkbox"/>	
14. If child receives WIC services from Yakima Valley Farmworkers, have Seedlings and the WIC program of Yakima Valley Farmworkers exchange information between each other for the purpose of enhancing and streamlining services.	<input type="checkbox"/>	<input type="checkbox"/>	
15. Be present during general classroom observations completed for the State of Washington's Early Achievers Program.	<input type="checkbox"/>	<input type="checkbox"/>	
16. Receive text messages from our database ChildPlus for upcoming center event reminders (Ex: Family Nights, Fatherhood events, home/center visits), individual child events (Ex: Expiration of dental or well child exams) and sharing of resources.	<input type="checkbox"/>	<input type="checkbox"/>	
17. Receive email from our database ChildPlus for upcoming center event reminders (Ex: Family Nights, Fatherhood events, home/center visits), individual child events (Ex: Expiration of dental or well child exams), and sharing of resources.	<input type="checkbox"/>	<input type="checkbox"/>	
18. Receive Zoom link to receive virtual services (family nights, parent education, parent teacher conferences, family visits) *Family Advocates can assist in downloading Zoom App.	<input type="checkbox"/>	<input type="checkbox"/>	

* During a pandemic policies and practices may be modified or amended to reflect the current situation. The Seedlings Early Learning Centers will follow the guidance and recommendations that are set forth by the federal, state, and local levels according to Washington State Department of Health (D.O.H), Center of Disease Control and Prevention (C.D.C), the World Health Organization (W.H.O), and local public health districts in Yakima and Douglas Counties.

By signing below, I understand that services for my child may look different this year due to the Coronavirus Pandemic.

Parent Printed Name/
Nombre del Padre/Tutor Legal

Parent/Guardian Signature/
Firma del Padre/Tutor Legal

Date
Fecha

Family Services Staff's Signature

Date

Video Recording Acknowledgement Form

Child's Name: _____

As the world has changed, we are still committed to providing a high quality early learning program for your child. Due to CDC recommendations, we need to adapt some of our current practices and limit the amount of individuals in and out of classrooms. The Seedlings program will be using video, audio, photograph, digital, electronic, or any other medium to complete ongoing monitoring for program compliance, provide coaching and ongoing support for classroom staff, and to assure health and safety practices are implemented.

I, _____ (parent/guardian name), acknowledge that Seedlings Center for Early Learning staff have informed me that

- (a) My child(ren)'s classroom will be recorded on a video, audio, photograph, digital, electronic, or any other medium and
- (b) the recordings will be used for the purpose of
 - a. Active supervision
 - b. Classroom observations
 - c. Coaching on teacher practices
 - d. Classroom Monitoring
 - e. Classroom Nurse Consultations
 - f. Classroom observations for health and safety practices
- (c) Seedlings Center for Early Learning staff will continue to follow FERPA guidelines to maintain and protect the absolute confidentiality of the names of the children and families and any other personally identifiable information without the prior written consent of a parent or guardian.
- (d) Seedlings Center for Early Learning staff will continue to follow HIPAA guidelines to maintain and protect the absolute confidentiality of the names of the children and families and any other personally identifiable health information.
- (e) I understand that all such recordings, in whatever medium, shall remain the property of Seedlings Center for Early Learning.

I have read and fully understand the terms listed above.

Parent /Guardian Name

Date

Staff Name

Date

Code of Conduct for Parents and Visitors

Last, First Middle Name: _____

Parent’s & Visitor’s Guidelines In order to maintain an orderly, respectful and secure educational environment for the students and staff of the Seedlings Centers, it is essential that all parents and visitors to our buildings be aware of their responsibilities and adhere to the expected code of conduct as set forth in this Enrollment Agreement Packet.

Parents are expected to:

- Recognize that the education of children is a joint responsibility of the parents, the center community, and the Seedlings Management.
- Build good relationships with teachers, other parents and their children's friends.
- Inform center staff of changes in the home situation that may affect the child’s behavior.

Conduct Prohibited on School Property

No person shall:

- Use abusive, threatening, profane or harassing communication, either in person, by e-mail or text/voicemail/phone or other written or verbal communication
- Intentionally injure any other person or threaten to do so.
- Intentionally damage or destroy school property or the property of a teacher, administrator, other employee or any other person lawfully on school property, including graffiti or arson.
- Refuse to comply with any reasonable order of identifiable center staff performing their duties.
- Disrupt the orderly conduct of classes, school programs or other school activities.
- Distribute or wear materials on school grounds or at school functions that are obscene, advocate illegal action, appear libelous, obstruct the rights of others, or are disruptive to the school program.
- Intimidate, harass or discriminate against any person on the basis of race, color, creed, national origin, religion, age, gender, sexual orientation or disability
- Enter any portion of the school premises without authorization or remain in any building or facility after it is normally closed.
- Obstruct the free movement of any person in any place to which this code applies.
- Violate the traffic laws, parking regulations or other restrictions of vehicles.
- Possess, consume, sell, distribute or exchange alcoholic beverages, controlled substances, or be under the influence of either on school property or at a school function.
- Possess or use weapons in or on school property or at school functions.
- Gamble on school property or at school functions.
- Willfully incite others to commit any of the acts prohibited by this code.
- Violate any federal or state statute, local ordinance or board policy while on school property or while at a school function.

Persons in violation of the Code of Conduct

The authorization of a visitor, to remain on school grounds or at any school function shall be withdrawn and they shall be directed to leave the premises. If they refuse to leave, they shall be subject to removal of the premises. The center reserves its right to pursue a civil or criminal legal action against any person violating the code.

Parent /Guardian Name

Date

Staff Name

Date

Acceptance Letter

Dear Parent/Guardian of:

Thank you for the time and effort you have put into completing the eligibility application process with Seedlings Center for Early Learning; a partnership between ESD 105 and EPIC. Per Head Start regulations, eligibility is determined by income guidelines and placement is prioritized by need.

Congratulations! This letter is to inform you that your child has been selected for enrollment for the 2022-2023 program year. Based on the Pick-up and Drop-off address you provided at the time of enrollment, your child has been placed at the:

Castlevale Kittitas

Placement is determined by this address, so if your address or babysitter address has changed, you must notify the center immediately as this may affect center/ session placement.

A Seedlings staff member will contact you soon with information regarding your child's Home Visitor / Teacher and start date.

While you successfully completed the enrollment application process, there may be information that has changed, expired or needs to be updated. It is very important that you update this information at the earliest opportunity. Failure to provide this information may delay your child's ability to start.

If it was identified that your child is in need of a Health Care Plan or you have requested a food or milk substitution, you MUST follow through with providing the documentation from your child's medical provider. Per regulations, your child may not attend school until the required paperwork is submitted.

If it was identified that your child is not up-to-date on vaccines, you MUST follow through with making an appointment with your child's medical provider to get them up-to-date. Per regulations, your child may not attend school until the required paperwork is submitted.

Sincerely,

Seedlings Center for Early Learning Staff