



# Education

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# Appropriate Curriculum

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## **Regulation Reference:**

(2016) 45 CFR 1302.30-32, (c) (2)

## **Policy:**

A curriculum framework is selected to provide children with a developmentally appropriate educational experience. The curriculum selection process includes input from parents through the Policy Council.

## **Description:**

The Creative Curriculum is the base curriculum and is further enriched by additional curriculum resources. Curriculum resources include both concrete and abstract experiences and activities to enhance children's knowledge of themselves and their environment, and promote development of basic skills, concepts, knowledge, intellectual development, social behavior, emotional well-being, physical skills, art appreciation, and ethical values. Curriculums are flexible and child-centered.

Examples of supplemental resources include:

- Teaching Strategies GOLD
- Apple iPad

Providers use these resources in planning and conducting a balanced, age-appropriate, educational program for children. The Early Childhood and Development Manager and staff provide on-going training, including hands-on experiences, to facilitate development of weekly lesson plans.

JCCDC provides an environment of acceptance that supports and respects gender, culture, language, ethnicity, and family composition. Encouraging an understanding of human diversity helps children grow up with confidence in their identities and respect for others.

Parents are involved in curriculum planning and resource selection through their involvement in the Health Services Advisory Committee and the JCCDC Policy Council.

Curriculum resources integrate activities and content to meet or exceed Head Start Performance Standards. All resources are adapted to the unique needs of a Family Child Care Program.

## **Procedure:**

1. The Early Childhood and Development Manager selects appropriate curriculum resources for EHS-HS FCC and these resources/plans are reviewed annually by the JCCDC Policy Council.

2. The Early Childhood and Development Manager purchases approved resource materials that are loaned to each Provider.
3. The Early Childhood and Development Specialist provides on-going training on use of resource materials. Training addresses skill development related to cognitive development, emotional development, social skills, motor skills, self-help skills, creative expression and appreciation, and preventative health education.
4. EHS/HS Parents and Providers will observe different ages and stages of the child's developmental skills and share these observations during Parent conferences and Home visits.

## **Head Start**

### **Cognitive skill development:**

Cognitive development is promoted through activities that enhance the child's intellectual, perceptual, and language skills.

- Intellectual skills: Includes concept formation, problem solving and decision-making, classification, communication, observation, and understanding of numeracy.
- Perceptual skills: Promotes use of the five senses
- Language skills: Promotes increased vocabulary to promote oral communication; appropriate patterns of English; age-appropriate language; verbalization of needs and feelings. Children with Limited English Proficiency (LEP) are encouraged to develop their home language while increasing English proficiency. Bilingual resource professionals assist Providers in making provisions for children with LEP.

### **Social skill development:**

Social skills involve behaviors a child must have to function as a part of a group; interact appropriate with other children; take direction and follow instruction; respect the rights of others; work cooperatively; and accept personal responsibility for actions. Children from other cultures are encouraged to learn social skills commonly accepted in the community of residence, with respect to culture.

### **Emotional development:**

A child's emotional development progresses as the child gains positive attitudes toward self and others; accepts self as a person of adequacy and worth; acquires self-discipline; develops independence and initiative; grows in self-confidence and self-reliance; accepts and adjusts to success and failure; and expresses feelings in an acceptable manner.

### **Motor skill development:**

This includes both large and small muscle coordination. Motor skill development enhances children's feelings of security as they begin to control themselves and their environment.

### Self-help skills:

Developing behavior and skills foster independence (e.g., health and hygiene skills). Health-promoting habits developed in early childhood benefits children throughout child and adulthood and increases quality and quantity of life.

### Creative expression:

Creative expression and the appreciation of creative expression is fostered through participation in art, music, and dramatic play activities, exposure through literature (e.g., poems, plays), field trips (e.g., museum, art exhibits), and curriculum resources.

### **Early Head Start**

All developmental areas (physical, emotional, cognitive, and language) are addressed using the following guidelines:

#### Physical Development:

Young Infants (0-9 months) begin all learning through physical movement, taste, touch, smell, sight, and sound. Through moving their arms, hands, legs, and other body parts, through touching and being touched, infants develop an awareness of their bodies, their ability to move and interact with the environment. Through exercising their mouths to explore, hands to reach and grasp, the whole body to roll over and sit up, they are developing the necessary skills for other stages that will follow.

Mobile Infants (6-18 months) are busy practicing and achieving crawling, standing, sitting down, cruising, and walking skills. They interact with their environment in a sensory-motor manner and physically try out cause-and-effect through the use of tools, space, and distance.

Toddlers (16-36 months) continue to master physical skills at their own individual rates. Their learning and interaction with the environment continue to be active. While they are gaining greater control and satisfaction through the use of their small muscles (i.e., working with puzzles), they need opportunities to exercise their large muscles often throughout the day (i.e., riding tricycles, climbing throwing and kicking balls).

#### Emotional Development:

Young Infants (0-9 months) during the first few weeks and months of life, must begin to build a sense of self-confidence and security in an environment where they can trust that someone will lovingly care for their needs. A loving caregiver is someone who feeds the child when he/she is hungry, keeps the child warm and comfortable, soothes the child when he/she is distressed, and provides interesting things to look at, taste, smell, feel, hear, and act upon.

Mobile Infants (6-18 months) are learning about themselves and their accomplishments and will perform many movements over and over. Mobile infants are initiating activities and learning that their cries engage the presence and attention of caregivers. Warm, responsive caregivers further develop the sense of trust, self-confidence, and security that began when they were infants.

Toddlers (16-36 months) learn many things about themselves, including awareness of their separateness from others. The healthy toddler's inner world is filled with contracting feelings, ideas, and fantasies; independence and dependence, confidence and doubt, fear and trust, hostility and love, anger and tenderness, initiative and passivity. The wide range of a toddler's feelings and actions challenge the resourcefulness and knowledge of the caregiver to provide emotional security. The caregiver's role is to provide verbal and nonverbal approval of the child's positive behavior, listen to the child's fantasies and fears and accept them as real to the child, reflect to the child that he/she is still loved when the child reflects negative or angry feelings about self. The caregiver should provide consistent routines which the child can use by him/herself as he/she increases competence and seeks independence and provide time for the child to observe without having to enter into interactions with others.

#### Social Development:

Young Infants (0-9 months) need both protective and stimulating social interaction with a few consistent and caring adults and get to know them as individuals (continuity of care practice). Understanding of and response to their signals increases their participation in social interaction and their ability to "read" the signals of others.

Mobile Infants (6-18 months) are curious about others, but needs assistance and supervision in interaction with other children. They continue to need one or a few consistent adults as their most important social partner.

Toddlers (16-36 months) social awareness is much more complex than that of younger children. Toddlers can begin to understand that others have feelings too – sometimes similar to and sometimes different from their own. They imitate many of the social behaviors of other children and adults and use them competently, though not necessarily with understanding. As toddlers become increasingly interested in other children, caregivers should guide and support their interactions, recognizing that they continue to need to rely upon familiar adults.

#### Cognitive Development:

Young Infants (0-9 months) begin cognitive learning through their interactions with caring adults and a secure and encouraging environment. Some of their early learning includes familiarity with distance and space relationships, classifications of objects and people, and visual perspectives from various positions (front, back, under, and over).

Mobile Infants (6-18 months) actively learn through trying things out, using objects as tools, comparing, imitating, looking for lost objects, exploring space, objects and people, and sharing their experiments and discoveries.

Caregivers can ensure children's self-confidence in their ability to figure things out, learn, and understand.

Toddlers (16-36 months) enter into a new and expansive phase of mental activity. They are beginning to use representation thinking through words, remembering, symbols, and imagining. Their curiosity leads them to try out materials in many ways. The caregiver can support this natural interest by providing a variety of new materials for their experiments and a supportive social environment by showing enthusiasm for their experiences.

#### Language Development:

Young Infants (0-9 months) need caregivers who are attentive to their nonverbal and preverbal communication. Caregivers can provide better care when they respond sensitively to the individual signals of each infant. An infant's early babbling and cooing are important practices for later word expression. The infant's speech development is facilitated by a social partner who responds to his/her early speech patterns and who talks with them about themselves and their world.

Mobile Infants (6-18 months) begin to jabber expressively, name familiar objects and people, and understand many words and phrases. Caregivers can build on their communication through active interest in their expressions, interpreting their first attempts at words, repeating and expanding on what they say, talking to them clearly, and telling simple stories.

Toddlers (16-36 months) increase their vocabularies and sentences daily. There is a wide range of normal language development during this time; some toddlers are early and some are late talkers. Caregivers should communicate actively with all toddlers, modeling good speech, listening to them carefully, helping them with new words and phrases, and using language in a variety of pleasurable ways (e.g., songs, stories, directions, comfort, conversations, information, play, etc.).

# Daily Schedule

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## **Regulation Reference:**

(2016) 45 CFR 1302.31

(2001) Alabama DHR Minimum Standards 33:D.2. (c)(1)(a); 34:D.2. (1)(f)

## **Policy:**

Providers use a uniform, flexible schedule to meet the educational, nutritional, physical activities, and other needs of each child.

EHS FCC Providers and parents collaborate to develop an individual schedule for each infant and toddler. Providers make modifications as children transition into new developmental stages.

HS FCC Providers develop a daily schedule to provide opportunity for daily educational experiences as well as eating, napping, toileting, and physical activity. The schedule is flexible. Providers can alter this schedule to incorporate teachable moments or special activities as opportunities arise. Following a schedule meets children's need for structure and predictability, promoting a sense of security.

The Education Team ensures that these schedules/sessions are appropriate and are followed and provides training and resources to support children's development through a balanced program of learning experiences.

## **Procedure:**

Providers post their Daily Schedule on the Parent Information Board. The Providers also utilize the schedule as a planning tool to time child observations and special activities.

## **Early Head Start**

1. Education Team gives the appropriate daily schedule to the Providers. An appropriate daily schedule contains the same basic components day-after-day, and includes the following:
  - Arrival and departure
  - Feeding (preparing and eating meals and snacks)
  - Diaper changing/toileting
  - Indoor and outdoor play (including cleanup and transition for older toddlers)
  - Sleeping/naptime
2. An appropriate schedule offers children a balance between the following types of activities:
  - Time with others, time alone, and one-on-one time with a "special" adult
  - Quiet and active time
  - Activities children choose and those also offered by adults.



3. Early Head Start Schedule: The Provider and parent develop an individual schedule for the infant and young toddler. The Provider makes adjustments to the child's schedule as needed (i.e., when the child moves from one stage of development to another).
4. Head Start Daily Schedule: The children's day is a little more consistent and predictable. For example, older toddlers and/or typically eat and sleep as a group and have a designated time for play. A consistent daily schedule helps the children feel more in control, competent, and secure. However, it is still important to be flexible about responding to individual children's needs.
5. The Education Team reviews the written daily schedule to assure that all necessary activities are included and that a balance and flow of various activities is scheduled. A copy of each Providers schedule will be maintained in the Education office.

Sample EHS & HS Daily Schedules on following page.

# JCCDC Early Head Start Family Child Care

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## Daily Schedule

### MORNING

<b>7:30AM- 9:00AM</b>	Arrival, breakfast, free play
<b>9:00AM- 9:15AM</b>	Circle Time & Provider directed activities: Read a Story Unit theme discussion Finger Plays                      Creative Movement Music                                  Language Development
<b>9:15AM- 10:15AM</b>	Child directed/ learning centers
<b>10:15AM- 11:15AM</b>	Outdoor Play/ Gross Motor activities
<b>11:15AM- 11:30AM</b>	Clean up/for lunch
<b>11:30AM- 12:00PM</b>	Lunch
<b>12:00PM- 12:15PM</b>	Cleanup/ Prepare for Nap
<b>12:15PM- 2:15PM</b>	Nap/ put cots away/ prepare to go outside
<b>2:15PM- 2:45PM</b>	Snack
<b>2:45PM- 3:45PM</b>	Outside Play
<b>3:45PM- 5:30PM</b>	Child directed/ individualized activities/ prepare for departure

# JCCDC Head Start Family Child Care

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## Daily Schedule

### MORNING

7:30 AM- 9:00 AM	Arrival, breakfast, free play
9:00 AM- 9:30 AM	Clean up & Bathroom Break/Brushing Teeth
9:30 AM-10:00 AM	Large Group Time/Circle time
9:40 AM- 9:50 AM	Transitions
10:00a.m-10:30a.m	Small Group activities
10.30a.m. -11:00a.m.	Individual quiet time/Story time/clean up
11:00 AM- 11:45AM	Outside or Rainy Day Activities
11:45 AM- 12:00p.m.	Bathroom Break/Wash Hands
	Prepare for lunch
12:00p.m. – 12:45p.m.	Lunch
12:45p.m. – 1:00 PM	Bathroom Break/Brush Teeth
1:00 PM- 3:00 PM	Nap Time/ Rest time on cots
3:00 PM- 3:30 PM	Snack/ Bathroom
3:30 PM- 4:00 PM	Table Top Activities. Ex: (play dough, puzzles)
4:00 PM- 5:30 PM	Small Group Play, Clean-up and prepare for Departure / Family Engagement



## Equipment, Toys, Materials, and Furniture

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### **Regulation Reference:**

(2016) 45 CFR 1304.31, (C) (d) (e)

(2001) Alabama DHR Minimum Standards (C) (d) (1)

### **Policy:**

JCCDC EHS/HS provides a physical environment and facilities conducive to learning and reflective of the different stages of development of each child. Providers meet or exceed Alabama DHR licensing regulations regarding developmentally, age appropriate equipment, toys, materials, and furniture, including cots. Providers have a crib, bed, or cot for each child who requires rest or sleep during the hours while in care. The EHS-HS FCC Program enhances developmentally appropriate equipment and materials by providing items on loan to the Provider.

### **Procedure:**

1. The JCCDC Education Team visits prospective EHS-HS FCC homes to review the condition and availability of the Provider's educational materials, toys, furniture, and equipment. Only those Providers who appear to maintain their own equipment and materials in good repair are considered as potential EHS-HS FCC Providers.
2. Once an agreement is signed to become an EHS-HS Provider, the Education Team makes a list of items needed at the Provider's home. JCCDC supplies, or loans, all additional necessary equipment, toys, materials, and furniture to meet EHS-HS requirements. However, Providers are expected to have minimum equipment and materials as required by DHR for licensing.
3. The Education Staff requests purchase of items, in accordance with the JCCDC Financial Policies and Procedures. The Education Team also ensures proper delivery and placement of items in the Provider home. The Provider must sign an acknowledgement for receipt of items.
4. The Education Staff provides assistance to the Provider in organizing items to create an environment that is safe and conducive to learning. Toys and materials are placed on low shelves to encourage child-initiated play and independence. Shelves are labeled and child-friendly to promote pre-reading and self-help skills.
5. The Education Staff maintains an inventory of all loaned equipment, toys, materials, and furniture at the Provider homes. Education and Health staff conduct annual inventory and safety checks, usually during fall and spring months.
6. Providers conduct daily safety checks and remove any broken or damaged items. Providers immediately report damaged items to the Education Team. The

Education Team removes and/or replaces the items (if funds are available), and notes this on the Provider inventory list.

7. The Education Staff determines when bulk purchase of consumable supplies is cost-effective; purchases are made following JCCDC Financial Policies and Procedures.
8. The Education Staff periodically evaluates the room, equipment, and learning materials arrangement in each Provider location. The Education Team assists the Provider in arranging the learning environment for optimum child directed participation. Materials are rotated regularly to stimulate the children's interest.
- 9.** Providers who leave the program must return all equipment and materials purchased with JCCDC EHS/HS program funds. The Education Team ensures that items are returned and compared to the inventory list, prior to the Provider receiving the final payment for services.

# Sample Equipment List

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The EHS Provider shall have a variety of toys, games, and other play equipment appropriate to the ages of children specified on the license/permit and to the interest of the children. The Provider shall have at least two (2) items from each category for each age group.

## **Equipment for children up to 2 /12 years:**

### **Toys for Active/Outdoor Play:**

- Small wheel toys
- Push and pull toys
- Boxes of assorted sizes
- Swings with safety seat, infant swing
- Sand or digging area; toys for digging, pouring, sifting
- Large balls

### **Quiet Toys:**

- Simple puzzles
- Nesting and stacking toys
- Soft dolls and clothes
- Cars, trucks, trains
- Large beads or spools to string
- Picture books

### **Art materials:**

- Paper
- Non-toxic crayons
- Non-toxic water-color markers
- Non-toxic play dough

### **Crib toys:**

- Crib mobiles (for infants younger than 5 months)
- Washable teething rings
- Rattle toys
- Squeeze toys
- Soft cuddly toys
- Busy boxes

### **Make-believe Play:**

- Dolls, clothes and blankets
- Dress-up clothes (both male and female)
- Home living area furnishings: kitchen table & chairs, stove, sink, refrigerator (Kitchen appliances may be constructed from boxes)
- Toys, dishes, pans, spoons, plastic containers with lids
- Toy telephone
- Puppets

## **Equipment for children 2 ½ and older:**

### Toys for Active/ Outdoor Play:

- Sand or digging area with items for digging, filling, sifting & pouring
- Climbing structure with soft surface underneath
- Wheel toys
- Balls
- Buckets for water, items for pouring, measuring and floating

### Toys for Quiet Play:

- Puzzles
- Beads or spools and string for stringing
- Peg boards and pegs
- Matching games such as lotto, picture dominoes and other simple games
- Creative construction sets
- Blocks
- Small cars, trucks, boats, trains

### Make believe Play:

- Dolls, with clothes, blankets, storage areas
- Doll Stroller
- Doll bed or cradle
- Dress-up clothes
- Home living area- kitchen appliances may be purchased or made from cardboard boxes
- Play dishes, plastic baby bottles, pots & pans, measuring spoons
- Puppets
- Sheet or bedspread for making a tent
- Cardboard boxes in assorted sizes
- Mirror
- Toy telephone

### Water Play:

- Dish pan
- Sponges
- Bubble Mixture
- Strainers
- Funnels
- Egg beaters
- Small boats and other floating toys

### Art, Books, Music:

- Non-toxic art materials- large pencils and crayons, water color markers, paper, chalk, blunt-end scissors, paste, glue, playdough, paints (tempera & water color), long handles brushes, finger paints
- A variety of age – appropriate books accessible to children
- A record player or tape player with a variety of age- appropriate music
- Rhythm instruments

Nature & Science Materials:

- Collection of rocks, leaves, seeds, etc.
- Aquarium with fish (must be covered)
- Magnifying glass
- Measuring equipment
- Magnets



Provider name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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# Outdoor Activities and Support Equipment

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## **Regulation Reference:**

(2016) 45 CFR 1302.31 (e) (4)

(2001) Alabama DHR Minimum Standards C.A-H

## **Policy:**

Providers must own and maintain age-appropriate outdoor equipment and play areas, as required by Alabama DHR Licensing.

Children learn through active involvement with their environment. Outdoor play encourages active involvement and the unique surroundings can enhance typical indoor learning activities. The daily schedule includes opportunities for outdoor play; once in the morning and once in the afternoon. When inclement weather prohibits outdoor play, the Provider ensures that large muscle activities occur through relocation of room furniture inside the home.

Providers must take a fanny pack to the play area during outdoor play. The first aid kit will be accessible to Providers, but out of children's reach.

## **Procedure:**

### **Materials**

1. The Education Team visits prospective EHS-HS FCC homes to review the condition and availability of the Provider's outdoor equipment and play area. Only those Providers who appear to maintain their own equipment and materials in good repair are considered as potential EHS-HS FCC Providers. Applicants who do not meet these requirements will receive a written deficiency report (via US Mail) from the Health and Child Safety Coordinator.

2. Once an agreement is signed to become an EHS-HS Provider, the Education Staff makes a list of items needed at the Provider home. JCCDC supplies, or loan, all additional necessary outdoor equipment and materials to meet EHS-HS requirements.

3. The Education Staff request purchase of items, in accordance with the JCCDC Financial Policies and Procedures. When purchasing outdoor equipment, the following are considered:

- Ages and developmental stages of enrolled children
- Number of children
- Special needs of children with disabilities
- Layout and organization of the outdoor play area
- Portability, durability, and versatility of equipment
- Safety features
- Required maintenance and manufacturer's guidance

4. The Education Staff ensures proper delivery and placement of outdoor equipment at the Provider home. The Provider must sign an acknowledgement for the receipt of outdoor equipment.

5. The Education Staff provides assistance to the Provider in organizing items to create an environment that is safe and conducive to active play and creative learning. As appropriate, the outdoor play area is accessible to children with disabilities.

6. The Education Staff maintains an inventory of all outdoor equipment and toys at the Provider homes. Education and Health staff conducts annual inventory and safety checks, usually during spring and summer months.

7. Providers remove any broken or damaged items and immediately report damaged items to the Education Staff. Education Staff removes and/or replaces the items, and notes this on the Provider inventory list.

8. During visits to Provider homes, staff record on the Provider Visit Report any unsafe conditions noted. Broken or unsafe equipment belonging to the JCCDC Program is immediately removed and returned to the Central Office for repair or discard. This removal is noted on the Provider's Inventory list. Broken and unsafe equipment belonging to the Provider must also be removed and either repaired or discarded by the Provider.

9. The Provider will receive a deficiency report from the Health Specialist by mail, and will be required to correct all deficiencies immediately.

### **Equipment:**

The following items are recommended for EHS Providers:

- Small wheeled toys
- Push and pull toys
- Boxes of various sizes
- Swings with safety seats; infant swings
- Sand or digging area; toys for digging, pouring, sifting
- Large balls

The following items are recommended for HS Providers:

- Wheeled toys and helmets
- Balls of various sizes
- Large plastic baseball bats and balls designed for young children
- Jump ropes and hoops of various sizes
- Basketball goals of appropriate size
- Tossing games - ring toss, plastic horseshoes, bean bags

- Boxes and crates of wood, cardboard, or plastic to use in obstacle courses, painted, stacked, climbed in, etc.
- Sand play accessories - plastic cups, bowls, buckets, shovels, strainers, figures, trucks
- Large sturdy shovels for digging and gardening
- Parachutes
- Woodworking tools, large headed nails, wood scraps, items to nail onto the wood (lids and scraps of materials)

Providers who leave the program must return all equipment and materials purchased with EHS-HS FCC Program funds. The Early Childhood and Development Specialist ensures that items are returned and compared to the inventory list, prior to the Provider receiving the final payment for services.

### **Outdoor play time**

1. The daily schedule includes two hours of outdoor play: one hour in the morning and | one hour in the afternoon.
2. Providers conduct daily safety checks before children arrive, and remove debris, water, or other hazardous items in the play area. Specifically, Providers must:
  - Remove trash, glass, or sticks on ground
  - Spray any wasp nests; immediately store spray in locked area
  - Destroy fire ant nests; keep children away from this area while insecticide is present.
3. Each day, Providers assist the children in taking designated materials to the outdoor | play area, and in returning materials to the appropriate storage area.
4. Providers must take a fanny packs to the outdoor play area.
5. As appropriate, provide learning experiences in outdoor environment with proper preparation and materials, such as easel painting, music experiences with tape players, snack time, story time, etc.
6. Providers and assistants must supervise children at all times, participate in children's activities, and encourage safety and appropriate outdoor behavior.
7. As appropriate, Providers take children on regular walks in their neighborhood. | Providers must follow procedures for notifying parents and the appropriate Central Office staff of plans for walks. Providers must have appropriate supervision during such outings.
8. Providers communicate with parents regarding appropriate clothing and footwear for safe outdoor play and for various weather conditions (hot and cold weather).

9. Children will not play outdoors when:

- It is raining
- When ozone alerts are at orange or red levels
- Temperatures are higher than 95 degrees F
- Temperatures are less than 40 degrees F, except if snowing. When snowing, dress children appropriately and take them out for 10-15 minutes for the experience.
- Outdoor play will be 20 minutes when temperatures are 40-50 degrees F or 90-95 degrees

# Learning Centers

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## **Regulation Reference:**

(2016) 45 CFR 1302.31-35 (c) (d)

(2001) Alabama DHR Minimum Standards C4.c

## **Policy:**

Current Head Start Performance Standards refer to center-based programs. The Education Staff assist Providers in adapting these requirements to meet the unique environment of childcare homes. EHS-HS FCC homes are arranged with the following learning centers:

### Head Start

- Science and discovery
- Art and writing
- Manipulative
- Housekeeping and dramatic play
- Library
- Music
- Blocks

### Early Head Start

- Play
- Dramatic play
- Art
- Music
- Quiet
- Library
- Manipulative
- Blocks

These areas, and other items in the children's environment, will be print-rich to encourage pre-reading and self-help skills. Encourage children to be self-directed when playing and to participate in cleanup of learning centers.

Label items and areas using formed letters with appropriate upper and lower case.

The Education Staff assists Providers in room arrangement to ensure adequate space for children and organization of required educational materials and equipment. Once learning centers are arranged to meet EHS-HS FCC requirements, Providers must obtain permission from the Education Staff before rearranging areas.

In addition to specific learning centers, there will be a quiet place for children to be alone – by choice. Large boxes or cartons, small indoor tents, or expandable tunnels can provide solitude. Providers must closely monitor these quiet places; children must be visually supervised at all times.

**Procedure:**

1. Providers will arrange work and play areas make maximum use of available space, and accommodate fixed features or special limitations of the rooms. Providers are aware of potential hazards, such as heating units or electrical outlets, when arranging furniture or displaying combustible materials (e.g., paper).
2. Noisy centers are located away from quiet centers as much as possible.
3. Materials are stored in orderly fashion, and accessible to promote independence.
4. Materials that are not intended for free access are stored out of children's reach or in cabinets, rather than on open shelves.
5. Materials are rotated regularly to stimulate interest.
6. Materials and equipment are checked regularly to assure good repair.
7. Arrangement of learning centers allows appropriate flow of traffic; and does not leave long open spaces that invite running.
8. Boys and girls receive equal encouragement to use all learning centers and materials.
9. Labels for learning centers are visible; but do not dominate the learning environment.
10. The daily schedule provides ample time for children to use the learning centers; typically 60-75 minutes per day. This time may be divided into more than one time slot on the schedule. Children are allowed time and support to finishes activities which they begin. The Provider encourages rotation and assists and encourages children to explore various learning centers and activities.
11. Providers circulate during learning center time, providing guidance, interaction, and enrichment. Providers ensure that individual child needs are met; and observes and documents each child's progress.
12. During learning center time, there may be planned activities in which all children may participate. For example, the Provider may include materials in the Art Area for each child to make a fall collage. The Provider calls each child individually and assists as needed to make a collage.

13. Small group work is accomplished by children working together in small groups on child-directed or adult-directed projects. For example: three children may build a tower in the block corner. The Provider may enhance their effort by adding various building materials to make the project more elaborate. The objective for each day's activities is to include opportunities to work cooperatively toward a common goal, either inside or outside of the EHS-HS FCC Home.
14. Long-term project experiences may be done during Learning Center time. For example: The children may paint on a large piece of butcher paper and add to this painting over a week-long period. To enhance the activity, other materials may be offered to the children after the paint dries (e.g., glue, glitter, cloth).



# Lesson Plans

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## **Regulation Reference:**

(2016) 45 CFR 1302.30-35

## **Policy:**

The Early Childhood and Development Specialist ensures that age appropriate topics and the continuity of education themes are used by Providers to develop Weekly Lesson Plans. Providers receive a yearly theme schedule every year during Pre-Service.

In the EHS FCC program, parents assist in development of these plans and have opportunity to review, make recommendations to Providers, and sign the lesson plans.

## **Procedure:**

### **Head Start:**

1. The Education Staff distributes a list of monthly lesson plan themes and a yearly guide. These themes are included in the hand-out during Pre-service. The Education themes are approved by the policy council committee.
2. Providers use the themes, community resources, and their education curriculum resource materials to develop the weekly lesson plan and record it on the Weekly Lesson Plan Form. Any departure from the weekly lesson plan is noted on the form.
3. Resources needed to conduct activities are recorded on the Activity Materials form and attached to the Weekly Lesson Plans. This process assists the Provider in organizing activities prior to implementation.
4. All planning will be completed at least one week in advance. The Lesson Plan is forwarded to the Early Childhood and Development Manager for review. The Early Childhood and Development Manager (or designee) reviews the plan and makes comments on the Lesson Plan Evaluation Form. This form is used to plan professional development experiences for Providers and staff during pre-service training.
5. At the end of each day, the Provider talks with parents about specific activities that their children enjoyed that day and encourage them to discuss these activities with children at home.
6. Weekly lesson plans are reviewed by visiting Education staff.

**Early Head Start:**

1. Each EHS FCC Provider develops a Weekly Lesson Plan using the appropriate form. These are completed bi-weekly.
2. At least one parent of an enrolled child assists in developing these plans; the parent reviews, makes recommendations, and signs the forms.
3. The Education Staff reviews the weekly lesson plans and suggests revisions, if necessary. Changes must have approval by the Education Staff.
4. Revisions are forwarded to the Provider no later than Friday before the lesson plan will be used.
5. The Provider makes any revisions on the original form. The Provider then: Posts the current lesson plan on the parent bulletin board and maintains previous lesson plans in a file.

# Planning for the Individual Child

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## **Regulation Reference:**

(2016) CFR 1302.31(i)(iii)

(2016) CFR 1302.33(b)

## **Policy:**

The EHS-HS FCC Providers use individual assessments, observations, in addition to parental, staff, and professional's input to develop lesson plans that meet the educational needs and learning styles of the individual child. To support individualization of the educational curriculum, Providers will:

- Plan periods of time for children's sustained involvement in adult planned and/or self-chosen tasks,
- Plan opportunities for children to work alone and with other children,
- Recognize and respond to children's individual interest and learning styles, including visual, tactile, or auditory,
- Plan activities that enable children to develop emerging skills and practice existing skills. and,
- Plan activities that will enable children with disabilities to be integrated into the daily activities and routines.

HS FCC Providers use the Objectives for Individual Children form to plan for individual educational needs of children. This form is completed on a weekly basis and used in conjunction with the weekly lesson plans to individualize the program for enrolled children. Some children require that concepts be divided into individual small steps; this form assists the Provider in doing this. By utilizing assessments and observations, the Provider becomes aware of a child's need to individualize an activity.

EHS FCC Providers use the IFSP goals for children with disabilities to individualize their daily activities. HS FCC Providers use the IEP goals for children with disabilities to individualize their daily activities. The Disabilities/Mental Health Coordinator and the Early Childhood and Development Manager works in collaboration with the Providers to ensure that these children have individualized activities appropriate for their special needs

## **Procedure:**

1. All EHS-HS Providers receive training on planning for the needs of the individual child in their EHS-HS FCC Home. Providers caring for children with special needs receive additional training to assist them in program planning.
2. The Provider completes a lesson planning form.
3. The Provider uses assessment and observation to customize the lesson plan for the individual child's needs. The Objectives for Individual Children form is used to plan

activities to enhance a child's area of cognitive development, self-help skills, motor skills, etc. This form is used to document the activity, the objective for the activity, and the strategy used during the activity to encourage this area of growth and development.

4. When completing the weekly lesson plan, the Provider designates at least one child per day to target for a special activity to enhance an area of their development. The child's name and the activity designed to promote the area of growth is recorded on the Objectives for Individual Children Form. Once the week has passed, this form is attached to the Weekly Lesson Plan form and filed at the FCC Home.
5. The Education staff will periodically check files at the FCC Home for compliance with these procedures. The Education staff initials and dates the forms they review, and records finding on the Provider Visit Report form.
6. The Early Childhood and Development Manager reviews the Provider Visit Reports. The Early Childhood and Development Specialist conducts Provider training on any cited concern about the completion and/or use of the Objectives for Individual Children Form. This form contains confidential information about the individual needs of children. This form is not posted.
7. The Disabilities and Mental Health Coordinator also checks these forms in FCC Homes that provide care for children with disabilities. This is also documented on the Provider Visit Report and steps are taken to assist the Provider in planning for the needs of the individual child.

# Displaying Children's Work

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## **Regulation Reference:**

(2016) 45 CFR 1302.30-35

## **Policy:**

At the beginning of the year, the walls of young children's areas should be virtually empty. They will gradually be filled with child-made items that reflect the experiences, activities, and interests of the children.

## **Procedure:**

1. Children's displayed work should demonstrate the teacher's commitment to nurturing each child's unique creative expressions (no ditto sheets or look-alike pictures).
2. To display children's work, teachers:
  - Designate a special place for each child's work at his/her eye level when possible.
  - Treat children's work with care and respect. Ask children if they would like to have their work displayed, then respect their decision.
  - Plan a variety of ways to showcase children's creations.
  - Encourage children to write their own name or ask permission to write it for them.
  - Include the child's name on all children's work. Some children may not want their name and date printed on the front; ask the child if you may write it on the back, bottom, or inside.
  - Encourage children to tell you something about their work.
  - Include all written dictation using quotation marks.
3. Let children participate in planning and providing work for theme-related bulletin boards
4. Teachers place samples of children's work in their files and portfolios.
5. Ditto sheets or look-alike pictures are not used.

# Educational Portfolios

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## **Regulation Reference:**

(2016) 45 CFR 1302.33 (b) (1) (2) 1302.34 (b) (2) (3) (4) (6) (7)

## **Policy:**

A portfolio of work will be maintained throughout the year on each child. The portfolios contain samples of children's work including art, writing, photographs of activities, and major three-dimensional objects. The portfolio will be used to document the child's growth and development over time and shared with parents during conference periods. It is part of the developmental assessment or observation instrument. It is also a valuable resource, should the child require an evaluation for possible developmental delay. When the child transitions from the JCCDC program, the portfolio contents are given to the parent.

## **Procedure:**

1. Providers construct a portfolio folder for each enrolled child. Each child creates the outer picture or design on his/her portfolio.
2. At the end of each week, the child and the Provider determine items to be placed in the portfolio.
3. All items include the child's name, date work was done, and comments the child wants placed on the work.
4. The Provider uses the portfolio as a source of information when completing assessments and meeting with parents. Items selected should represent the child's progress throughout the year. The portfolio contents illustrate the child's progress in each area of growth and development.
5. Education staff periodically review each child's portfolio. Staff informs Providers if there are any concerns about individual portfolios. This is also noted on the Provider Visit Report form.
6. Portfolios are given to each child's parent upon their transition from the EHS-HS FCC Program. Exiting HS children take their portfolios home at the end of the school year with instructions to share them with their kindergarten teachers next year. Teachers keep portfolios of returning children. These are marked "Year One Portfolio," and are kept in the file cabinet along with the child's new portfolio marked, "Year Two Portfolio" the following year. Children leaving EHS take their portfolios home with instructions to share them with their new teacher in Head Start or other preschool program.

# JCCDC HS FCC

## Portfolio Contents / Time-Line

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

Reviewer/Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Directions:

Please add the items to each child's portfolio by the first day of the month indicated on the timeline. You may add other information that reflects the child's progress during the year.

Contents	Developmental Domain	Timeline		
Photo of child	Social/emotional, physical health development	August		May
Self-portrait	Social/emotional, fine motor, cognitive development	August		May
Developmental Checklist	All	August	December	May
Art sample	Creative, fine motor, cognitive development	August	December	May
Writing sample	Literacy, fine motor, cognitive development	August	December	May
Letter recognition	Literacy, cognitive, physical/health development	August	December	May

Note: examples of other portfolio entries: photos of favorite activities and projects, audiotapes, etc. Other items may be included if they provide evidence of the child's progress.



## JCCDC EHS FCC Portfolio Contents / Time-Line

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

Reviewer/Date: \_\_\_\_\_

### Directions:

Please add the items to each child's portfolio by the first day of the month indicated on the timeline. You may add other information that reflects the child's progress during the year.

Contents	Developmental Domain	Timeline
Photo of child	Social/emotional, physical health development	____ young infants      ____ toddler (1) ____ mobile infants      ____ toddler (2) ____ toddler (3) (Dates based on child's age)
Anecdotal notes	A short narrative concerning an interesting event ALL	____ November      ____ May ____ February      ____ August
Developmental Continuum	ALL	____ November      ____ May ____ February      ____ August
Children's drawings, paintings, collages, scribbling, and writing attempts	Literacy, fine motor, cognitive development	When appropriate, TBD by EHS FCC Provider and Education Staff

Note: examples of other portfolio entries: photos of favorite activities and projects, audiotapes, etc. Other items may be included if they provide evidence of the child's progress.

**Key:** Young infants: 0-8 months  
 Toddler 1: 12-18 months  
 Toddler 3: 24-36 months

Mobile infants: 9-12 months  
 Toddler 2: 18-24 months

# Home Visits

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## **Regulation Reference:**

(2016) 45 CFR 1302.34 (b) (7)

(2001) Alabama DHR Minimum Standards D5.D

## **Policy:**

Each program year, EHS-HS FCC Providers will conduct at least two home visits to the home of the primary caregiver for each enrolled child. Other EHS-HS FCC staff may accompany the Provider during home visits.

In cases where parents' request that the visit be conducted outside the home, or in cases where a visit to the home may present significant safety hazard for staff and Providers, the visit may take place at the EHS-HS FCC Home or another location that affords privacy.

Providers will follow the JCCDC Program Calendar deadlines when scheduling home visits. For children enrolling after the first Home Visit deadline, the Provider will schedule the home visit within three weeks of enrollment.

## **Procedure:**

1. The Home Visit Schedule is noted on the Program Calendar; Providers receive this calendar at the beginning of each Program Year. Providers will follow this calendar when scheduling home visits. The first is scheduled soon after enrollment, and the second visit is scheduled during April.
2. Children entering the Program after the schedule Home Visit deadline will receive their Home Visit within three weeks of enrollment.
3. The Provider schedules the home visit at the convenience of the child's primary caregiver. The Home Visit Appointment Letter is signed at the Provider home by the primary caregiver, to document the scheduled date of visit. Home visits take place in the residence of the child's primary caregiver.
4. In cases where parents' request that the visit be conducted outside the home, or in cases where a visit to the home may present significant safety hazard for staff and Providers, the visit may take place at the EHS-HS FCC Home or another location that affords privacy.
5. Upon request to the Education Staff, other Staff can participate in any scheduled visit. These visits are coordinated through the Education Staff, who informs the Provider if a staff person is accompanying them.

6. During the Home Visit, the Provider shares materials with the primary caregiver. Examples of materials include:
  - Observations about the child's program adjustment.
  - Samples of the child's work.
  - Results of the Developmental Assessment recorded on the Child Progress to Parents form. (Form is left with the parent.)
  - Information on children's ages and stages of development.
  - Opportunities for parent involvement, including Take-Home Activities.
  - Parent education information (E.G. gun safety, immunizations, etc.) as provided by EHS-HS FCC Specialists, and approved by the Head Start Director
  - Results of the Developmental Screening.
7. If a PFCE Staff person attends the visit, they may discuss topics including, but not limited to the following:
  - Update of the Family Partnership Worksheet (see PFCE procedures), including the following topics:
    - a. Short-term and long-term goals accomplished
    - b. Barriers, if any, experienced in accomplishing these goals
    - c. Any new service agencies involved in serving the family
    - d. Establish new goals
  - Services needed to enhance or maintain the family's basic standard of living (utility payments, clothes, health care, etc.)
8. The Health and Safety Coordinator may request to participate in a Home Visit if there are specific concerns about a child's health and/or nutrition.
9. The Disabilities and Mental Health Coordinator may request to attend to share vital information regarding the child's educational programs and/or services
10. At the end of the Home Visit, the Provider completes the Provider Home Visit Report. The primary caregiver signs this report for official verification.
11. Within one week of the visit, the Provider forwards this report to the Education Staff.
12. The Education Staff enters documentation of Home Visits into ChildPlus. The original document is placed in the Education Section of the child's Central Office file.
13. Any additional staff attending the Home Visit will complete documentation according to their procedures.
14. During monitoring visits, the Education Staff checks for timely completion of Home Visits. This information is documented on the Provider Visit Reports.

# JCCDC EHS-HS FCC

## Home Visit Appointment Letter

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Date: \_\_\_\_\_

Dear Parent/Guardian:

I would like to visit you and your child at home to let you know about your child's participation in the Early Head Start/Head Start Family Child Care Program. This visit will also provide an opportunity for us to get to know you and talk about how we can work together to provide the best for your child.

I would like to visit with you on \_\_\_\_\_ (date) at \_\_\_\_\_ (time).

Provider signature: \_\_\_\_\_

.....

**Parent/Guardian: Please cut on the dotted line above and keep the top section for your records. Check one of the following and return this form to your Provider:**

\_\_\_\_\_ I agree to a Home Visit on \_\_\_\_\_ (date) at \_\_\_\_\_ (time).

\_\_\_\_\_ I agree to a Home Visit on the above date, but at a different time.

Please visit at \_\_\_\_\_ (suggest another time).

Comments: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## JCCDC EHS-HS FCC Provider First Home Visit Report

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Person Interviewed: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Arrival Time: \_\_\_\_\_ Departure time: \_\_\_\_\_

Information/materials shared:

\_\_\_\_\_ Child's adjustment to child care

\_\_\_\_\_ Daily schedule

\_\_\_\_\_ Educational plan for child

\_\_\_\_\_ Curriculum

\_\_\_\_\_ Samples of child's work

\_\_\_\_\_ Activities to do at home

\_\_\_\_\_ Parent involvement

\_\_\_\_\_ Assessments: Brigance Screener

\_\_\_\_\_ Child Progress Report to Parents

\_\_\_\_\_ Letter recognition

\_\_\_\_\_ Health info / Referral \_\_\_\_\_

\_\_\_\_\_ Temperament

\_\_\_\_\_ Other: \_\_\_\_\_

Goals for child/family jointly made:

\_\_\_\_\_  
\_\_\_\_\_

Referrals to be made:

\_\_\_\_\_

Comments / responses to visit:

Parent: \_\_\_\_\_

\_\_\_\_\_

Provider: \_\_\_\_\_

\_\_\_\_\_

Parent's signature: \_\_\_\_\_ Provider's signature: \_\_\_\_\_

JCCDC Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

## JCCDC EHS-HS FCC Provider Second Home Visit Report

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Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Person Interviewed: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Arrival Time: \_\_\_\_\_ Departure time: \_\_\_\_\_

Information/materials shared:

\_\_\_\_\_ Child's unique characteristics

\_\_\_\_\_ Summer Activity Plan/Packet

\_\_\_\_\_ Child's accomplishments

\_\_\_\_\_ Parent involvement/transition

\_\_\_\_\_ Child Progress Report to Parents

\_\_\_\_\_ Other: \_\_\_\_\_

Goals for child/family jointly made:

\_\_\_\_\_  
\_\_\_\_\_

Referrals to be made:

\_\_\_\_\_

Comments / responses to visit:

Parent: \_\_\_\_\_

\_\_\_\_\_

Provider: \_\_\_\_\_

\_\_\_\_\_

Parent's signature: \_\_\_\_\_ Provider's signature: \_\_\_\_\_

JCCDC Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Take-Home Education Activities

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## **Regulation Reference:**

(2016) CFR 1302.34 (b) (7)1302.41,

## **Policy:**

Parent-child home activities reinforce children's learning and encourage parents to spend more time with children in constructive activities. Home activities prove opportunity for parents to be involved in their children's education. The EHS-HS FCC Program primarily serves parents who work, or are in school, and are not available to participate in activities at the EHS-HS FCC Home. The Take Home Education Activity sheets serve as a link between the Provider and the parent. They are designed to strengthen concepts taught in the EHS-HS FCC Home and provide opportunities to increase language activities between parent and child. Take Home activities reinforce that parents are children's most important teachers.

## **Procedure:**

1. Monthly Take-Home Activity sheets to reinforce the lesson plan theme are developed and evaluated annually by the Early Childhood and Development Manager and Head Start/Early Head Start Director.
2. The Education staff distributes Take-Home Activity sheets to the Providers monthly.
3. The Providers distribute the monthly sheets to parents of each child. As sheets are distributed, the Provider discusses how this activity reinforces the theme and activities taking place in the EHS-HS FCC Home. The Provider distributes appropriate activity sheets according to the year of participation in the EHS-HS FCC Program.
4. Providers ensure that each parent signs the Take Home Activity Receipt form upon receiving the sheet.
5. Providers encourage parents to participate in the activity, and to complete and return the form.
6. Providers collect and review the Take-Home Activity sheets. They encourage children to talk about their experiences during the home activity.
7. Providers forward the completed Take Home Activity sheets to the Central Office.
8. The Education staff reviews the Take-Home Activity sheets and approves the time spent by parents and children for In-Kind documentation.

9. The Education staff sends these approved sheets to the Data Entry Clerk for the in-kind entry into Child Plus. After the clerk completes task, the sheets are sent to Education Staff.
10. The Education Staff reviews and files the completed sheets.
11. If there are any questions about the Take-Home Activity Sheets, the Education Staff contacts the Provider.
12. Monthly the Executive Director and Fiscal Officer review the Volunteer Hour Reports generated by the ERSEA/Data Entry Coordinator. These reports document the programs In-Kind. The Education Staff also reviews the report. The Education Staff contacts Providers who have a poor record of Take-Home Activity participation and encourages them to work with parents to be more active in conducting and returning the Take-Home Activities.



# Fieldtrip Request and Transportation Checklist

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## **Regulation Reference:**

(2016) 45 CFR 1302

(2001) Alabama DHR Minimum Standards

## **Policy:**

Field trips are planned to expand the curriculum and social experiences of the children. Children have the opportunity to participate in at least one field trip per year. Parents are invited and encouraged to participate.

## **Procedure:**

1. Planning the field trip: The Provider conducts the following activities:
  - (HS FCC) review the monthly Theme Schedule for themes that could be enhanced by a field trip.
  - Determine the purpose or goal of the field trip, and if the trip is age- and developmentally appropriate.
  - Selects a site or activity area that is suitable and compatible to meet the purpose/goal of the trip and needs of the children.
  - Makes a fact-finding telephone call to obtain the following information:
    - a. Is there a need for a reservation?
    - b. Is there a cost for entrance or participation?
2. Requesting the field trip: The Provider follows these procedures:
  - Completes the Field Trip Request form
  - Sends the form to the Early Childhood and Development Manager for approval at least two weeks before the requested trip.
3. Approving the field trip: The Early Childhood and Development Manager conducts the following activities:
  - Reviews the Field Trip Request form.
  - If not familiar with the field trip site, will visit the site prior to approval of the trip. The following information is considered during this preview visit:
    - a. Is the site age- and developmentally appropriate and safe?
    - b. How does this trip enhance the Provider's lesson plan?
    - c. Is the request deemed reasonable?
  - Approves or disapproves the request for a field trip. If approved, the Field Trip Request form is given to the Head Start/Early Head Start Director for approval.
4. The Head Start/Early Head Start Director reviews the budget and approves/disapproves the request. If approved, the Head Start/Early Head Start Director signs the Field Trip Request form. Requests for financial expenditures must be submitted to the Head Start/Early Head Start Director at least one week prior to

the field trip. Requests that are not approved are returned to the Education and Child Development (ECD) Manager.

Upon final approval, the Early Childhood and Development Manager or Specialist informs the Provider and verifies the data via the Field Trip Confirmation Letter. The Early Childhood and Development Specialist or staff and the Provider make final plans to ensure proper arrangements for the trip.

5. Notifying parents: The Provider conducts the following activities:
  - Sends the Field Trip Notification form to the parents at least five days in advance of the trip. If there is an entrance fee, parents will be polled prior to this to determine how many parents will attend with their child. Parents are encouraged to attend and participate in all field trip activities.
  - Immediately informs the Early Childhood and Development Manager or Specialist of the number of parents attending; the Early Childhood and Development Manager will determine if there are adequate funds available.
  - Collects permission forms from parents. No child is allowed to participate in any field trip without proper parental permission.
6. The Provider selects and plans activities to ensure the expected outcome for children participating in the field trip. Outcomes may include vocabulary development, increase in knowledge base, real/imaginary clarification, and comparison to other known or experienced activities. The Provider also discusses the proposed field trip and transportation with children.
7. The day before the field trip, the Provider calls the Early Childhood and Development Specialist to confirm plans for the trip and assembles the following items to be taken:
  - Signed Field Trip Notification forms
  - List with each participating child's name and emergency contact information
  - Copy of health information for each participating child
  - Health Fanny Pack
  - Establish and discuss with children simple rules of conduct
  - Prepare DHR-CDC-1952 Field Trip Transportation Checklist
8. Day before departure: The Early Childhood and Development Specialist will:
  - Call site to confirm planned activity.
9. This form (DHR-CDC-1952) must also be completed any time a child leaves the EHS-HS FCC Home premises on walking trips. This includes, but is not limited to, the following situations:
  - Walks around the neighborhood
  - Nature walks
  - Walks to the park
  - Walks to visit neighbors

## JCCDC EHS-HS FCC Field Trip Notification Form

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Date: \_\_\_\_\_

Dear Parent/Guardian:

Your child's EHS-HS FCC class will be going on a field trip.

Provider: \_\_\_\_\_

Date of Field Trip: \_\_\_\_\_

Destination: \_\_\_\_\_

Address: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Return time: \_\_\_\_\_

Mode of transportation: \_\_\_\_\_ EHS-HS Bus

\_\_\_\_\_ Commercial bus

\_\_\_\_\_ Walk

\_\_\_\_\_ Other: \_\_\_\_\_

Other specifics: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

You have already signed a permission form for all field trips; however, please check below if your child may participate in this field trip.

\_\_\_\_\_ My child may participate in this field trip.

\_\_\_\_\_ My child may not participate in this field trip

Child's name: \_\_\_\_\_

Parents are strongly encouraged to participate and assist with field trips and other activities as volunteers. Please check if you can volunteer to assist on this field trip.

\_\_\_\_\_ I would like to volunteer and assist on this field trip, and understand I must furnish my own transportation.

\_\_\_\_\_ I am unable to assist on this field trip

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete and return this form to your Provider by: \_\_\_\_\_ (date)**

## FIELD TRIP TRANSPORTATION CHECKLIST

This form is to be used when children are transported, including walking or transportation by vehicle, to and from the child care home on field trips or other activities away from the child care facility (home or center).

### INSTRUCTIONS

Use a check { ✓ } to show the child is present at each location. A check { ✓ } must be placed in the box for each child showing the child entered the vehicle at the facility or left the facility, arrived at the destination or left the vehicle at the destination, entered the vehicle at the destination or left the destination, and left the vehicle at facility upon return or returned to the home.

Use the letter {A} in the appropriate box to show the child is absent.

Use the comments section to explain any unusual situation, such as the parent picks the child up at the field trip location.

The checklist must be completed at each location and signed by the person completing the checklist.

The driver must check each seat in the vehicle at each location to verify that no child is left on the vehicle.

A separate checklist must be used for each trip and for each vehicle.

<b>Destination:</b>			<b>Date of trip:</b>		
<b>Driver's name:</b>			<b>Time of trip:</b>		
			<b>From:</b>		<b>To:</b>
<b>Name(s) of staff/adult riders:</b>			<b>Ages of children:</b>		
<b>Child's Name (first and last)</b>	<b>Depart Facility</b>	<b>Arrive at Destination</b>	<b>Depart Destination</b>	<b>Arrive at Facility</b>	<b>Comments</b>
<b>Signature:</b>			<b>Signature:</b>		<b>Driver's signature:</b>

The checklist must be completed at each location and signed by the person completing the checklist. The driver must check each seat in the vehicle at each location to verify that no child is left on the vehicle.

# JCCDC EHS-HS FCC

## Field Trip Request

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**This form must be received two weeks prior to the scheduled trip.**

Date of request: \_\_\_\_\_

Provider: \_\_\_\_\_

Date of Field Trip: \_\_\_\_\_

Destination: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Return time: \_\_\_\_\_

Mode of transportation: \_\_\_\_\_ EHS-HS Van

\_\_\_\_\_ Commercial bus

\_\_\_\_\_ Walk

\_\_\_\_\_ Other: \_\_\_\_\_

Total number of vehicles required: \_\_\_\_\_

Parents will be notified of field trip by \_\_\_\_\_ (date).

(Note: Parents must be notified in writing at least 5 days before field trip)

Is there a cost or entrance fee? *Circle one* Yes No

If yes, how much per child? \$\_\_\_\_\_ Per adult? \$\_\_\_\_\_

What is the educational objective and/or purpose of the field trip? \_\_\_\_\_

Safety activities are planned on \_\_\_\_\_ (date)

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### For office use:

Approved – EHS-HS Director: \_\_\_\_\_ Date: \_\_\_\_\_

Disapproved – EHS-HS Director: \_\_\_\_\_ Date: \_\_\_\_\_

## JCCDC EHS-HS FCC Field Trip Confirmation Letter

---

Date: \_\_\_\_\_

Dear EHS-HS FCC Provider:

The EHS-HS FCC Program has schedule a field trip to \_\_\_\_\_  
on \_\_\_\_\_ (date) for the children at your EHS-HS FCC Home. Our staff will  
pick up your group in the EHS-HS Mini-bus at \_\_\_\_\_ (time), and  
anticipate returning to your Home at \_\_\_\_\_ (time). Parents are  
encouraged to attend; however, they must arrange their own transportation.

Please notify all parents about this field trip with a Field Trip Notification form by  
\_\_\_\_\_ (date). EHS-HS staff will collect the Notification forms on the  
day of the field trip.

If the destination or date of the field trip is not convenient, please call me.

Sincerely,

\_\_\_\_\_  
Education Staff

# Teaching Strategies GOLD

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## **Regulation Reference:**

(2016) 45 CFR 1302.42, 1302.33, 1302.41

## **Policy:**

The EHS-HS FCC Education staff, with approval of the Policy Council, has chosen the Creative Curriculum and Teaching Strategies GOLD as the educational assessment and observation tool. This tool is used to assess the following developmental areas: socio-emotional, Cognitive and physical, language, literacy, arts, social studies, science technology, and mathematics. Each provider is given this tool and receives training on how to administer this instrument.

The EHS FCC Program staff, has chosen the Creative Curriculum for Infants, Toddlers, and Two's Individual Child Profile.

The scores from this instrument and other information (IEP, Mental Health, etc.) are used to plan each child's individual education program. The objectives for Individualization is documented on the lesson plan. This form is a guide and documents the Providers' efforts to target specific objectives, activities, and strategies for all children. Providers summarize the information from this checklist on the Child Progress Report, which is entered on Teaching Strategies GOLD which documents child outcomes.

## **Procedure:**

1. The EHS/HS Provider conducts the Teaching Strategies checkpoints on every enrolled child three times a year.
2. The Provider uses this Checklist as the assessment/observation tool record results are kept in teaching strategies GOLD system.
3. This completed Checklist are kept in the child's EHS-HS FCC Home file. The Child Progress Report form is used to record the results of the educational assessment, which includes information from the completed Letter Recognition form.
4. The Provider uses the Program Calendar to ensure the timely administration and documentation of the results. The Education staff monitors each child's Home file and sends out monthly reminders to ensure the timely completion of the Checklist. The Education staff also assists the Providers in the interpretation of these results and methods of applying the results in the development of each child's individual plan.
5. The Providers use the assessment results to accomplish the following:
  - To guide planning and/or modifying individual child activities. (Documentation of this effort can be seen on the Objectives for Individual Children form. This form is completed weekly to ensure that each child has individualized activities.

- To assess a child's progress.
  - To enhance the child's portfolio.
  - During parent/Provider conferences.
6. The Disabilities and Mental Health Coordinator also reviews the assessments of children with a diagnosed disability and assists the Provider in the uses of this information for the above stated purposes.
  7. The Early Childhood and Development Specialist/staff reviews each Child Progress Report. He/she must receive the form by the established deadline.



## Parent On-Site Conference with the Provider

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### **Regulation Reference:**

(2016) 45 CFR 1302.34(B) (3); 1302.71

### **Policy:**

Providers conduct Parent/Provider On-Site Conferences no less than two times per program year. The first Conference occurs before the initial home visit. The second Conference occurs in January. When scheduling conferences the Provider explains to the parent or primary caregiver that the conference is for sharing information about the child's participation in the program and to showcase the child's work. The Provider utilizes their Program Calendar to create a schedule for their conferences. Upon request to the Education Staff, other Specialists can participate in these conferences. The Education Staff coordinates these requests. The conferences give other staff an opportunity to provide specific information and materials to be shared with the primary caregiver. This is also the time for the Disabilities coordinator to meet with the parent and Provider to discuss the progress of a child with a disability.

### **Procedure:**

1. The Provider uses the Program Calendar to plan and schedule the Parent/Provider On-Site Conference at the convenience of the primary caregiver. The conference is scheduled so the Provider has time and space to give the caregiver undivided attention. If this conference time is difficult to schedule, the Provider may request assistance from the Education Staff.
2. The Provider compiles the following materials to share during the conference:
  - Results of the child's Educational Assessment. These results initiate the following topics for discussion.
    - a. Developmental areas of strength and weakness
    - b. Methods to enhance these areas of strengths and weakness and family participation in this process
    - c. Samples of the child's work
  - Observations of the child's preferences in the following areas:
    - a. Solitary and/or group play
    - b. Art materials and methods
    - c. Dramatic play
    - d. Outdoor and/or indoor play
    - e. Mealtime (Food, ability to participate, etc.)
  - Any other specific areas of concern or praise.
3. All meetings should be friendly, positive, and shaped by the stated purpose. Parents are encouraged to ask questions, express their feelings, and discuss their impressions.

4. After the conference, the Provider completes the Parent/Provider On-Site Conference Report form. As each conference is completed the Provider forwards the report to the Early Childhood and Development Manager/Staff. The Early Childhood and Development Manager/Staff monitors the timely receipt of the Parent/Provider On-Site Conference Reports. Education Staff also assist the Provider in the timely completion of these conferences by monitoring their progress during EHS-HS FCC Home visits.
5. The Early Childhood and Development Manager/Staff reviews the On-Site Conference Reports. Once the review is complete, the Education Staff enters the documentation into ChildPlus. The original reports are placed in the child's education section of their file.
6. Any other staff participating in Parent/Provider On-Site Conferences completes appropriate documentation.

## JCCDC EHS-HS FCC Parent/Provider On-Site Conference Report

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Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Person Interviewed: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Beginning time: \_\_\_\_\_ Ending time: \_\_\_\_\_

Information shared (e.g., childcare tour, work samples/assessments, child's participation) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Screeners Update: \_\_\_\_\_  
\_\_\_\_\_

Referrals to be made after visit/Follow-up: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reaction to visit: \_\_\_\_\_

Signature of parent or other person interviewed:

\_\_\_\_\_ Date: \_\_\_\_\_

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_

JCCDC Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For parents use: Comments or suggestions about our EHS-HS FCC Program:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## JCCDC EHS-HS FCC Parent/Provider Second On-Site Conference Report

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Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Person Interviewed: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Beginning time: \_\_\_\_\_ Ending time: \_\_\_\_\_

Information shared (e.g., childcare tour, work samples/assessments, child's participation) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Screeners Update: \_\_\_\_\_  
\_\_\_\_\_

Referrals to be made after visit/Follow-up: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reaction to visit: \_\_\_\_\_

Signature of parent or other person interviewed:

\_\_\_\_\_ Date: \_\_\_\_\_

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_

JCCDC Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
**For parents use: Comments or suggestions about our EHS-HS FCC Program:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Provider Visit Report

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## **Regulation Reference:**

(2016) CFR 1302.102 (b)(1)(i)

(2009) Alabama DHR Minimum Standards

## **Policy:**

The EHS-HS FCC Program provides services to EHS-HS children in Family child Care Provider Homes licensed by the Alabama Department of Human Resources (DHR). The Providers are not employees of JCCDC or the EHS-HS FCC Program; but have a contractual relationship. The Executive Director executes a signed, written Agreement that outlines the basic rights and responsibilities of each party to meet DHR licensing requirements and Head Start performance Standards. It is the responsibility of the Head Start/Early Head Start Director to ensure that there is adequate and on-going monitoring of the care and services provided to children attending the EHS-HS FCC Homes.

## **Procedure:**

1. All EHS-HS FCC staff complete a Provider Visit Report form for every visit to a Provider's home; reports are completed prior to leaving the Provider Home. The Staff person must obtain the Provider's signature.
2. Staff must always enter the door of the Provider Home to observe the children and obtain the signature from the Provider and Assistant (if applicable), and the Substitute if the Provider is away. If staff is unfamiliar with this substitute or assistant, be sure to ask if this person is listed on this Provider's DHR list of approved assistants and/or substitutes. This procedure is followed even if the purpose of the visit is to pick up or drop off a child. If the Provider is away from the EHS-HS FCC Home, staff confirms upon return to the office that the Provider called and reported that she would be away.
3. All lines of the form must be completed.
4. Any health and safety hazard and/or any other area of concern must be noted on the Provider Visit Report and discussed with the Provider during the visit.
5. If a meal is being prepared or being served, indicate on the Provider Visit Report form what is being served. Confirm the meal service is in accordance with the Nutrition Program's planned menu, or the Provider's written menu. Menus are posted on the Parent Information Board.
6. Upon return to the JCCDC Office, the Provider Visit Reports are given to the Head Start/Early Head Start Director for review. A copy is made for the appropriate program area specialist, as noted on the bottom of this form. The Specialist responsible for the Program's area of concern is accountable for ensuring that all necessary follow up is conducted and documented. The Head Start/Early Head Start

Director, in consultation with the Executive Director, determines what documentation is to be filed in the Provider Visit Report file, the Provider's Agreement file, or a child's file.

7. Serious concerns observed by EHS-HS FCC Staff are discussed with the Executive Director and area Specialist.
8. After the follow-up and documentation are complete and attached to the original Report, the Provider Visit Report form is filed and maintained by program year by education staff.

## Child Outcomes

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### **Regulation Reference:**

(2016) CFR 1302.30-34, 1302.60,  
1998 Head Start Reauthorization 641 (a) (1) (b) (ii); 641A (b); 641A (b) (2) (B); 641A(c)  
(2) (D)

### **Policy:**

The Education Staff prepares the Provider and parent to be full partners in the education of the child. Preparation is done through group and individual training; providing understandable literature for staff, Providers, and parents; and providing specific activities to ensure the probability that the children will at a minimum: (1) develop phonemic, print, and numeracy awareness; (2) understand and use language to communicate for various purposes; (3) understand and use increasingly complex and varied vocabulary; (4) develop and demonstrate an appreciation of books; and (5) children with Limited English Proficiency (LEP) shall progress toward the acquisition of the English language.

Congress augmented the Head Start Performance Measures to include the following outcomes: “that children know that letters of the alphabet are a special category of visual graphics that can be individually named, recognize a word as a unit of print, identify at least 10 letters of the alphabet, and associate sounds with written words.” To verify the gains the HS children make in these five areas, the staff and Providers use, but are not limited to, the following instruments:

- Developmental Screening
- Child Development and Learning Checklist/Child Progress Report
- Anecdotal Records
- Take-Home Activities
- Portfolios
- Staff and Provider Observations
- Creative Art
- Child Outcomes Framework
- ChildPlus Outcome measures Software

The Education Staff, in conjunction with all other content area Specialists, train the Providers to make available to children a continuum of activities that increases in difficulty as children master specific skills. The EHS-HS FCC Program’s years Self-Assessment is used to critique the effectiveness of this Program’s approach to enhancing the individual child’s progress toward developing and mastering the five skill areas listed above.

## **Procedure:**

**NOTE:** Providers should refer to various Fact sheets developed by the UAB Civilian International Research Center for suggested activities.

1. All children receive a developmental screening during their first 45 days of enrollment. As part of this screening, children identify letters on the Letter Recognition form. Once the screening is complete, this form is used as a guide to each child's level of letter recognition. The Provider uses the form as baseline information to assist them in developing each child's individual letter recognition program. Beginning with the letters in the child's name, the Provider concentrates his/her efforts on those the child did not recognize. The Provider develops fun activities to assist with this process by using the Alphabet Knowledge fact sheet. For example, when the Provider labels each child's art, this is an opportunity for the child to grasp the letters in his/her name.
2. The fact sheet Listening and Understanding Speaking and Communicating for Non-English-Speaking Children (UAB) assists the Provider in developing individual programming for LEP children. This sheet includes suggestions to enhance the HS FCC program for these children. Acquisition of English language is tracked by using the baseline data obtained in the initial development assessment as compared to information obtained through on-going assessments, daily observations, and anecdotal records.
3. Phonological awareness is the understanding of different ways that oral language can be divided into small components and manipulated; this is also referred to as the ability to play with language. The fact sheet Phonological Awareness (UAB) includes suggested activities to enhance this ability. The Provider should exhibit their joy in the English language to encourage the child's improvement in this area. As children advance, it is evident through observation at play. Providers document advancement in this area through anecdotal notes.
4. The HS FCC Home is a place rich in print and the written language concepts. Providers can enrich the child's ability to appreciate written language by labeling items, having many types of books available, reading stories, and recording the child's own words in writing. Children's improvement in appreciating written language is measured through tracking improvement in those related areas on the on-going development assessment and through observations.
5. Developing each child's listening, understanding, speaking, and communication skills is the core of every Provider's programmatic goal. The level of these skills dictates the child's probable success in kindergarten. Refer to the UAB fact sheet for activity suggestions. The use of increasingly complex and varied spoken vocabulary can be measured by using the language development information obtained through the on-going development assessment. The provider should offer many opportunities each day for children to use these skills and have fun doing so. As children become more proficient in their ability to speak and communicate, they



display this ability during dramatic play, mealtime discussions, and daily interactions with friends and the Provider.

6. Children who have a varied experience with books and written literature develop an appreciation of books. Children gain understanding that written language comes in many forms by using puppets, flannel boards, and different size books. Documenting observations of children handling books as they move through the program year can give an indication of skills acquisition.
7. Number and operations include a sense of number concepts by following a sequence. Each HS FCC Home has a variety of fun manipulative materials that can be used by children in self-directed and Provider-directed activities. In addition, daily specific activities are conducted involving numeracy concepts. For example, counting napkins at lunch and sorting big and small plates are daily activities that increase numeracy skills. The on-going developmental assessment is used to track acquisition of this competency.
8. The Provider tracks the development of these skills on the Creative Curriculum's Child Development and Learning Checklist, which is completed three times during the program year.
9. This information is summarized on the Child's Progress Report form, also done three times a year.
10. The data on child outcomes is compiled, summarized, and aggregated. The ECD Manager, in collaboration with the EHS-HS Director, develops a child outcomes analysis report for each rating period. The analysis of this data is used during the program's annual self-assessment to consider curriculum modifications and other program improvements. A copy of this report is presented to the Executive Board and the Policy Council.

# Open House

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## **Regulation Reference:**

(2016) 45 CFR 1302.50, 1302.52, 1302.34

## **Policy:**

In all program options and settings, the child's learning experience is enriched by parent participation. This participation begins on the day the child enters the program. Parents tend to exhibit greater participation in environments where they feel welcomed. The Provider's Open House takes place prior to the first day of the new program year. For Providers who sign their EHS-HS FCC Program Agreement after the program year has begun, the open house is held prior to the date children begin.

This is usually the first contact the child and parent have with their new childcare program. Children feel secure when their parents feel comfortable with the Provider and the environment. It is extremely important for the Provider to prepare for the special occasion to ensure that this first experience is positive.

The Provider plans the open house program to acquaint children and families with their new childcare environment. This program helps create a feeling of cooperation between adults and children prior to beginning the new program year. An Open House allows adults to see what their children will be doing. It is a time when Providers prepare children and parents for transition to the new environment. The Open House is not the occasion to conduct in-depth information about the child. An appointment for a conference or a confidential telephone call with a parent can be made to exchange such information.

## **Procedure:**

1. The Open Houses usually take place on the Saturday or Sunday afternoon prior to the date children start the new program year.
2. Once the Provider receives their new EHS-HS FCC participants list, they call the new parents to encourage attendance at the Open House, and to offer directions to their EHS-HS FCC Home.
3. Providers begin preparation for Open House by creating color name tags for parents and children. Each child's cubby is labeled with his/her name.
4. Providers arrange their home as if the children were coming for their first day. Rooms are organized and decorated to be inviting to both parents and children.
5. Learning centers are arranged with interesting activities at each site.
6. The art area displays creative materials to encourage parent/child activity.

7. The outdoor area is clean and free of hazards. Encourage parents to take children outside to the play area. Providers remind parents that they are responsible for supervising their child (ren) during this Open House visit.
8. The Parent Bulletin Board is placed in the welcome area and decorated with the first week's menu, lesson plans, schedule, and other program information.
9. The Provider stands by the door to welcome each parent and child. Providers should get down on the child's level and look him/her in the eye for introductions. If the Provider has an assistant, he/she will also be in attendance.
10. Providers use this occasion to show each parent the sign-in sheet and review attendance policy. It is also an appropriate time to remind parents to bring a change of clothes for the child.
11. Serve a light (not messy) snack, such as cheese/crackers, apple slices, and juice.
12. This first Open House is not an occasion for a lengthy talk. If the provider has the opportunity, there may be a quick question and answer period.
13. Distribute a Letter to Parent on JCCDC's curriculum to each parent.
14. The Open House should last an hour and be flexible for families coming a little late. Providers must remember that this is the parent and child's first impression of their new childcare environment.

## JCCDC EHS-HS FCC

### A Letter to Parents on the Curriculum

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This is the first of several letters I will be sending regarding the Early Head Start/Head Start (EHS/HS) Program. I want you to know a little about the curriculum I use because together, we will help your child grow and learn. I want you to feel you are a part of your child's life here, and to understand more about what we do every day.

The EHS-HS program uses *The Creative Curriculum for Family Child Care*. Our philosophy is that children should be allowed to grow at their own pace and to learn in ways that help them become more confident as learners. Our curriculum has two goals; these guide everything I do in my program:

- To help children learn about themselves and the world around them; and,
- To encourage children to feel good about themselves and capable as learners.

For example, I have organized my home to make it a safe place for children to explore and to learn. I keep children's toys and materials on low shelves, in low and easy-to-open drawers, or on a blanket on the floor. This makes it easy for children to find and play with the toys they like. It helps them learn to make choices and be independent. All children also have a place to keep their jackets, blankets, and pictures to bring home. This lets them know they are a valued part of my family child care home.

When you visit, you will see that we have a schedule that we follow. This lets children know what to expect throughout the day. It helps them feel secure to know that every day I will read to them before naptime, or that after snack we go outside. The schedule also allows for times when we all do things together, such as music and story time. Other times allow children to do things on their own, such as coloring and playing with toys.

I plan many activities for the children. We build with blocks, play dress up and make-believe, put puzzles together, read books, tell stories, play with sand and water, draw and paint, cook, dance to music, and play outdoors. All activities are aimed at helping children learn new things and feel good about what they can do. I encourage children to do things on their own and to be curious and interested in all that is going on around them. I talk with them, ask questions, and answer their questions to help them learn new words and to express their ideas and feelings.

I value working in a partnership with parents. Many of the things we do here are activities you can do at home. I will be glad to share my curriculum with you and to have you contribute to our program in any ways that you like. To help you feel a part of what we do, I will occasionally send letters on different activities we are doing and why we do them. You are welcome to join us whenever your schedule permits.

# Parent Bulletin Boards

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## **Regulation Reference:**

(2016) 45 CFR 1302.50-51, 1302.34, 1302.72

## **Policy:**

Parent participation in the EHS-HS FCC Program activities and experiences assist in expanding parental strengths and interest. By welcoming parents during all program hours, the Program Staff and Providers demonstrate respect for parents as primary educators of their children. Providers who maintain an environment in which all family members are welcome at all times have greater parent involvement participation in their EHS-HS FCC Home.

An important part of this welcoming environment is the Parent Bulletin Board. It must be attractive and appealing, and provide information that enhances parents' program participation, educates on childcare issues, and includes a calendar of community happenings and job opportunities. If the Provider cares for children of families with LEP, it is imperative that the EHS-HS FCC Staff provide all posted literature in the first language of the person responsible for picking up and delivering the child.

## **Procedure:**

1. The Early Childhood and Development Manager/Staff provides a parent bulletin board for every new Provider. While arranging a new EHS-HS FCC Home, the Education Staff assists the Provider in designating a prominent place in the welcoming area for this board. The Education Staff assists the new Provider with initial decorating of the board.
2. During new Provider orientation, all Specialists discuss the many important uses of this board.
3. All Specialists assist in providing required information for the initial board set up. Many posted items are required by DHR and EHS-HS to fulfill regulations regarding parent information. Examples of mandatory items include:
  - Opportunities for parent volunteers
  - Upcoming parent meetings and Policy Council meetings
  - Community and EHS-HS FCC Program job openings
  - Weekly menus
  - Lesson plans
  - Community assistance services
  - Healthcare services and clinics
  - Upcoming program events such as field trips, guest speakers, etc.
  - Emergency procedures for parent pick up
  - Children's materials or toy recalls

4. The PFCE Specialist is responsible for coordinating with all other Specialists the supply of current parent information sent to the Providers for posting.
5. The PFCE Specialist keeps a copy of each flyer in a Parent Information/Education file for documentation.
6. Parent bulletin boards are updated periodically.
7. Each time an EHS-HS FCC Staff person visits a Provider Home, they review the information posted and ask the Provider to remove any out-of-date or inappropriate information. This is noted on their Provider Visit Report.
8. When the PFCE Staff makes their visit to check Home File folders, they also evaluate the parent bulletin board for the visual effect. Providers are encouraged to periodically change the overall appearance of the board.
9. The Early Childhood and Development Manager and staff periodically send new materials to Providers to facilitate changing the parent board.
10. Specialists sending literature to Providers who serve children of families with LEP will provide the materials in the first language of the person who picks up and delivers the child. Information posted on parent bulletin boards must be accessible to all participating families.

## Bulletin Board Layout

<u>Agency/Region</u> <u>IV</u>	<u>Education</u>	<u>Health</u>	<u>Disabilities</u>
Examples: Memos/Updates from Executive Director or Fiscal Officer; Agency Newsletter	Examples: Memos/Updates, Lesson Plans, Articles, Teaching Tips, Take-Home Activity Calendar	Examples: Memos/Updates, Healthy Tips Flyers, Training Certifications, Inspection Logs/Updates	Examples: Memos/Updates, As I Am Articles
<u>Family &amp; Comm.</u> <u>Partnerships</u>	<u>Nutrition</u>	<u>Parent Services</u>	<u>Male</u> <u>Involvement</u>
Examples: Memos/Updates, Crisis Funds Flyers, Recruitment Info.	Examples: Memos/Updates, Certificates, Nutrition Tips	Examples: Memos/Updates, Parent Meeting Flyers, Info on Parenting	Examples: Memos/Updates, Flyers about Upcoming Events, Mentoring Tips

### Bulletin Board Layout Procedures

- Bulletin Boards are to be covered and made to look attractive. You may use border to accent your board.
- Please keep boards neat and free of clutter.
- If you need further assistance please feel free to contact the agency.

# Transitions Services

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## **Regulation Reference:**

(2016) 45 CFR 1302.53, 1302.63, 1302.70-72

## **Policy:**

A child's educational success can be linked, in part, to effective EHS-HS plans, practices, and activities for transition both in and out of the program. These plans must include partnerships between the following entities:

- The EHS-HS FCC Program Staff Providers, and consultants
- The EHS-HS FCC children and their parents/families
- The children's current and previous providers for health, social service, and education services
- All health, social services and educational (LEA) professionals who will provide continuity in services after the child leaves the EHS-HS FCC Program

These partnerships must be successful to ensure the long-term benefits of a child's early education.

Mandatory transition activities are cited in multiple areas of the HS Program Performance Standards and are reviewed regularly by the EHS-HS FCC Program staff. The standards clearly state that there must be a thoughtful plan that includes the following procedures:

- Providing appropriate activities leading up to the child's actual transition and placement.
- Emphasizing active parental involvement in the planning and transition process.
- Depicting the multifaceted aspects of transition that occur when the child enters and leaves Head Start.
- Addressing issues such as Limited English Proficiency (LEP)
- Recognizing parents as primary educators of their children

There are four critical elements that support positive transition experiences for children and families. Funding has been allocated to support these activities. They are as follows:

- Preparation of parents to be full partners in their child's educational process.
- Providing materials to enhance the child's transition to the ELA.
- Providing a developmentally appropriate curriculum and educational practices to prepare children for transition.
- The on-going communication and collaboration between staff, families, and counterparts in all local health services, social services, and LEAs.



**Procedure:**

1. The preparation and training of parents to be full partners in the child's educational process occurs throughout the program year. The focus of this training and preparation is to increase the parents' knowledge of their role as the child's first and most important educator. To ensure all parents' involvement in this role, efforts are made to obtain an interpreter for the guardian who has LEP and to make arrangements for the disabled parents. Examples of training to be provided are as follows:
  - Training sessions for EHS-HS FCC staff and Providers to master skills that encourage greater parent participation in their child's educational process.
  - Advocate training for parents to increase their knowledge or parental rights.
  - Parent training that teaches techniques to utilize developmentally appropriate home activities to enhance educational experiences. A special emphasis is placed on language and math activities.
  - Family literacy experiences to enrich the total family. Parents who are identified as needing literacy training will be encouraged to participate in community programs.
2. Educational materials are furnished to enhance each enrolled child's transition to kindergarten. The Education Staff purchases these materials. Examples of materials that may be requested to purchase, following JCCDC Financial Procedures, are:
  - Scissors
  - Construction paper
  - Crayons
  - Markers
  - Glue sticks
  - Home activity calendars of age appropriate suggested activities
  - Books
  - Science and math discovery materials
  - Back-pack to house these items and for the child to use at his/her new school
  - Pencils
  - Pencil sharpener
  - Pencil box
3. A developmentally appropriate curriculum and education practices assist in the preparation of these children for this transition. The Early Childhood and Development Manager is responsible for ensuring that the EHS-HS Program uses a developmentally appropriate curriculum and that training is provided to enhance the Provider's ability to use curriculum resources. The Early Childhood and Development Manager ensures a comprehensive approach to education to create a bond between the parent and Provider that continues long after the child leaves the EHS-HS Program.
4. On-going communication and collaboration between the EHS-HS FCC staff, families and counterparts in the local health, social services, and education programs ensure a smoother transition process into and out of the EHS-HS Program. All Program

staff are charged with the responsibility to encourage this on-going communication and collaboration. Some of these collaborations are presented in the following sections.

**PFCE Staff** act as the direct link from the child and family's past and current community services to the EHS-HS Program the PFCE Specialist is responsible for coordinating the following transition activities:

Into the EHS-HS FCC Program:

1. Telephone Screening: During the initial telephone screening, staff utilize the Telephone Screening form containing pertinent questions about services the family and child are currently receiving. If the guardian does not speak English, services of an interpreter are obtained so the guardian can be interviewed in their primary language. If the applicant is transitioning from another HS or EHS program, efforts are made to obtain previous records from these programs prior to the application interview with the guardian. The previous Family Partnership Work Plan is used as a basis for the new plan developed with the PFCE Staff. If another service provider has referred the guardian to the EHS-HS FCC Program, efforts are made to obtain information from this service provider prior to conducting the application interview. All of this pre-interview work enables the PFCE Staff to conduct a more thorough and productive application interview that produce a comprehensive view of the needs and current/past services of these applicant child and family. Release of Information forms must be signed by the child's guardian and forwarded with EHS-HS FCC's request to review prior service agency's records.
2. Pre-Interview Requirements: Prior to the application interview, the PFCE staff mails a Physical Form to be completed by the applicant's physician and brought to the applicant interview. Applicants are informed that a current Immunization certification must also be brought to the application interview.
3. Application Interview: During the application interview. The staff request and record any current services the family and child are receiving, and a release of information form is signed by the child's guardian to obtain information from other agencies. If the applying child has been diagnosed with a disability, the guardian must complete any forms required by the Disability Services Specialist. During the health history part of the interview, special health needs and previous health services may be revealed.
4. Routing of Information: Generally, all information received for the child's application is initially routed to the PFCE staff. The PFCE staff then route information to the appropriate program specialist. As soon as possible, all child records are placed in the child's comprehensive file under the proper heading. Some of the information is duplicated and place in the child's confidential EHS/HS FCC Provider file. The Executive Director or Head Start/Early Head Start Director must approve the child's records that are duplicated and placed in the Providers' files.

5. **Other Service Providers:** If the family has been receiving social services from another agency, the PFCE staff person taking the application contacts the service provider(s) and follows up on any current or previous services the family has received. This contact ensures service continuity and reduces any duplication of services. It is also crucial in developing a Family Partnership Plan. There may be a current Family Services Plan already in effect with another agency. The PFCE staff make every effort to obtain this plan and collaborate with the other agency to support the on-going services.

#### Out of the EHS-HS FCC Program:

1. **Maintaining Central Filing System:** PFCE Staff is responsible for maintaining the Central Filing System. PFCE receive all requests for transfer of information. Release of Information forms must be signed prior to releasing any information. These requests are placed in the child's comprehensive file.
2. **Advocacy:** PFCE staff act as advocates for the family to ensure that other service agencies provide for the continuity of services. Once contact is made with an agency that provides future services, the PFCE staff formalize these arrangements. A follow-up letter outlining these services is written to the service provider(s) and copied to the parent/guardian. This letter is reviewed with the guardian to assure a clear understanding of future services and enable to family to have closure with the EHS-HS Staff who has provided services and counseling. If there has been collaboration with another service agency, a closure conference is held to determine if services should be continued and to provide for smooth transition out of the EHS-HS FCC Program.

**Disabilities Services Staff** work with all EHS-HS FCC staff, Providers, families and other community professionals to prepare children with disabilities to make the transition into the EHS-HS FCC Program and the public school system. Documents indicating current services are obtained for children entering the program Documentation of current services are also provided for children leaving the program for kindergarten. The Disability Services Specialist coordinates these transition services involving children with disabilities.

#### Into the EHS-HS FCC Program:

**Telephone Screening:** During the telephone screening, the PFCE Staff ascertains whether a child with a diagnosed disability is making the transition from an EHS program, and/or other HS program, or another special services or educational program. The Disability and Mental Health Coordinator is informed when a telephone screening has been completed for a child with a diagnosed or suspected disability and an application appointment has been scheduled. The Disabilities and Mental Health Coordinator begins the process to obtain the child's records prior to the application interview. The first step in this process is to obtain a signed Release of Information form from the parent.

1. **Application Interview:** Sometimes a child's special needs are not revealed until the application interview. When this occurs the PFCE staff obtains as much information as possible from the guardian. The Disability and Mental Health Coordinator is informed about the needs of the applicant and is responsible for the transition process.
2. **Other Service Providers:** After receiving information from other service providers the Disability and Mental Health Coordinator evaluates the information and possibly schedules a conference. Depending on the child's needs, the Disability and Mental Health Coordinator may schedule a meeting with other Program Coordinators Specialists to discuss the child's special needs and to coordinate the smooth transition of the child into the EHS-HS Program. When possible, this is done prior to the application interview. In some cases, the Disability and Mental Health Coordinator may attend the application interview to complete the necessary forms and to discuss with the guardian the child's continuity of services. Representatives from other community agencies that have provided the child with services may make a collaborative agreement with the EHS-HS FCC Program. This agreement may further ensure that the current services will continue with assistance from the EHS-HS FCC Program. Every attempt is made to prevent interruption of services. If the child has a current Individual Family Service Plan (IFSP), it is obtained and incorporated into the future planning for the child and family. If a child has been receiving special services through the I.F.A., these services should continue. The Disability and Mental Health Coordinator is responsible for coordinating the services between the EHS-HS FCC Program and all other agencies.
3. **Placement of Child:** Prior to placement and based on the child's needs, the Disability and Mental Health Coordinator may schedule a meeting with the parent/guardian and the child at the prospective EHS-HS FCC Provider's home. During this meeting, the child and Provider are introduced and observed to evaluate the possible success of this pairing.
4. **Mental Health:** Current mental health concerns or services for the applying child or immediate family members are noted on the application. The PFCE Staff taking the application provides this information to the Disability and Mental Health Coordinator /Mental Health Specialist. This Specialist works with other staff and community agencies to obtain any pertinent records for the applying child that may assist in providing a comprehensive view of the family. A Release of Information form for the transfer of mental health records is obtained. These records are reviewed to determine an appropriate placement for the child.

#### Transitioning out of the EHS-HS FCC Program:

1. **Child Find:** Every child with a diagnosed or suspected disability who is enrolled in the HS FCC Program is reported to the appropriate school district's Child Find. Upon leaving the HS FCC Program, the LEA the child is zoned to attend is responsible for the child's continuity of services. During the final IEP, a representative of the LEA

must be encouraged to attend to assure a smooth transition. Transition Field Trips: When possible, children with disabilities receive their services in the same school that they will attend as a kindergartner. In collaboration with the Early Childhood and Development Manager, all children leaving the HS FCC Program participate in a transition field trip to the school. The parents of children leaving HS FCC are encouraged to attend this field trip, especially parents of children with disabilities. This trip usually occurs in April or May.

2. **Advocacy:** Beginning with the initial EHS-HS FCC Program interview, parents are informed about their child's rights to receive services and are encouraged to advocate for their child. The Disability and Mental Health Coordinator ensures that this process continues throughout the child's EHS-HS FCC Program experience. One of the final steps in a parent's advocacy education is to introduce them to the LEA professionals who will be responsible for continuity of services. These professionals will be their contact in the event they have questions or concerns about their child's services.
3. **LEA Services:** For children who did not receive their services through the ELA, a Release of Information form is obtained to transfer records to the LEA who will provide the special services after the child leaves the HS FCC Program. A representative from the LEA is invited to attend the IEP Review/Transition meeting. If the LEA representative is not able to attend, an appointment is schedule with the parent and the ELA representative to discuss the child's service needs.
4. **Transition Workshop:** In collaboration with the Early Childhood and Development Manager/Staff and the Disability and Mental Health Coordinator plans a Transition Workshop. This workshop is conducted with one or more LEA representatives as guest speakers. All parents of transitioning children are invited to attend. Additional meetings or workshops may be planned specifically for families of children with disabilities to inform them of their child's rights to receive services.
5. **Early Withdrawal of Child:** When a child with disabilities leaves the EHS-HS FCC Program prior to the end of the program year, the Disability and Mental Health Coordinator will attempt to ensure the continuation of services. The Disability and Mental Health Coordinator contacts the parent to obtain a Release of Information form to transfer records to the child's new service providers. If the parents have not yet located other services for their child, the Disability and Mental Health Coordinator encourages and assists the parents in locating alternative services for their child.
6. **Mental Health:** The Disability and Mental Health Coordinator encourages the parents/guardians of children receiving mental health services to continue these services. Upon leaving the EHS-HS FCC Program, this Specialist assists in locating mental health services to ensure continuity of the child's services. In some cases, parents/guardians are encouraged to inform the LEA that their child is receiving mental health services and to advocate for the child to continue to receive services from their school district. Parents are also assisted in the transfer of these records.

**Education.** The Early Childhood and Development Manager ensures an appropriate educational plan that enhances every child's successful transition from Head Start to the LEA. The Early Childhood and Development Specialist/Staff is responsible for the transition training of all HS FCC Staff, Providers, and families. The Early Childhood and Development Manager/Staff collaborates with the other HS FCC Program Specialists/Coordinators to ensure a smooth transition.

Into the HS FCC Program:

1. Curriculum: The Education Staff provides training to Providers to ensure they conduct appropriate curriculum units that include transition activities. Each Provider is given stories and activities to comfort children's feelings about transition.
2. Field Trips: During April and May, children eligible to attend kindergarten in the fall are taken on a field trip to the school they are scheduled to attend. Parents are invited and encouraged to attend. The children tour the school, eat lunch in the cafeteria, participate in an activity in the kindergarten classroom, and plan on the playground.
3. Transition Workshop: During April and May the Early Childhood and Development Manager/Staff collaborates with other Specialists and LEA staff to provide transition workshops for parents. Parents who attend the session receive a transition packet which includes items such as:
  - "Easing the Transition from Preschool to Kindergarten"
  - "A Summer Transition: Activity based Packet for Families and Children"
  - Tips on reach with young children
  - Registration form for their child's kindergarten in their school zone
  - Summer library reading list
  - Transition book for Head Start children making this transition
  - "Teachable trashables" educational activities and items to make
  - Information pertinent to the child's individual school district
4. Transfer of Records: The Education Staff informs parents of their right to have their child's education records transferred from Head Start to their child's new school. Release of Information forms are available for parents at each HS FCC Home; these are completed and returned to the Education Staff. The Education Staff is responsible for ensuring that records are transferred and the request is placed in the child's file.
5. Early Withdrawal of Child: If a child leaves the EHS-HS FCC Program prior to the end of the program year, the Education Staff works with the guardian to ensure that records are transferred to the new program.

**The Health and Safety Coordinator** is responsible for providing continuity of health services for children and families entering and leaving the EHS-HS FCC Program

Into the Program:

1. **Review of Health Information:** The Health and Safety Coordinator reviews the child's physical, health history, nutrition history, and Family Partnership worksheets. If there are questions or concerns. The guardian is contacted and a telephone discussion or person meeting occurs. Information about past and current services is used in making a plan to fulfill the comprehensive health needs of the child. (Example: if a child has had previous dental services, it may be best if the child continues dental services through the same provider). The Health and Safety Coordinator determines which health information is to be shared with the child's EHS-HS FCC Provider.
2. **Severe Health Conditions:** In some circumstances, the applicant's health problems may be so severe that they may receive extra application points as a child with diagnosed or suspected disability. In such cases, the Health and Safety Coordinator and Disability and Mental Health Coordinator jointly share in this decision.

Out of the EHS-HS FCC Program:

1. **Health Service Records:** When a child leaves the EHS-HS FCC Program, the Health Specialist encourages the parent/guardian to sign a Release of Information form to transfer health records to the health care professional chosen to provide services. Each parent is given, in their child's Transition Backpack, a completed Head Start Parent Held Child Health Record. This record is a composite summary of the health services each child received while enrolled in the EHS-HS FCC Program.
2. **Parent/guardians** are encouraged to continue using the same professionals that EHS-HS FCC used to provide health care. These professionals are usually in the community where the family lives. If the family moves, the Health staff will assist the family to locate alternative care to provide continued services.

**(PRINT ON LETTERHEAD)**

Date

Re: JCCDC Head Start Family Child Care Program  
Transition to Kindergarten

Dear Public School Official

At the end of each program year, the JCCDC Early Head Start/Head Start Family Child Care Program (EHS-HS FCC) compiles a transition to Kindergarten package for each child leaving Head Start. Our Head Start parents inform us of the kindergarten program where they plan to enroll their child in the next year.

Attached is a Transition to Kindergarten package for each family who plans to enroll in your program. These packages provide the kindergarten teacher with a snapshot of the progress the child made in Head Start. We believe this activity will strengthen our partnership with public school staff and help support children as they make this important next step in their education.

If you have any questions, please contact the JCCDC EHS-HS FCC Early Childhood and Development Specialist at 933-1095. Thank you for your continued support.

Sincerely,

Tena Sales,  
Interim Head Start/Early Head Start Director



# JCCDC EHS-HS FCC

## Transition to Kindergarten

### Parent Observation Form

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Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

EHS-HS Provider: \_\_\_\_\_

Parents and/or Guardians: (list relationship if other than parent)

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Siblings: (list number and age)

_____ Brother(s)	_____ Sister(s)
Age _____	Age _____
Age _____	Age _____
Age _____	Age _____

Where will you register your child for Kindergarten?

School: \_\_\_\_\_

(School name and location)

**Please be very specific in the observations you make concerning your child.**

1. What does our child do well?

2. What does your child like to do most? *Check all that apply.*

_____ Listen to stories	_____ Play outside
_____ Draw and color	_____ Play alone
_____ Play with other children	_____ Play quiet games inside
_____ Go to a friend's house	_____ Other: _____
_____ Other: _____	

3. What are your child's favorite things?  
Color: \_\_\_\_\_  
Food: \_\_\_\_\_  
Book: \_\_\_\_\_  
Toy: \_\_\_\_\_  
Expression: \_\_\_\_\_  
Other favorites: \_\_\_\_\_

4. What does your child have problems doing?

5. Have you registered your child for kindergarten?  
If no, when do you plan to do so?

6. What do you expect your child to learn in kindergarten?

7. My child learns best by:

8. We speak the following language(s) in our home:  
\_\_\_\_\_ English \_\_\_\_\_ Spanish \_\_\_\_\_ Other: \_\_\_\_\_

I give the JCCDC EHS-HS FCC Program permission to transfer a copy of my child's Child Progress Report and this parent observation form to his/her kindergarten teacher.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

# Coaching Program and Activities

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## **Regulation Reference:**

(2016) 45 CFR 1302.92

## **Policy:**

JCCDC EHS-HS FCC Program has designated certain EHS-HS staff and the Education staff as Coaches through our Mentoring Program. Coaches will provide nurturing, support, and guidance to Providers in the program. They will also participate in new staff orientation, pre-service training, and other professional development related activities. The EHS-HS Education and Child Development Manager will serve as a Mentor Coach for all Providers.

## **Procedure:**

1. The Executive Director will identify protégé's. This selection is based on performance evaluations and credentials.
2. Mentors will be trained and receive additional professional development experiences during pre-service training to enhance their skill as Mentors.
3. Management staff will work with the Education staff to identify and select protégés for the mentoring program.

## **Coaching Program Guidelines**

### Coaches Roles and Responsibilities

Coaches work one-on-one with a protégé to support professional growth, increase knowledge and skill, and promote reflective practice. To be effective as a coach and maintain the intense nature of mentoring work, it is important that the coach establish a relationship with only one protégé at a time.

### Coaches will:

- Establish a relationship of mutual respect and trust with a protégé.
- Observe a protégé in his/her EHS-HS FCC Home
- Confer with protégé to provide feedback about teaching practices and identify areas in need of further development.
- Address specific issues related to protégé job responsibilities.
- Support and encourage protégé in managing his/her workload and setting up routines.
- Share knowledge about child development and working with families.
- Role model developmentally appropriate practices.
- Guide protégé to develop skills in reflective practice, problem solving, and decision-making.
- Serve as a resource for other Providers with the EHS-HS FCC program.

## Coach Responsibilities

Coaches have specific responsibilities for mentoring work and accountability to their program. The following are suggested guidelines for mentor responsibilities:

Due to the nature of the mentor-protégé relationship, the time needed for effective mentoring may fluctuate based on the needs of the protégé. At first, more time will be needed to become acquainted and identify learning needs and strategies for working on specific areas of practice. As the relationship progresses, and the protégé becomes more self-sufficient and self-reliant, less time may be needed for effective mentoring to occur. Coaches should have a degree of flexibility to determine the amount of time required to work one-on-one with the protégé. However, it is recommended that the mentor spend no more than two (2) hours per month engaging in mentoring activities with the assigned protégé.

### **Maintain and submit to the EHS-HS assigned staff records of entering work with protégé.**

Documentation is provided through the Mentor/Protégé Contact Logs, which includes dates, times, and purposes of specific contact. Other records of observations and conferences should remain confidential to maintain integrity of the mentor/protégé relationship.

### **Other duties**

- Assisting staff with pre-service training
- Assist staff with Provider orientation
- Field test new learning materials and forms

## *Protégé Roles and Responsibilities*

As participants in this relationship, protégés also have roles and responsibilities. First, they are ready to hone their craft in the childcare setting, to develop their own caregiving style, and to enhance children's learning and growth. They are Providers who bring knowledge of new caregiving practices to their colleagues. Protégés are responsible for working with Mentors and other colleagues to successfully complete positive experiences in childcare work.

Protégés will:

- Be willing to assess their own learning needs
- Participate in training sessions, professional dialogues, and/or seminars on a variety of topics related to those needs
- Be active listeners and learners, identifying what they need and setting out to obtain it.
- Learn from coaching and counseling from mentors and colleagues
- Observe mentor and other colleagues on the job when possible and expand their variety of caregiving practices.
- Learn how to more effectively meet the needs of all children in their care.

## **Administrative Support Roles and Responsibilities**

Administrative support for coaching is critical to the success of the mentoring program and the effectiveness of the mentor/protégé relationship.

### *Management Responsibilities*

- To identify a Mentor Coach for mentors and protégés
- Provide time, flexibility, and resources for mentors and protégés to work together as needed.
- In the event that mentoring occurs off-site, arrange substitutes in the protégé Provider's Home
- Provide time for mentors to attend Conference Group meetings for networking, addressing specific issues, and providing support.
- Be available to meet with mentors to review mentor program policies and procedures, if needed.

### *Orientation and recognition*

- Recognize/acknowledge mentor coach and mentors at appropriate JCCDC EHS-HS gatherings (e.g., pre-service and in-service meetings)

### *Mentor Coach Responsibilities*

- Act as liaison for mentors and communicate their concerns to the HS/EHS Director.
- Provide orientation information to potential protégés with the Education staff and EHS-HS Director.
- Establish a mentor conference group and facilitate the sessions.
- Lead mentors in discussions that help them reflect on ways to improve their skills.
- Initiate the evaluation process. Each protégé will evaluate their experience. The Mentor Coach will share valuable information from the evaluation with the Mentors.

## **Building Relationships between Coaches and Protégés**

### *Procedures for matching Coach and Protégé*

Consideration for ways in which coach and protégés are paired is needed. It is important that the protégé is interested and receptive to the assistance the mentor can provide. In addition, administrative staff can fulfill a fundamental role in identifying potential protégés and supporting an appropriate match with a mentor. Following are suggestions for pairing protégés with mentors:

- Educate staff, including Providers and administrators, about the coaching program. Potential forums for the program's orientation include pre-service, in-service, staff meetings, and workshops.
- Potential protégé may request a coach or assistance through the Education Staff or EHS-HS Director

- Mutual respect and trust characterize the coach/protégé relationship. It is not supervisory in nature.

#### *Getting started*

- Coach contacts protégé to set up initial getting acquainted meeting.

#### *Working together*

Coaches and protégés work together on a variety of activities and content areas in a variety of settings. Examples may include but are not limited to:

- Room arrangement
- Observing specific children together, and then discussing which developmental issues each child is mastering.
- Observing the protégé in the EHS-HS FCC Home
- Setting up art activities or science area.
- Working on children's IEPs
- Generating ideas to talk about with Area specialist.
- Reviewing a resource book or article together
- Planning curriculum activities to match children's developmental needs
- Reorganizing supplies
- Visiting other EHS-HS FCC Provider homes
- Discussing different ways of recording anecdotal information.
- Professional and/or personal development

# JCCDC EHS-HS FCC

## Individual Early Learning Plan for Providers

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Assigned Mentor: \_\_\_\_\_

EHS-HS FCC Provider: \_\_\_\_\_

Select an area to focus on (check the box) and develop a goal related to this area.

- |   |   |
|---|---|
| <input type="checkbox"/> Individualizing learning experiences | <input type="checkbox"/> Strategies to promote social-emotional |
| <input type="checkbox"/> Assessing children's progress        | Development   |
| <input type="checkbox"/> Child development                    | <input type="checkbox"/> Children with disabilities             |
| <input type="checkbox"/> communicating with parents           |   |
| <input type="checkbox"/> Strategies to enhance language       | <input type="checkbox"/> English language learners              |
| <input type="checkbox"/> working as a team                    |   |
| <input type="checkbox"/> development                          |   |
| <input type="checkbox"/> Children's environment               | <input type="checkbox"/> Observing children and recording       |
| <input type="checkbox"/> other: _____                         |   |

**Goal:**

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Activities/Strategies	Action Steps	Resources	Timelines	Person(s) Responsible

Coach signature/Date: \_\_\_\_\_

Provider signature/Date: \_\_\_\_\_