

Graves County Early Head Start Parent Handbook

2026-2027



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Graves County Early Head Start 2026-2027 Parent Calendar

****Calendar is subject to change.**

July 8th, 2026	First day for children
July 20th-22nd, 2026	Staff In-Service/ Center Closed
August 3rd-4th, 2026	Home Visit & Opening District Day/ Center Closed
September 7th, 2026	Labor Day/ Center Closed
September 25th, 2026	Staff work day/Center Closed
October 5th-9th, 2026	Fall Break/ Center Closed
October 23rd, 2026	Parent Teacher Conference/ Center Closed
November 3rd, 2026	District break/ Center Closed
November 25th-27th, 2026	Thanksgiving Break/ Center Closed
Dec 18th, 2026 - Jan 4th, 2027	Christmas Break/Center Closed
Jan 18th, 2027	District Break/Center Closed
February 15th, 2027	Staff Work Day/ Center Closed
March 12th, 2027	District Break/ Center Closed
March 15th, 2027	Parent Teacher Conference/ Center Closed
April 5th - 9th, 2027	Spring Break/ Center Closed
May 21st, 2027	Home Visits/ Center Closed
May 31st, 2027	Memorial Day/ Center Closed
June 18th - July 5th, 2027	Summer Break/ Center Closed
July 7th, 2027	Children Return

Program Philosophy and Mission Statement

The Head Start educational program is designed to meet each child's individual needs. This program is developed with parents and provides an environment that helps children grow socially, intellectually, physically, and emotionally. It is designed for his/her age and stage of development. An individual approach is taken toward finding each child's needs and strengths. A daily program is designed to respond to those needs and build upon those strengths.

Mission Statement

The Murray Head Start Program provides comprehensive services, primarily to low-income children birth to five and their families, in collaboration with local school districts and institutions of higher education in western Kentucky.

Our Curriculum: The Creative Curriculum

Our program offers rich learning environments that are nurturing spaces that support the development of all young children. We utilize the Creative Curriculum to provide guidance on designing developmentally appropriate schedules, routines, and indoor and outdoor opportunities for choice, play, exploration, and experimentation. The Creative Curriculum clearly identifies nine areas of development and learning: Social-Emotional, Physical, Language, Cognitive, Literacy, Mathematics, Science and Technology, Social Studies, and the Arts. Learning environments include age-appropriate equipment, materials, and supplies. They also reflect home cultures and are flexible to support the changing ages, interests, and characteristics of a group of children over time.

As your child's first and most important teacher, we encourage and value your input in the classroom learning experiences. We hope that you will share information about your child's interests, strengths, and needs, as well as ideas that can further expand the curriculum and learning opportunities for all children in our program.

A copy of the curriculum as well as weekly lesson plans for children are located in each classroom. Feel free to take a look! We also use the Child Plus communication app to connect teachers and families. It is our hope that opening this line of two-way communication allows you to feel more connected and informed while your child is enrolled in our program.

Service Areas

The Preschool/Early Head Start program consists of service areas that provide a variety of services for children and families. These areas are a part of what the federal government calls Early Childhood Development and Health Services, and Family and Community Services. These areas and examples of how your child and family will benefit are listed below.

Services	How your child and family will benefit
Child Health and Development Services	Making sure your child is healthy in order to grow and learn. Screening for concerns in all areas such as speech, hearing, vision, and development. Following up on incomplete screening and treatment in any areas of concern; transportation may be provided for these services through your local Family Services office.
Education and Early Childhood Development	Promoting school readiness by helping your child to be successful now and later in school and life. Helping your child build trust, independence, self-control, and respect for others. Teaching and learning through exploring, observing and experimenting in a nurturing, safe and inviting place.
Family Engagement	Exploring ways to nurture your child's growth and learning. Advancing your own learning interests in parenting, careers, and life goals by participating in parent groups and other activities. Forming connections with other parents, staff, and community members.
Child Health and Safety	Keeping your child safe from injuries and from being exposed to illnesses.
Child Nutrition	Identifying nutritional needs. Providing healthy meals and snacks.
Behavioral Health	Promoting good behavioral health and detecting any potential problems. Accessing, if requested, a professional to work with you on concerns.
Disability Services	Screening and professional evaluation. Conducting, if needed, an Admission and Release Committee (ARC) to develop and implement an Individual Education Program (IEP) or an Individualized Family Service Plan (IFSP).
Family Partnerships	Collaborating to identify interests, needs, and goals. Parents and staff reviewing needs and goals together and adjusting strategies as necessary. Exploring ways to be a leader and advocate for your child and family in the community and future school settings.
Community Partnerships	Learning about and using community services and resources. Participating, if interested, in the Health and Mental Health Services Advisory Committee or the School Readiness Action Committee.

School Readiness Goals

Approaches to learning–Children will demonstrate flexibility, inventiveness, curiosity, motivation, persistence and engagement in learning.

Social and Emotional Development

- Children will develop and demonstrate positive interactions and a sense of belonging through relationships with adults and peers.
- Children will develop and demonstrate the ability to recognize and regulate emotions, attention, impulses, and behavior.
- Children will develop and demonstrate the ability to recognize the emotions of others and respond positively.

Language and Literacy

- Language Development – Children will be able to verbally/non-verbally express their wants and needs.
- Language Development – Children will engage in conversations, follow directions, and comprehend language.
- Literacy Knowledge and Skills – Children will be able to demonstrate age-appropriate emergent literacy skills that lead to print knowledge and the awareness that print conveys meaning.
- English Language Development – Children who are dual language learners will demonstrate competency in their home language while acquiring beginning proficiency in English.

Perceptual, Motor, and Physical Development

- Children will demonstrate control, strength and coordination of large muscles.
- Children will demonstrate increasing control, strength and coordination of small muscles.
- Children and families will practice healthy and safe habits.
- Creative Arts Expression – Children will demonstrate an interest in and participate in a variety of visual arts, dance, music and dramatic experiences.

Cognition

- Logic and reason – Children will find multiple solutions utilizing symbolic representation to questions, tasks, problems and challenges by using reasoning skills.
- Mathematics knowledge and skills – Children will use math in everyday routines to count, compare, relate, pattern and problem solve.
- Science knowledge and skills – Children will engage in exploring their environments through observations, manipulation, asking questions, making predictions and development hypotheses.

Children Learn by Doing: The Power of Play

Years of research on young children, learning and development document the many benefits of play. Children play in many ways. They play independently, sometimes near each other but with each child engrossed in his own activity. They engage in what is called “parallel play”, perhaps using each other’s toys or even talking, but not coordinating their play. They also play cooperatively, organizing roles and scenarios for group play. As they get older, children are capable of more cooperative, coordinated play. But all kinds of play are valuable.

As kids play with each other, they learn to see other children’s points of view and begin to become more empathetic and caring. They come to understand customs and rules in their own culture and to appreciate those of others. They learn to use language in new ways to describe their play and to interact with others. And in play, children develop their muscles and coordination.

Play is fun. But it also is serious business that pays big dividends to its eager, young investors. Play is one way children develop and learn in the five developmental areas for school readiness. Here are *a few simple examples* of how children learn through play in order to accomplish school readiness goals.

Area for School Readiness	What Children Learn
Approaches to Learning	When children participate in classroom routines and experiences, they are demonstrating flexibility, curiosity, motivation and engagement in learning.
Social & Emotional Development	When children play “house” or puppets, they are practicing social skills and exploring their feelings.
Language & Literacy	When children participate in story time, they are engaging in conversations, expressing their ideas, and becoming aware of the meaning of print in the book.
Cognition	When children go on a nature walk, collect leaves and bring them back to the classroom, they are exploring their environments and using skills for observation, comparing, and counting.
Perceptual, Motor, & Physical Development	When children draw, paint, and play with playdoh, they build small muscles in their hands. When children play outdoors, they are developing muscles for movement and balance.

Positive Guidance

Children learn best through experiences. Parents and staff must lovingly guide and redirect children. Young children tell us through their behavior what they need and how they feel and they need adults to help them through big feelings and challenging moments. This helps children learn to cooperate and have positive experiences. Here are some ways teachers help guide behavior in the classroom that are also beneficial to use at home:

Positive Guidance Strategies from Creative Curriculum

Reflective Statements

“I see that you used all of the red blocks to build your fire station.”

“I” Statements

“I feel sad when you hit your friends.”

“When.....then” Statements

“When you put your jacket on, then we can go outside.”

Modeling Specific Language

Instead of saying, “Good Job” explain what the child is doing and why it is appropriate. “You are sharing the crayons with Johnny. That makes him happy because he wants to draw a picture too.”

Offering Choices

Offering choices supports children’s independence and ability to make decisions. Limit choices to two. Make sure both choices are acceptable to you and the child. “You may walk to the door by yourself, or you may choose a classmate to go with you.”

Redirection

Redirection provides a child with an acceptable alternative to unacceptable behavior. “It is not safe to throw rocks because someone might get hurt, but you can throw these balls if you would like.”

Change the Environment

This can involve moving the child to a new location, adding or removing materials, or changing the time of the day when something occurs. “You can’t climb on the furniture in the classroom because it is unsafe but when we go outside you can climb on the climber.”

Showing While Telling

This involves talking to the child about what they should do as you use gestures and other visual cues to show them. Focus on the positive—the “do” rather than the “don’t” and demonstrate the behavior you expect.

Family Educational Rights and Privacy Act (FERPA)

Parents and Students Rights

FERPA gives custodial and non-custodial parents alike certain rights regarding their child's education records, unless a school is provided with evidence of a court order or State law that states otherwise.

Parents with school age children have the right to inspect and review their children's education records. If a parent believes that a school has violated FERPA by failing to comply with the parent's request for access to his or her child's education records, the parent may complete a FERPA complaint form and include the following information: date of the request for access to child's education records; the name of the school official to whom the request was made, as well as a dated copy of any written request to the school (if possible); the response of the school official; and the specific nature of the information requested.

Parents may seek to amend information in their child's education records they believe to be inaccurate, misleading, or an invasion of privacy. If a parent believes that the school has violated FERPA by failing to provide the parent with an opportunity to seek amendment of inaccurate information in his or her child's education records or failed to offer the parent an opportunity for a hearing on the matter, the parent may complete a FERPA complaint form and should include the following information: date of the request for amendment of the student's education records; the name of the school official to whom the request was made, as well dated copy of written request to the school (if possible), the response of the school official, if any; the specific nature of the information for which amendment was requested; and the evidence provided to school to support claim that such information is inaccurate.

Parents have the right to consent to the disclosure of personally identifiable information from their children's education records. If a parent believes that a school has violated FERPA by improperly disclosing personally identifiable information from his or her child's educational records, the parent may complete a FERPA complaint form and should include the following information: date the alleged improper disclosure occurred, or the date the parent learned of the disclosure; the name of the school official who made the disclosure (if known); the third party to whom the educational records were disclosed; and the specific nature of the information disclosed.

If you have further questions, you may write to:

Family Policy Compliance Office

US Dept of Education

400 Maryland Ave, SW/Washington, DC 20202-8520

My Rights As a Parent

- To take part in major policy decisions affecting the planning and the operation of the program.
- To help develop programs and activities to increase family well-being.
- To be welcome in the classroom and notified of parent conferences and other special events.
- To choose whether or not I participate in the program knowing my child still has a right to be in the program.
- To be informed regularly about my child's progress through formal and informal communication, including two home visits and two parent conferences.
- To be treated with respect and dignity.
- To become a partner with my child's teachers and staff in order to nurture my child's growth and learning.
- To be able to learn about the operation of the program, including the budget and hiring procedures.
- To take part in planning and carrying out programs designed to increase my skill in areas of possible employment.
- To be informed about all community resources related to my parenting, career, and life goals.

My Responsibilities as a Parent

- To learn as much as possible about the program and to take part in major policy decisions.
- To accept the program as an opportunity through which I can improve my life and my children's lives.
- To take part in the classroom as an observer, a volunteer, or a paid employee in order to contribute my services to the program in any way I can.
- To provide parent leadership by taking part in elections, explaining the program to other parents, and encouraging their full participation.
- To welcome teachers and staff into my home and discuss ways I can nurture my child's growth and development at home and at school.
- To participate in parent conferences and home visits.
- To work as a team with the teachers, staff, and other parents.
- To guide my child with new knowledge and understanding of behavior.
- To offer constructive criticism of the program, to defend it against unfair criticism and to share in evaluating the success of the program.
- To take advantage of the programs designed to increase my knowledge about my parenting, career, and life goals.
- To become involved in community programs which help to improve family well-being.

Parent Communication

We aim to develop trusting and respectful relationships with parents that encourage ongoing two-way communication.

Everyone comes to Head Start with their own beliefs, values and experiences in life. At Head Start, we value the uniqueness of each person. We encourage all children, parents and staff to talk to each other using the following ground rules:

- Show respect to others
- Be a good listener
- Honor differences

Because we are unique individuals, seeing the world from our own point of view, we are bound to disagree with others. Here are some basic principles to think about:

- Focus on the situation or behavior, not on the person
- Maintain positive relationships with other parents and with staff
- Take the initiative to make things better

We have a plan to solve conflicts, which includes staff, parents, and volunteers following our “Chain of Command”:

- Talk directly to the person and try to work out the problem
- If that doesn't work, talk to the person's supervisor (for classroom staff call the school principal; for family services staff call the family services staff supervisor).
- If that doesn't work and it is related to a Head Start regulation, your school principal or family services supervisor can help you contact the Head Start Central Office at 270-753-6031 to speak to a program administrator or the program director.

All information that you provide for your child's enrollment and participation in our program is confidential and will not be released to anyone without a court order or written permission. The only exceptions are instances of suspected child abuse or neglect, or suspected behaviors that may pose a danger to self or others. Kentucky law requires anyone who has reasonable cause to believe a child is being abused, neglected, dependent, or may be the victim of human trafficking to immediately report to DCBS or law enforcement.

If you have changes to your family's information such as change of address, phone numbers, emergency contacts, or transportation needs, please immediately notify your family services staff and child's teacher.

Family Engagement

The Head Start/Early Head Start Program values parent participation in our program because parents are a child's first and most important teacher. We believe strong partnerships with families and communities promote children's healthy development and learning, and improve family well-being.

We are here to support your child and connect your family with helpful resources and services. Teachers will regularly communicate with parents to ensure you are well-informed about your child's routines, activities, and behavior. Teachers conduct two Home Visits a year and host two Parent-Teacher Conferences to share about your child's education and developmental progress.

Family services staff work with families to enroll their child and to support parents' individualized interests, strengths, needs, and goals. When you share what you know about your child with us and goals you have for yourself, we can make your family's experiences better.

There are lots of ways to be involved in our program:

Volunteer: We have many opportunities for parents and community members to be involved in our program. When others share their time and skills with us, it makes our program stronger. You can help in the classroom, family services office, at family events, and more. Please see the Volunteers page for more info.

Parent Committee: All parents/guardians of enrolled children are encouraged to attend parent committee meetings. Parents are informed of activities, communicate with the policy council, share recommendations for program improvements, and cover parent-related topics. There are at least four meetings per year. Each committee holds elections for a President and Secretary.

Policy Council: Parent representatives, staff, and community representatives help lead the program and participate in important decision making. Meetings are held monthly, generally virtually.

Health and Mental Health Services Committee: Health providers, family services staff, and parents discuss current health issues and health procedure recommendations.

School Readiness Action Committee: Staff and parents support families to prepare children for school.

Volunteers

Ways you can help:

- Volunteer in the classroom
- Share a special skill
- Prepare materials at home for classroom use
- Be involved in committee meetings
- Complete take-home activities

Your teachers/child care providers and family service staff can tell you more about opportunities in the classroom and provide training.

Volunteers must comply with all district and program policies and procedures. Regularly scheduled volunteers, working 10 or more hours per week, are required to get a TB skin test and a criminal record check.

Important Items to Remember When Volunteering

It is normal for your child (and sometimes other children) to cling to you. Let your child be with you as you participate together in the class activities. Do not push him/her away. Gradually he/she will become used to your presence in the room and will feel comfortable moving away from you.

- Serve as a good role model. Children imitate the behavior of adults.
- Become involved with the children. This is not a time to visit with adult friends or to have a conference with the teacher.
- Be sure to work with staff to complete volunteer forms. Volunteer hours and donation of goods and services has a dollar value that helps us meet our in-kind, non-federal match requirement.
- Volunteers should maintain a clean and neat appearance.
- Hands should be washed and gloves worn before helping prepare food.
- Voices should remain low when talking to children.
- Volunteers are never to be left alone with children.
- Never release a child to any adult. That is the teacher's job.

- No child may be left alone or unsupervised by staff, consultants, contractors, or volunteers.
- If a child misbehaves (even your own), let the teacher handle the problem. Never use physical punishment, even on your own child. This includes slapping, shaking, pushing, pinching, squeezing, spanking, screaming, hitting, or thumping on the head.
- A volunteer who appears to be under the influence of alcohol or drugs will be asked to leave the school.
- No one may smoke, chew gum, or bring in food or drink on the bus or in school. An exception is carrying in treats for the whole class on special occasions such as a birthday or holiday party. We are trying to teach good nutrition, so check with the teacher about class treats beforehand.

Attendance Policies

Our program's funding is based on full enrollment and good attendance. We work hard to ensure your family has the resources to maintain good attendance to prevent absenteeism before it affects the child's developmental achievement. Our program has established the following attendance policies:

- **Parents / guardians will notify the teacher if their child is sick or will be absent for any reason and explain why. If a child is unexpectedly absent and a parent has not contacted the teacher within one hour of the classroom start time, staff will begin contacting the family to ensure the child's well-being.**
- Parents / guardians should contact the family services office for assistance navigating any problems causing the child to have a long absence or irregular attendance. Problems may include, but are not limited to; health concerns, housing, job changes, social services, transportation.
- After a child has been absent for two consecutive days, or has developed a pattern of irregular attendance, family services staff will conduct a home visit or other direct contact with the child's parent / legal guardian.
- In circumstances where chronic absenteeism persists, and efforts to assist the family have made no difference, the child's slot must be considered an enrollment vacancy.
- The program will begin the process of dropping a child if he / she is absent for as long as two weeks and no contact has been made with the Head Start center.
- Before any child is removed from enrollment, parents will be notified.
- Families requesting that children may be allowed extended absence for a reason such as care for sick relative, long visit with non-custodial parent, staying with relatives during a parent's illness, visiting their native country, will be allowed up to one month's absence while their slot is held for them. After one month, if the enrolled child has not returned, the slot will be considered open and will be given to the next child on the waiting list. When the family returns, they may re-apply for a Early Head Start slot. We ask that you maintain good communication with your family services team regarding attendance or next steps for your family.



Help Your Child Succeed in Preschool: Build the Habit of Good Attendance

Early School Success goes hand in hand with good attendance!

DID YOU KNOW?

Showing up on time every day is important to your child's success and learning from preschool forward.

Missing 10 percent of preschool (one or two days every few weeks) can

- Make it harder to develop early reading skills.
- Make it harder to get ready for kindergarten and first grade.
- Develop a poor attendance pattern that's hard to break.

High quality preschool programs have many benefits for your child. The routines your child develops in preschool will continue throughout school. You can make the most of preschool by encouraging your child to attend every day!

WHAT YOU CAN DO

Work with your child and his/her teacher to help your child develop strong attendance. Your enthusiasm is a big boost to success.

Talk about it – sing about it – make it an adventure!

- Set a regular bed time and morning routine
- Lay out clothes and pack backpacks the night before
- Share ideas with other parents for getting out the door on time

Before the school year starts:

- Find out what day preschool starts and start the exciting count down!
- Make sure your child has the required shots.
- Attend orientation with your child to meet the teachers and classmates.

Ready – Set GO!

- Develop back-up plans for getting to preschool if something comes up
- Ask family members, neighbors or other parents to lend a hand if you need help dropping off or picking up your child
- Schedule medical appointments and extended trips when preschool is not in session
- If your child seems anxious about going to preschool, talk to the program director, teacher, your doctor or other parents for advice. If the problem persists, make sure the program is a good fit for your child.



Transportation Policy

Car Riders

- If a child is transported to school by a parent or caretaker, the teacher or child care provider must be notified of the child's presence before the adult leaves the center. Children must be dropped off and picked up on time.
- In districts/situations where transportation is not provided, children must be picked up at a designated time. If a child is consistently picked up late, a neglect referral may be made to DCBS.
- Kentucky state law requires all children be properly restrained in the car. Families will be assisted in obtaining car seats, booster seats, etc., and will be educated in their use. If children are observed leaving in vehicles not secure in a car seat, a neglect referral may be made to DCBS or local law enforcement.

Pedestrian Safety

Talk to your kids about how to be safe and aware while walking. Tell kids to look left, right and left again when crossing the street.

- Hold little kids' hands while walking near moving vehicles, in driveways, parking lots, or on sidewalks.
- Use the sidewalk whenever possible, and if there isn't a sidewalk, walk on the edge of the street facing traffic.
- Whenever they are available, use marked crosswalks to cross the street, and look left-right-left for vehicles or bikes before crossing.

Car Seat Safety

As children grow, how they sit in a car will change. Make sure you use a properly installed age and size car seat every ride.

Rear-Facing Car Seat

Birth-12 Months

Your child under age 1 should always ride in a rear-facing car seat.

- Infant-only seats can only be used rear-facing.
- Convertible and all-in-one car seats typically have higher height and weight limits for the rear-facing position, allowing you to keep your child rear-facing for a longer period of time.

1 – 3 Years

Keep your child rear-facing as long as possible. Your child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by your car seat's manufacturer.

Forward-Facing Car Seat

Once your child outgrows the rear-facing car seat, keep your child in a forward-facing car seat with a harness and tether until he or she reaches the top height or weight limit allowed by your car seat's manufacturer.

Booster Seat

4 – 7 Years

Once your child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, in the back seat. Keep your child in a booster seat until he or she is big enough to fit in a seat belt properly.

8 – 12 Years

Seat Belt

For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snugly across the shoulder and chest and not cross the neck or face. Remember: your child should still ride in the back seat.

Look Before You Lock/Leave the Car

Never leave your child alone in a car. Remember to always Look Before You Lock to make sure your child has been safely removed from the car, not left behind in the car seat.

Source: *National Highway Traffic Safety Administration*

Health and Safety

- We hire qualified staff who meet high standards and continue to develop as professionals.
- Staff are required to complete additional training each year.
- Staff must pass a background check as a condition of their employment.
- Staff receive training on how to identify child abuse, how to report child abuse, and are informed that they are legally mandated to report suspected abuse. This means that all staff are legally responsible reporters of suspected abuse or neglect. Reporting even suspected abuse or neglect is mandatory. Failure to report is punishable by law.
- At least one person per classroom has CPR and First Aid certification.
- Staff follow program policies and procedures such as the Transportation Policy, Immunization Policy and Sick Child Policy.
- Staff are trained and conduct Emergency Preparedness Drills with children (fire, tornado, lockdown, emergency evacuation).

Health Policies

Immunization Policy

All children shall have immunizations as recommended by the U. S. Department of Health and Human Services before entering school. These immunizations include DPT, MMR, polio and HIB. A Commonwealth of Kentucky or verified out-of-state immunization certificate must be on file in the Family Services' office and the vaccines must be current or up-to-date.

1. Written notification will be given to the parents one month before their child's "due" date.
2. Parent/Guardian must have shots updated and/or completed. Written documentation (immunization certificate) must be provided to the Family Services' office.
3. If the immunizations are not current, your child will be unable to attend class until brought up-to-date.

If the child is not able to receive the update on their immunizations due to illness, etc., the parent/guardian *must* provide a written statement from the Health Department or doctor with an explanation why the child could not receive it and the newly scheduled date of receiving the needed immunization.

Kentucky Child Care Regulations will be observed in all licensed centers. These are the Early Head Start Centers in Murray, Fulton County, Graves County, and the Scholar House Early Childhood Center in Paducah, Kentucky.

Current immunizations will be maintained at all times. In these licensed centers there will be no grace period after expiration date. If a child is ill at the time that immunizations are due and the doctor or health department finds it necessary to postpone the shots, written documentation must be in the child's health records. Immunizations must be completed as soon as the child is well.

Children enrolled in these licensed centers who are without current immunizations will not be allowed to remain at the center until these are obtained.

Your child needs vaccines as they grow!

2025 Recommended Immunizations for Birth Through 6 Years Old

The schedule reflected is up-to-date per the CDC. Note: For the COVID-19 vaccine, families are encouraged to talk with their health care provider to determine if this vaccine is right for their child.

Want to learn more?
Scan this QR code to find out which
vaccines your child might need. Or visit
www2.cdc.gov/vaccines/childquiz/



VACCINE OR PREVENTIVE ANTIBODY	BIRTH	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	7 MONTHS	8 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	19 MONTHS	20-23 MONTHS	2-3 YEARS	4-6 YEARS
RSV antibody		Depends on mother's RSV vaccine status												
Hepatitis B	Dose 1		Dose 2					Dose 3						
Rotavirus			Dose 1	Dose 2	Dose 3									
DTaP			Dose 1	Dose 2	Dose 3				Dose 4					Dose 5
Hib			Dose 1	Dose 2	Dose 3			Dose 4						
Pneumococcal			Dose 1	Dose 2	Dose 3			Dose 4						
Polio			Dose 1	Dose 2			Dose 3							Dose 4
COVID-19								At least 1 dose of the current COVID-19 vaccine						
Influenza/Flu								Every year. Two doses for some children						
MMR									Dose 1					Dose 2
Chickenpox									Dose 1					Dose 2
Hepatitis A									2 doses separated by 6 months					

KEY

- ALL children should be immunized at this age
- SOME children should get this dose of vaccine or preventive antibody at this age

Talk to your child's health care provider for more guidance if:

- Your child has any medical condition that puts them at higher risk for infection.
- Your child is traveling outside the United States. Visit wwwnc.cdc.gov/travel for more information.
- Your child misses a vaccine recommended for their age.



U.S. CENTERS FOR DISEASE
CONTROL AND PREVENTION

FOR MORE INFORMATION
Call toll-free: 1-800-CDC-INFO (1-800-232-4636)
Or visit: www2.cdc.gov/vaccines/childquiz/



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

What diseases do these vaccines protect against?

BIRTH–6 YEARS OLD

VACCINE–PREVENTABLE DISEASE	DISEASE COMPLICATIONS
RSV (Respiratory syncytial virus) Contagious viral infection of the nose, throat, and sometimes lungs; spread through air and direct contact	Infection of the lungs (pneumonia) and small airways of the lungs; especially dangerous for infants and young children
Hepatitis B Contagious viral infection of the liver; spread through contact with infected body fluids such as blood or semen	Chronic liver infection, liver failure, liver cancer, death
Rotavirus Contagious viral infection of the gut; spread through the mouth from hands and food contaminated with stool	Severe diarrhea, dehydration, death
Diphtheria [*] Illness caused by a toxin produced by bacteria that infects the nose, throat, and sometimes skin	Swelling of the heart muscle, heart failure, coma, paralysis, death
Pertussis (Whooping Cough) [*] Contagious bacterial infection of the lungs and airway; spread through air and direct contact	Infection of the lungs (pneumonia), death; especially dangerous for babies
Tetanus (Lockjaw) [*] Bacterial infection of brain and nerves caused by spores found in soil and dust everywhere; spores enter the body through wounds or broken skin	Seizures, broken bones, difficulty breathing, death
Hib (<i>Haemophilus influenzae</i> type b) Contagious bacterial infection of the lungs, brain and spinal cord, or bloodstream; spread through air and direct contact	Depends on the part of the body infected, but can include brain damage, hearing loss, loss of arm or leg, death
Pneumococcal Bacterial infections of ears, sinuses, lungs, or bloodstream; spread through direct contact with respiratory droplets like saliva or mucus	Depends on the part of the body infected, but can include infection of the lungs (pneumonia), blood poisoning, infection of the lining of the brain and spinal cord, death
Polio Contagious viral infection of nerves and brain; spread through the mouth from stool on contaminated hands, food or liquid, and by air and direct contact	Paralysis, death
COVID-19 Contagious viral infection of the nose, throat, or lungs; may feel like a cold or flu. Spread through air and direct contact	Infection of the lungs (pneumonia); blood clots; liver, heart or kidney damage; long COVID; death
Influenza (Flu) Contagious viral infection of the nose, throat, and sometimes lungs; spread through air and direct contact	Infection of the lungs (pneumonia), sinus and ear infections, worsening of underlying heart or lung conditions, death
Measles (Rubeola) [†] Contagious viral infection that causes high fever, cough, red eyes, runny nose, and rash; spread through air and direct contact	Brain swelling, infection of the lungs (pneumonia), death
Mumps [†] Contagious viral infection that causes fever, tiredness, swollen cheeks, and tender swollen jaw; spread through air and direct contact	Brain swelling, painful and swollen testicles or ovaries, deafness, death
Rubella (German Measles) [†] Contagious viral infection that causes low-grade fever, sore throat, and rash; spread through air and direct contact	Very dangerous in pregnant women; can cause miscarriage or stillbirth, premature delivery, severe birth defects
Chickenpox (Varicella) Contagious viral infection that causes fever, headache, and an itchy, blistering rash; spread through air and direct contact	Infected sores, brain swelling, infection of the lungs (pneumonia), death
Hepatitis A Contagious viral infection of the liver; spread by contaminated food or drink or close contact with an infected person	Liver failure, death

^{*}**DtaP** protects against tetanus, diphtheria, and pertussis

[†]**MMR** protects against measles, mumps, and rubella

Last updated April 2025

Sick Child Policy

GENERAL GUIDELINES:

1. The main goal of the health policy is prevention of disease. There are several ways to prevent the spread of agents that cause disease. Five major ways are immunization, handwashing, cleaning and sanitizing, air purification, and isolation or exclusion.
2. All children shall have immunizations as recommended by the U.S. Department of Health and Human Services before entering school. These immunizations include DPT, MMR, polio, HIB, and hepatitis. A certificate will be on file in the Family Services' Office and the vaccines will be kept current or up-to-date.
3. Cleaning and sanitizing must be done in any child care setting on a regular basis. Supplies will be provided to staff to assist with this process.
4. Handwashing has been proven to be the best way to stop the spread of disease and the lack of proper handwashing is the best way to spread disease. Staff and children will follow proper handwashing procedures.
5. Very few illnesses make it necessary to keep a child at home. If the child has already exposed others to the infection and is being treated, the disease usually cannot be passed. However, our program is not equipped, nor is our staff trained to handle certain diseases. Therefore, children with certain infections and symptoms should stay home. Refer to Exclusion Guidelines in the coming pages for more information.
6. If a child attends class and becomes ill, the child should be removed from the classroom (if possible). Temperature should be taken. The parent/legal guardian must be notified of the child's illness. The child should be kept comfortable and kept under observation until the parent/legal guardian arrives. Daily Health Checks will be performed to assess for any obvious signs of illness. The Sick Child Symptom Checklist should be filled out on any child sent home from the program.
7. In the event of a confirmed outbreak of a contagious disease, the following steps will be taken:
 - A) Contact the Health Services Program Administrator.
 - B) Any information sent out to families will need to be approved by the Health Services Program Administrator or obtained from the Health Department or Centers for Disease Control.
 - C) Materials approved by the school district's health resource are also allowed

D) Confidentiality will be strictly maintained and at no time will any names be included in information to families

E) Sick Child Policy will be followed, unless it becomes a public health concern, at which time all policies and recommendations will be determined by the Health Department

F) Additional disinfecting and cleaning will be done if recommended

I need to stay home (or will be sent home) if...

Fever	Vomiting	Diarrhea	Rash	Head Lice	Eye Infection	Coughing
...my temperature is: 100.4° or greater (add 1° if taken under the arm) OR 101° (if taken orally or by ear)	...I have vomited more than once.	...my stool changes from normal to stooling out of diapers or underwear, I require frequent diaper changes, or I am unable to get to the bathroom.	...my body rash is itching, swelling, and/or spreading.	...my head is itchy and there are active head lice.	...my eyes are red, itching, and "crusty" with drainage.	...I am coughing to where my face turns blue and there is whooping or severe wheezing.

I'm ready to go back to school when I am...

... fever free for 24 hours without the use of fever reducing medication (i.e. Tylenol, Motrin).	...home for 24 hours and vomiting has stopped. <i>Note: If there is a known outbreak of a vomiting or diarrhea-causing illness, child may actually be sent home after one episode.</i>	...home for 24 hours, able to keep stool contained in a diaper, and diarrhea has stopped.	...have a doctor's note that says I'm ready to return to school.	...treated with appropriate lice treatment at home, and I am confirmed to be free of live lice by a staff member.	...evaluated by my doctor and have begun at least one day of antibiotic treatment.	...coughing is minimal, there are no other symptoms, and I feel well enough to participate in class.
NOTE: If you were advised to provide a doctor's note so that your child could return to the center, please make sure that the note lists a return date (that your child can safely return) and that it was received by one of our staff members.						

Exclusion Guidelines

Asthma: An Individual Health Plan needs to be completed on diagnosed children, with treatment plans clearly documented. Children with asthma will be allowed to stay in the center as long as all needed medications and equipment for treatment are provided. No child with asthma will be allowed to stay at the center without these items, unless written documentation is provided from the physician stating that treatment is no longer necessary. Outdoor activities will be accommodated as allowed by staffing. Alternative placement, such as having the child stay with another class, will be considered as long as the required staff to child ratio is not exceeded. If such arrangements are not possible, the parent/legal guardian will be notified, and other arrangements will be pursued. If activity restrictions are necessary, a physician's statement will be required and must be updated monthly.

Chicken Pox: The child will be excluded for six (6) days after the start of the rash or until all sores have crusted over and the child is well enough to participate. Children who have had the vaccine but develop signs of chicken pox may return when the sores are gone or crusted over. This is typically a shorter period of time than for those children without the vaccine. Notify all staff members and parents that a case of chicken pox has occurred. Urge anyone with an impaired immune system or who might be pregnant to consult a physician about possible preventive treatment.

Cold Sores/Herpes Simplex/Shingles: The child will be excluded if sores are in the mouth and the child is drooling, biting or mouthing toys, until lesions are healed or can be covered. Lesions on other parts of the body must have treatment for 24 hours and be covered before returning to class.

Colds and Flu: Children will be excluded for a minimum of 24 hours and until fever-free for 24 hours.

COVID: If diagnosed as positive for COVID, the following is required: Stay home until at least 24 hours after both: (1) The child's symptoms are improving, and (2) the child has not had a fever (and is not using fever-reducing medication). If the child is given differing quarantine guidelines by his/her healthcare provider, please provide those guidelines to program staff.

Fifth Disease: Exclusion of the child is not necessary unless fever is present

women and parents of children with impaired immune systems, sickle cell, or other blood disorders, may want to consult a physician.

Hand, Foot, and Mouth Disease (Coxsackie A virus): The child must be excluded for 24 hours or until fever-free and blisters are healing.

Head Lice: There is a no live lice policy, meaning that all live lice must be removed from the child's hair and scalp before returning to school. Please also refer to the previous page/chart that begins with "I need to stay home if..."

HIV/AIDS: The child will not be excluded unless for symptoms and illnesses outlined in this policy.

Impaired Immune System: The child can attend if feeling well enough to participate. Children will be excluded for open sores that cannot be covered or any contagious conditions. Prompt notification to parents/legal guardians of any disease outbreaks is necessary to protect the health of the child. The child should stay away from the center until the outbreak is over.

Impetigo: The child will be excluded for 24 hours after treatment begins and there is no discharge and fever is gone. Proof of treatment may be required to return to class.

Infectious Conjunctivitis (Pink Eye): The child will be excluded for 24 hours after antibiotic treatment begins. Proof of treatment may be required to return to class.

Infectious Diarrhea (Shigella, E coli, Enterovirus, Salmonella, Rotovirus): Children will be excluded after 2 diarrhea stools. They may return after a minimum of 24 hours, no fever, and diarrhea ceases. In cases of epidemic outbreaks, recommendations of the Health Department will be followed. In the presence of a known outbreak of diarrhea, the child may be sent home after 1 diarrhea stool. Children returning from being sent home for diarrhea will be excluded immediately upon the first diarrhea stool for another 24 hours. Any child with bloody diarrhea will need to be evaluated by a physician and have a statement of clearance in order to return to class. (See "Diarrhea" under "Exclusion for Symptoms" for additional information.)

Otitis Media (ear infection): These are not contagious and do not require exclusion unless the child is too ill to participate in normal activities or needs more care than the teacher can give without compromising the care of the other children. If fever is present, the child must be excluded until fever-free for 24 hours.

Pinworm: The child will be excluded until seen by a physician and has received the first treatment.

Ringworm (of the scalp): The child will be excluded for a minimum of 24 hours, and will require an oral medication and shampoo treatment. A physician's clearance indicating diagnosis and treatment prescribed is required prior to returning to the classroom. Scalp lesions must be covered, if possible.

Ringworm (of the skin): The child will be excluded for 24 hours after treatment begins and sores are covered. Proof of treatment (such as the label from appropriate medication) may be required for return to the classroom.

Roseola: A child with a fever and rash should be excluded until seen by a physician and fever-free for 24 hours. A child with a rash and no fever may return to the classroom.

RSV (respiratory syncytial virus): The child will be excluded for a minimum of 24 hours and until fever-free for 24 hours. If symptoms include rapid breathing/breathing difficulty, severe wheezing and frequent use of breathing treatment, and required a level of care that would jeopardize the health and safety of other children, then the child will be excluded until symptoms are gone and he/she is well enough to participate.

Scabies: The child will be excluded for 24 hours after treatment has been completed. Notify other adults or the parents of children who may have had direct contact with the infected person. Young children, as well as those with any skin disease or condition, should see a physician.

Strep Throat/Scarlet Fever/Scarletina: The child may return to the classroom after the child has been on antibiotic therapy for 24 hours and has been fever-free for 24 hours. This is a minimum of 48 hours from when treatment began.

Thrush: The child will be excluded for 24 hours after treatment begins.

Exclusions for Symptoms

A child exhibiting the following symptoms shall be excluded unless a health care provider determines and documents **all** of the following:

- The child is well enough to attend
- The condition is not contagious
- The condition is not harmful to others in the classroom, including staff and children.

Coughing: If a child has severe coughing where the child turns red or blue in the face or makes high-pitched whooping sounds or severe wheezing, the child must be excluded until the symptoms are no longer present.

Diarrhea: Changes from the child's normal stool patterns, stooling out of diapers/underwear, situations that require frequent diaper changes, or the child being unable to get to the bathroom in time will require exclusion. Children may have diarrhea resulting from food intolerance, medications, new foods, etc. that are not disease processes, but if these conditions result in any of the above situations, the child will be excluded until the diarrhea has ceased or is under control. (Under control means containable in diaper, not frequent, and clearance from a physician that it is not a disease process.)

Note: stool in any form can be responsible for carrying diseases and must be handled according to proper procedures.

Fever: Temperature above 100 degrees axillary (under the arm, skin temperature) or 101 degrees (orally or ear) will require exclusion. Children must be fever-free for 24 hours without the use of fever reducing medications.

Pain: When a child is in obvious pain, the parent or guardian will be notified and the child will be excluded until pain has been resolved.

Rash: If a child has a rash on the body that is **not** diaper rash, poison ivy, or a known allergic reaction, this child will be excluded until a health care provider determines the symptoms do not indicate a communicable disease. A statement of clearance will be required before the child may return to class.

Runny Nose: If a child has a runny nose, accompanied by a fever, the child will be excluded for 24 hours or until fever-free.

Too Sick to Participate: If a child is generally not feeling well, irritable, contentiously crying, unable to participate in activities, or requiring additional one-on-one attention from staff that compromises staff's ability to care for the health/safety other children in the class, the parent/legal guardian will be notified and the child will be excluded until able to participate.

Vomiting or Upset Stomach: If a child vomits once and has **no** other symptoms, the child does not need to go home. If a child vomits once and there is a known outbreak of illness causing vomiting or if a child vomits twice, this child will be excluded for 24 hours or until vomiting ceases.

OTHER CONSIDERATIONS

1. No child shall be excluded based solely on his/her health care needs and/or medication requirements unless:

- It poses a **significant** health or safety risk to that child or others coming into contact with that child.
- The risk cannot be eliminated or made acceptable through reasonable modification of policies, procedures, or practices or by providing auxiliary aids which would enable a child to participate without fundamentally altering the program.

2. In all cases of illness a physician's statement may be requested regarding diagnosis, treatment, and clearance to return to class.

3. In all cases of illness, proof of treatment may be required prior to allowing a child to return to class. This may include a statement from a physician or healthcare provider or the label from over the counter medications.

4. No child will be administered Tylenol or Motrin for the purpose of fever reduction. If Tylenol or Motrin is prescribed for pain, written documentation from a physician that it is **not** intended for fever reduction will be required. The temperature of the child will be taken prior to administration of medication and if fever is present, the child will be excluded according to policy.

5. The 24-hour exclusions specified in the Exclusion Guidelines and Exclusions for Symptoms are to start from the specifics outlined for the individual illness.

6. For diseases and illnesses not listed, please contact the Health Services Coordinator for exclusion/treatment guidelines. These may include, but are not limited to: hepatitis A, B, or C; measles; mumps; rubella; pertussis; TB; meningitis; and CMV.
7. All Health Department requirements will be followed in the event of an illness or disease outbreak.
8. All activity and outdoor restrictions will need a physician's documentation, which will be reviewed and updated monthly.
9. Policy Guidelines were based on recommendations from the Centers for Disease Control, The American Academy of Pediatrics, and Kentucky Child Care regulations.
10. Information regarding health or safety needs will be obtained through the health history, the registration process, physical or individualized health plan. Only necessary and appropriate staff will be notified of any accommodations. Confidentiality will be maintained at all times. These may include teaching staff, food service staff, and bus drivers, in addition to education and family services staff.

Medication Policy

Guidelines

The preferred method of medication administration is by the parent/legal guardian at home or prior to class attendance. This is to be encouraged and should be attempted if at all possible. Staff will determine if any schedule modifications could be made to allow medications to be given before or after school.

Parents/legal guardians may give non-prescription and prescription medication to their child at school.

Do not send medicine to school with your child. Medicine **must** be brought to the center by the parent. Some paperwork must be completed to authorize staff to give medicine to your child.

Physician instructions and written parent or guardian authorizations are required for all medications administered by staff.

Prescription medications must be in a container appropriately labeled by pharmacy/physician. It must include

- name of child,
- name of medication,
- instructions for dosage and storage,
- name of provider who wrote prescription,
- date prescription was dispensed, and
- expiration date of medication

Non-prescription or over the counter medications may be given with documented authorization of the physician/health care provider. *Exception:* No medication will be given for the purpose of fever reduction.

Non-prescription medication must be in their original container and documentation includes:

1. Child's name
2. Specific instructions for administration (route, amount, frequency)
3. Indication or reason for medication
4. Name of physician/health care provider recommending the medication and his/her signature.

For more information, please see the Administering Medication policy on file in the family services' office.

Nutrition-CACFP and USDA

Dear Parent(s)/ Guardian(s):

Research shows that healthy eating is crucial to a child's overall health, development and school readiness. Murray Head Start partners with your school district to ensure your child is receiving nutritious meals and snacks during their time at school. Murray Head Start chooses to participate in the Child and Adult Care Food Program (CACFP). The CACFP is a nutritional and educational United States Department of Agriculture (USDA) meal reimbursement program. The goal of CACFP includes improvement and maintenance of the health and nutrition status of children and the promotion of the development of good eating habits.

The meals and snacks served to your child are planned according to the USDA nutrition standards for meals and snacks and closely follows the guidance of the government program, MyPlate. We encourage you to allow your child to eat the same meals as their classmates and not pack meals to be eaten at school. It is important to expose children to a variety of foods to help promote acceptance of new foods, flavors, and textures. Children are more likely to try new foods when others around them are trying them also. If you have concerns about the school meals, please discuss with your school's food service director.

In addition to receiving nutritious meals and snacks, your child will also be learning about food and nutrition to help establish lifelong eating habits. Our Preschool and Head Start staff will nurture those goals by encouraging all children to try new foods, teach them where foods come from, and how to prepare foods for meals or snacks. Children will also participate in play activities that encourage them to have an active lifestyle.

Good nutrition and an active lifestyle provide a balance for better health. You can reinforce what your child will be learning in preschool by planning meals and snacks at home using MyPlate, trying new foods, and being active with your child. Our Nutrition Services Coordinator is a Registered Dietitian and is available as needed. If you have any questions or concerns, please contact the staff at your school's Head Start office for assistance.



Why You Should Serve Family Style

Family style dining encourages learning and development not only at the table but away from mealtime as well. Children learn independence, social skills, and other important habits that will last them through adulthood.

There are many benefits to serving your meals family style and it is not hard to implement. It may be as easy as putting the minimum serving of food required in serving dishes, placing it on the table and allowing children to serve themselves.

There is a learning curve to this method. However, this approach to mealtime creates a number of healthy habits that are important to the growth and development of children at any age. Children tend to eat more healthy foods if they see their friends try it. They learn skills such as taking turns, sharing and teamwork.

Family style dining opens up opportunities for conversation,

which increases vocabulary, promotes proper use of language and interaction with friends.

There are even more benefits that support healthy growth. Children learn:

- portion sizes for each food group,
- to recognize when they are hungry or satisfied,
- how to identify healthy foods and where they come from, and
- to improve fine motor skills.

Children are not the only ones who benefit. Providers get a better grasp of food costs, get help with mealtime service and, with less food being wasted, they save money.

There's nothing more exciting for children than being able to say, "I did it all by myself!"

- Jennifer from Mechanicsville, VA



Visit cacfp.org for more helpful tools.

Tips for Family Style Dining

START WITH THE RIGHT EQUIPMENT

When purchasing serving dishes, utensils and other place settings, keep in mind that they need to be kid-friendly and sized for little hands to maneuver.



REMEMBER EACH CHILD'S SKILL LEVEL

when choosing your menu. Finger foods and foods that are easy to navigate with a child-size fork or spoon are easiest to self-serve for younger children.

HAVE MULTIPLE SETS OF UTENSILS and serving spoons in case someone drops one on the floor.

GIVE EACH CHILD A TASK to help set the table. One child can set the plates, one can place the cups and so on. Children have a sense of pride and belonging when they have a contributing role.



OFFER A VARIETY OF FAMILIAR FOODS and don't forget to introduce new foods. Children are more willing to try something new when they serve themselves.

RESERVE EXTRA SERVINGS for second helpings or in case the bowl of food gets contaminated.

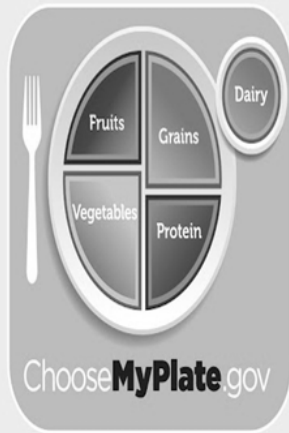
PROVIDE A TRASH CAN for children in which to dispose napkins and uneaten food. Provide a tub for them to place dirty dishes after they scrape them off.

KEEP CLEANING SUPPLIES NEARBY Spills will happen. Be patient and use this opportunity as a teaching moment on how to clean-up.



Most importantly, **EAT WITH YOUR CHILDREN**. Children learn from good role models. Sitting with them while everyone eats also allows you to start positive mealtime conversations.

Daily Food Plan to Make Your Child a Healthy Plate



Food group	2 year olds	3 year olds	4 & 5 year olds
Fruits	1 cup	1-1½ cups	1-1½ cups
Vegetables	1 cup	1½ cups	1½ - 2 cups
Grains	3 ounces	4-5 ounces	4-5 ounces
Proteins	2 ounces	3-4 ounces	3-5 ounces
Dairy	2 cups	2½ cups	2½ cups

Use these daily amounts to serve 3 meals and 1 to 2 snacks

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, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications 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 How to File a Program Discrimination Complaint 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, Mail Stop 9410, Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider.

Medical Change in Foods or Liquids

Anytime your child has a medical change in the type of foods or liquids they can consume, our center requires a form-**Medical Statement for Participants with Disabilities or Medical Conditions** to be completed by your medical provider. This form ensures that we understand the change and provide the correct substitutions to ensure your child's safety while in our care.

As an example, if your child needs a different milk because they can not tolerate cow's milk, the form will need to list why the change is needed (intolerance) and what the medical provider requires as a substitute (almond milk)-see example form below.

This form is to be completed before your child is able to return to the center after experiencing the diet change to ensure we are able to keep your child safe while in our care.

Your site supervisor can provide you with a copy of this form when needed. If you have any questions about the form, please contact your site supervisor for additional information.

This section is to be completed by a Parent, Guardian, or Authorized Representative			
Participant's Name: James Smith		Birthday: 1/1/2024	
Parent/Guardian/Authorized Representative name: Jane Smith			
Home Phone: () 270 555-6789		Work Phone: ()	
Address: 123 Redbud Lane			
City: Boaz	State: KY	Zip: 42035	
This section is to be completed by a State licensed healthcare professional such as a physician or nurse practitioner.			
Brief explanation of how exposure to the food affects the participant:			
Mom says that James seems to get GI upset, bloating, and diarrhea after drinking milk. Does not seem to have issues with eating cheese, yogurt, or baked goods with milk in it			
Foods to be omitted:		Recommended Alternatives:	
Cow's milk to drink		Almond milk	
Please list foods and information regarding any needed texture changes (chopped, ground, pureed, etc.):			
N/A			
Please provide any other information regarding the diet:			
N/A			
*Recognized Medical Authority: Anyone who can prescribe medication.			
Dr James Somebody		8/1/2025	
Physician/Nurse Practitioner's Signature		Date	
Dr James Somebody		270 555-1234	
Printed Name and Title		Telephone	

Receipt of Handbook

I, _____, have received the
Early Head Start Parent Handbook.

Parent Initials Here

Parent's Rights and Responsibilities _____

Attendance _____

Transportation _____

Health / Sick _____

This is to verify that I have read the Early Head Start Parent Handbook. I agree
to comply with policies outlined in the Parent Handbook.

Parent / Guardian: _____

Date:_____

