



P A R E N T

HANDBOOK

2023-2024

HEAD START/EARLY HEAD START



TABLE OF CONTENTS

Philosophy and Mission Statement	1
Message from the Executive Director	2
Welcome to Head Start/Early Head Start	3
Head Start/Early Head Start Data and Center Closing	4
Administrative Personnel	5
Head Start/Early Head Start Center Directory	6
Inclement Weather/Emergency Drill Plan	7
Discipline/Corporal Punishment	8
Mandated Reporting	8
Children's and Parents' Dress Code	8
Transportation Rules	9-10
Education	11-14
Literacy	15
School Readiness	16
Daily Schedule	17
Tracking	18
Health Services	19-24
Nutrition	25-29
Non-Discrimination Statement – English/Spanish	30
Disability/Mental Health Services	31-32
Family Engagement	33
Community Engagement	34
Family Services Staff's Responsibilities	35
Eligibility, Recruitment, Selection, Enrollment and Attendance (ERSEA)	35-36
Rights and Responsibilities as a Head Start/Early Head Start Parent	36-37
Volunteers	37-38
Role of the Policy Council	39
Parent/Community Grievance Procedures	40-41
Training and Technical Assistance	41
Agency Contact Information	42

PHILOSOPHY AND MISSION STATEMENTS



PHILOSOPHY

To provide comprehensive services to 643 underprivileged or disadvantaged children and expectant families in the areas of Health, Education, Nutrition, Family Services, Disability, Mental Health, Early Literacy and Transportation.

MISSION STATEMENT

The mission of Waccamaw E.O.C. Head Start/Early Head Start is to enhance the quality of life for children and families through education and support services.

SLOGAN

“Improving Lives, Empowering Communities”



James L. Pasley, Jr.
Executive Director/CEO

August 2023

Alfred Jean-Pierre, Jr.
Board Chair

Dear Head Start / Early Head Start Parents,

Board of Directors

Walter Ackerman
(Georgetown)

Theresa Brooks
(Williamsburg)

Jeanie Brown-Burrows
(Williamsburg)

Tewana Denney
(Horry)

Bill Howard
(Horry)

Alfred Jean-Pierre, Jr.
(Williamsburg)

Sarah Keith
(Georgetown)

Paul Olsen
(Horry)

Brenda Dozier-Perkins
(Georgetown)

Harold Phillips
(Horry)

Ernestine Young
(Williamsburg)

On behalf of the Board of Directors for Waccamaw EOC, Inc. (WEOC, Inc.), I welcome all new and returning WEOC, Inc. Head Start and Early Head Start parents/guardians. We are pleased with the admission of your child to WEOC, Inc.'s, Head Start program, where you will collaborate in your child's early education, school readiness preparation, and social/emotional development. Our staff looks forward to working with your child and you as your child's first educator. This handbook contains valuable content that will provide you with specific information about operating procedures for our Head Start/Early Head Start program and how you may participate.

Our staff continues to work tirelessly to ensure that our centers and facilities have and will maintain a healthy and safe environment for you, your children, and our staff. Because of the COVID-19 viruses, our programs diligently continue to review and revise safety protocols in accordance with CDC, DHEC, and OHS guidelines. During your Town Hall Orientation, staff will explain new policies and procedures covering bringing children to and picking them up from our centers. We welcome and encourage you to become involved in the various activities offered throughout the year. Feel free to suggest ideas or ask questions, we encourage your participation. You will receive important information in a number of ways; through quarterly newsletters, resource directory, and parent's handbook as well as during parent meetings to mention a few.

We are excited this year about having all of our new and returning children **dressed in color-coordinated uniforms** to our Center Based and/or Virtual program options. Again, the Board and I are excited about welcoming you to WEOC, Inc.'s Head Start/Early Head Start Family and programs, additionally, we thank you for giving us an opportunity to support you in giving your child(ren) a **head start**.

Sincerely,

James L. Pasley, Jr., MBA



Improving Lives • Empowering Communities
The Community Action Agency serving Horry, Georgetown, and Williamsburg Counties

Georgetown County Office
1837 North Fraser
Georgetown, SC 29440
(843) 546-6161 • (843) 546-1515 Fax

Horry County • Admin Office
1261 Hwy 501 E, Suite B
Conway, SC 29528
(843) 234-4100 • (843) 234-4111 Fax

Williamsburg County Office
128 Mill Street, Suite B
Kingstree, SC 29556
(843) 355-9922 • (843) 355-7084 Fax



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Harold Phillips
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Ernestine Young

Dear Head Start/Early Head Start Parents:

We want to take this opportunity to thank you for your involvement, commitment, and investment in your child's education. Your child's Head Start experience will help them become innovative, confident, and curious learners, making all the difference when entering a kindergarten program. Your child's early learning experiences are essential to their development and school readiness.

Parents are encouraged to participate in their child's learning and development actively. Head Start parents are involved in the program's decision-making process and become critical stakeholders in their child's education. We also offer parents services to help them meet their educational and career goals.

Waccamaw Economic Opportunity Council, Inc. Head Start/Early Head Start will continue to provide high-quality learning experiences such as:

- Enriching classroom learning environment
- Individualized instruction for school readiness
- Health and Educational screenings and appropriate referrals
- Inclusive services for children with disabilities
- Parental involvement activities

Thank you for choosing Waccamaw EOC, Inc. Head Start/Early Head Start. Enjoy your HS/EHS journey!

Have an AWESOME year,
Head Start/Early Head Start Administrative Office

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(843) 355-9922 • (843) 355-7084 Fax

WACCAMAW E.O.C. HEAD START/EARLY HEAD START DATA

Number of Children & Families Served

643 Children and Families (Center Based)

Staff/Child Ratio

Each Head Start classroom is staffed with one teacher, one assistant and a volunteer when possible.

- Four year old classes have up to twenty (20) children with a ratio of ten (10) children to one (1) staff.
- Three (3) year old classes are limited to a maximum of seventeen (17) children with a ratio of nine (9) children to one (1) staff.

Each Early Head Start classroom is staffed with two (2) caregivers and a volunteer when possible.

- An Early Head Start classroom has eight (8) children with a ratio of four (4) children to one (1) staff.

Hours and Days of Operation for Children

Monday - Friday

Head Start: 8:00 AM – 2:00 PM

Early Head Start: 8:00 AM – 3:00 PM

Hours of Operation

Administrative Office: 8:30 A.M. – 5:00 PM

Head Start/Early Head Start Centers: 8:00 AM – 4:30 PM

CENTER CLOSINGS

Head Start/Early Head Start Centers will be closed on the following days for staff training and holidays:

NEW YEAR'S DAY

MARTIN LUTHER KING, JR. DAY

PRESIDENT'S DAY

GOOD FRIDAY

SPRING BREAK

MEMORIAL DAY

JUNETEENTH DAY

JULY 4th WEEK (EHS CLOSED)

2ND WEEK IN AUGUST (EHS CLOSED)

PRE-SERVICE TRAINING FOR STAFF

LABOR DAY

ELECTION DAY

VETERANS DAY

THANKSGIVING HOLIDAY

CHRISTMAS HOLIDAY



NOTE: Flyers with specific dates and times for center closing will be distributed and sent home with the children at least three days prior to the center closing.

HEAD START/EARLY HEAD START PROGRAM
ADMINISTRATIVE PERSONNEL

ADMINISTRATIVE OFFICE

Head Start/Early Head Start Director	TBD
Executive Administrative Assistant	TBD
Associate Director of Operations	TBD

CONTENT AREA MANAGERS/STAFF

Disability/Mental Health Manager	Fabian Kendle
Education Manager	TBD
Health Manager	Janice Vereen
Nutrition Manager	Sheila Smith
Family Services Manager	Shanea Walker-Reed
Transportation Manager	Alfred Gamble
Training and Technical Assistance Specialist	Nancy Moore
Literacy Mentor Coach Specialist	Shanta Dixon
Data Clerk	Melissa Calvin

FAMILY SERVICES

Andrews/Lane Centers	Jackie George
Chavis HS/EHS Center	Shelia White-Dicks
Chavis HS/EHS Center	Melanie Fajardo
Choppee	Shannon Hazel
Choppee/Georgetown Centers	April Pringle
Georgetown Center	Canetha Morant
Green Sea Center	Fabian Kendle
Green Sea Center	LaAshia Moody
Lane Center	Erica Williams
Lane Center	Pernerva Thomas
Lane Center	Virginia Wagner
Longs/Green Sea Centers	Tasha Davis
Waccamaw Center	LaAshia Moody

CENTER DIRECTORY

Andrews Head Start Center
Lead Teacher: Debbie Rhue
County: Georgetown
Address: 13072 County Line Road Andrews, SC 29510
Phone: 843-264-3419
Fax: 843-264-5511

Chavis Early Head Start Center
EHS Interim Supervisor – Shelia W. Dicks
County: Williamsburg
Address: 2611 S. State; Highway 41/51 Hemingway, SC 29554
Phone: 843-558-7307 or 7308
Fax: 843-558-7539

Chavis Head Start Center
Lead Teacher: Mary Singletary-Hayward
County: Williamsburg
Address: 2611 S. State; Highway 41/51 Hemingway, SC 29554
Phone: 843-558-7307 or 7308
Fax: 843-558-7539

Choppee Head Start Center
Center Supervisor: Shiquanna Knowlin
County: Georgetown
Address: 8055 Choppee Road Georgetown, SC 29440
Phone: 843-485-4231 or 4232
Fax: 843-485-4234

Georgetown Head Start Center
Center Supervisor: Cynthia Washington
County: Georgetown
Address: 410 S. Kaminski Street, Building C Georgetown, SC 29440
Phone: 843-545-1272 or 1390
Fax: 843-545-1410

Green Sea Head Start Center
Center Supervisor: Chantel McNeil
County: Horry
Address: 1131 Green Sea Road N. Green Sea, SC 29545
Phone: 843-756-4768 or 4770
Fax: 843-756-4771

Lane Head Start Center
Center Supervisor: Tamara Henry
County: Williamsburg
Address: 175 Edwin Road Lane, SC 29564
Phone: 843-387-5893, 5897, 6310
Fax: 843-387-5898

Longs Head Start Center
Center Supervisor: Shanta Dixon-Kendle
County: Horry
Address: 131 Freemont Road Longs, SC 29568
Phone: 843-399-3220 or 3401
Fax: 843-399-2029

Waccamaw Head Start Center
Lead Teacher: Ebony Evans
County: Horry
Address: 2050 Highway 501 East Conway, SC 29526
Phone: 843-349-7825 or 7827
Fax: 843-349-7826
(Located on Horry-Georgetown Technical College Campus)



If Head Start/Early Head Start is being dismissed because of inclement weather or any other emergency, it will be announced over the radio and television stations. When inclement weather (heavy rain, ice, snow, etc.) occurs prior to the opening of school, you should listen to the following radio and television stations for information regarding opening/closing of Head Start/Early Head Start Centers:

<u>CALL LETTERS</u>	<u>CHANNELS</u>	<u>PHONE NO.</u>
WCSC	5 TV	843-402-5555
WBTW	13 TV	843-293-1301
WPDE	15 TV	843-665-1515
WLGJ	90.9 FM	843-558-9544
WDAI	98.5FM	843-651-7869
WLSC	1240 AM	843-808-4437
WBZF	98.5 FM/540 AM	843-661-5000
WPJS	1330 AM	843-248-6365
WTUA	106.1 FM	843-567-2091
WYEZ	94.5 FM	843-903-9962
WXST	99.7 FM	843-972-1100
WWWZ	93.3 FM	843-308-9393

EMERGENCY DRILL PLAN

An evacuation plan is posted in each classroom at every Head Start/Early Head Start Center. All staff will become familiar with the plan prior to the beginning of the school year. Our emergency drills include signals such as: prolonged blasting of the fire alarm, flashing emergency exit signs and/or the ringing of a bell. Following the emergency signals, all persons will leave the building in an orderly manner and assemble approximately 50 feet from the building. Teachers will conduct a roll call according to the class rosters. The Center Supervisor and/or designated person will be responsible for checking the building and allowing staff and children to return into the building. (DSS Regulation No. 114-505. H (3))

Safety Drills: The program shall comply with the State Fire Regulations and Codes. Fire, tornado and hurricane drills will be conducted monthly. Procedures for evacuating the building are posted at each site. Additionally, a stocked evacuation bag containing needed supplies is located at each site.

Emergency First Aid/CPR: In case of minor injury, staff will administer basic first aid using only water for cleansing and a Band-Aid and/or ice pack for covering. The parent will be notified immediately. The incident will be documented on the Injury Report Form with a copy given to the parent. There is at least one staff trained in CPR/First Aid per class and at least one CPR/First Aid certified staff on the premises at all times.



DISCIPLINE & BEHAVIOR MANAGEMENT

The use of corporal punishment is forbidden in the **HEAD START/EARLY HEAD START PROGRAM**. Teachers may not totally isolate children, withhold physical activity or use food as a reward or a method of punishment. Behavioral expectations are based on age and development; teachers use consistency, fairness and patience. Encouragement and redirection are used to influence positive behaviors. If necessary, a parent will be asked to assist if there is a constant behavior problem. (DSS Regulation No. 114-503 F (30 (f)))

MANDATED REPORTING

Our staff are considered mandated reporters of child abuse and neglect and are required to make a report of any reasonable suspicion of abuse or neglect. (S.C. Code § 63-7-310)

CHILDREN'S DRESS CODE

***Due to safety reasons, please comply to the following:**

- 1) All children should be neat and clean.
- 2) All children should be dressed appropriately for the weather and the classroom environment.
- 3) Beads and other small hair pieces (such as bobby pins) should not be worn in any child's hair.
- 4) **Children are allowed to wear post/stud earrings only.** All jewelry such as hoops/dangling earrings, necklaces or bracelets are not allowed.
- 5) Children should not wear any type of shoes that do not buckle, tie or fit securely such as flip flops or heels. Closed in shoes are preferred.
- 6) We ask that children do not wear rompers/jumpsuits to lessen the chances of an accident when using the restroom.
- 7) The Dress Code Policy for WEOC, Inc. Head Start Students is navy bottoms and white or red tops. Children are to wear uniforms Monday-Thursday.



PARENTS' DRESS CODE

1. All parents should be neat and clean.
2. All parents should be dressed appropriately for the school environment. **(No pajamas, nightgowns, tank tops/camisoles or pants hanging down below the waist)**
3. Parents should not wear hair rollers or bonnets into the school environment.

TRANSPORTATION

Waccamaw Economic Opportunity, Inc. will implement health and safety guidelines in accordance to CDC recommendations and agency policies.

Bus Riders

1. Parents are asked to notify the Head Start Center when a child will not be attending school.
2. Parents are asked to notify the Head Start Center one week in advance if moving out of the area.
3. When there is a change or transportation problem in the pick-up or drop-off of a child, a written notice must be given to the bus driver, Center Supervisor or Family Services Worker by the parent. Each family is allowed **ONE** bus change per year.
4. Children should be dressed and ready when the bus arrives. All bus routes begin at **7:00 AM**.
5. When a child misses the bus, it is the responsibility of the parent to have the child at the center as soon as possible to avoid missing daily routines. Children attending sites located in public schools should arrive by **8:15 AM**. This rule also applies to children using private transportation.
6. The bus is **NOT** allowed to wait any longer than **three seconds** at each stop.
7. Adults **MUST** accompany children crossing the street **"in front of the bus"**.
8. Only Head Start children, staff and other authorized volunteers will be allowed to ride the bus.
9. No eating, drinking, or smoking is allowed on the bus.
10. Children should not bring any articles such as book bags, food, money, pencils, toys, etc. on the bus. These items could pose danger/injury to the child and/or others.
11. A custodial parent, legal guardian, or designated adult who is listed in the child's Family Services records by the parent **MUST** be in place at the time of drop-off. A picture ID must be presented by any adult unfamiliar to staff in order to receive the child.



Transportation Rules

Head Start/Early Head Start staff understands that family circumstances may occasionally prevent a child from being picked up on time. However, parents must make every effort to have designated persons (listed on the application) available.

The following procedure is used when a child is not picked up at the end of the day:

- Center staff will notify the Center Supervisor of child/children who are left at the center after dismissal or at the completion of the bus route.
- After three incidents of not picking up your child/children on time, a conference will be held with the parent and appropriate staff to support parents in identifying resources to resolve the issue.
- Under no circumstances will a staff member take a child to his/her home. If an authorized parent/caretaker can be reached, but does not have transportation to pick the child up or for any reason that a child is not picked up from his/her stop upon delivery, that child will be transported back to the center on the bus only. Under no circumstances will a child be transported in any type vehicle other than a bus or authorized vehicle.
- The Supervising Teacher/Caregiver or administrator will post a sealed note on the center door addressed to the parent indicating where the child has been taken.
- After following the proper protocol and all attempts to contact parent and emergency contacts have failed; further actions may be authorized by Director or Family Services Manager.



Car Riders

Waccamaw Economic Opportunity, Inc. will implement health and safety guidelines in accordance to CDC recommendations and agency policies.

1. Parents, guardians or designated persons **MUST** accompany child into the center and deliver him/her directly to the classroom staff. This is necessary in order for Head Start/Early Head Start to assume responsibility for child/children.
2. Head Start/Early Head Start requires that the person who drops off and/or picks up the child **MUST** sign the child in and out upon arrival and departure. At the time of departure, a picture ID must be presented by any adult unfamiliar to staff in order to receive the child/ren; **must be at least 17 years old to pick up a child.**
3. Each child is required to attend school every day unless he/she is sick or there is a family emergency. Please contact the center or your Family Services Worker if your child will be absent or tardy.
4. Please allow your child to benefit from a full day of activities which are scheduled from 8:00 AM until 2:00 PM. Early Head Start daily activities are scheduled from 8:00 AM until 3:00 PM. It is the responsibility of the parent to have the child at the center as soon as possible to avoid missing daily routines.
5. If a child is continuously picked up late, a conference with the parent and Family Services staff will be held.



EDUCATION

HOME VISITS and PARENT/TEACHER CONFERENCES

Parents are their children's first teachers and your input in their education is essential. Therefore, you are encouraged to be fully engaged in all Home Visits and Parent/Teacher Conferences. These conferences and visits will cover your child's developmental progress, classroom adjustments and integration of our other components. Home Visits and Parent/Teacher Conferences are held at least three times during the school year. It is our goal to build respectful relationships with each of our parents and develop a broad understanding of every child in our program. Home Visits and Parent Conferences will support your role as the primary teacher and caregiver.

EARLY HEAD START

Early Head Start is a federally funded community-based program designed to provide intricate care and developmental support for infants and toddlers ages six weeks to 36 months. The program was designed in 1994 by an Advisory Committee on Services for Families with Infants and Toddlers formed by the Secretary of Health and Human Services. In addition to providing or linking families with needed services—medical, mental health, nutrition, and education—Early Head Start provides a place for children to experience nurturing relationships and ongoing routines. Infants and toddlers are provided exceptional care in an environment that is safe and inviting. They are also offered developmental experiences conducive to optimal success. Upon reaching the age of 3 years, the children are transitioned to **Head Start** where they are met with sustained support and are encouraged to continue their developmental journey. Chavis Early Head Start is located in Williamsburg County at 2811 S. State Highway 41-51 in Hemingway, S.C. We serve 48 children and their families from the community as well as neighboring areas.



CHAVIS EARLY HEAD START DAILY SCHEDULE FOR INFANTS/TODDLERS



<p>Early Morning 8:00 a.m.-9:30 a.m.</p>	<ul style="list-style-type: none"> *Arrival/Greet Parents and Children *Communication with Parents, Complete BB form *Daily Health Check, Hand Washing *Help Children and Parents say Good-Bye *Breakfast (provided on individual schedule) *Individual Diapering/Toileting/Hand washing *Preventive Dental Care *Encourage the children to Explore the Environment and Material in their own way *Individual Activities (Teacher-directed, Self-initiated) *Meeting Creative Curriculum Goals
<p>Late Morning 9:30 a.m.-11:00 a.m.</p>	<p style="text-align: center;">*Morning Routine Care*</p> <ul style="list-style-type: none"> *Individual Nap *Individual Activities (teacher directed, self-initiated) *Outdoor play, Buggy ride, Walk (large muscle activities) *Meal (Individualized to meet each child's needs) *Preventive Dental Care *Individual Diapering/ Toileting/ Hand Washing
<p>Midday 11:00 a.m. -12:00 p.m.</p>	<ul style="list-style-type: none"> *Lunch (provided on individual basis)
<p>Afternoon 12:00 p.m.- 3:00 p.m.</p>	<p style="text-align: center;">*Afternoon Routine Care*</p> <ul style="list-style-type: none"> *Individual Diapering/Toileting/Hand Washing *Preventive Dental Care *Individual Nap *Individual Activities (teacher directed, self-initiated) *Outdoor Play, Buggy Ride, Walk(large muscle activities) *Meal/Snack individualized to meet each child's needs *Meeting Creative Curriculum Goals *Wake up and cuddle time *Help Parents and Children reunite and Leave for Home
<p>Diapering/Toileting Hand Washing</p>	<p>Checked every 1 to 1 ½ hour or Diapering/Toileting on demand Wash Children and staff hands after diapering/toileting, before and after meals/snacks, after outdoor play, before and after water play</p>

THE CREATIVE CURRICULUM FOR PRESCHOOL

The Creative Curriculum balances both teacher-directed and child-initiated learning, with an emphasis on responding to children's learning styles and build on their strengths and interest. This curriculum applies the latest theory and research on best practices in teaching and learning and the content standards developed by state and professional organizations. While keeping the original environmentally-based approach it clearly defines the teacher's vital role in connecting content, teaching, and learning for preschool children.

The Creative Curriculum for Preschool translates new research and theory from the field of early childhood education into a practical, easy-to-understand approach to working with children and their families. It is a comprehensive curriculum with a clear organizational structure and a particular focus on interest areas.

Our Philosophy

The philosophy behind our curriculum 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.

In their early years, children explore the world around them by using all their senses (touching, tasting, listening, smelling, and looking).

In using real materials such as blocks and trying out their ideas, children learn about sizes, shapes, and colors and they notice relationships between things.

In time, they learn to use one object to stand for another. This is the beginning of symbolic thinking. For example, they might pretend a stick is an airplane or a block is a hamburger. These early symbols, the stick and the block, are similar in shape to the objects they represent. Gradually children become more and more able to use abstract symbols like words to describe their thoughts and feelings. They learn to "read" pictures which are symbols of real people, places, and things. This exciting development in symbolic thinking takes place during the pre-school years as children play.

- Play provides the foundation for academic or "school" learning. It is the preparation children need before they learn highly abstract symbols such as letters (which are symbols for sounds) and numbers (which are symbols for number concepts). Play enables us to achieve the key goals of our early childhood curriculum. Play is the work of young children.

The Goals of Our Curriculum

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, inquisitive learners. We are teaching them how to learn, not just in preschool, but all through their lives. We are allowing them to learn at their own pace and in the ways that are best for them. We are teaching them good habits and attitudes, particularly a positive sense of themselves, which will make a difference throughout their lives.

Our curriculum identifies goals in all areas of development:

Social: To help children feel comfortable in school, trust their new environment, make friends, and feel they are a part of a group.

Emotional: To help children experience pride and self-confidence, develop independence and self-control, and have a positive attitude towards life.

Cognitive: To help children become confident learners by letting them try out their own ideas and experience success, and by helping them acquire learning skills such as the ability to solve problems, ask questions, and use words to describe their ideas, observations, and feelings.

Physical: To help children increase their large and small muscle skills and feel confident about what their bodies can do.

The activities we plan for children, the way we organize the environment, select toys and materials, plan the daily schedule, and talk with children, are all designed to accomplish the goals of our curriculum and give your child a successful start in school.

What is the HSELOF?

(Head Start Early Learning Outcomes Framework)

The HSELOF is a guide for programs to plan and implement a comprehensive, yet focused, learning program.

The HSELOF:

- ❖ Is organized into elements that are research-based, comprehensive, inclusive of all children, manageable, and measurable
- ❖ Supports developmentally appropriate curriculum, high-quality learning experiences, and opportunities for play and exploration
- ❖ Acknowledges the importance of caring, nurturing, and emotionally-responsive interactions and relationships for children’s learning and development
- ❖ Informs intentional teaching practices
- ❖ Acknowledges that each child is unique and can be a successful learner
- ❖ Identifies learning goals that are important for all children, including children with disabilities
- ❖ Acknowledges that children with disabilities may need more individualized or intensive instruction to develop and learn
- ❖ Recognizes that children’s cultural backgrounds influence the process of their learning and development
- ❖ Recognizes that children who speak languages other than English at home bring their language as an asset and have the capacity to learn two or more languages well
- ❖ Encourages ongoing, intentional support of a child’s home language as well as support for English acquisition

	CENTRAL DOMAINS				
	APPROACHES TO LEARNING	SOCIAL AND EMOTIONAL DEVELOPMENT	LANGUAGE AND LITERACY	COGNITION	PERCEPTUAL, MOTOR, AND PHYSICAL DEVELOPMENT
▲ INFANT/TODDLER DOMAINS	Approaches to Learning	Social and Emotional Development	Language and Communication	Cognition	Perceptual, Motor, and Physical Development
● PRESCHOOLER DOMAINS	Approaches to Learning	Social and Emotional Development	Language and Communication	Mathematics Development	Perceptual, Motor, and Physical Development
			Literacy	Scientific Reasoning	

Parents and family members use the HSELOF to:

- ❖ Increase their understanding of developmentally appropriate expectations for young children, including the importance of reciprocal interactions and conversations starting in infancy
- ❖ Guide focused communication and discussion with teachers about early learning and development and expected outcomes for children
- ❖ Work together with program staff to promote their child’s development and learning through positive interactions and effective learning experiences
- ❖ The Head Start Early Learning Outcomes Framework (HSELOF) South Carolina Early Learning Standards, Teaching Strategies GOLD: Objective for Learning and Development, and the South Carolina Ready Kindergarten Standards are all aligned with Waccamaw E.O.C. HS/EHS School Readiness Goal.

LITERACY

Research shows that early literacy activities are imperative for all children to be able to read fluently by the third grade. It shows that children who cannot read well by the third grade rarely catch up with their peers. Waccamaw E.O.C., Inc. Head Start/Early Head Start promotes literacy for the families they serve. Information and trainings are offered throughout the school year with ideas for how to enhance literacy development in the home. Reading daily with children is the most important way to build language skills. Be a great role model by reading along with your children. Make reading a fun-time. Allow siblings to read to the little ones. This will foster the enjoyment for reading and will help increase older siblings reading skills. As children are being read to, they hear new vocabulary and new concepts; this will inspire children to want to read.

Waccamaw E.O.C., Inc. Head Start/Early Head Start uses a researched based curriculum, the Creative Curriculum, to give children a solid foundation in Language and Literacy Development along with the other areas of development: Social-Emotional, Physical, Cognitive, Mathematics, Science and Technology, Social Studies, Art and English Language Acquisition. The curriculum empowers teachers with strategies to support early literacy development through:

- Talking, Singing, Playing with Language
- Reading
- Storytelling
- Story Retelling
- Writing
- Meaningful Play
- Studies: Using Literacy to Learn



The Head Start Early Learning Outcomes Framework addresses the domain of Language and Literacy skills through various sub-domains. The sub-domains are accomplished throughout the early learning years of development before children enter kindergarten. These sub-domains for Literacy are as follows:

- Attending and Understanding
- Communication and Speaking
- Vocabulary
- Emergent Literacy
- Phonological Awareness
- Print and Alphabet Knowledge
- Comprehensive and Text Structure
- Writing



The children will obtain mastery in Language and Literacy skills as they meet these developmental milestones. With the support of the parents, our goal is to ensure mastery in Language and Literacy for the entire family.



The Head Start Approach to School Readiness means that children are ready for school, families are ready to support their children's learning, and schools are ready for children. Historically, Head Start often has led the early childhood field with a strong, clear, and comprehensive focus on all aspects of healthy development, including physical, cognitive, social and emotional development, all of which are essential to children getting ready for school. All agencies are required to establish school readiness goals which are defined as "the expectations of children's status and progress across domains of language and literacy development, cognition and general knowledge, approaches to learning, physical health and well-being and motor development, and social and emotional development that will improve readiness for kindergarten goals" and the "appropriately reflect the ages of children, birth to five, participating in the program" (45 CFR Chapter XIII Head Start Regulations Part 1307.2 and 1307.3 (b)(1)(i) as amended). Head Start views school readiness as children possessing the skills, knowledge, and attitudes necessary for success in school and for later learning and in life.

For parents and families, school readiness means they are engaged in the long-term, lifelong success of their child. Head Start recognizes that parents are their children's primary teachers and advocates. Programs are required to consult with parents in establishing school readiness goals (45 CFR 1307.3 (b)(1) (iii), as amended). As Head Start programs and schools work together to promote school readiness and to engage families as their children make the transition to kindergarten, schools will be ready for children.

DEVELOPMENTAL SCREENING

Each child will receive a Developmental Screening using the Brigance Preschool Screen II. The primary purpose of the screening is to obtain a broad sampling of the child's skills and behaviors. This screening assists the teacher in planning more appropriate goals for the child or to help determine the most appropriate initial placement or grouping.

Ongoing Child Assessment

Ongoing assessment is the integral to curriculum and instruction. Our objective is to help children achieve school readiness and individual learning goals. We need to keep track of how the children are doing. Assessment information needs to be valid, reliable, and useful so the results can inform teachers of curriculum and instruction. Our assessment tool is Teaching Strategies GOLD.

What is Teaching Strategies GOLD?

Teaching Strategies GOLD is an authentic, ongoing observation system for assessing children from birth through kindergarten and has been proven to be valid and reliable by extensive field testing. It helps teachers observe children in the context of everyday experiences, which is an effective way to get to know them well and find out what they know and can do.

Teaching Strategies GOLD is based on 38 objectives that include predictors of school and are aligned with South Carolina early learning standards. These objectives are the heart of the system - teachers use them to focus their observations as they gather information to make classroom decisions.

DAILY SCHEDULE

Predictable environments offer children a sense of security and responsibility. In a setting such as Waccamaw E.O.C., Inc. Head Start/ Early Head Start classrooms where arrival, small group time, work time, meal time, rest time and departure are dealt with consistently by teachers offering children a sense of security and responsibility. Secure children thrive in organized environments where teachers follow a schedule that is consistent, yet flexible enough to respond to children's individual needs.

The daily schedule blocks out time and establishes a sequence for routines and experiences. When the daily schedule suits the children's individual and group needs, classroom life proceeds smoothly and is enjoyable for everyone. A good schedule for preschool children is balanced. It offers choices and a range of activities, some initiated by children and others planned by teachers.

A daily schedule establishes the consistency that helps young children predict the sequence of events and thus to feel more secure and more in control of events. They delight in reminding you, "Snack comes next," or telling a visitor, "Now we go outside." In addition, a schedule helps children begin to understand time concepts as they anticipate what comes first in the day, second, next, and last.

Head Start Daily Schedule

Arrival/Preparation for Breakfast	8:00 a.m.
Breakfast/Personal Needs	8:30 a.m. - 9:00 a.m.
Large Group/Read Aloud	9:00 a.m. - 9:30 a.m.
Choice Time/Small Group	9:30 a.m.-10:50 a.m.
Outside Time/Physical Activity	10:50 a.m.-11:20 a.m.
Preparation for Lunch/Nursery Rhymes	11:20 a.m.-11:30 a.m.
Lunch Time/Personal Needs	11:30 a.m.-12:00 p.m.
Outside Time/Physical Activity	12:00 p.m.-12:30 p.m.
Rest Time	12:30 p.m.-1:30 p.m.
Snack Time	1:30 p.m. -1:45 p.m.
Prepare for Departure	1:45 p.m. -2:00 p.m.
Teachers Planning Time	2:00 p.m. -3:00 p.m.
Teachers Departure	3:00 p.m.
Center Closed	4:30 p.m.

*In the event of inclement weather, physical activities will be conducted indoors using a variety of materials such as, but not limited to, ball, hoops, scarves, music, yoga and etc.

*All classrooms operate on the same schedule.

Tracking

Diligent supervision of children is critical to preventing accidents and ensuring safety. All staff are to observe, support, and enforce the following steps regarding the supervision of children.

Children must be in visual supervision by two (2) qualified staff/volunteers at all times.

Staff will call the roll and count children before leaving the classroom and before leaving any outside areas (restroom, cafeteria, computer lab, playground, field trips, etc.).

Active supervision of children includes staff positioning and repositioning themselves as the children move throughout the environment. Visual supervision must be maintained at all times including secluded play areas, tunnels, playhouse, and areas of high traffic and high mobility. (DSS Regulation 144-504. A (3))



HEALTH SERVICES

A Comprehensive Health Service Program provides/assists your child with the following health care services:

1. Vision, hearing, and speech screenings and follow-up treatment if needed.
2. Dental examination every six months and preventive care and treatment if necessary.
3. Physical examination and treatment if necessary (including Lead Screening).
4. Early Head Start well child check-up and immunizations at 2, 4, 6, 9, 12, 15, 18 and 24 months of age.



Covid-19 Safety Protocol

*Please note we have lifted the mask requirement for entry into the buildings. We will adhere to DHEC and the agency protocols and guidelines if there is an increase in COVID-19 cases. Our goal is to keep staff and children safe while they are at school. We ask that you work with our team to ensure safety for everyone.

Centers will have adequate safety and sanitation equipment and supplies to ensure consistent safe operation. Facility will have the following ready prior to reopening:

- Masks for staff and children 3 and up are required
- Disposable mask will be provided as needed
- Gloves for staff conducting health screenings, diapering, sanitizing, etc.
- Thermometers for health screenings for children and staff
- EPA approved disinfectants is used to sanitize equipment and buildings
- Hand sanitizer station are throughout the centers
- Additional personal protective equipment as necessary (i.e. shoe coverings)
- Laundering supplies for bedding, masks, smocks, etc.
- Signs throughout the centers reminding staff and children to cover coughs/sneezes and practice frequent hand washing
- We will provide toothbrushes and toothpaste will be provided to ensure our children can practice good oral hygiene during the Covid-19 based on CDC guidelines safety practice.

Emergency Medical Plan

(DSS Regulation No. 114-505)

In case of an emergency that requires medical treatment, the following procedures will be implemented:

- Head Start Staff will make the child comfortable in a reassuring manner.
- Health Manager, Family Services Workers or Nurse will notify the parents/guardian or persons listed on the health record for emergency notification.
- Health Manger or Center Supervisor/EHS Manger will call 911 to transport injured or sick child to the emergency room
- A Head Start/Early Head Start Staff must accompany the child and take the health information along with signed emergency treatment form to the emergency room.
- A parent must be present to obtain complete treatment for ill or injured child.
- The Head Start/Early Head Start Staff at the hospital will assure transportation of child and parent.
- Teaching Staff will complete accident report within 24 hours and file in classroom files and forward copy to Center Supervisor.
- The Health Manager/Nurse, or designated staff, will review and ensure that a copy of the report is forwarded to the Head Start Office.

Care for Mildly Ill Children

If your child becomes ill or is injured while at school to the extent that he/she requires medical attention, we will take your child to the doctor. However, we will contact you first. We would like for you to accompany your child if possible. In the event we are unable to locate you and the situation warrants immediate attention, the staff will act as deemed necessary. (DSS Regulation No. 114-509 B)

On the first day of school, your child **MUST** have an up-to-date immunization certificate (2740 Form) on file.

Screenings

Forty Five (45) Days

1. Immunizations
2. Speech
3. Hearing
4. Blood Pressure
5. Height/Weight
6. Vision

Ninety (90) Days

1. Physical Examination
2. Dental Examination
3. Lead Screening

If our assistance is needed for a physical and/or dental examination, please contact us immediately.



Policies and Procedures for Dispensing Medication

Medication prescribed by a physician will be given during school hours with written permission from the parent. Medication MUST be in its original container having the name of the medication, child's name and the dosage.

Medication may be administered at Head Start/Early Head Start when needed. Parents must complete a written medication permission form. A Health Care provider must complete a physician instruction form for the medication. Only medications prescribed by a doctor or health care provider in the original container with complete instructions will be given. Medications can be given "only" as written on the container. If different instructions are given temporarily by the doctor, they must be put in writing and signed by the doctor. No over-the-counter medications will be given unless accompanied by a written request from the doctor or health care provider.

Persons designated to give medication are as follows:

- Health Manager or Nurse
- Center Supervisor, Center Supervisor Designee or Trained Staff

Medications will be stored under lock and key to prohibit unauthorized access. (DSS Regulation No. 114-503 F. (3)(e))



Policies for Short Term Exclusion for Communicable Diseases

1. **Chicken Pox** – Child may return to school 5-7 days after the last vesicle has dried.
2. **Diphtheria** – Child may return to school 1-2 days with antibiotic treatment.
3. **Pertussis (Whooping Cough)** – Child may return to school 5-21 days after exposure.
4. **Tetanus** – Child may return to school within an average of 8 days after treatment.
5. **Impetigo** – Child may return to school 2-5 days after treatment or until lesions are healed.
6. **Rubella** – Child may return to school within 3-5 days.
7. **Roseola Infantum** – Child may return to school within 1-2 days after treatment.
8. **Mumps** – Child may return to school 9 days after treatment.
9. **Ringworm** – Child may return to school 24 hours after treatment begins.
10. **Conjunctivitis (Pink Eye)** – Child may return to school 24 hours or 1 day after treatment begins.
11. **Head Lice** – Child should remain at home the first 24 hours and one day after treatment begins.
12. **Scarlet Fever** – Child should remain at home until the day after treatment begins.
13. **Jaundice** – Child should remain at home until treatment is completed and the attending physician states child may return.
14. **Tuberculosis** – Child may return to school after treatment has begun and the attending physician states child may return.
15. **Respiratory Syncytial Virus** – (RSV) – Child may return to 3-5 days after exposure if temperature is less than 99° degrees.
16. **Hand, Foot and Mouth Disease (HFMD)** – Child may return to school 3-5 days after exposure and blisters has cleared.
17. **Diarrhea** – Child must remain home until diarrhea has stopped and child is fever free.



Table 1

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2022

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars.

To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
Hepatitis B (HepB)	1 st dose	← 2 nd dose →			← 3 rd dose →												
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 st dose	2 nd dose	See Notes												
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 st dose	2 nd dose	3 rd dose			← 4 th dose →				5 th dose					
Haemophilus influenzae type b (Hib)			1 st dose	2 nd dose	See Notes			← 3 rd or 4 th dose → See Notes									
Pneumococcal conjugate (PCV13)			1 st dose	2 nd dose	3 rd dose			← 4 th dose →									
Inactivated poliovirus (IPV <18 yrs)			1 st dose	2 nd dose	← 3 rd dose →							4 th dose					
Influenza (IV4)					Annual vaccination 1 or 2 doses												
Influenza (LAIV4)														Annual vaccination 1 or 2 doses			Annual vaccination 1 dose only
Measles, mumps, rubella (MMR)					See Notes			← 1 st dose →				2 nd dose					
Varicella (VAR)							← 1 st dose →					2 nd dose					
Hepatitis A (HepA)					See Notes			2-dose series, See Notes									
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)												1 dose					
Human papillomavirus (HPV)												See Notes					
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos, MenACWY-TT ≥2 years)					See Notes												
Meningococcal B (MenB-4C, MenB-FHbp)																	See Notes
Pneumococcal polysaccharide (PPSV23)																	See Notes
Dengue (DENACYD; 9-16 yrs)														1 st dose		2 nd dose	

Range of recommended ages for all children

Range of recommended ages for catch-up vaccination

Range of recommended ages for certain high-risk groups

Recommended vaccination can begin in this age group

Recommended vaccination based on shared clinical decision-making

No recommendation/not applicable

Seropositive in endemic areas only (See Notes)

Table 2

Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 Month Behind, United States, 2022

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. **Always use this table in conjunction with Table 1 and the Notes that follow.**

Children age 4 months through 6 years

Vaccine	Minimum Age for Dose 1	Dose 1 to Dose 2	Minimum Interval Between Doses		
			Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B	Birth	4 weeks	8 weeks and at least 16 weeks after first dose minimum age for the final dose is 24 weeks	Dose 3 to Dose 4	Dose 4 to Dose 5
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days.	4 weeks	4 weeks maximum age for final dose is 8 months, 0 days		
Diphtheria, tetanus, and acellular pertussis	6 weeks	4 weeks	4 weeks	6 months	6 months
Haemophilus influenzae type b	6 weeks	No further doses needed if first dose was administered at age 15 months or older. 4 weeks if first dose was administered before the 1 st birthday. 8 weeks (as final dose) if first dose was administered at age 12 through 14 months.	No further doses needed if previous dose was administered at age 15 months or older. 4 weeks if current age is younger than 12 months and first dose was administered at younger than age 7 months and at least 1 previous dose was PIP-1 (ActHib [®] , Pentacel [®] , Hibiter [®] , Vaxiber [®] or unknown). 8 weeks and age 12 through 59 months (as final dose) if current age is younger than 12 months and first dose was administered at age 7 through 11 months. OR if current age is 12 through 59 months and first dose was administered before the 1 st birthday and second dose was administered at younger than 15 months. OR if both doses were Pediaris [®] and were administered before the 1st birthday	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1 st birthday.	
Pneumococcal conjugate	6 weeks	No further doses needed for healthy children if first dose was administered at age 24 months or older. 4 weeks if first dose was administered before the 1 st birthday. 8 weeks (as final dose for healthy children) if first dose was administered at the 1 st birthday or after	No further doses needed for healthy children if previous dose was administered at age 24 months or older. 4 weeks if current age is younger than 12 months and previous dose was administered at <7 months old. 8 weeks (as final dose for healthy children) if previous dose was administered between 7–11 months (wait until at least 12 months old). OR if current age is 12 months or older and at least 1 dose was administered before age 12 months	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age.	
Inactivated poliovirus	6 weeks	4 weeks	4 weeks if current age is <4 years 6 months (as final dose) if current age is 4 years or older	6 months (minimum age 4 years for final dose)	
Measles, mumps, rubella	12 months	4 weeks			
Varicella	12 months	3 months			
Hepatitis A	12 months	6 months			
Meningococcal ACWY	2 months/MenACWY-CBM 9 months/MenACWY-D 2 years/MenACWY-FT	8 weeks	See Notes	See Notes	
Children and adolescents age 7 through 18 years					
Meningococcal ACWY	Not applicable (N/A)	8 weeks	4 weeks if first dose of DTaP/DT was administered before the 1 st birthday 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1 st birthday	6 months if first dose of DTaP/DT was administered before the 1 st birthday	
Tetanus, diphtheria, tetanus, diphtheria, and acellular pertussis	7 years	4 weeks	4 weeks if first dose of DTaP/DT was administered before the 1 st birthday 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1 st birthday	6 months if first dose of DTaP/DT was administered before the 1 st birthday	
Human papillomavirus	9 years	Routine dosing intervals are recommended.			
Hepatitis A	N/A	6 months	8 weeks and at least 16 weeks after first dose		
Hepatitis B	N/A	4 weeks	6 months A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.	A fourth dose of IPV is indicated if all previous doses were administered at <4 years or if the third dose was administered <6 months after the second dose.	
Inactivated poliovirus	N/A	4 weeks			
Measles, mumps, rubella	N/A	4 weeks			
Varicella	N/A	3 months if younger than age 13 years; 4 weeks if age 13 years or older			
Dengue	9 years	6 months	6 months		



NUTRITION

The emphasis on nutrition is to improve all aspects of the child's growth and development and to identify the problem areas and needs that must be addressed as it relates to nutrition.

The nutrition assessment data (height and weight) will be obtained on each child. Children who are found with weight that is above the ninety-fifth percentile (95%) or below the twenty-fifth (25th) percentile the Nutrition Manager will provide parents with nutrition education materials and treatment strategies that can be followed at home to support the assessment and screening process. Parents will also be provided with information on other local resources such as the Supplemental Nutrition Program for Woman Infants and Children (WIC). Problems will be identified and resolved to the best of our ability.

Provisions will be made for children with special dietary needs and feeding problems, especially children that are identified as being disabled.

We will increase physical activities in our daily routine that will promote physical fitness. This will help decrease the high rate of obesity in our children. Parents will be provided training in the areas of: how to select and prepare nutritious foods that meet the family's nutritional and food budget needs. Information will also be shared on the negative health consequences of sugar-sweetened beverages and the importance of physical exercise and healthy eating.

Staff and parents will not be allowed to bring in food to celebrate birthdays, holidays or other social functions. Because nutritional needs are met during mealtimes, parents will not be allowed to bring in or send extra food for their child.



UPDATED CHILD AND ADULT CARE FOOD PROGRAM MEAL PATTERNS: CHILD AND ADULT MEALS



USDA recently revised the CACFP meal patterns to ensure children and adults have access to healthy, balanced meals throughout the day. Under the updated child and adult meal patterns, meals served will include a greater variety of vegetables and fruit, more whole grains, and less added sugar and saturated fat. The changes made to the meal patterns are based on the Dietary Guidelines for Americans, scientific recommendations from the National Academy of Medicine, and stakeholder input. CACFP centers and day care homes must comply with the updated meal patterns by October 1, 2017.

Updated Child and Adult Meal Patterns



Greater Variety of Vegetables and Fruits

- The combined fruit and vegetable component is now a separate vegetable component and a separate fruit component; and
- Juice is limited to once per day.



More Whole Grains

- At least one serving of grains per day must be whole grain-rich;
- Grain-based desserts no longer count towards the grain component; and
- Ounce equivalents (oz eq) are used to determine the amount of creditable grains (starting October 1, 2019).



More Protein Options

- Meat and meat alternates may be served in place of the entire grains component at breakfast a maximum of three times per week; and
- Tofu counts as a meat alternate.



Age Appropriate Meals

- A new age group to address the needs of older children 13 through 18 years old.



Less Added Sugar

- Yogurt must contain no more than 23 grams of sugar per 6 ounces; and
- Breakfast cereals must contain no more than 6 grams of sugar per dry ounce.



Making Every Sip Count

- Unflavored whole milk must be served to 1 year olds; unflavored low-fat or fat-free milk must be served to children 2 through 5 years old; and unflavored low-fat, unflavored fat-free, or flavored fat-free milk must be served to children 6 years old and older and adults;
- Non-dairy milk substitutes that are nutritionally equivalent to milk may be served in place of milk to children or adults with medical or special dietary needs; and
- Yogurt may be served in place of milk once per day for adults only.



Additional Improvements

- Extends offer versus serve to at-risk afterschool programs; and
- Frying is not allowed as a way of preparing foods on-site.

Breakfast Meal Patterns

	Ages 1-2		Ages 3-5		Ages 6-12 & 13-18		Adults	
	Previous	Updated	Previous	Updated	Previous	Updated	Previous	Updated
Milk	½ cup	½ cup	¾ cup	¾ cup	1 cup	1 cup	1 cup	1 cup
Vegetables, fruit, or both	¼ cup	¼ cup	½ cup	½ cup	½ cup	½ cup	½ cup	½ cup
Grains	½ serving	½ oz eq*	½ serving	½ oz eq*	1 serving	½ oz eq*	2 servings	2 oz eq*

*Meat and meat alternates may be used to substitute the entire grains component a maximum of three times per week.
Oz eq = ounce equivalents

Lunch and Supper Meal Patterns

	Ages 1-2		Ages 3-5		Ages 6-12 & 13-18		Adults	
	Previous	Updated	Previous	Updated	Previous	Updated	Previous	Updated
Milk	½ cup	½ cup	¾ cup	¾ cup	1 cup	1 cup	1 cup	1 cup*
Meat and meat alternatives	1 oz	1 oz	1 ½ oz	1 ½ oz	2 oz	2 oz	2 oz	2 oz
Vegetables	¼ cup	½ cup	½ cup	¼ cup	¾ cup	½ cup	1 cup	½ cup
Fruits		¼ cup		¼ cup		¼ cup		½ cup
Grains	½ serving	½ oz eq*	½ serving	½ oz eq*	1 serving	½ oz eq	2 servings	2 oz eq

*A serving of milk is not required at supper meals for adults
Oz eq = ounce equivalents

Snack Meal Pattern

	Ages 1-2		Ages 3-5		Ages 6-12 & 13-18		Adults	
	Previous	Updated	Previous	Updated	Previous	Updated	Previous	Updated
Milk	½ cup	½ cup	½ cup	½ cup	1 cup	1 cup	1 cup	1 cup
Meat and meat alternatives	½ oz	½ oz	½ oz	½ oz	1 oz	1 oz	1 oz	1 oz
Vegetables	½ cup	½ cup	½ cup	½ cup	¾ cup	¾ cup	½ cup	½ cup
Fruit		½ cup		½ cup		½ cup		¾ cup
Grains	½ serving	½ oz eq	½ serving	½ oz eq	1 serving	1oz eq	1 servings	1 oz eq

Select 2 of the 5 components for snack.
Oz eq = ounce equivalents

Note: All serving sizes are minimum quantities of the food components that are required to be served.



UPDATED CHILD AND ADULT CARE FOOD PROGRAM MEAL PATTERNS: INFANT MEALS

USDA recently revised the CACFP meal patterns to ensure children and adults have access to healthy, balanced meals throughout the day. The changes to the infant meal pattern support breastfeeding and the consumption of vegetables and fruit without added sugars. These changes are based on the scientific recommendations from the National Academy of Medicine, the American Academy of Pediatrics and stakeholder input. CACFP centers and day care homes must comply with the updated meal patterns by October 1, 2017.

UPDATED INFANT MEAL PATTERN:



Encourage and Support Breastfeeding:

- Providers may receive reimbursement for meals when a breastfeeding mother comes to the day care center or home and directly breastfeeds her infant; and
- Only breastmilk and infant formula are served to infants 0 through 5 month olds.



Developmentally Appropriate Meals:

- Two age groups, instead of three: 0 through 5 month olds and 6 through 11 month olds; and
- Solid foods are gradually introduced around 6 months of age, as developmentally appropriate.



More Nutritious Meals:

- Requires a vegetable or fruit, or both, to be served at snack for infants 6 through 11 months old;
- No longer allows juice or cheese food or cheese spread to be served; and
- Allows ready-to-eat cereals at snack.

Learn More

For more information on infant development and nutrition, check out the [USDA Team Nutrition's Feeding Infants Guide](#).





PREVIOUS AND UPDATED INFANT MEAL PATTERNS: LETS COMPARE

	PREVIOUS			UPDATED	
	0-3 Months	4-7 Months	8-11 MONTHS	0-5 MONTHS	6-11 MONTHS
Breakfast	4-6 fl oz breastmilk or formula	4-8 fl oz breastmilk or formula 0-3 tbsp infant cereal	6-8 fl oz breastmilk or formula 2-4 tbsp infant cereal 1-4 tbsp vegetable, fruit or both	4-6 fl oz breastmilk or formula	6-8 fl oz breastmilk or formula 0-4 tbsp infant cereal, meat, fish, poultry, whole eggs, cooked dry beans or peas; or 0-2 oz cheese; or 0-4 oz (volume) cottage cheese; or 0-4 oz yogurt; or a combination* 0-2 tbsp vegetable, fruit or both*
Lunch or Supper	4-6 fl oz breastmilk or formula	4-8 fl oz breastmilk or formula 0-3 tbsp infant cereal 0-3 tbsp vegetable, fruit or both	6-8 fl oz breastmilk or formula 2-4 tbsp infant cereal; and/or 1-4 tbsp meat, fish, poultry, egg yolk, cooked dry beans or peas; or ½ -2oz cheese; or 1-4 oz (volume) cottage cheese; or 1-4 oz (weight) cheese food or cheese spread; or a combination 1-4 tbsp vegetable, fruit or both	4-6 fl oz breastmilk or formula	6-8 fl oz breast milk or formula 0-4 tbsp infant cereal, meat, fish, poultry, whole egg, cooked dry beans or peas; or 0-2 oz cheese; or 0-4 oz (volume) cottage cheese; or 0-4 oz yogurt; or a combination* 0-2 tbsp vegetable, fruit or both*
Snack	4-6 fl oz breastmilk or formula	4-6 fl oz breastmilk or formula	2-4 fl oz breastmilk, formula, or fruit juice 0-½ bread slice or 0-2 crackers	4-6 fl oz breastmilk or formula	2-4 fl oz breastmilk or formula 0-½ bread slice; or 0-2 crackers; or 0-4 tbsp infant cereal or ready-to-eat cereal* 0-2 tbsp vegetable, fruit or both*

**Required when infant is developmentally ready.
All serving sizes are minimum quantities of the food components that are required to be served.*

For more information, please visit www.fns.usda.gov/cacfp/child-and-adult-care-food-program.
Questions? Contact your State or Regional Office.
USDA is an equal opportunity employer and provider.



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Declaracion de No-Discriminacion

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DISABILITY

Waccamaw Economic Opportunity Council, Inc. provides comprehensive services to children with disabilities in the following school districts Georgetown, Horry and Williamsburg. The children participate in all activities to the fullest extent of their abilities. Our overall goal for our Disability/Mental Health Services is to focus on the positive self-worth and respect for individual differences and to assist students with developing appropriate social skills. The Head Start/Early Head Start staff works toward the goal by following the objectives stated in the Head Start Performance Standards such as:

- Provide services to maximize the full potential of all children.
- Enhance the understanding of staff and parent of child growth and development.
- Assist all children in the program with emotional, cognitive and social development.
- Support mental health activities by staff and parents which are match to children's development.
- Serve as a link for staff and parents in obtaining and/or providing services and resources.

Disability Services

Head Start/Early Head Start Special Service assists children, parents and staff by:

- Developing a service plan.
- Recruiting special needs children, conducting Developmental Assessments, and referring to LEA's.
- Working collaboratively with Health Services to conduct mass screening for Head Start children.
- Arranging formal evaluation for children who have been identified.
- Involving parents and staff in the development and implementation of IEP (Individual Education) IFSP (Individual Family Service Plan).
- Assuring accessibility of facilities.
- Providing transition services to disabled children entering Head Start and kindergarten.



Mental Health Services

Waccamaw Economic Opportunity Council, Inc. is dedicated to supporting the mental wellness of all the children, families, and staff. If your child's teacher has a concern about your child's learning style or behavior they will discuss it with you as well as make a referral to the Education Manager, Center Coordinator, Disability/Mental Health Manager for observation. Together you and the staff will make a plan to address any concerns. If necessary, referrals to an outside agency will be made. Parental permission is needed before any referrals can be made. Parents are also encouraged to discuss any concerns they have about their child with the Teacher or Family Services Worker.

Goals & Activities:

1. Soliciting parental information and observation.
2. An observation will be conducted by a mental health professional that will identify any child suspected of having a behavior disorder.
3. Discuss and identify which parent responses are appropriate to their child's behavior.
4. To strengthen nurturing, supportive environmental relationship in home and in the program.
5. Help parents better understand mental health issues.
6. The parent will be properly notified of any possible actions that may be taken pertaining to his/her child.
7. The mental health professional will also work with any parent who identifies his/her child as having a behavior problem.
8. Consultations for care givers and parent will be provided.
9. Information which will help staff members better understand normal development as well as behavior problems seen in child will be provided.
10. Promote children mental wellness by providing individual and group therapy.
11. Promote children mental health issues to staff and parents.
12. Assist in providing special services for children with a typical behavior or development.



FAMILY ENGAGEMENT

If COVID incidence rates are elevated, safety recommendations may be enforced and parent participation limited.

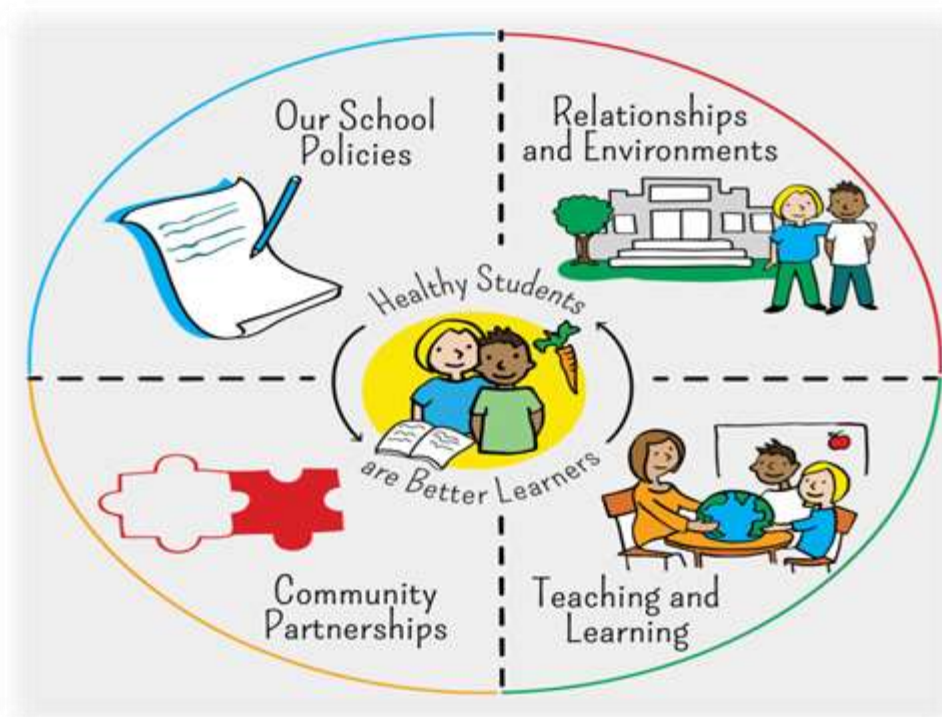
The functions of the Family Engagement content area represent an organized method of assisting and supporting parents for growth, so they can identify their own strengths, needs and interests, and find their own solutions. Parents and Family Services staff form engagement agreements that are driven by parent's identification of their own family's strengths and needs. The engagement agreement process provides opportunities for families to set goals and design an individual approach for achieving those goals. The Family Services component is responsible for the following:

1. Family goal setting
2. Accessing community services and resources
3. Parent involvement in educational, health, nutrition, and mental health activities
4. Parent involvement in community advocacy
5. Parent involvement in transition activities
6. Parent involvement in home visits
7. Providing opportunities for training
8. Assist or provide opportunity to establish Health Advisory Committee
9. Conduct Family Engagement Agreement Process
10. Recruitment and enrollment regardless of race, sex, creed, color, religion, or national origin
11. ERSEA process: E-Eligibility, R-Recruitment, S-Selection, E-Enrollment, A-Attendance
12. Services to individual and families through the following:
 - a. Referrals
 - b. Accompany families to community resources when necessary
 - c. Enable families to secure needed services
 - d. Assist with planning and development of parent activities, community relations, and social activities (Monthly Meetings)
 - e. Assist with self-evaluation
 - f. Work in support of others



COMMUNITY ENGAGEMENT

Since Head Start/Early Head Start serves families within the context of the community, and recognizes that many other agencies and groups assist with the same families; we collaborate with partners in our local communities. In order to provide the highest level of services to children and their families, Head Start/Early Head Start helps to enhance program services by playing an active role in facilitating community engagement. Head Start/Early Head Start advisory committees provide agencies with a broad range of professional expertise and help promote links to existing community resources. Transition services include communication and coordination with other schools to support children and families in making a smooth adjustment to settings that may differ in philosophy, teaching styles, or structure. It allows staff to plan for the needs of individual children.



FAMILY SERVICES STAFF RESPONSIBILITIES

The Family Services Component will serve as a link between Head Start/Early Head Start and the child's family. Contacts will be made with each family to become better acquainted. The Family Services Staff works closely with families to help them with concerns relating to health, nutrition, disability, employment, child care, and education. Families with special concerns/needs not related to Head Start/Early Head Start content areas will be referred to other community resources for assistance.

The Family Services Staff will also monitor attendance on a daily basis. They will contact the family of a child who is absent or whose attendance is irregular. We look forward to building a partnership with our parents during the upcoming year. We invite you to visit the Family Services office in your local Head Start/Early Head Start Center.

ELIGIBILITY, RECRUITMENT, SELECTION, ENROLLMENT AND ATTENDANCE (ERSEA)

Applications will be accepted on all children to determine eligibility based on selection criteria.

Procedures

1. All Head Start students are eligible for two years. Early Head Start are eligible for the duration of the program.
2. Parents **must** submit income verification and birth certificate(s) before eligibility determination.
3. Staff must verify age, family size, and income before determining that a child is eligible to participate in the program. This is done by examining Individual Income Tax (Form 1040), W-2 forms, pay stubs, pay envelopes with documented income, written statements from employers, or documentation showing current status as recipient of public assistance.
4. Families receiving SSI, TANF, and SNAP are considered categorically eligible. Children in foster care or experiencing homelessness are given priority.
5. Information that **must** be provided:

At the time of enrollment:

- a. Child's Birth Certificate
- b. Proof of Income (Prior Year)
- c. Current Immunization Record (Form 4024)
- d. Social Security Card
- e. Medicaid/Insurance Card

Before entry date:

- f. Updated Immunization Record
 - g. Medical Screening or Physical
 - h. Dental Screening or Examination
6. The Family Services staff **must** review the application thoroughly and obtain a parent or guardian signature. The staff member must sign the completed application.
 7. It is the responsibility of the Family Services staff to communicate with parents to ensure that the federal attendance mandate is met each month. The program must meet the 85% monthly attendance rate. Therefore, parents should make sure their child is present except for excused absences. Attendance is very important for your child's education success.
 8. Children are enrolled in HS for 160 days & EHS for 220 days. The program year does not end at the close of the school district's year.
 9. All records and files pertaining to children, families, and staff are confidential and are kept under lock and key in a secure file cabinet. Records and files are maintained in accordance with DHHS Regulations, Performance Standards, local and state licensing requirements and Waccamaw EOC Personnel.



RIGHTS AND RESPONSIBILITIES AS A HEAD START/EARLY HEAD START PARENT

Waccamaw Economic Opportunity, Inc. will implement health and safety guidelines
in accordance to CDC recommendations and agency policies.

Rights as a Head Start/Early Head Start Parent

- To take part in major policy decision affecting the planning and operation of the Head Start program.
- To help develop adult programs that will improve daily living for you and your family.
- To be welcome in the classroom and into other areas of the program.
- To be informed regularly about child's progress in Head Start/Early Head Start.
- To be treated with respect and dignity.
- To expect guidance for my child from the Head Start Staff which will help his/her total individual development.
- To be able to learn about the operation of the program, including the budget and the level of education and experience required to fill various staff position.
- To take part in planning and implementing programs designed to increase parent skills in areas of possible employment.
- To be informed about all community resources concerned with health, education, and improvement of my family's life.
- Open Door Policy-free and full access must be granted to parents of children enrolled unless court order stipulates otherwise. The visit must not disrupt instructional activities or classroom routines (DSS Regulation No. 144-503 F (1)).

Responsibilities of Head Start/Early Head Start Parents

- To learn as much as possible about the program and to take part in major policy decisions.
- To accept Head Start as an opportunity which can improve my life and my child/children life.
- To take part in classroom as an observer, a volunteer, or as a paid staff and to contribute my services in whatever way I can toward enrichment of the total program.
- To welcome teachers and other staff into their home to discuss ways in which parents can help in the development of their child/children at home in relation to school experience.
- To work with the teachers, support staff and other, parents in a cooperative manner.
- To offer constructive suggestions to the program, to defend it against unfair criticism and to share in evaluating it.
- To send your child to Head Start everyday he/she is able to attend.
- To notify the center when your child will be absent.
- To send a note or doctor's excuse when you child is absent from the center for three or more consecutive days.
- To notify the Family Services Staff when there is an emergency situation or change in household status such as death of a family member, addition of persons living in the household, change in TANF status or benefits, move to new address, marriage or separation of parents, change in telephone number(s), etc.

VOLUNTEERS



Volunteers and Observers

All Head Start Volunteers are encouraged and given the opportunity to participate in the classroom and other program activities.

Parental involvement is an essential component of the Head Start program. We are grateful to the family and community members, who volunteer, assist and support Head Start.

Head Start needs volunteers! Please contact your Child's Teacher, Center Manager or Family Services Worker and tell them you are interested in volunteering. Waccamaw Economic Opportunity, Inc. will implement health and safety guidelines in accordance to CDC recommendations and agency policies.

- Head Start Programs are required to use volunteers to the fullest extent possible.
- The volunteer services rendered are claimed as part of the non-federal share and must be documented.
- All volunteers who are in regular contact with the children must be screened for tuberculosis.
- Volunteers will not have to pay for their meals.
- Volunteers who are injured while participating in Head Start functions will be covered by the agency's insurance.
- Non-parent volunteers will not have voting rights at parent meeting.
- Volunteers may participate on a professional or non-professional level.
- Volunteers are accepted from age fifteen (15) with a chaperone.
- Volunteers are required to sign in when volunteering.
- Volunteers will be trained for specific jobs in Head Start.
- Volunteers are to follow the rules and guidelines of the Head Start Program as any other working staff.
- Volunteers cannot have criminal records.

List of Activities Volunteers Can Do

- Assist in the classroom
- Read to children
- Assist with escorting children on field trips
- Supervise playground activities
- Decorate bulletin boards
- Teach music or art activities
- Assist with health screening
- Assist with menu planning, meal preparation and serving
- Assist teacher with nutrition activities
- Assist parent or children who have disability
- Assist with recruitment of Head Start/Early Head Start Children
- Help make parents aware of community resources
- Monitor buses



Waccamaw E.O.C. Inc. Head Start/Early Head Start partnerships with families and the community to provide the highest level of services to children and their families. Our success is dependent upon those volunteers who generously give of their time and resources. There are career opportunities and volunteer positions in a variety of activities designed to enhance program services. Volunteering also provides opportunities to learn new skills and to gain work experience. We encourage you to consider serving as a volunteer in our program. Any amount of time you can give will be greatly appreciated.

Make A Difference



The Role of Policy Council Representatives

As a chosen leader you will learn about how Head Start/Early Head Start (HS/EHS) operates, the mandates we have to follow and internal policies and procedures to ensure we meet or exceed Federal Performance Standards. Performance Standards are the guidelines that all HS/EHS programs must meet. How each program meets the Performance Standard is individualized to the need and resources of their community. Policy Council members will have many opportunities for direct involvement in:

- Promoting school readiness for preschoolers
- Decision-making in planning, and operating the program
- Developing and planning activities for parent and family engagement
- Advocating for Head Start and early childhood education

Policy Council is responsible for program design and operations, long and short term goals, approving hire recommendations, policies, funding applications and activities that support school readiness, and parent and family engagement.

The Board of Directors has ultimate responsibility for the financial health and welfare of the Agency. Both bodies (Policy Council and Board) work towards the same end – providing a high quality birth to five early childhood program for Waccamaw EOC, Inc. The Head Start Act 2007 and Performance Standard 1301 outline the governance role of the Policy Council.



PARENT/COMMUNITY GRIEVANCE PROCEDURES

Head Start/Early Head Start recognizes the importance of establishing procedures for handling grievances in an orderly equitable manner. The program has established the following procedures for filing grievances. The aggrieved parent or community person has a right to file grievances under these procedures without fear of reprisal.

Procedure

A Parent/Community grievance must first be discussed with the Center Manager. Every effort will be made to settle the problem at this level. In the event the grievance is not resolved at this level, an appeal may be made to the appropriate manager on the next level of staff personnel.

The appeal to the next level of the program must be presented within ten (10) working days from the date of action upon which the grievance is based. The written grievance must contain the following:

1. A statement describing the grievance action
2. The date of the grievance action
3. The date the matter was brought to the attention of the staff person
4. The action taken by the staff person concerning the grievance
5. The relief request by the aggrieved parent/community person

If the grievance is not resolved within fifteen (15) working days at this level, an appeal may then be made to the Head Start/Early Head Start Director's level. In the event the Head Start/Early Head Start Director is the staff person who hears the grievance at the previous level, the next step of the appeal shall be made to the Executive Director.

The appeal to the Executive Director must be made within ten (10) days of the decision of the Head Start/Early Head Start Director. If needed, the next step of appeal shall be to the Policy Council. The Policy Council may schedule a hearing date or refer the matter to a special committee appointed to hear the matter. The meeting at this level shall be conducted within forty-five (45) working days from the date the appeal is received by the Policy Council. The appeal shall be in writing and a copy provided by the aggrieved parent/community person to the Executive Director. The Executive Director and/or the Head Start/Early Head Start Director will provide the Policy Council with all documents relevant to the grievance. The hearing shall be conducted as informally as possible and within the time constraints and manner set by the Policy Council or committee appointed to hear the grievance. The aggrieved parent/community person will be responsible for presenting the grievance within these guidelines to the Policy Council.

TRAINING AND TECHNICAL ASSISTANCE

“What You Can Do?”

- Establish a partnership with Head Start/Early Head Start.
- Become involved in your child’s education development.
- Be an advocate for your child and the Head Start/Early Head Start Program.

Waccamaw E.O.C., Inc. has developed a training and technical assistance plan which is integrated with all content areas of Head Start: Health, Nutrition, Education, Family Services, Disability, Mental Health, Early Literacy and Transportation. The training process is focused on:

- Professional growth and advancement
- Building knowledge and skills
- Increasing one’s level of competency and self-growth
- Preparations for meeting and achieving new challenges
- Providing learning opportunities

Training is also based on an individual area which follows the criteria of:

- What training is needed
- Who will benefit from the training
- Who will provide the training
- Where – When – How the training is to be conducted
- Through training & technical assistance, growth, knowledge, advancement and competency will be ensured.





Waccamaw Economic Opportunity Council, Incorporated
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