



CONTRA COSTA COUNTY  
COMMUNITY SERVICES  
BUREAU

# CSB Family Handbook

A parent's guide to Community Services Bureau Head Start /Early Head Start  
and State funded Child Development programs

**2019-2021**





### SITE INFORMATION

|                       |                                |
|-----------------------|--------------------------------|
| Site Name:            | Child Classroom:               |
| Address:              | Service Hours:                 |
| Phone:                | From:                      To: |
| Fax:                  |                                |
| Site Supervisor:      | Lead Teacher:                  |
| Phone:                | Teacher:                       |
| CS Assistant Manager: | CS Clerk:                      |
| Phone:                | Phone:                         |

### FAMILY ENGAGEMENT INFORMATION

|                         |   |   |
|-------------------------|---|---|
| Parent Meetings         | Dates:<br>Hours:  | Representatives<br>Chair Name:<br>Vice Chair Name:<br>Secretary Name: |
| Subcommittees           | Dates:<br>Hours:<br>Location:   | Subcommittee Focus:   |
| Policy Council Meetings | Dates:    Every 3 <sup>rd</sup> Wednesday of the month<br>Hours:    6:00 PM to 8:00 PM<br>Location: 500 Ellinwood Way,<br>Pleasant Hill, CA 94523 | Representatives:<br>Chair:<br>Vice Chair:<br>Secretary:               |



## WELCOME TO CONTRA COSTA COUNTY COMMUNITY SERVICES BUREAU

Since 1965, Community Services Bureau (CSB) has been providing high quality services to Contra Costa County families and their children ages 0 to 5 through comprehensive Head Start, Early Head Start and state funded childcare programs. In addition, Community Services Bureau is the Community Action designee for the county, providing many other safety net services to the residents of Contra Costa.

I am so proud of our early care and education program. We have received State and National recognition for the quality services we provide to over 2,000 children and their families each day. Our commitment to quality, teacher education and age appropriate environments are just some of the elements that set us apart from the rest.

Parent and family participation is near and dear to our hearts here at CSB. Our approach to early care and education and school readiness includes working with the family as a whole, with the notion that the parent is the child's first teacher. The opportunities to get involved in your child's education are endless, from participation in the parent-elected Policy Council and center parent committees to volunteer opportunities in the classroom. We hope you take advantage of the many opportunities to have a direct impact on your child's experience here at CSB. I am happy that you have chosen CSB and look forward to having you and your child as part of our community.

Sincerely,

Camilla Rand

CSB Director



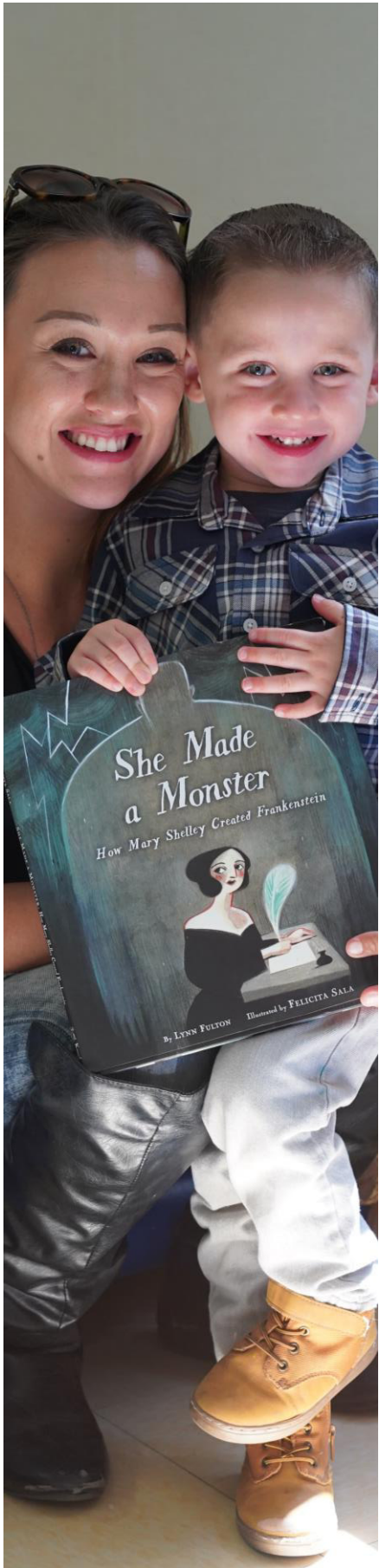
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## COMMUNITY SERVICES BUREAU

### MISSION STATEMENT

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Our mission is to support individuals and families to thrive as contributing members of the community by providing high quality services and learning opportunities.



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## About the Community Services Bureau



Community Services Bureau (CSB) operates a nationally recognized, award-winning Head Start and state-funded child development program. The program offers low to no-cost childcare and comprehensive services to pregnant women, children ages 0-5 and their families. As the largest childcare provider in Contra Costa County, CSB serves over 2,200 children and their families in centers across the county, spanning from Richmond and Rodeo to Oakley and Brentwood. Our high quality centers provide full time and part time early education and childcare services.

Our commitment to quality...

- Eight of our fourteen directly operated centers are accredited by the National Association for the Education of Young Children (NAEYC) - the highest national recognition for quality services in the field of early childhood education.
- Our teacher to child ratios are low and surpass Head Start, State and Licensing requirements.
- All CSB classrooms are staffed by dedicated and highly qualified teachers who possess Child Development permits issued by the California Commission on Teacher Credentialing.
- Innovative initiatives keep CSB on the forefront of early care and education.
- Collaboration with numerous community partners enhances program services provided to children, families, and staff.
- Diverse and meaningful family engagement opportunities reflective of the interests and needs of our families are available.

Our focus on quality supports children and their families...

- Community Services Bureau values families and respects the role of parents as their child's first teacher.
- Parents are the cornerstone of our program and active participants in their child's education and our program.
- Meaningful partnerships with CSB parents supports children to be successful in school and in life.

***Our variety of early education program options provide parents with a choice based on their interests and needs.***

## II. School Readiness

### Program Options

Community Services Bureau (CSB) offers high-quality early education and childcare programs to meet the needs of children and families in Contra Costa County....

- Head Start and Child Development Preschool - high-quality part day and full day options are available for children ages 3-5 and their qualifying families.
- Early Head Start – nurturing full-day care is provided for infants and toddlers ages birth to age 3 and their qualifying families as well as services to pregnant women

### Education

#### *Philosophy, Goals, and Curriculum*

Our goal is for every child to develop a love of learning and enter kindergarten with the skills necessary for school success....

- CSB believes parents are their children’s first teacher and that school readiness goals are achieved when teachers and families work together.
- As valuable partners, CSB teachers encourage and welcome parent input and support for all aspects of the curriculum.
- CSB parents participate in planning educational goals for their children and in the implementation of learning experiences to support the child’s educational goals and evaluate progress.
- CSB promotes school readiness by implementing the research-based Creative Curriculum for Preschool and the Creative Curriculum for Infants, Toddlers, and Twos. Each provides a strong foundation to support children’s growth in the areas of language, literacy, math, science, social-emotional development, motor skills and healthy practices.
- The Second Step Early Learning Program is implemented in all CSB preschool classrooms. Second Step is a social-emotional curriculum that teaches skills that promote success in the early learning classroom, school readiness, social, and life success.

### Head Start and Child Development Preschool Programs

- In addition to the Creative Curriculum, our preschool education program is enhanced by implementing the Project Approach. The Project Approach promotes children’s learning by facilitating in-depth studies of topics that are based on children’s interests. Project topics encourage children’s exploration and manipulation of real objects. Literacy, math, science, social studies, art, and technology are incorporated into project investigations.
- Our program utilizes an anti-bias, multi-cultural approach. Families are encouraged to share their culture and traditions with children by volunteering in classrooms and sharing cultural materials, artifacts, stories, music, cooking projects, etc.
- CSB classrooms reflect high-quality learning environments with interest areas that are rich in materials and activities that promote curiosity and problem solving. Educational activities are matched with the age of the children, their individual needs, interests, and developmental level. Children are given the opportunity to learn through self-initiated and teacher-directed activities with individual children and in small and large groups.

- We believe children learn by actively discovering concepts through experimentation, inquiry, and exploratory play. Workbooks, coloring books, flash cards, and pre-cut art materials are not used with the children because CSB believes they do not stimulate intellectual growth or enhance children's creativity.

### Early Head Start (EHS)

- CSB recognizes that the first three years of a child's life are a time of remarkable growth and development.
- Our classrooms are warm, welcoming and safe learning environments designed to promote children's growth and development through active exploration.
- Early Head Start classrooms are staffed by nurturing and responsive teachers who are trained in and follow the practices based on the Program for Infant and Toddler Care (PITC) model.
- The PITC model is a relationship based curriculum and emphasizes a focus on the child's needs and interests. Program components include:
  - Primary Care – each infant and toddler is assigned to one caregiver who is primarily responsible for the child's care.
  - Small Groups – care is provided in small groups of children with a ratio of one caregiver for 3 infants and one caregiver for 4 toddlers.
  - Continuity of Care – all attempts are made to ensure that infant and toddler caregivers and their care group of children remain together for the time they are enrolled in the program.
  - Individualized Care – care, including schedules and routines are developed and adapted to meet the individualized needs of each child.
  - Cultural Continuity – the culture a child brings from home is preserved at school.
  - Inclusion of Children with Special Needs – the components within the PITC model apply to all children.

### Diapering

All infant and toddler centers follow the National Association for the Education of Young Children diapering procedures that includes eleven-steps as documented below:

1. The caregiver gathers and organizes needed supplies
2. The child is placed on paper on a changing surface or table
3. The child's clothing is removed and the caregiver puts on gloves
4. The child's diaper is unfastened and left under child
5. The soiled diaper is removed
6. The caregivers and child's hands are cleaned
7. A new diaper is put on the child
8. The child is dressed
9. The child's hands are washed and the child is returned to the classroom
10. The changing surface is cleaned and sanitized
11. The caregiver washes her hands with soap and water

## Transitions

- Your child's transitions are very important for you, your child, and to CSB staff. Transitions from home to Early Head Start, home to Head Start, and Head Start to kindergarten are some of the most important and memorable changes you will experience with your child. CSB staff takes great effort to ensure transitions for our children and families are as smooth as possible. We work with families to create thoughtful transition plans whenever there is a change from one environment or classroom to another.
- Children respond in a variety of ways to new settings. Some adapt quickly while others may have a more difficult time adjusting. Children experience a variety of feelings (happiness, excitement, sadness, and anger) as they learn to trust new teachers and know that their family members will return at the end of the day. Please be assured that your child will be supported and cared for by our staff at these times.

## Helping Children Transition to the Center

### Daily Transition Tips

As your child's first teacher, the way you care for your children, talk with them, read with them and show them how much you love them will affect them their entire life. Starting school is a big step for young children. The way you enter the center in the morning with your child will have an effect on how they feel that day.

Family members can help by:

- Talking positively about the center, teachers, and children.
- Acknowledging and validating feelings (I know you feel sad, angry, excited, etc.).
- Assuring your child that you will miss them and that you will be back.
- Saying good-bye to your child and informing your child's teacher when you're ready to leave, and then leave (it's confusing for children and teachers when family members say good-bye and remain in the classroom). Remember your child's teacher is there to help with the transition.
- Letting your child know when you are leaving the center. It is very important to your relationship that your child trusts that you will not sneak out to avoid upsetting him or her.
- Giving your full attention to your child at drop off and pick up. **CSB Centers have a "no cell phone policy" inside the centers and classrooms.** If you must make a call, please step outside to do so. Transitions are easier when your child has your full attention and your full attention allows for clearer communication between teachers and family members.

### Transitions for Infants and Toddlers

The transition from home into the infant or toddler program begins for families during the enrollment process. You and your child will be invited to visit the center to meet center staff, caregivers, or other program staff to observe the educational environment. A classroom orientation will be conducted before your child starts, followed by the initial home visit with your child's teacher. When your child begins the program, we encourage you to stay for a brief amount of time to share with staff the way your child is diapered, fed, held, takes naps at home, and other items you would like caregivers to be aware of.

- To support a possible transition to preschool, toddler and preschool staff work together. The transition plan from the toddler program to preschool when applicable begins six months before the child leaves the toddler classroom. The transition plan will be completed by you, your child's caregiver and the Site Supervisor at this time and updated quarterly.
- When your child ages out of the toddler program; he/she will be placed on the wait list for a preschool opening. Comprehensive Services staff will schedule a meeting with you as soon as possible to determine eligibility for CSB preschool programs. For families that no longer qualify for a CSB program, Comprehensive Services staff will share resources for other child care options.

### **Transitions for Preschool Children**

- For new children as well as those children exiting Early Head Start, the transition begins during the enrollment process. Family members and children will be invited to visit the center to meet center staff, teachers, etc., and to experience the educational environment. The classroom orientation will enhance the process and the teacher's initial home visit will enhance your child's transition to preschool. Prior to the final transition, a year end parent teacher conference will be conducted, during which any additional family support will be discussed.

### **Kindergarten Registration and Transition**

- Kindergarten registration information is provided to families between January and March annually. At this time, you will receive information about your local school district's registration procedures.
- The center staff will assist you with the kindergarten registration process and if necessary, help you obtain the necessary immunization record and other documents required for kindergarten entry.
- Beginning in the Spring of each year, you will meet with your child's teacher to receive information and resources to help you and your child experience a smooth transition to kindergarten.
- At a parent meeting, CSB or school district staff will present information regarding the transition to kindergarten.
- Parents are encouraged to attend field trips scheduled by their child's preschool teacher and visit kindergarten classes to familiarize themselves and their child with the school.
- Parents are strongly encouraged to share assessments, parent-teacher conferences, work samples and more with their child's Kindergarten teacher to support the transition process.

### **Education Screenings and Assessments**

#### **Screenings**

- All children who enter the Head Start or Early Head Start program receive developmental screenings within their first 45 days of school. Family members are informed of all screenings in advance and the results of the screening are provided to you by CSB staff. Your child's teacher will use the Ages and Stages Questionnaire 3 (ASQ3) for cognitive and language development and the Ages and Stages Questionnaire Social Emotional (ASQSE2)

for social emotional and behavioral development for all children. The results from the screenings are used to begin the individualization process for all children. If there is ever a question about a child's speech, cognitive or behavioral development while enrolled, the child will be rescreened with the ASQ3 and/or ASQSE2.

### **Educational Assessments**

- CSB teaching staff uses the Desired Results Developmental Profile 2015 (DRDP 2015), an assessment developed by the California Department of Education to assess the development of children from birth to age 5. All children are assessed three times a year by their primary teacher in the following areas: Approaches to Learning Social Emotional Development; Cognitive Development; Language and Literacy Development; English Language Development (preschool only); and Physical Development and Health. The assessment results are used to individualize for each child, document their developmental progress on school readiness goals and to plan developmentally appropriate learning activities for the children.

### **Parent-Teacher Conferences**

- All families are given the opportunity to participate in two parent-teacher conferences each year.
- The first conference occurs within 90 days of your child's first day of school. During this conference you and your child's teacher will meet to discuss your child's progress (based on results of the screenings, assessments, observations and child's work); identify individual school readiness goals for your child to create an individual development plan.
- A second conference is scheduled to review your child's progress on their individual goals.

### **Individualization**

- An individual plan is developed for each child based on the Desired Results Developmental Profile 2015 assessment results, screening results, and teacher observations. Parent input is a necessary component of this process. Parents are encouraged to attend a parent-teacher conference to discuss their child's strengths, create goals and discuss concerns. Together the teacher and parent identify goals for the child. The teacher develops lesson plan activities to meet the goals of each child in her classroom.

### **Environmental Rating Scale**

- The Early Childhood Environmental Rating Scale (ECERS-R) and the Infant/Toddler Environment Rating Scale (ITERS) are designed to assess group programs for children from birth to five years of age.
- The ECERS and the ITERS assess the quality of the environment in an early childhood classroom which includes classroom interactions, materials, and activities.

### **Program Self-Evaluation Process**

CSB staff conducts ongoing monitoring through the analysis and evaluation of data collected from all program services and management systems to ensure the continuous delivery of high quality

services in compliance with all regulations governing the Head Start, Early Head Start and State Child Development programs. This is done at various levels on a daily, weekly, and monthly basis. On an annual basis, CSB conducts a self-evaluation on the program based on the data collected throughout the year so that we can determine our effectiveness in meeting the needs of our children and families, as well as to promote continuous quality improvement. Data includes, but is not limited to: results from parent surveys, environment ratings scale assessment, Desired Results Developmental Profile, file review, and staffing and professional development. Teams are comprised of management and non-management staff, parents, community partners, and Contra Costa County Board of Supervisors representatives. All parents are encouraged to be involved during this process. Non-English speaking parents are paired with a staff members who speaks their language.

## Positive Guidance and Discipline

CSB supports the healthy social and emotional development of all children enrolled in our program. Our goal is to create environments where children are safe and feel secure knowing they will be well cared for. Children are given opportunities in the classroom to learn, build on, and expand social and emotional skills through involvement in a variety of activities.

The Second Step Early Learning program is implemented in all CSB preschool classrooms. The following skills are taught:

1. **Skills for Learning:** Children learn skills to help them be better learners, including how to focus their attention, listen carefully, and ask for help.
2. **Empathy:** Children learn to identify and understand their own and others' feelings. Children also learn how to show care for others.
3. **Emotion Management:** Children learn how to calm down when they have strong feelings, such as worry or anger.
4. **Friendship Skills and Problem Solving:** Children learn how to make and keep friends and solve problems with others in a positive way.

To minimize conflict our staff provides appropriate activities, create an inviting environment, and meet the individual needs of children. Conflicts, however, are a natural occurrence as young children try to relate to one another in a group setting. Various strategies are used for assisting children to resolve conflicts and develop social-emotional skills taking into consideration the age of the child and the severity of the situation. All strategies and techniques are intended to guide and support children.

The following are examples of strategies used by CSB staff:

- **Limit Setting-** In order for children to build trusting relationships and feel confident to explore, they must clearly know what is expected of them. Rules are kept few, basic, clear and concise. Boundaries and expectations expand in keeping with the abilities of the children.
- **Consistency-** So that children know what to expect (and from that can anticipate, predict and change their own behavior accordingly), limits and expectations are consistent

throughout the classrooms. All adults respond in a consistent manner to conflict situations.

- **Tone**- The message a child receives from an adult intervening is: you are safe, the situation is under control, and we can work it out. A firm, kind, serious tone with a relaxed demeanor reinforces this message.
- **Modeling**- The adults in the center set an example of compassionate, caring individuals who are able to express their own feelings and needs clearly and calmly.
- **Support for Autonomy and Leadership**- Children are given time to work through their own problems. If a situation does not escalate to destructive or aggressive behavior, a teacher may choose to simply observe as the children seek a solution, or their presence can serve as a gentle reminder to use words instead of action. Teachers trust children to 'figure it out' but are there to help if they should need it. When additional intervention is necessary to facilitate the resolution process, it is as non-intrusive as possible.
- **Identifying/Interpreting**- "You both want the truck." Such a simple statement can clarify the problem, diffuse tension and help the problem solving begin. Children also need help to consider other's emotions or needs especially when they are upset themselves. For example, "Look, he is crying. It really hurt when you kicked him."
- **Validating Feelings**- Acknowledging the emotion is necessary before any other learning can occur. "I am aware you seem angry but I will not let you hit her." It is important that all children in a conflict be honestly listened to. Children are not told to say "I'm sorry," but rather, to actively comfort or offer help to the child they hurt/upset.
- **Giving Choices/Offering solutions**- Adults offer choices and possible solutions to children who are having a difficult time finding them on their own. Some options given are negotiating and collaboration.
- **Redirection**- A request to stop a negative behavior is accompanied by a suggestion for an appropriate behavior with which to replace it..."You may not climb on the fence; if you would like to climb you can use the climber."
- **Natural Consequences**- Consequences for behavior are those that are logical to children. "If you are not able to stop throwing the sand, then you will need to come out of the sandbox." When children are able to understand the results of their own behavior they are better able to modify it.
- **Individualized Positive Guidance plans**- A written plan is developed to support individual children who repeatedly display negative behavior. The teacher and parent share responsibility developing and implementing the plan.

*In compliance with Section #101223 of the Licensing Code, and in support of each child's right to be treated with dignity and respect, the following identifies our practices for addressing hurtful behavior by young children when above strategies have not been successful:*

- CSB will implement the 4 Step Positive Guidance Discipline Policy Step Letter to Parents. (Please see Positive Guidance Policy Step Letter to Parents, Appendix G)
- CSB will report to Community Care Licensing any incidents requiring medical attention.

## Field Trips

CSB field trips encourage hands-on exploration and experimentation; and are a way for children to



learn more about their world (school, neighborhood, and community). Our field trips are planned to be developmentally appropriate and to complement the classroom educational experience and current classroom curricula. Parents are encouraged to take part in planning and to participate in field trips. Teachers prepare children for field trips and discuss field trip safety at least one week prior to field trips.

Parents are informed at least two weeks in advance of upcoming field trips and encouraged to volunteer. CSB will not provide parent/family transportation, with the exception of the previously determined parent volunteers/chaperones. Parent volunteers must adhere to the immunization requirements. Parental permission slips are required for all fields. Only children enrolled in the classroom taking the field trip may participate. Parents may not bring siblings or other children on the field trip. Parents may drive their own child to a field trip after signing their child out of school but may **not** drive other students or parents. While on the field trip parents need to sign their child in or out, using a paper sign in/out form if tablets are not available.

Adult-to-child ratio on all field trips is a minimum of one adult for every four children (1:4). This ratio may be adjusted lower (1:3 or 1:2) when the teacher or Site Supervisor determines it necessary. Teachers (and volunteers) are assigned groups of children for whom they are responsible at all times. Each group must stay together, within the teacher's area of vision and supervision.

## Celebrations

The center encourages the celebration of life, friendship, and appreciation throughout the year. The emphasis, however, must be in developmentally appropriate activities that support and nurture every child. These events are based on children's interests, rather than commercialized holidays. Parents will not be asked by staff to contribute money or food for special events.

Children's birthdays are very important and birthday celebrations are as unique as each child. However, the classroom's daily routine will not be changed to accommodate birthday celebrations. Please do not bring food, sweets or latex balloons (a choking hazard) to the center/classroom as a way to celebrate events. Children learn by example, and to reinforce the nutrition education in the classroom, the following ideas are suggested:

- Giving and/or reading a book to the child and classmates.
- Bringing educational toys to share.
- Bringing a baby book, another symbolic item, or a special family story to share.
- Leading a game.
- Leading a nutritious class project (protocol for change of menu must be followed).
- Performing art, singing, dancing, and playing instruments.

## Clothing Appropriate for School

Valuable learning occurs through hands on experiences that are sometimes messy in nature. Your child will be involved in sensory activities daily, often involving water, cooking ingredients, paint and other art materials.. Please dress your child in comfortable, washable clothing appropriate for active and messy play. Shoes must be closed at the toe and heel to prevent injuries. Please dress your children in clothing appropriate for the weather. For example, on cool/cold mornings and when the

weather is unpredictable children should come to school dressed in layers of clothing to ensure they will be comfortable in a variety of weather conditions.

### Change of Clothing

At least one change of clothing should be kept at the center at all times. Clothing needs to be properly labeled with the child's last name. Each child has a specially designated space to hold personal belongings.

## III. Staff Qualifications and Professional Development

CSB is committed to quality early childhood education and our delivery of high quality services depends on enhancing the skills, knowledge, and ability of our early childhood educators.

**All Early childhood educators employed by CSB are trained in Early Childhood Education and/or Child Development and each holds the appropriate credential/permit as required by the State of California. Additionally, they are certified in pediatric first aid and CPR.**

Our management team and training committee carefully design training and professional growth opportunities for staff to maintain and enhance program quality. Centers close early twice monthly to allow adequate time to provide teaching staff with valuable learning opportunities .

New employees are provided with an orientation to support their understanding of Bureau policies and HS/EHS Program Performance Standards, as related to their respective job classification and are evaluated within the first six months of employment. Formal written performance reviews of all staff are completed annually.

Teaching staff are offered a variety of in-house professional development opportunities through trainings and workshops. Teaching staff are also offered opportunities to attend educational conferences to deepen their knowledge and skills. In addition, our community collaboration and partnering agencies offer professional development opportunities.

## IV. Parent, Family and Community Engagement

### Family Engagement & Education

#### *Family and Teacher Partnerships*

CSB emphasizes the importance of being actively involved in your child's education. Staff and families work in conjunction to develop positive relationships through on-going and open-communication. Parents partner with teachers by exchanging valuable information about their children to enrich their early learning experiences. There are many opportunities for you to take an active role in the program. Some of the benefits of participating in and supporting your child's learning include:

- Observing first-hand how children learn and grow.
- Increasing your skills and knowledge.
- Locating community agencies that can assist your family.
- Aiding the program in providing responsive, quality services.
- Sharing information concerning your child's progress and development.

### **Initial Home Visits**

- Home visits are the first step in building positive and trusting relationships between you, your child, and their caregiver/teacher. The home visit provides time for you to share information about your child and for the caregiver/teachers to inform you about our program.
- Our program requires that your child's caregiver/teacher conducts two home visits a year with you.
- The first home visit will occur within 45 days of your child's enrollment and the second will occur at or around the middle of the program year.
- During the first home visit, your child's caregiver/teacher will work with you to complete the Ages and Stages SE questionnaire. This questionnaire will provide our program with information to together support and promote your child's social emotional development.

### **Family Engagement Opportunities with CSB**

CSB provides families with a variety of ways to become actively involved in our program. The following are some suggestions:

- Attend a Classroom Program Orientation to learn:
  - Program philosophy
  - Program Goals and Objectives
  - Program Activities
  - Eligibility criteria and priorities for enrollment
  - Fee requirements if applicable
  - Due Process Procedures
  - Attendance Matters
- Attend two Parent/Teacher conferences per year to learn:
  - Ways you can assist your child to continue their progress at home and in the program
  - Screening and Assessment results for your child
  - The progress your child is making with their education
- Attend Parent Meetings with program staff to learn:
  - What's happening in the program and in the community
  - How to provide valuable input to the program and classroom activities
  - Volunteer and job opportunities available to you and your family
  - Child development and positive guidance
  - Information and training on a variety of topics of interest to you and other families including the following required trainings: Vehicle and Pedestrian Safety, Child Abuse Prevention and Transitions
- Attend the Policy Council and other advisory bodies to:
  - Be informed about program issues and concerns related to the families and children served by Community Services Bureau

- Be informed and provide vital input into developing program policies, planning, and budgeting of the program.
- Approve a variety of actions for the program

### **Male Involvement and Engagement Program**

CSB supports the involvement of both parents in their children's early care and educational experiences. Our goal is to engage both parents to the maximum extent possible in the family partnership process to include ongoing communication with the child's teacher. The role of a responsible and loving father/father figure is strengthened and emphasized when their children are enrolled in our Head Start, Early Head Start and State funded programs. CSB staff utilizes various strategies to strengthen the involvement of parents by intentionally engaging fathers/father figures. Male involvement activities are planned to engage fathers/father figures in their children's learning and healthy development. These activities also provide fathers/father figures with an opportunity to learn from one another, make connections, and build a community that helps them fulfill their role as one of the most important people in their children's lives.

Additional activities to support fathers and involved men are determined locally through communication with teachers, site supervisors and/or comprehensive services staff.

Links to resources are provided to meet the unique needs of each father and/or other significant males in the child's life. Please ask staff for more information.

The following are examples of some of the resources and referrals available to fathers:

- Parenting/Fathering and co-parenting
- Employment/Education/Training opportunities
- Adult Relationship Building
- Legal Services
- Financial Literacy
- Child Support Services
- Behavioral Health Services

### **Family Partnership Building**

The family partnership building process begins at the first point of contact with families. Parent and family engagement in Head Start/Early Head Start is about building relationships with families that support family well-being, strong relationships between parent and their children, and ongoing learning and development for both parents and children. Through the Family Partnership Agreement, families share their life aspirations, goals, and challenges with comprehensive services staff, and through a mutual agreement, they define short and long term goals that will promote family and child development progress. As needed, staff assists families with concrete community referrals and resources to support the goal completion.

CSB supports the parent's role as the primary advocate for their child's education and will provide many opportunities throughout the year for parent and staff interaction. If you or your child has any pre-existing goals established with another agency (for example Workforce Services, Children and Family Services or through a Local Education Agency), please let us know. Our goal is to assist you

in achieving goals already identified along with providing support as needed for you to attain new family goals and aspirations.

CSB works in close partnership with several children and family services agencies in a wide number of service areas such as behavioral health services; nutrition support; education programs; disabilities support services agencies; local food banks; and financial literacy education and asset development programs. Staff will connect families to community resources as needed and requested by the family to build networks.

When informed of a family crisis, staff will support the family in obtaining emergency aid (food, clothing, shelter, etc.) or crisis assistance as needed. Sensitivity and care is taken to assess the nature and scope of the crisis in order to work with the family to discuss the level of support that is adequate yet comfortable and responsive to the families' specific needs/interests.

***Every effort is made to communicate in the family's primary language, translation support is provided by bilingual staff and Language Translation Line Services.***

### **Community Engagement**

CSB is engaged in numerous partnerships and initiatives resulting in a broad range of services provided to our staff, our families, and our community.

Eight of our 14 preschool, infant and toddler centers are accredited by the National Association for the Education of Young Children (NAEYC), a nationally known hallmark of quality.

All CSB Head Start and Early Head Start programs participate in the Quality Rating and Improvement System (QRIS) sponsored by the Contra Costa County Office of Education. Each of our centers has consistently received high ratings for various elements of quality, including teacher-child ratios, teacher qualifications, and program/classroom environment.

CSB participates in a number of school readiness and literacy initiatives including Raising a Reader, TANDEM. The Bay Area Discovery Museum in Sausalito funds field trips to the museum. Community Services Bureau teaching staff work with the Museum staff to integrate what children learn at the museum into the classroom curriculum.

Ensuring children and families remain healthy is a priority for CSB. We collaborate with community agencies to support high quality and complete physical/dental exams, vaccinations and follow-up treatment. CSB encourages and facilitates activities that inspire movement and healthy nutrition choices into the program's curriculum.

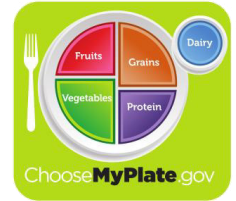
CSB also provides comprehensive services to our enrolled families including behavioral health services and referrals, parent engagement opportunities and parent education opportunities at the centers as well as in the community. Financial assistance via the Low-Income Home Energy Assistance Program (LI-HEAP) and weatherization services to save energy and money are available to all Contra Costa residents who qualify.

Information regarding CSB's community partnerships and upcoming events can be found on our Facebook page at <http://www.facebook.com/CCCCSB> .

## V. Nutrition Program

Your child will be served nutritious meals while attending the center. The CSB food program is funded in part by the federal Child Adult Care Food Program (CACFP) and the meal patterns meet the requirements for quantity and variety set by the government.

CACFP is an equal opportunity provider. For the full nondiscrimination statement please see *Appendix L* in the back of the handbook.



There is no charge for the meals. Meals are prepared at the Central Kitchen and transported daily to centers. Menus are distributed to each center monthly and posted in each classroom.

All meals are served family style. Children help set the table, serve themselves, clean up spills and scrape their dishes, all of which helps them to develop personal responsibility. Teachers eat with the children and model appropriate serving sizes and behavior. During mealtime, children learn about food and healthy eating habits as well as socialization, self-sufficiency, and manners.

### Peanut-Free Zone

Each CSB center is designated a **Peanut-Free Zone**. CSB does not serve foods that contain peanuts due to the increasing health risk of peanut allergies in young children. The prevalence of childhood peanut allergies has increased dramatically in the past few decades. Peanuts are currently the leading food-related cause of severe life-threatening allergic reactions.

### Meal Schedules

We offer breakfast to help children have a healthy start to the day. If you bring your child to the center after breakfast is served, please be sure to feed your child a nutritious breakfast before you leave home.

#### Half-Day Program Meal Schedule:

- A.M. Meal Service: Children receive breakfast and lunch as part of the daily program.
- P.M. Meal Service: Children receive lunch and afternoon snack as part of the daily program.

#### Full Day Program Meal Schedule:

Children receive breakfast, lunch and afternoon snack as part of the daily program. Exact mealtimes are posted in each classroom.

### Food Allergies & Special Dietary Requirements

For food allergies, CSB requires a statement from a medical provider (licensed physician, physician assistant, or a nurse practitioner). The statement must list the food(s) that the child may not have and the substitute foods to be used instead. The Site Supervisor or Comprehensive Services staff

will provide you with the appropriate form. Food restrictions due to food allergies cannot be fully accommodated without a medical statement.

Special diets required because of cultural, religious, and/or personal beliefs must also be documented in the child's file to allow us to provide substitute foods. A Request for Special Meals and/or Accommodations Due to Cultural/Religious/Personal Beliefs form must be filled out so that meal modifications can be made. The original will be kept in the child's file and a copy will be sent to the Nutrition Office. When filling out this form, clearly describe the dietary restrictions and list acceptable replacement foods.

CSB's Infant Program provides Enfamil PREMIUM, a milk-based infant formula. If you choose to decline the center's offered formula, you will need to fill out the "Parent's Form for Declining Provider's Formula" and furnish a formula that meets the Child Adult Care Food Program requirements for iron fortification and nutritional content. A list of iron-fortified formulas is attached to the form. Unless your doctor has prescribed a special formula, a medical statement will also be necessary. The Site Supervisor or Comprehensive Services staff will provide you with the proper form to take to your doctor.

## **Nutrition Education**

CSB incorporates nutrition into the curriculum. Cooking experiences for the children are regularly integrated into the menu planning. The children also learn about how food is grown, how it gets to consumers and sanitary food preparation. A Health & Nutrition Services Advisory Committee Meeting is held twice a year in fall and spring to discuss health and nutrition related topics and review menus. The committee also comes together to discuss planning and operation; evaluation of our health and nutrition services; and to address current community health issues, questions or concerns. Parents are welcomed and encouraged to attend.

## **Nutrition - Infants and Toddlers**

Infants are held and talked to while taking a bottle, and nursing moms are encouraged to drop by the center or bring breastmilk to be refrigerated and used at the center. Once the child is able to eat solid foods, the program will provide food. Be sure to work with your child's primary caregiver and doctor when it is time to switch from breastmilk or formula to baby food, and eventually to table foods.

## **Food from Home**

Please do not bring food for your child to eat in class. Home prepared food may not be served at any CSB center, in the classroom or at program sponsored functions (with the exception of potlucks - see policy below). When foods are brought from home, we have no way of monitoring the ingredients, preparation, appropriate storage or refrigeration. Leftover foods from classroom meals may not be taken from the center. We are very concerned about food safety and want to avoid the risk of food poisoning, which can occur when foods are not handled and stored safely. CSB meals are served in compliance with safety regulations and with consideration of food intolerances and food allergies, some of which can be life-threatening.

## CSB Food Policy for Celebrations

In an effort to reduce chronic disease, in March 1993 the Board of Supervisors adopted the Contra Costa County Food Policy developed by the Contra Costa County Food and Nutrition Policy Consortium. CSB actively subscribes to the policy. The policy states that food at staff meetings, parties, and other types of County social events shall include choices that meet U.S. Dietary Guidelines and whenever food is served or provided through food assistance programs, it must reflect the current standards of good nutrition.

The Community Services Bureau recognizes frequent consumption of non-nutritious foods and beverages as a significant risk to the health of the children being served and is taking a preventative approach. The role of CSB in serving families includes consistently modeling the behavior we wish to encourage. Therefore the following applies at all CSB meetings, events, activities, or celebrations which include children:

- Beverages with added sugar, (corn syrup, or artificial sweeteners) and/or solid fats, (such as candy, donuts, cake, cookies, and chips) will not be served
- Foods containing large amounts of sugar and/or solid fats (candy, donuts, cakes, cookies, chips, etc.) will not be served
- Instead, CSB will provide or require healthy alternatives such as:
  - Unsweetened carbonated water (flavored or unflavored)
  - Water, perhaps flavored with a slice of lemon or other fresh fruit (and preferably served in non-plastic containers)
  - Non-fat or 1% milk (plain)
  - Coffee and/or tea (for adults)
  - Fresh fruit
  - Whole-grain snacks (crackers, etc.)
  - Raw vegetables and dipping sauce

## Potlucks

Potlucks are discouraged during class hours as the children have their planned menus. If a potluck is held during classroom events, it should be held in a separate room such as the teacher's lounge. Enrolled children, however, will always be served the food provided by Child Nutrition Services. If a separate room is not available, potlucks are held in the evening after class hours. Parents may serve their children food from whatever source they choose at this time. Parents who choose to bring food for potlucks are encouraged to bring foods that are economical, healthy and prepared in sanitary conditions. Cultural foods are also encouraged.

## Women, Infants and Children (WIC)

We encourage all CSB families to enroll in WIC as most will qualify for this free federally funded health and nutrition program that helps pregnant and postpartum moms, and children under 5 years old to get the best nutrition possible. WIC provides participants with checks to buy milk, cheese, eggs, iron-fortified cereals, fruits and vegetables, bread and other foods. WIC also supports breastfeeding, has nutrition and health education classes and more. Please ask the Site Supervisor or Comprehensive Services staff for more information, or visit <http://cchealth.org/wic/>. Enrolling in this programs **does not** jeopardize anyone's immigration status.



## Food Stamps (CalFresh)

This federally funded program provides economic benefits in the form of an EBT card so that eligible, low-income individuals and families can easily purchase food. Please check with the Site Supervisor or Comprehensive Services staff or go to <http://ehsd.org/benefits/calfresh-formerly-known-as-food-stamps/> to learn how to apply. This supplemental program adds to families' food budgets to enable the purchase of more healthy and nutritious food. This means more money in non-food budgets thanks to WIC and CalFresh. For example, more money for enrolling children in soccer or for family savings. Enrolling in this programs **does not** jeopardize anyone's immigration status.

## VI. Health and Safety

### Health

In accordance with Community Care Licensing, incidental medical care services are provided as specified in CSB's Plan of Operation/Incidental Medical Plan. Approved services will be provided only when all requirements of the plan are met.

### Immunizations

A current immunization record must be submitted prior to enrollment and kept current for all children during the time they are enrolled in the program. The Personal Belief Exemption is no longer an option for vaccines that are required for school entry per Senate Bill 277 which went into effect as of January 2016.

### Physical Exams

All children are required to have a physical exam within 30 days of enrollment or submit a record of a physical exam completed within the last year prior to enrollment. TB test results or physician's assessment of TB risk factors conducted within the last year prior to enrollment must be submitted within 30 days of enrollment. Failure to comply with these health requirements may result in exclusion. All children in a Head Start or Early Head Start program will follow the Bright Futures Early and Periodic Screening, Diagnosis and Treatment Schedule (EPSDT) for physical exams and TB thereafter. *Please see EPSDT Schedule, Appendix M and Report of Health Examination-Well Child Check, Appendix N.*

Comprehensive Services Staff supports families throughout the process of obtaining an ongoing and continuous source of medical care and insurance.

### Dental Exams

All children in a Head Start program are required to have a dental examination within 90 days of enrollment and per the EPSDT Schedule or recommendation of the dentist (if sooner) thereafter. Children are also required to complete follow-up dental treatment as needed. CSB encourages dental examinations for children 0-3 and children in other program options as well. In addition, all children in both an Early Head Start and Head Start program are required to obtain a dental assessment at each Health Exam per the EPSDT Schedule and to complete follow-up treatment as

needed. Comprehensive Services Staff supports families throughout the process of obtaining an ongoing and continuous source of dental care and insurance.

*Please see Dental Exam, Appendix O.*

## **Dental Hygiene**

All children with teeth shall brush or have their teeth brushed with fluoride toothpaste once a day during the hours the child is in care.

All children without teeth shall have their gums wiped daily with a moist cloth or a product manufactured for this use to remove any remaining food/liquid that coats the gums. By doing this, the plaque is broken up to create a much healthier environment for the teeth that will be coming in later.

## **Daily Health Checks**

CSB requires daily health checks for all children. Children are checked daily when greeted by a designated classroom team member, and only children in good health are admitted into the center. Children displaying symptoms of an illness that could be contagious or may prevent them from fully participating in the program will not be admitted.

## **Health/Illness Policy**

Ensuring the health and safety of both children and staff is a priority for CSB Centers. Temporary exclusion/home rest will take place when a child has a communicable illness that could be passed on to others, has an illness that prevents the child from participating comfortably in activities and/or has an illness that results in a need for care that is greater than the staff can provide without compromising the health and safety of the other children. When health concerns arise, the Site Supervisor or designee will assess the child's health and determine when home rest is necessary to prevent the spread of illness and to give the sick child the opportunity to regain good health.

Parents/caregivers must contact CSB when their child has been diagnosed with a communicable illness. *Please see CSB Sick Child Policy, Appendix E.*

## **Injury at the Center**

For all injuries, including minor scrapes and cuts, staff will provide the necessary first aid. An Injury/Incident Report will be filled out by the child's teacher and shared with the parent. All head injuries require an immediate call to the parent. Parents can make the determination to pick up their child or not based on the staff report and advice as to the seriousness of the injury. In the event that medical treatment is required, the center staff will instruct the parent to take their child to the doctor. If the parent cannot be contacted and a child needs to be transported by ambulance to the hospital, the teacher will accompany the child.

## **Medications**

Please make sure that the teacher in charge is aware of any medication needs your child may have at enrollment time or as soon as the medication has been prescribed. Here are some specifics regarding our policy:

- All medications, both prescription and over-the-counter (including sunscreen and diaper rash ointment) will be administered at school ONLY if the parent has provided written consent, the medication is in the original container and the facility has on file the written orders from a physician that include the name of the medication, the schedule, the dosage, the length of time to administer the medication, how the medication is administered, and the possible side effects.
- Prescription medications must have a **prescription label** indicating the name of the child, dosage and frequency, how the medication is administered (ex: orally), expiration date of the medication, and the name and phone number of the physician.
- A medication log is used to document medication administration and is always available to parents. Copies are available for parents/caregivers upon request at any time.

## Help Keep Your Children Safe

### Safe Sleep

CSB follows current safe sleep practices to reduce the risk of Sudden Infant Death Syndrome (SIDS) and other sleep related infant death as follows:

- Infants 12 months and under will be placed on their back when going to sleep
- 100% cotton sleep sacks will be used in compliance with the instructions of the manufacturer to replace loose blankets for warmth and will be used on an as needed basis based on room temperature and the clothing worn by the child at that particular time
- Sleep areas will consist of a firm surface (crib mattress covered by a fitted sheet)
- No soft objects, toys or loose bedding will be placed in baby sleep areas
- Room temperature will be regulated to make sure babies are not too hot
- Parents/caregivers are encouraged to follow safe sleep practices at home.

### Safety While at the Center

On August 3, 2011, the Governor signed into law AB 123 (Mendoza) which helps protect our schools. To the law that already makes it a misdemeanor to go “into any school building or upon any school ground, or adjacent street, sidewalk, or public way and interfere with or disrupt a school activity,” and other things, this bill adds “and willfully or knowingly creates a disruption with the intent to threaten the immediate physical safety of any pupil in preschool, kindergarten, or any of grades 1 to 8, inclusive, arriving at, attending, or leaving from school.”

### Radio Frequency Identification

As of July 2015, CSB expanded implementation of the Radio Frequency Identification (RFID) safety enhancement system to all preschool classrooms. As a component of this safety system, children wear a washable vest that is equipped with a passive RFID tag that allows nearby RFID antennas to locate the vested child in relation to their teachers, who also wear an RFID tag within the grounds of the center. This system was designed as an added security measure to ensure children’s safety while at our facilities and in no way replaces the active visual supervision of children by our teaching staff. In an event that the system identifies that the required child to teacher ratio is not met, an automatic alert is sent out to supervisors and administrators for immediate action.

The RFID tag in the vest is the same technology used with newborns and with Alzheimer's/dementia patients at hospitals and is safe for the children to wear. The tag is compliant with Federal Communications Commission (FCC) Guidelines for human exposure to radio frequency electronic fields and does not contain a battery nor does it store any information about the child and so is compliant with confidentiality regulations.

The vest, which has the child's classroom number on the back, is similar to the concept of a school uniform or team jersey and supports the children in identifying themselves as part of their classroom group. While on field trips and outdoors, children are easily identifiable by their vests and with their classroom number on the back of the vest which provides additional visual identification for the teachers.

The implementation of this system does not change the existing required practice of CLOUDS sign in/out daily. Preschool children put on their vest with help from parents upon arrival to their classroom as soon as they are signed in. At the end of each day, parents sign their children out and remove their vest.

## Unattended Vehicles

**In accordance with Kaitlyn's Law, children must never be left unattended in a motor vehicle on CSB property.** California Law (CA Vehicle Code 15620) prohibits anyone from leaving a child six years of age or younger unattended in a motor vehicle without the supervision of someone who is 12 years or older when:

- (1) There are conditions that present a significant risk to the child's health or safety.
- (2) The vehicle's engine is running or the vehicle's keys are in the ignition or both.

*~ Violations may incur a fine.*



*Reminder - On a typical sunny day, the temperature inside a vehicle can reach a potentially deadly level within minutes! **Do not leave your child in a vehicle - NOT EVEN FOR A MINUTE!***

## Pedestrian Safety/Traffic

CSB provides training for parents and children on vehicle and pedestrian safety within the first thirty days of the program year (by September 30<sup>th</sup>). The training that is provided to children is developmentally appropriate and is an important part of program experience. The need for an adult to accompany a preschool child while crossing the street is emphasized in the training provided to both parents and children. Through all pedestrian safety activities, children are educated on the importance of holding an adult's hand while crossing the street.

Children learn that "Green Doesn't Mean Go" because according to the National Safety Council, most of all accidents that involve children at traffic intersections happen when there is a traffic signal. In half of these cases, the children were crossing correctly with a green light. Children are taught that they must check to see that all cars have stopped coming towards them and that no cars are turning into their paths before crossing and that they should never cross the street without an adult. Children are also taught to play away from streets and driveways and the importance of wearing seatbelts. *Key points of the parent training on Pedestrian Safety are found in Appendix K.* Children are also taught to wear helmets when riding bikes or scooters in an effort to establish safe life-long habits.

## Parking Lot Safety

- **ALWAYS** hold your child's hand when entering/exiting the center and approaching and entering the parking lot.
-  **NEVER** leave children unattended in cars while dropping off or picking up a child. Prevent child abduction and remember that hot cars are the cause of injuries and death to children every year. Don't leave your child in the car alone - even for a minute! (CSB teachers and administrators are mandated reporters of child abuse and neglect and must make a report if they observe a young child being left in a car unattended).
- **MODEL** and demonstrate safe practices - while holding your child's hand look to the right, look to the left and tell your child to look both ways when entering the parking lot.
- **REMEMBER** to turn off your car engine and lock the doors before walking your child into the center.
- **BE ALERT** while driving in the parking lot. Drive slowly, be ready to break if necessary, edge away from parked cars slowly and **BE PREPARED FOR THE UNEXPECTED!**
-  **HANG UP** the cell phone when in the parking lot and when entering the building. **Help keep our children safe.** It is important that you stay alert and focused when dropping off and picking up your child.

## Street Parking Protocols

- Drive slowly and cautiously in front and around child care centers.
  - Park only in designated parking spaces.
  - Do not double park.
  - Be reminded loading zone parking limits parking to 3 minutes only.
  - Be careful not to park in neighbor's driveways or block any property entrance.
  - A handicap placard must be visible when parking in a handicap parking space.
  - Hold your child's hand when getting out of the car and entering the street.
  - Look both ways and hold your child's hand when crossing the street.
- ~ **CSB reserves the right to terminate services for failure to follow parking protocols**

## Car Seat Laws

PROTECT YOUR CHILD - It is the law!

*Current California Law -*

- *Children under the age of 2 are required to ride in a REAR-FACING car seat in the back seat of the vehicle unless the child weighs 40 or more pounds or is 40 or more inches tall. The child shall be secured in a manner that complies with the height and weight limits specified by the manufacturer of the car seat.*
- *Children under the age of 8 must be secured in a car seat or booster seat in the back seat of the vehicle.*
- *Children who are 8 years of age or have reached 4' 9" in height may be secured by a booster seat, but at a minimum must be secured by a safety belt.*

- *Passengers who are 16 years of age and over are subject to California's Mandatory Seat Belt Law.*

## Emergency Preparedness

Staff and children participate in monthly disaster drills so that they are fully prepared in the event of a fire, an earthquake, or an air disaster. Evacuation routes are posted in each classroom. All classrooms are equipped with emergency preparedness supplies designed to last up to 72 hours in the event of a disaster.

## Shelter-in-Place

Contra Costa County has a system for warning residents of potential emergency situations where the air may be unsafe to breathe due to industrial accidents, etc. The staff takes the following precautions when safety sirens are heard and we request that our families do the same:

- Go inside immediately.
- Take pets, if this can be done quickly.
- Close and lock all doors and windows.
- Turn off all heaters, air conditioners, and fans.
- Close or cover any vents to outside air.
- If not using the fireplace, close the damper.
- Cracks around doors and windows can be sealed with tape or damp towels.
- Tune your radio to KCBS 740 AM for further information and instructions.
- Stay off your phone. DO NOT call 9-1-1 unless you have a life-threatening emergency.

The above "Shelter-in-Place" guidelines were provided by the Contra Costa County Health Services Department. Sirens are tested the first Wednesday of each month at 11:00 A.M.

**Do not attempt to pick up your from the center when we are in "Shelter in Place" or "Lockdown" mode. We cannot release your child until the Health Department or Overseeing Agency has determined that it is safe.** Be assured that your child is safe with our trained program staff and keep yourself safe by staying sheltered where you are when a shelter-in-place order is in effect.

## Items Brought from Home

Your child's classroom may have a specific day for sharing; please check with your child's teacher as to the day/s she may have designated for this activity. Your child's teacher will be able to provide you with ideas around items appropriate for sharing. Parents are encouraged to **not** allow their children to bring valuable personal items to school that could get damaged or lost. Hand held electronic devices (tablets, cell phones etc.) may **not** be brought to school at any time.

## Sun Protection

Sun protection routines in childhood can establish lifelong preventive habits. At CSB, shade is provided at all sites, infants under six months of age are not exposed to direct sunlight, children are encouraged to wear light colored, loose fitting clothing that covers as much skin as possible and parents are encouraged to apply sunscreen to their child's exposed skin as part of their school drop

off routine. Following the procedure for over-the-counter medications, sunscreen provided by the parent will be applied by teaching staff. Drinking water is available to children during outdoor play.

## VII. Social Services

CSB is a bureau of the Contra Costa County Employment & Human Services Department (EHSD). EHSD is the second largest department in Contra Costa County. Our Bureaus include Children & Family Services, Aging & Adult Services, Workforce Services, Community Services, the Workforce Development Board and Administrative Services. We also provide administrative support to the “Zero Tolerance for Domestic Violence” initiative. Each Bureau's webpage and its programs can be accessed by via the County website: <http://www.cccounty.us/ehsd>.

- We provide more than 60 programs that serve over 100,000 citizens in need of basic protection or support services each year.
- The majority of the services provided are for children and families, the elderly, the disabled, and to people attempting to enter or move up in the workforce, as well as those on public assistance, to whom services are mandated by federal, state laws and local ordinances.
- Our programs are offered throughout the County from 40 locations by over 2,000 staff members.
- We oversee an annual budget in excess of \$448,000,000. Approximately 95% of our funding comes from federal and state sources with less than 10% provided by the County. The County share of cost for EHSD programs is, for the most part, required by federal and state laws or for County-specific programs such as General Assistance.

## VIII. Community Services Bureau Policies & Procedures

### Sign in/out

Parents are required to sign their child in and out of the program daily through the CLOUDS system. Signatures need to be legible and include the full first and last name of the parent or designee. Initials are not acceptable. The system will record the sign in and out times. When parents are unable to escort their children to the center, they may authorize, in writing, a person who is at least fourteen (14) years of age to serve as their escort. Only individuals with prior written authorization will be allowed to pick-up a child from the center. Identification will be required of all newly authorized individuals or unknown individuals prior to releasing a child to them.

In the event that a child is not signed in/out on a specific day, CSB personnel will contact the child's parent and request that the parent or a pre-authorized designee immediately return to the center and sign the child in/out. If the parent fails to respond and does not return to the center to sign the child in/out, the following will steps will be taken:

- The Site Supervisor will schedule a meeting with the parent to review CSB sign in/out procedures.
- The parent will be advised that further failure to comply with CSB's sign in/out procedures could result in termination of services.

## Attendance Matters:

From the first day of enrollment, your child's attendance matters! Good attendance in preschool leads to lifelong learning and positive habits necessary for future school success and later in life. Any time your child misses a day of school, it is a missed opportunity to learn. Missing 10% of a school year (2 days per month) is considered chronic absenteeism and affects a child's ability to develop the skills needed to be successful in kindergarten and beyond. CSB is committed to ensuring all children enrolled in our programs benefit from the high quality early education program we provide. Your child's teacher and our comprehensive services staff will work with you and help you overcome any barriers that may be preventing your child from attending school daily. *Please see Appendix R.*

The following are a few tips to help support regular attendance:

- Make sure your children have a regular bedtime and morning routine.
- Lay out clothes the night before.
- Ensure your children go to school every day unless they are truly sick.
- Avoid scheduling vacations or doctor's appointments when school is in session.
- Talk to the teacher or site supervisor if your child feels anxious about going to school.
- Develop a back-up plan for getting to school if something comes up.
- Call on a family member, neighbor or another parent to take your child to school.

## Absence Policy

All parents must notify site staff as soon as possible when their child is going to be absent or within (1) hour of their scheduled start time. Parents are encouraged to work with program staff to obtain assistance to remove any barriers to bringing their child to school in accordance with their contract hours.

## Unexcused Absences

Unexcused absences are defined as days of non-attendance which do not qualify for any of the excused absence categories listed below. State funded program services will be terminated if a child has ten (10) or more unexcused absences in a program year (July 1<sup>st</sup> - June 30<sup>th</sup>). After two unexcused absences, CSB staff will make direct contact with the parent to discuss the attendance and develop a plan to correct, if applicable. Staff will discuss the benefits of attending school on a regular basis.

## Excused Absences

- **Illness:** Absences may be excused for illness of the child, sibling or parent. A child's illness absence lasting three (3) or more consecutive days may require a note from an appropriate medical professional before the child is allowed to return to class.
- **Family Emergency:** Absences due to family emergencies may be considered excused absences. Any of the following reasons can be considered family emergencies:
  1. Death of a family member.
  2. Immediate need for medical health treatment of anyone in the family.
  3. Any incident caused by a situation which results in the family having their normal schedule disrupted to the extent that the parent cannot safely accompany their child



to the site (i.e., theft, fire, flood, arrest and/or incarceration of a parent or guardian, etc.)

4. If regular means of transportation to school is disrupted, and no alternative, i.e. public transportation is available.
  5. Any other situation at the discretion of the site supervisor.
- **Court Ordered Visitation:** If an excused absence is based on time spent with a parent or other relative as required by a court of law, a copy of the Court Order will be required to remain in the child's file.
  - **Best Interest Days (BID):** Absences may be excused for the "best interest of the child" which would include time for a child to be with a parent or relative (i.e. vacation or visitation with a non-custodial parent or participating in cultural or religious holidays). Other requests for BID are at the discretion of the Site Supervisor. BID absences are limited to ten (10) days per school year (July 1<sup>st</sup>-June 30<sup>th</sup>) per child, with the exception of children who are recipients of protective services or are at risk of abuse or neglect. Proof of such services must be documented in the child's data file. The reason for the "Best Interest Day" must be specified in the sign in and out sheets.

You will be asked to sign a receipt acknowledging that you have received a copy of the program's attendance policy, that you have read it, and that you fully understand it. You are responsible for indicating the reason for each day the child is absent from the center. In cases of long-term illness, or absences resulting from special family circumstances, we will initiate appropriate procedures, which may include home visits and direct contacts with the parents. In circumstances where it does not seem feasible to keep the child in their current program, other program options will be recommended.

### **Late Pick Up**

Children enrolled in child development programs are expected to attend school during the contract hours agreed to at the time of enrollment. Parents who fail to pick their children up by the agreed upon time are considered late. *Please see Late Pick-up Policy, Appendix D.*

### **Closing Time**

- Children may not be left at the center for more than fifteen (15) minutes beyond the end of scheduled program hours.
- If a parent is late and staff has not been notified, every effort will be made to find an authorized person to pick up the child.
- If we are unable to locate an authorized person, the Site Supervisor will determine a plan of action that could include calling the local Police Department. A note will be posted on the front door of the center to inform the parent where their child can be located after the center has closed.

## Child Release Policy

The safety of the children is the priority for all CSB staff; therefore the following policy must be enforced at all times:

- All parents are required to complete emergency forms during the enrollment process. Emergency forms with the names and telephone numbers of persons authorized to pick up the child will be kept in the child's file. Emergency forms must be updated at least every 12 months or anytime information changes.
- If a person picking up the child is not on the emergency form, **written preauthorization** from the parent or authorized representative is required before CSB staff will release the child from the center. Children will not be permitted to leave the center unless accompanied by a preauthorized adult. Parents may not give verbal authorization for pick-up of children.
- Photo identification will be required of all newly authorized individuals or individuals not recognized by staff prior to release of the child. Under no circumstances will a child be released to an unauthorized person.
- If CSB personnel are not certain the pick-up person is who he/she claims to be, the child will not be released.
- Any parent or other person who is authorized to pick up an enrolled child and appears to be under the influence of drugs or alcohol, or in an impaired physical condition which may prevent him/her from assuring the child's welfare, will not be allowed to take the child. Staff will not release children to the person picking up the child if there is a court ordered restraining order on file against the person.
- Children will not be forced to leave the center with someone they are not familiar with.

## Open Door Policy

CSB has an open door policy, which allows parents/caregivers the opportunity to visit the child's classroom during hours of operation. Parents are encouraged to participate in activities that enhance social well-being and community.

## Volunteer Policy

CSB values the role that each center plays in its neighborhood and the local community. We encourage family and members of the community to volunteer in our classrooms.

All potential volunteers seeking to volunteer at one of our centers must:

1. Complete a Volunteer Application form.
2. Provide Verification of TB Clearance and statement of good health.
3. If supervising children, provide verification of SB 792 immunization compliance along with doctor's note of immunity.
  - a. Pertussis(Whooping cough)
  - b. Measles
  - c. Annual Influenza Vaccination between August 1<sup>st</sup>. and Dec 1<sup>st</sup>. (This immunization can be waved\*)
4. Review and sign the Volunteer Handbook Receipt along with the Volunteer Standards of Conduct form.

Potential volunteers seeking to volunteer more than 16 hours per week must meet the above health requirements and also submit fingerprint clearance from an acceptable authority.

Parents seeking to volunteer in our program may sign permission for CSB staff to access their TB and Immunizations through the California Immunization Registry CAIR and our staff will support parents in obtaining documentation verifying they meet the health requirements to volunteer at one of our centers.

Proof of health requirements for all volunteers is maintained by the Site Supervisor at each of our CSB centers.

### **Equal Access Policy**

CSB prohibits discrimination or harassment in all its programs and activities on the basis of gender, race, color, ancestry, religious creed, sexual orientation, national origin, mental or physical disability, medical condition (including HIV and AIDS), age, marital status, ethnic group identification or political beliefs. We pledge that the treatment of our clients and employees will be free from such discrimination or harassment.

### **Confidentiality of Records**

CSB respects each family's right to privacy and confidentiality. Staff members will secure the parent's or guardian's written consent before disclosing information to other agencies and professionals. Information will be shared for reasons that will enhance the family and ensure that services are provided in the most efficient and effective manner. In cases such as threats of suicide, harm to others, or suspected child abuse, staff will consult with supervisors and outside professionals for assistance (see Child Abuse Reporting Law section below). Written records of individual children and their families are confidential information that is kept in locked cabinets at each site. Access to records is limited to the staff that directly works with the child and or the family. Parents and legal guardians always have access to all of their children's records, including information in confidential files. Data records in CLOUDS data system are also password protected and with various access levels for staff that works with the child and the family. *Please see Use of Information, Appendix F.*

### **Parent's and Personal Rights**

Upon the child's enrollment in the program, parents are given copies of Parent Rights and Personal Rights (issued by the Community Care Licensing). *Please see Appendix A, B and C.*

Parent and guardians have the right to be informed of the appropriate licensing agency to contact regarding complaints. The local Community Care Licensing address is:

Community Care Licensing  
1515 Clay Street, #1102  
Oakland, CA 94612

### **Child Abuse Reporting Law**

In California, certain professionals are required by law to report known or suspected child abuse (California Penal Code 11165-11174). All CSB staff members are considered "mandated reporters" of child abuse. The primary intent of the reporting law is to protect the child and to provide help for

the family. Mandated reporters must file a report when the victim is a child under the age of 18. The types of abuse or suspected abuse that must be reported include physical abuse, sexual assault and exploitation, willful cruelty and unjustifiable punishment, neglect and unlawful corporal punishment or injury, or mental suffering. Mandated reporters must report immediately upon suspicion, followed by a written report submitted within 36 hours of the incident to Child Protective Services or to a local law enforcement agency. *Please see CSB Policy for Reporting Suspected Child Abuse, Appendix H.*

## **Resolution of Complaints**

Parents and staff must work closely together to provide a healthy and nurturing environment for the child's development. Dealing with problems effectively is part of "good" parenting and "good" teaching. Communication between the home and school are essential to the development of healthy, nurtured children. We need each other!

If you have a concern about your child or worry about your child's care, please discuss it with the caregiver/teacher in charge in your child's classroom immediately. Don't let it grow. The teacher in charge will be pleased to work with you to resolve the problem. It is best if the parent and caregiver/teacher in charge work closely together on mutual concerns since they are the responsible adults closest to the child's daily care and have the most knowledge about the child and the events in the classroom.

If you have a complaint about the program, please discuss it with the Site Supervisor who will document the details of the conversation and inform the Assistant Director. The Assistant Director will make every attempt to resolve the complaint within 48 business hours. Complaints not resolved within 48 hours will be brought to the attention of the Division Manager, Bureau Director or a designee. *Please see Appendix I Uniform Complaint Policy.*

## **Sexual Harassment Policy**

It is the policy of Contra Costa County that all employees and program participants shall have an environment free of unlawful discrimination and harassment. A professional workplace promotes courteous treatment for both employees and the public we serve. Sexual harassment is a form of illegal discrimination and is grounds for disciplinary action. A full description of the Sexual Harassment Policy (found under Appendix J) is posted at each Community Services Bureau Child Development Center's Parent Information Board.

## **Religious Prohibition**

In conjunction with the Constitution of California Article XVI, Sec 5, there shall be no religious worship, instruction, celebrations, or influence as part of or in connection with CSB programs.

## **Political Prohibition**

At no time during children's centers posted hours of operation will facilities or staff time be used for political purposes, sponsoring or conducting candidate's meetings, nor for publicity or propaganda purposes designed to support or defeat legislation pending before federal, state or local government.

## Smoking Prohibition

All Contra Costa County-owned and leased properties are 100% smoke-free. Smoking is not permitted in all indoor and outdoor areas including courtyards, parking lots, or break areas. Parents are strongly encouraged not to smoke around their child at any time due to health problems caused by second-hand smoke. Additionally, although legal, parents are encouraged not to smoke marijuana around their child due to the unknown health risks to smoke exposure. Please note that overwhelming smoke odors, cigarette and/or marijuana, will not be tolerated at the sites. For more information visit: <http://cchealth.org/tobacco/smokefree/> and <http://tobaccofreeca.com/>

## Certification Regarding a Drug Free Workplace

For your child's safety, the Community Services Bureau is committed to providing a drug-free workplace. All employees are notified that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace. The County has established a drug-free awareness program for employees. Information about this program is available at any County facility.

## IX. Termination Policies

Childcare services may be terminated for any of the following reasons:

- If the family's reported income exceeds 85% of the State Median Income (SMI), and the family is not deemed eligible under another category (applicable to State funded programs only). See *Appendix P* for state income guideline.
- Falsification of information on enrollment forms including providing false information to determine eligibility.
- Failure to recertify childcare services in a timely manner for applicable State funded programs.
- Non-payment for child care services in applicable state funded programs.
- Failure to comply with physical exam and Tuberculosis (TB) documentation requests in accordance with California Childcare Licensing regulations, as outlined in the Health and Safety section of this handbook.
- An accumulation of 10 or more unexcused absences of the child during the program year.
- Violation of parking protocols.
- Violation of the program's Late Pick-Up Policy.
- Inappropriate or abusive behavior and/or verbal abuse or threats by parents, relatives, guardians, or other parties toward center/program staff, parents, or children.
- Inability of parents to interact in a professional manner with center/program personnel or other parents at the center.
- Failure to follow and comply with the policies as outlined in this family handbook.

CSB intends to secure a safe and positive environment for all children, families and staff. CSB reserves the right to exclude child care service during the appeal process if the child has been terminated from the program due to a problem with the child hurting other children, staff, parents, classroom or school property, and if the child has been terminated due to the child's parent's

aggressive or hostile acts towards other parents, teachers, staff, administrators or other CSB program staff.

If termination of services results following the appeal process CSB staff will provide the family with resources for possible alternative placement.

## **X. State Funded Child Development Programs**

### **How Families Qualify for the Program**

Enrollment policies guarantee non-discrimination. In accordance with state and federal law, including full compliance with the Americans with Disabilities Act, the program does not discriminate on the basis of sex, sexual orientation, gender, ethnic group identification, race ancestry, national origin, religion, color, or mental or physical disability, in determining which children are served (ADA of 1990; 42USC12101 et seq. [2000], Title 5 4900 et seq). Our programs are made available to eligible families of children receiving disabilities services, directly or in cooperation with other agencies, in the least restrictive environment in accordance with an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP). For questions regarding the eligibility requirements for the program in which your child is enrolled or seeking to be enrolled, please contact the Centralized Enrollment Unit hotline at (925) 427-8852 or (510) 374-7144.

Contract hours for full-day programs are based on the actual documented need of the parent (i.e. work hours, school hours, training program hours, study time, travel time and sleep time). Children may only attend the program in accordance with the contract hours. Preschool children who attend only part of the week (e.g. M W F) or part of the day (11am – 5pm) can attend their class M-F during the 'part-day preschool portion of the day' 8:30am-12:00pm. All hours outside of this time must be supported by need.

CSB's early care and education programs serve eligible pregnant women and children (birth through five years) and their families. Eligibility is based on the documentation and verification of at least one of the following:

- At-risk of abuse, neglect, and/or exploitation
- Child Protective Services (CPS)
- Homelessness
- Income eligible
- Current CalWORKS cash aid recipient

Parents enrolled in the state funded programs will be required to provide:

### **Eligibility (Criteria and Required Documentation)**

- If basis of eligibility is at-risk, you must provide a written referral, dated within the six (6) months immediately preceding the date of application for services, from a legal, medical, social services agency, a local educational agency liaison for homeless children and youths, a Head Start program or an emergency or transitional shelter.
- If basis of eligibility is CPS, you must provide a written referral, dated within six (6) months

of application.

- If the basis of eligibility is homelessness, one of the following is required:
  - A written referral from an emergency shelter, other legal, medical, or social services agency; or
  - A written parental declaration that states the family is homeless and a description of the family's current living situation.
- If basis of eligibility is income, documentation of total countable income (i.e. wages, overtime, tips, welfare, disability, workers compensation, spousal support, child support, retirement, inheritance, stocks, allowances for housing or automobiles when part of compensation, portion of student grants *specified* for living expenses, "net" proceeds from sale of property) If your income is from employment, documentation shall include a release authorization.
- If basis of eligibility is self-employment, you must provide a combination of documentation necessary to establish current income for at least the month preceding certification or recertification. The documentation shall consist of as many of the following types of documentation as necessary to determine income:
  - Letter from source of income
  - Copy of the most recently signed and completed tax return with a statement of current estimated income for tax purpose, or
  - Other business records, such as ledgers, receipts, or business logs
- The following is required of all families:
  - Documentation of family size (i.e. showing the number of children and parents in the family)
  - Proof of child's age (i.e. birth certificates, medical records)
  - Immunization history
  - Proof of residency that family lives in California (i.e. Any evidence of a street address or post office address in California) (Title 5, Section 18107)

### **Family Size (Required Documentation)**

- Proof of siblings and ages (i.e., birth certificates, child custody court order, adoption documents, Foster Care placement records, school or medical records, County Welfare Department records) (Title 5, Section 18100)

### **Need (Criteria and Required Documentation)**

- CPS or At Risk Referral from legally qualified professional (if applicable)
- Employment verification (if applicable)
- Documentation of training toward vocational goal (if applicable)
- Documentation of homelessness and/or seeking permanent housing (if applicable)
- Documentation of parental incapacity signed by a physician (if applicable)

### **Family Fees**

- Family fees are assessed for families of infants, toddlers and preschool age children served with full-day General Child Care (CCTR) and full-day California State Preschool Program (CSPP) funds.
- CSB uses the current fee schedule prepared and issued by the California Department of

Education for childcare programs funded by the State when assessing monthly fees for children receiving services.

- The following families are exempt from paying a family fee: families receiving cash aid, and children enrolled only in a part-day California State Preschool Program. Children who have been identified as at risk of abuse or neglect or are receiving Child Protective Services may be exempt from paying a family fee for twelve (12) months.
- Fees are assessed based on the following factors: family income, family size, siblings enrolled in other programs that have assessed a family fee, and hours of certified care per month.
- Fees must include the full portion of the family's cost for service. No adjustment may be made for excused or unexcused absences.
- When CSB is unable to meet all of the family's verified need for care, credit for fees paid for out-of-agency child care provided to children under age thirteen may be applied to the following billing period. Credit may be applied for children with appropriate exceptional needs documentation to age 21. Fee credit may not be carried over beyond the following billing period. A family and out-of-agency provider must complete the Fees Rendered Form (CSB665) along with copies of receipts or front and back of cancelled checks to receive fee credit (Title 5, Section 18112).
- A family may request a reduction to their family fee if there is a change to their family income, size or other factors that may reduce their family fees. Verification and documentation will be required for reduction of fee assessment, however the information provided will not be used to make any other changes to a family's service agreement unless requested by the parent.
- A family being assessed a fee, shall be provided with a copy of the contractor's fee assessment and policies, including the consequences for payment of fees that are delinquent.

## **How Families are Selected**

CSB employs a variety of recruitment strategies to ensure that the neediest children from low-income families have access to services. Each year, a Recruitment Plan is developed and implemented that is responsive to changes in the communities served by CSB.

### **Waiting List**

CSB maintains a waiting list of families who have provided their basic pre-registration information. To be eligible for placement, families must submit proof of eligibility as described above. Families who qualify are moved to an eligibility waiting list for placement. Families may be removed from the waiting list due to non-responsiveness, but only after adequate attempts have been made to contact the family and a No Contact Letter has been sent.

### **Priorities**

To ensure that the neediest children from low-income families are selected for CSB's services, we have developed and follow a Selection Criteria/Admissions Priorities Chart to prioritize our neediest families. The Selection Criteria/Admissions Priorities Chart is aligned with the state's priorities and derived from a strong community need for child care for working families.



At least 10% of the total number of enrollment opportunities at CSB is designated for children with disabilities. Families of children with disabilities are asked to provide a copy of the child's IFSP or IEP.

CSB staff ensure that the selection criteria meet the state and federal regulations regarding selection of families and children to the program. The Selection Criteria/Admissions Priorities is updated and approved by the CSB's Director, Policy Council, and Board of Supervisors annually.

## **The Enrollment Process**

### **Notification Process**

When an opening occurs in the center, CSB staff will call the parent with the highest rank on the eligible list for an appointment for processing eligibility documents, noting any change in income and need for service.

All openings must be filled immediately after a child exits the program. For this reason, a family who is non-responsive to notifications may be passed over for the next most eligible family on the list. Families will remain on the eligible list and may be contacted for the next opening.

### **Documents to Bring for Appointment**

All families will be asked to provide current income information for the month immediately preceding enrollment. Please see the "eligibility documents" section above for more information. Families may be requested to bring additional documentation to determine continued eligibility.

### **Application for Service**

At the enrollment appointment, the Site Supervisor and parent will complete an application for services. This application serves as the contract between the two parties and contains family and child information as well as need for services and contract hours.

### **Notice of Action**

Families enrolled in a state funded program will be issued a Notice of Action for program acceptance, termination, determination of change in fees, late fees, change in contracted hours, change in program and/or other action as applicable. Parents/guardians have the right to appeal an action up to the date indicated on the Notice. Appeal rights and information about how to complete the appeal process are outlined on the back of every Notice of Action. *See Appendix Q*, for instructions.

The family is responsible for notifying the staff within 30 days if the families income exceeds 85% of the State Median Income (SMI) at which time continued eligibility may be determined.

## **How Families Continue in the Program**

Both our State funded infant/toddler Child Development and full day State Pre-school programs have a program year that runs from July 1 through June 30 of the following year. Exit dates for children no longer age eligible for our program and heading to kindergarten will be determined

by the site supervisor and will be based on various factors; such as the families certification status and the first day of kindergarten for the local school district.

## **Recertification**

Each family in the State funded infant/toddler Child Development or full day State Pre-school programs are re-certified after the 24-month certification period has expired, with the exception of families that were certified based on seeking employment, they will be re-certified after a 12 month certification period. You will receive a notice when your recertification is due along with a request for the documents required to determine continued eligibility. All requested documentation must be received in a timely manner to ensure continued services. The recertification is complete once you have signed a new Child Care Application (CDE9600) and a Notice of Action has been issued. It is important that the information provided during recertification be accurate to avoid any errors in determining continued eligibility and the calculation of parent fees as applicable. Parents will be held responsible for any underpayment of fees resulting from erroneous information provided.

Each family in the State funded part-day pre-school program is re-considered for enrollment at the end of each school year in accordance with the State's priorities for enrollment eligibility. Returning children who continue to meet eligibility criteria have priority for placement. Continuation of services is not guaranteed.

## **Fee Payment/Delinquent Payment Plan**

Some CSB program options require a monthly family fee depending upon income and family size. Families will be notified with a Notice of Action if a family fee is required and the effective date of the family fee. Parents who require a family fee will be billed on the first day of enrollment and/or no later than the 1st of each month.

Family fees are due in advance of service and considered delinquent if not paid by the 7<sup>th</sup> of the month. The family will receive a Notice of Action stating that if delinquent/late fees are not paid by the Appeal /Effective date of the notice, child care services will be terminated.

If the family is unable to pay their fee, CSB shall accept a Delinquent Child Care Fee Repayment Plan (CSB664) from the parents for payment of delinquent fees. The plan must be developed and approved before the end of the 14<sup>th</sup> day of the effective date of the termination Notice of Action. The center shall continue to provide services to the child provided the parent make a minimum "good faith" payment of at least 10% of the total delinquent fees at the time the plan is developed. The repayment plan shall not exceed four (4) months to repay the full amount of delinquent fees. Continued child care services are contingent upon complying with the repayment plan as well paying current monthly family fees. If parent does not comply with the repayment plan, child care services will be terminated.

Families that are terminated with delinquent family fees that wishes to re-apply, must pay all delinquent fees before enrolling to any state funded programs.

## **Notification of Changes**

Families enrolled in a state funded program will be issued a Notice of Action for program acceptance, termination, determination of or change in fees, late fees, change in contracted hours, change in program and/or other action as applicable. Parents/guardians have the right to appeal an action up to the date indicated on the Notice. Appeal rights and information about how to complete the appeal process are outlined on the back of every Notice of Action.

## **Abide by Agency Policies Procedures and Requirements**

All families are expected to respond to requests for information as described in this handbook. Failure to submit updated information or report changes in the family situation may lead to termination of childcare services.

# XI. Appendices

## APPENDIX A

### PERSONAL RIGHTS

#### Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
  - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
  - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
  - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
  - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
  - (6) Not to be locked in any room, building, or facility premises by day or night.
  - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

|                              |          |                            |
|------------------------------|----------|----------------------------|
| NAME                         |          |                            |
| Community Care Licensing     |          |                            |
| ADDRESS                      |          |                            |
| 1515 Clay Street, Suite 1102 |          |                            |
| CITY                         | ZIP CODE | AREA CODE/TELEPHONE NUMBER |
| Oakland                      | 94612    | 510-622-2602               |

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

**PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

**ACKNOWLEDGMENT:** I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

|   |                                     |
|---|-------------------------------------|
| (PRINT THE NAME OF THE FACILITY)                  | (PRINT THE ADDRESS OF THE FACILITY) |
| (PRINT THE NAME OF THE CHILD)                     |                                     |
| (SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN) |                                     |
| (TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)     | (DATE)                              |

**CHILD CARE CENTER  
NOTIFICATION OF PARENTS' RIGHTS**

**PARENTS' RIGHTS**

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Community Care Licensing Division

Licensing Office Address: 1515 Clay Street, Suite 1102, Oakland Ca, 94612

Licensing Office Telephone #: 510-622-2602

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

**NOTE:** CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)

LIC 905 (9/08)

(Detach Here - Give Upper Portion to Parents)

**ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS  
(Parent/Authorized Representative Signature Required)**

I, the parent/authorized representative of \_\_\_\_\_, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

\_\_\_\_\_  
Name of Child Care Center

\_\_\_\_\_  
Signature (Parent/Authorized Representative)

\_\_\_\_\_  
Date

**NOTE:** This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)

LIC 905 (9/08)

## IMPORTANT INFORMATION FOR PARENTS

### CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

#### How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

#### How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is <http://cclid.ca.gov/contact.htm>.



*APPENDIX D*  
**Contra Costa County  
 Employment & Human Services Department  
 Community Services Bureau**



**Late Child Notice/Late Child Procedure**

**Instruction:** Give to parent/guardian first time he/she is late for pick-up.

A child is considered to be late when he/she has not been picked up by the time set in the contract hours. All late pick-ups need to be reported to the Site Supervisor and documented in the child's file. When a child is late, the following procedure shall be implemented:

**First Time**

The Site Supervisor will verbally inform the parent of the importance of picking-up their children on time. This must be documented in the child's file at the center.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Second Time**

When the child is picked-up, the Site Supervisor will give a Late Child Notice to the parent. A copy of this notice will be kept in the child's file at the center.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Third Time**

The Site Supervisor will inform the parent that if this occurs again the child will be placed on the Community Services Bureau waiting list instead of actively enrolled in a classroom.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fourth Time**

The Site Supervisor will inform the family that the child is to be placed on the waiting list.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**After Closing Time Procedures**

If a child has not been picked-up by closing time of the center and no one can be reached to pick-up the child, the following procedures will be implemented: The teaching staff and the person-in-charge will determine the best plan of action (which may include calling the Police Department). CSB staff must never transport children from the center.

If abuse/neglect is suspected, the local Child Abuse Reporting agency will be notified. A social worker or police officer may go the center to take the child to a children's shelter. If this happens, staff will post directions to the shelter on the center's door.



Contra Costa County  
Employment & Human Services Department  
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## Sick Child Policy

CSB's Health Policy has been established to ensure the good health and safety of children and staff. When health concerns arise, the Site Supervisor or designee will assess the child's health and determine when home rest is necessary to prevent the spread of illness and to give the sick child the opportunity to regain good health. Parents/caregivers must contact CSB when their child has been diagnosed with a communicable illness.

**Asthma:** (Wheezing with upper respiratory infection and cough that interferes with child's ability to drink, talk, sleep) Exclusion until respiratory distress and contagious symptoms have disappeared. Asthma without these symptoms may remain in program, with medication on hand, unless unable to participate.

**Chicken Pox (Varicella):** Exclusion from program until all lesions have dried or crusted over. Notify your Head Start Program immediately.

**Cold and Flu:** Children may remain in program as long as they are well enough to participate and there is no fever or rash.

**Conjunctivitis (Pink Eye):** (Infectious - not allergic conjunctivitis) Exclusion from program until 24 hours after the start of antibiotic treatment, and until there is no discharge from the eyes. In newborns: Notify your Head Start Program immediately.

**Diarrhea:** (Frequent watery liquid stool) Exclusion is required for all diapered children whose stool is not contained in the diaper and toilet trained children if diarrhea is causing soiled clothing. Exceptions per doctor's written recommendation. If bacterial or parasite infection, notify Head Start Program immediately and doctor's note is required.

**Fever:** Exclusion from the program if fever above 101° oral or 100° underarm or if under six months old an unexplained fever above 100° or any infant under two months of age with any fever should seek medical attention. Children may return 24 hours after fever has disappeared.

**Impetigo:** Exclusion from program until treatment has been started and doctor gives permission to return.

**Infectious Hepatitis:** Exclusion from program until doctor provides written permission for child to return. Notify Head Start Program immediately.

**Influenza:** Exclusion from program for 24 hours after fever has dropped and until child can participate comfortably in program activities.

**Lice:** Children will be excluded from the end of the day of discovery until after the first treatment if child is infested, defined as the presence of adult lice or nits (eggs) on a hair shaft within 3 - 4 millimeters from the scalp.

**Measles, German Measles (Rubella), Mumps:** Exclusion from the program until doctor provides written permission to return. Notify your Head Start Program immediately.

**Mouth Sores with Drooling:** Doctor's note required stating child's condition is non-infectious.

**Pertussis (Whooping Cough):** Exclusion from program until doctor provides written permission to return to program. Notify your Head Start Program immediately.

**Pinworms:** Exclusion from program until doctor provides written permission to return to program.

**Ringworm:** Exclusion from program until 24 hours from start of doctor's care. Doctor's note is required. Affected skin must be kept covered.

**Scabies:** Exclusion until day after treatment has been given for all affected household members and all clothing and linens washed and put through extra drying cycle at home and center and doctor provides permission to return.

**Strep Throat/Scarlet Fever:** Exclusion from program until doctor provides written permission to return to program.

**TB:** Exclusion from program until doctor or local health department states in writing that the child is on appropriate treatment and non-infectious.

**Unidentified Rash with Fever or Behavior Change:** Doctor's note required stating illness is non-infectious.

**Vomiting:** Exclusion from program until vomiting has stopped for 24 hours, unless vomiting has been determined to be non-infectious or is included as part of a care plan for the child and child remains adequately hydrated.

Date Signed

CSB205-Sick Child Policy

Signature of Parent / Guardian





Contra Costa County  
Employment & Human Services Department  
Community Services Bureau



**Use of Information**

**Name of Child:** \_\_\_\_\_

**Center / Classroom / Program**

**Option:** \_\_\_\_\_

It is a Community Services Bureau program requirement that you be informed of the use of information (including medical and dental), which we receive, about your child.

Certain information is collected and reported to various governmental agencies and/or discussed with agency representatives. This information is always reported in terms of numbers, for example, "Out of a total population of 748, 700 had up-to-date immunizations." Reporting and information sharing of this type is never by name and is important in terms of identifying areas of concern for future planning of program services. These numbers also help to document that we are providing required services.

Any information shared outside the program about your child or family where names are mentioned will only be with your written permission.

Within the program during the year, information will be shared among staff if needed. For example, the speech therapist will share either verbally or in writing the results of the screening of your child with the staff that work with your child. This type of informal sharing of information will go on all year. The purpose is to have everyone working with your child as well informed as possible. Formal sharing and planning meetings, if needed, will require your advance consent and, we hope, your personal attendance. Records and reports are kept at both the Community Services Bureau Office and in your child's file. You have the right to review your child's file, and we encourage you to do so.

If you have any questions about our information sharing process, please ask local staff. When you are satisfied you understand and agree with the process, please sign below. Your signature will indicate that you have read this explanation and understand and agree to the information sharing process described.

Thank you.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

I have discussed the above information with parent / guardian

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title



Contra Costa County  
Employment & Human Services Department  
Community Services Bureau



**Positive Guidance Policy Step Letter to Parents**

Dear Parents:

Child ID:

To ensure we provide an environment that fosters the development of children’s positive self-concept and self-control, the following covers our philosophy and methods for handling behavior of young children. CSB implements the following strategies to support children: 1) Implement best practices; 2) Create a Positive Guidance Plan with parent(s) and site staff; 3) Hold additional Family Meetings when previous strategies are proven ineffective; 4) Implement the Positive Guidance Policy Step Letter to Parents. Occasionally, children may skip strategies and be placed immediately on Step 1 of the Positive Guidance Policy with a Positive Guidance Plan.

In compliance with Section #101223 of Licensing Code, and in support of children’s right to be treated with dignity and respect, CSB implements the Positive Guidance Policy – Step Letter as follows:

**Step 1:**  Your child continues to show challenging or unsafe behaviors following attempts by the teaching staff to implement developmentally appropriate behavior practices based on the information you received in the parent handbook. The Site Supervisor will ask you to participate in a Family Meeting to review the Injury/Incident Report, review the Positive Guidance Plan that was previously created, and offer resources as needed to help support you child at home and school.

Parent: Site Supervisor: Date:

**Step 2:**  Your child has continued to show challenging or unsafe behavior. You are required to attend a Family Meeting. The Site Supervisor will review your child’s Positive Guidance Plan to determine if changes or additional resources are needed to support you and your child. Referrals to confidential consultation and support services will be offered.

Parent: Site Supervisor: Date:

**Step 3:**  Your child has continued to show challenging or unsafe behavior and the two previous steps are proving to be ineffective. Family support for your child in the classroom is now necessary. The Site Supervisor will immediately discuss with you the amount of family support needed during the day and how many days. An additional Family Meeting will be scheduled to discuss more permanent solutions.

Parent: Site Supervisor: Date:

**Step 4:**  Your child has continued to shows challenging or unsafe behavior. The three previous steps have proven to be ineffective and a temporary suspension is necessary. Educational materials will be given to you to use at home during this time. Following the temporary suspension, and upon return to the classroom, an additional family meeting will be scheduled. Should your child continue to show challenging or unsafe behavior CSB will support you to transition to a program that better meets you child’s needs.

Parent: Site Supervisor: Date:



*APPENDIX H*  
Contra Costa County  
Employment & Human Services Department  
Community Services Bureau



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## Policies for Reporting Suspected Child Abuse or Neglect

All CSB staff must adhere to Mandated Reporters Law and are required to report all instances of suspected child abuse including neglect, physical, sexual and emotional abuse. The following reflects the policy of CSB and their delegate agencies:

- A. Grantee, Sub-contractors, and Delegate Agencies will maintain confidentiality of records concerning child abuse and neglect in accordance with state law and Head Start Performance Standards.
- B. CSB will give children who are identified by Children & Family (Protective) Services (CFS) as at-risk highest priority for intervention and placement in the school program; and make every effort to retain abused and neglected children and/or admit allegedly abused and neglected children referred by CFS (if the families are income-eligible).

The Comprehensive Services Managers, Health, Disabilities-Mental Health and Family Engagement will coordinate activities regarding the issues of child abuse/neglect. Their responsibilities are to:

- Provide training and consultation for staff and parents regarding identification/reporting of child abuse. The purpose of this training will be to educate participants that the abusing parents or caretakers need help and support - not punishment.
- Provide support and educational services to parents as a preventive measure to reduce the likelihood of an additional abuse/neglect occurrence.
- Provide training to parents and staff yearly on the significant aspects of abuse/neglect. Comprehensive Services Disabilities/Mental Health Manager will maintain documentation of such training.
- Establish liaisons with Child Protective Services (which has legal responsibility for receiving reports of abuse and neglect).
- Collaborate with Human Resources to ensure that program staff is properly informed/trained on procedures for identifying/reporting suspected child abuse and neglect.
- Collaborate with Human Resources to ensure there is a signed document in each CSB program personnel file acknowledging that the person has been trained in child abuse and neglect.
- Ensure that information/training is provided for parents and staff on the legal requirements regarding reporting of abuse/neglect. Written explanation provided to parents upon enrollment in program.
- Obtain a signed acknowledgment from the parent that he/she has received and understands the information. (CSB-360 **Family Handbook Receipt and Parent Consent**)
- Annual review of child abuse reporting laws and update all employees on new requirements. Maintain tracking sheet of all suspected child abuse reports.
- Ensure that parents are provided ongoing educational opportunities to learn about positive parenting and child abuse prevention techniques.

**Child Abuse and Neglect Reporting Act (CANRA) found in California Penal Code §§ 11164-11174.3**

Section 11165.7 Mandated reporters include but are not limited to: Clergy members (e.g., rabbi, priest, minister or similar from a recognized denomination), Child care Providers (e.g., public or private camps, employee and administrators of child care programs), Educators (e.g., Teachers, aides, classified employees, school administrators, office of education staff whose duties require contact and supervision of children, Head Start teachers), Law Enforcements (e.g., employees of policy departments, county welfare, peace offices, firefighters, animal control), Medical Professionals (e.g., nurse, paramedics, dentist, physicians, therapist), Mental Health Professionals (e.g., interns, clinicians, counselors, psychologist, substance abuse counselors), Commercial Film and Photography.

Section 11166 (a) requires that any mandated reporter who has knowledge of, or observes a child in his/her professional capacity or within the scope of his or her employment whom he/she reasonably suspects has been the victim of child abuse, shall report such suspected instance of child abuse to a child protective agency immediately by telephone (or as soon as practically possible), and shall prepare/send a written report thereof within 36 hours of receiving information concerning the incident.

Section 1116 (i)(1) states, "The reporting duties under this section are individual and no supervisor or administrator may impede or inhibit such reporting duties and no person making such report shall be subject to any sanction for making such report.

Section 11166.01 (a) states, "Any person who fails to report as required by this article an instance of child abuse which he or she knows to exist or reasonably should know to exist is guilty of a misdemeanor and is punishable by confinement in the County jail for a term not to exceed 6 months or by a fine of not more than one thousand dollars (\$1,000) or both."

Section 11166.01(b) A mandated reporter who willfully fails to report abuse or neglect, or any person who impedes or inhibits a report of abuse or neglect, in violation of this article, where that abuse or neglect results in death or great bodily injury, shall be punished by not more than one year in a county jail, by a fine of not more than five thousand dollars (\$5,000), or by both that fine and imprisonment.

### **CSB Procedures for Reporting Suspected Child Abuse**

- a) CSB staff in all divisions MUST report suspected child abuse or neglect IF:
  - o They have knowledge of it, or
  - o They have observed it, or
  - o They have reasonable suspicion of its occurrence or
  - o They receive second-hand information of the suspected abuse
- b) The report must be made as soon as the suspected abuse is noticed. Report of child abuse takes priority over other matters. In Contra Costa County, it is the responsibility of the local Welfare Department and the police to assess whether or not abuse has occurred.
- c) CSB staff is encouraged to consult with their immediate supervisor for guidance and support prior to reporting. Staff may also call the Mental Health Unit for additional support. However, reporting duties under this section are individual and no supervisor or administrator may impede or inhibit such reporting duties and no person reporting shall be subject to any sanction for making such report.
- d) Steps for Reporting suspected child abuse:
  1. Review the child's file and data entered in CLOUDS. Particular attention should be made to Health History, physical exam, and Family Partnership Agreement (to

become familiar with any details that may provide further explanation for the incident prompting suspicion of abuse or neglect).

2. Be prepared to provide:

- The reporter's name, title, agency name and phone number
- The child's name, age, sex, birthday, home address and phone number
- The parent/guardian's name, home address and phone number
- A brief description of what is to be reported including location of the incident.

3. **Reporting suspect of child abuse:**

I. Call the Children and Family Services - 24 hours hot line at:

**Phone: 1-877-881-1116**

II. Within 36 hours of initial call, complete a written report using the "*Suspected Child Abuse Report Form*" (CSB-510) or STAR SS 8572. The report must be signed by the person making the report.

III. Fax the written report (CSB 510) or Form STAR SS 8572 to:

Children and Family Services  
400 Ellinwood Pleasant Hill, CA 94523  
**Updated fax number as of April 2016: 925-608-6894**

IV. Provide a copy of the written report to the Site Supervisor for confidential filing.

**e) Feedback to Reporter:**

- A CFS investigation will be open. CSB staff is encouraged participate in the process.
- After investigation is completed, the CFS will inform the mandated reported of the result of the investigation. At the end, the reporting person's name will be kept confidential. Unless, legal actions are taken when the name will be revealed and the person might be called as a witness.

**Additional information and resources:**

- Mandated reporter training:  
<http://mandatedreporterca.com/faq/faq.htm>
- CFS Emergency Response Hotline Numbers:

|              |              |                     |
|--------------|--------------|---------------------|
| Contra Costa | 925-646-1680 | Central             |
|              | 510-374-3324 | West                |
|              | 925-427-8311 | East                |
|              | 877-881-1116 | Hot Line (24 hours) |

Abuse Prevention Council of Contra Costa County Child: 925-798-0546 or  
<https://www.capc-coco.org/>



Contra Costa County  
Employment & Human Services Department  
Community Services Bureau



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## Uniform Complaint Policy

It is the intent of the Community Services Bureau to fully comply with all applicable state and federal laws and regulations.

Individuals, agencies, organizations, students and interested third parties have the right to file a complaint regarding Community Services alleged violations of federal and/or state laws. This includes allegations of unlawful discrimination (Ed Code sections 200 and 220 and Government Code section 11135) in any program or activity funded directly by the State or receiving federal or state financial assistance.

Complaints must be signed and filed in writing with:  
The California State Department of Education.

Early Learning and Care Division  
Complaint Coordinator  
1430 N Street, Suite 3410  
Sacramento, CA 95814

If the complainant is not satisfied with the final written decision of the California Department of Education, remedies may be available in federal or state court. The complainant should seek the advice of an attorney of his/her choosing in this event.

A complainant filing a written complaint alleging violations of prohibited discrimination may also pursue civil law remedies, including, but not limited to, injunctions, restraining order, or other remedies or orders.

Title 5  
Section 4622

Each local educational agency shall annually notify in writing, as applicable, its students, employees, parents or guardians of its students, the district advisory committee, school advisory committees, appropriate private school officials or representatives, and other interested parties of their local educational agency complaint procedures, including the opportunity to appeal to the Department and the provisions of this chapter.

The notice shall include the identity (identities) of the person(s) responsible for processing complaints. The notice shall also advise the recipient of any civil law remedies that may be available under state or federal discrimination laws, if applicable, and of the appeal pursuant to Education Code section 262.3. This notice shall be in English, and when necessary, in the primary language, pursuant to section 48985 of the Education code, or mode of communication of the recipient of the notice. Copies of local educational agency complaint procedures shall be available free of charge.



Contra Costa County  
Employment & Human Services Department  
Community Services Bureau



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## Sexual Harassment Policy

Sexual harassment includes unwelcome conduct of a sexual nature or sexual overtures by any employee, supervisor, manager or officer or program participant, whether verbal, physical, visual or written and whenever:

1. Submission to such conduct is made either explicitly or implicitly a term or condition of employment or program participation.
2. Submission or rejection of such conduct by an individual is used as the basis for employment decisions affecting the employee or such conduct has the purpose or effect of interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.
3. Examples of hostile environment behavior are:
  - Off-color jokes or teasing
  - Comments about sex life or body parts
  - Sexual suggestive pictures, posters, cartoons, calendars
  - Leering, stares or gestures
  - Touching, pats, hugs, shoulder massages, pinches, brushes, blocking
  - Repeated requests for dates



Contra Costa County  
Employment & Human Services Department  
Community Services Bureau



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## Pedestrian Safety

### Children See Differently:

- Children have narrow peripheral vision and they have difficulty judging speed and distance.

### Children Hear Differently:

- Children take longer to locate where a sound is coming from. This means they may not respond quickly to horns or sirens.

### Children Perceive Traffic Situations Differently:

- Children don't share the experience adults have with many traffic situations. They often make decisions without seeing the possible dangers.

### Children React Spontaneously and Unexpectedly:

- Children's attention is less flexible than that of adults so they tend to concentrate on only one thing at a time. Children under the age of 8 can be especially vulnerable because they have not yet developed a keen sense of danger. Also, children's reaction time may be slower so they may take longer to react to traffic hazards.



## Child and Adult Care Food Program (CACFP)



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

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

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

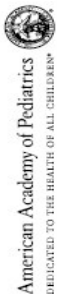
- (1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

Recommendation for Preventive Pediatric Health Care



Recommendations for Preventive Pediatric Health Care  
Bright Futures/American Academy of Pediatrics



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

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

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

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| HISTORY   | INFANCY          |                     | EARLY CHILDHOOD      |      |      |      |      |      |       |       |       |       |       |      | MIDDLE CHILDHOOD |      |      |      |      |      |       |       |       |       |       | ADOLESCENCE |       |       |       |       |       |       |   |  |  |  |
|---|------------------|---------------------|----------------------|------|------|------|------|------|-------|-------|-------|-------|-------|------|------------------|------|------|------|------|------|-------|-------|-------|-------|-------|-------------|-------|-------|-------|-------|-------|-------|---|--|--|--|
|   | AGE <sup>1</sup> | 3-5 yr <sup>1</sup> | Newborn <sup>2</sup> | 1 mo | 2 mo | 4 mo | 6 mo | 9 mo | 12 mo | 15 mo | 18 mo | 24 mo | 30 mo | 3 yr | 4 yr             | 5 yr | 6 yr | 7 yr | 8 yr | 9 yr | 10 yr | 11 yr | 12 yr | 13 yr | 14 yr | 15 yr       | 16 yr | 17 yr | 18 yr | 19 yr | 20 yr | 21 yr |   |  |  |  |
| Initial/interval                                      | •                | •                   | •                    | •    | •    | •    | •    | •    | •     | •     | •     | •     | •     | •    | •                | •    | •    | •    | •    | •    | •     | •     | •     | •     | •     | •           | •     | •     | •     | •     | •     | •     | • |  |  |  |
| MEASUREMENTS  |                  |                     |                      |      |      |      |      |      |       |       |       |       |       |      |                  |      |      |      |      |      |       |       |       |       |       |             |       |       |       |       |       |       |   |  |  |  |
| Length/Height and Weight                              |                  |                     |                      |      |      |      |      |      |       |       |       |       |       |      |                  |      |      |      |      |      |       |       |       |       |       |             |       |       |       |       |       |       |   |  |  |  |
| Head Circumference                                    |                  |                     |                      |      |      |      |      |      |       |       |       |       |       |      |                  |      |      |      |      |      |       |       |       |       |       |             |       |       |       |       |       |       |   |  |  |  |
| Weight for Length                                     |                  |                     |                      |      |      |      |      |      |       |       |       |       |       |      |                  |      |      |      |      |      |       |       |       |       |       |             |       |       |       |       |       |       |   |  |  |  |
| Body Mass Index <sup>3</sup>                          |                  |                     |                      |      |      |      |      |      |       |       |       |       |       |      |                  |      |      |      |      |      |       |       |       |       |       |             |       |       |       |       |       |       |   |  |  |  |
| Blood Pressure <sup>4</sup>                           |                  |                     |                      |      |      |      |      |      |       |       |       |       |       |      |                  |      |      |      |      |      |       |       |       |       |       |             |       |       |       |       |       |       |   |  |  |  |
| SENSORY SCREENING                                     |                  |                     |                      |      |      |      |      |      |       |       |       |       |       |      |                  |      |      |      |      |      |       |       |       |       |       |             |       |       |       |       |       |       |   |  |  |  |
| Vision <sup>5</sup>                                   |                  |                     |                      |      |      |      |      |      |       |       |       |       |       |      |                  |      |      |      |      |      |       |       |       |       |       |             |       |       |       |       |       |       |   |  |  |  |
| Hearing   |                  |                     |                      |      |      |      |      |      |       |       |       |       |       |      |                  |      |      |      |      |      |       |       |       |       |       |             |       |       |       |       |       |       |   |  |  |  |
| DEVELOPMENTAL/BEHAVIORAL HEALTH                       |                  |                     |                      |      |      |      |      |      |       |       |       |       |       |      |                  |      |      |      |      |      |       |       |       |       |       |             |       |       |       |       |       |       |   |  |  |  |
| Developmental Screening <sup>6</sup>                  |                  |                     |                      |      |      |      |      |      |       |       |       |       |       |      |                  |      |      |      |      |      |       |       |       |       |       |             |       |       |       |       |       |       |   |  |  |  |
| Autism Spectrum Disorder Screening <sup>7</sup>       |                  |                     |                      |      |      |      |      |      |       |       |       |       |       |      |                  |      |      |      |      |      |       |       |       |       |       |             |       |       |       |       |       |       |   |  |  |  |
| Developmental Surveillance                            |                  |                     |                      |      |      |      |      |      |       |       |       |       |       |      |                  |      |      |      |      |      |       |       |       |       |       |             |       |       |       |       |       |       |   |  |  |  |
| Psychosocial/Behavioral Assessment <sup>8</sup>       |                  |                     |                      |      |      |      |      |      |       |       |       |       |       |      |                  |      |      |      |      |      |       |       |       |       |       |             |       |       |       |       |       |       |   |  |  |  |
| Tobacco, Alcohol, or Drug Use Assessment <sup>9</sup> |                  |                     |                      |      |      |      |      |      |       |       |       |       |       |      |                  |      |      |      |      |      |       |       |       |       |       |             |       |       |       |       |       |       |   |  |  |  |
| Depression Screening <sup>10</sup>                    |                  |                     |                      |      |      |      |      |      |       |       |       |       |       |      |                  |      |      |      |      |      |       |       |       |       |       |             |       |       |       |       |       |       |   |  |  |  |
| Maternal Depression Screening <sup>11</sup>           |                  |                     |                      |      |      |      |      |      |       |       |       |       |       |      |                  |      |      |      |      |      |       |       |       |       |       |             |       |       |       |       |       |       |   |  |  |  |
| PHYSICAL EXAMINATION <sup>12</sup>                    |                  |                     |                      |      |      |      |      |      |       |       |       |       |       |      |                  |      |      |      |      |      |       |       |       |       |       |             |       |       |       |       |       |       |   |  |  |  |
| PROCEDURES <sup>13</sup>                              |                  |                     |                      |      |      |      |      |      |       |       |       |       |       |      |                  |      |      |      |      |      |       |       |       |       |       |             |       |       |       |       |       |       |   |  |  |  |
| Newborn Blood   |                  |                     |                      |      |      |      |      |      |       |       |       |       |       |      |                  |      |      |      |      |      |       |       |       |       |       |             |       |       |       |       |       |       |   |  |  |  |
| Newborn Bilirubin <sup>14</sup>                       |                  |                     |                      |      |      |      |      |      |       |       |       |       |       |      |                  |      |      |      |      |      |       |       |       |       |       |             |       |       |       |       |       |       |   |  |  |  |
| Critical Congenital Heart Defect <sup>15</sup>        |                  |                     |                      |      |      |      |      |      |       |       |       |       |       |      |                  |      |      |      |      |      |       |       |       |       |       |             |       |       |       |       |       |       |   |  |  |  |
| Immunization <sup>16</sup>                            |                  |                     |                      |      |      |      |      |      |       |       |       |       |       |      |                  |      |      |      |      |      |       |       |       |       |       |             |       |       |       |       |       |       |   |  |  |  |
| Anemia <sup>17</sup>                                  |                  |                     |                      |      |      |      |      |      |       |       |       |       |       |      |                  |      |      |      |      |      |       |       |       |       |       |             |       |       |       |       |       |       |   |  |  |  |
| Lead <sup>18</sup>                                    |                  |                     |                      |      |      |      |      |      |       |       |       |       |       |      |                  |      |      |      |      |      |       |       |       |       |       |             |       |       |       |       |       |       |   |  |  |  |
| Tuberculosis <sup>19</sup>                            |                  |                     |                      |      |      |      |      |      |       |       |       |       |       |      |                  |      |      |      |      |      |       |       |       |       |       |             |       |       |       |       |       |       |   |  |  |  |
| Dyslipidemia <sup>20</sup>                            |                  |                     |                      |      |      |      |      |      |       |       |       |       |       |      |                  |      |      |      |      |      |       |       |       |       |       |             |       |       |       |       |       |       |   |  |  |  |
| Sexually transmitted infections <sup>21</sup>         |                  |                     |                      |      |      |      |      |      |       |       |       |       |       |      |                  |      |      |      |      |      |       |       |       |       |       |             |       |       |       |       |       |       |   |  |  |  |
| Cervical Dysplasia <sup>22</sup>                      |                  |                     |                      |      |      |      |      |      |       |       |       |       |       |      |                  |      |      |      |      |      |       |       |       |       |       |             |       |       |       |       |       |       |   |  |  |  |
| HIV <sup>23</sup>                                     |                  |                     |                      |      |      |      |      |      |       |       |       |       |       |      |                  |      |      |      |      |      |       |       |       |       |       |             |       |       |       |       |       |       |   |  |  |  |
| ORAL HEALTH <sup>24</sup>                             |                  |                     |                      |      |      |      |      |      |       |       |       |       |       |      |                  |      |      |      |      |      |       |       |       |       |       |             |       |       |       |       |       |       |   |  |  |  |
| Fluoride Varnish <sup>25</sup>                        |                  |                     |                      |      |      |      |      |      |       |       |       |       |       |      |                  |      |      |      |      |      |       |       |       |       |       |             |       |       |       |       |       |       |   |  |  |  |
| Fluoride Supplementation <sup>26</sup>                |                  |                     |                      |      |      |      |      |      |       |       |       |       |       |      |                  |      |      |      |      |      |       |       |       |       |       |             |       |       |       |       |       |       |   |  |  |  |
| ANTICIPATORY GUIDANCE                                 |                  |                     |                      |      |      |      |      |      |       |       |       |       |       |      |                  |      |      |      |      |      |       |       |       |       |       |             |       |       |       |       |       |       |   |  |  |  |

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up-to-date at the earliest possible time.

2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of breastfeeding and planned method of feeding, per "The Prenatal Visit" (<http://pediatrics.appublications.org/content/120/4/1227.full>).

3. Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).

4. Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding newborns should receive formula breastfeeding evaluation, and their mothers should receive education and instruction, as recommended in "Breastfeeding and the Use of Human Milk" (<http://pediatrics.appublications.org/content/129/3/4872.full>). Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per "Hospital Stay for Healthy Term Newborns" (<http://pediatrics.appublications.org/content/125/7/405.full>).

5. Screen, per "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" ([http://pediatrics.appublications.org/content/120/Supplement\\_4/5134.full](http://pediatrics.appublications.org/content/120/Supplement_4/5134.full)).

6. Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.

7. A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatrician" (<http://pediatrics.appublications.org/content/137/1/e20153597>).

8. Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (<http://pediatrics.appublications.org/content/120/4/998.full>).

9. Verify results as soon as possible, and follow up, as appropriate.

10. Screen with audiology including 6,000 and 8,000 Hz high frequency once between 11 and 14 years, once between 13 and 17 years, and once between 18 and 21 years. See "The Sensitivity of Hearing Screening Scales: Significantly Improves by Adding High Frequency" (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3519541/>).

11. See "Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening" (<http://pediatrics.appublications.org/content/119/7/1405.full>).

12. Screening should occur per "Identification and Evaluation of Children With Autism Spectrum Disorders" (<http://pediatrics.appublications.org/content/120/5/1183.full>).

13. This assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health. See "Promoting Optimal Development: Screening for Behavioral and Emotional Problems" (<http://pediatrics.appublications.org/content/135/2/284>) and "Poverty and Child Health in the United States" (<http://pediatrics.appublications.org/content/137/4/620>).

14. A recommended assessment tool is available at <http://www.casare-boston.org/CBAHF/index.php>.

15. Recommended screening using the Patient Health Questionnaire (PHQ-2) or other tools available in the eGAD-PC toolkit is at <http://www.aapp.org/on-site/obesity-and-peds/2013/05/health-interventions/Mental-Health-Documentation-MH-Screening-Chart.pdf>.

16. Screening should occur per "Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice" (<http://pediatrics.appublications.org/content/126/5/1032>).

17. At each visit, age-appropriate physical examination is essential, with infant totally undressed and older children undressed and suitably draped. See "Use of Chaperones During the Physical Examination of the Pediatric Patient" (<http://pediatrics.appublications.org/content/177/5/991.full>).

18. These may be modified, depending on entry point into schedule and individual need.

KEY: • = to be performed    \* = risk assessment to be performed with appropriate action to follow, if positive    ← = range during which a service may be provided    (continued)



APPENDIX N

Contra Costa County  
Employment and Human Services Department  
Community Services Bureau



**Report of Health Examination - Well Child Check**

To protect the health of children, California law requires a health examination within 30 days of school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

| To be filled out by Parent or Guardian  |  | OFFICE USE ONLY  |  |                            |                    |
|---|--|--|--|----------------------------|--------------------|
| Child's Last Name: _____ First: _____ Middle: _____ Birth date: _____<br>Street Address: _____ City: _____ Zip Code: _____<br><small>I give my permission to share the results of this examination with Community Services Bureau.<br/>           Yo otorgo el permiso de compartir los resultados de los exámenes con el Buro de Servicios a la Comunidad.</small>   |  | Center: _____<br>Phone: _____<br>Fax: _____<br>Date Received: _____  |  |                            |                    |
| Signature of Parent or Guardian: _____ Date: _____  |  | <div style="text-align: center;"><b>Concerns Noted by Physician</b></div><br><br><br><br><br><br><br><br><br><br>Referred to: _____<br>Phone Number: _____ |  |                            |                    |
| <b>HEALTH EXAMINATION</b>   |  |  |  | <b>DATE OF EXAM:</b> _____ |                    |
| <i>Please Check Exam Per Periodicity -</i>  |  |  |  |                            |                    |
| <input type="checkbox"/> NB <input type="checkbox"/> 3-5days <input type="checkbox"/> 1m <input type="checkbox"/> 2m <input type="checkbox"/> 4m <input type="checkbox"/> 6m <input type="checkbox"/> 9m <input type="checkbox"/> 12m <input type="checkbox"/> 15m <input type="checkbox"/> 18m <input type="checkbox"/> 24m <input type="checkbox"/> 30m <input type="checkbox"/> 3y <input type="checkbox"/> 4y <input type="checkbox"/> 5y |  |  |  |                            |                    |
| <b>PHYSICAL EXAMINATION</b>   |  |  |  | Value<br>Pass/No Pass      | Risk<br>Assessment |
| HISTORY Initial/Interval (all)  |  |  |  |                            |                    |
| <b>MEASUREMENTS</b>   |  |  |  |                            |                    |
| Length/Height and Weight (All Ages)   |  |  |  | Length/Height              | Weight             |
| Head Circumference (NB-24m)   |  |  |  |                            |                    |
| Weight for Length (NB-18m)  |  |  |  |                            |                    |
| Body Mass Index (24m-5y)  |  |  |  |                            |                    |
| Blood Pressure (Screen 3-5y / Risk Assessment NB-30m)   |  |  | Risk<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                            |                    |
| <b>SENSORY SCREENING</b>  |  |  |  |                            |                    |
| Vision (Screen 3y-5y / Risk Assessment 0-30m)   |  |  | Risk<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                            |                    |
| Hearing (Screen NB, 4-5y / Risk Assessment 3-5 days-3y)   |  |  | Risk<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                            |                    |
| <b>DEVELOPMENTAL/BEHAVIORAL HEALTH</b>  |  |  |  |                            |                    |
| Developmental Screening (9m, 18m, 30m)  |  |  |  |                            |                    |
| Autism Screening (18m, 24m)   |  |  |  |                            |                    |
| Developmental Surveillance (NB-0m, 12m, 15m, 24m, 3-5y)   |  |  |  |                            |                    |
| Psychosocial/Behavioral Assessment (all)  |  |  |  |                            |                    |
| Maternal Depression Screening (1m, 2m, 4m, 6m)  |  |  |  |                            |                    |
| <b>PROCEDURES</b>   |  |  |  |                            |                    |
| Newborn Blood (NB - 2m)   |  |  |  |                            |                    |
| Newborn Bilirubin (NB)  |  |  |  |                            |                    |
| Critical Congenital Heart Defect Screening (NB)   |  |  |  |                            |                    |
| Hematocrit or Hemoglobin<br>(Screen 12m / Risk Assessment 4m, 15m - 5y)   |  |  | Risk<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                            |                    |
| Lead Screening<br>(Screen 12m, 24m / Risk Assessment: 0m, 0m, 18m, 3-5y)  |  |  | Risk<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                            |                    |
| Tuberculosis Testing (Risk Assessment 1m, 6m, 12m, 24m, 3-5y)<br>Date Given: _____ Date Read: _____   |  |  | Risk<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                            |                    |
| Dyslipidemia Screening (Risk Assessment 24m, 4y)  |  |  | Risk<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                            |                    |
| <b>ORAL HEALTH</b> (Screen 6-0m / Risk Assessment: 12m, 18m-5y)   |  |  | Risk<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                            |                    |
| Fluoride Varnish (0m-5y)  |  |  |  |                            |                    |
| Fluoride Supplementation (Risk Assessment 0m-0m, 18m-5y)  |  |  | Risk<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                            |                    |
| <b>ANTICIPATORY GUIDANCE (All)</b>  |  |  |  |                            |                    |
| Name of Clinic/Physician: _____   |  |  |  |                            |                    |
| Signature of Physician: _____   |  |  |  |                            |                    |
| Address: _____  |  |  |  |                            |                    |
| Phone Number: _____   |  | Date: _____  |  |                            |                    |

**Please Attach a Copy of the Child's Immunization Record**



Contra Costa County  
Employment and Human Services Department  
Community Services Bureau



**Dental Health**

|   |            |   |                     |
|---|------------|---|---------------------|
| Child's Name: _____                             | DOB: _____ | <input type="checkbox"/> M <input type="checkbox"/> F | GOP/ Delegate _____ |
| Parent/Guardian's/Pregnant Mom's Name: _____    |            |   | Address: _____      |
| Address: _____                                  |            | City: _____   | Phone: _____        |
| State: _____                                    | Zip: _____ | Phone: _____  | Staff Name: _____   |
| <input type="checkbox"/> Denti-Cal Eligible     | POE# _____ |   |                     |
| <input type="checkbox"/> Non-Denti-Cal Eligible |            |   |                     |

I give my permission to share the results of this examination with Community Services Bureau.  
Yo otorgo el permiso de compartir los resultados de los exámenes con el Buro de Servicios a la Comunidad.

Parent / Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

|  | Dental Exam Summary & Services  | Comments/Concerns |
|--|---|-------------------|
|  | <b>Date Service Performed:</b> _____  |                   |
|  | <b>Oral Tissue Findings:</b><br><input type="checkbox"/> WNL (No Problems)   <input type="checkbox"/> AB (Problem Suspected)  |                   |
|  | <b>Existing Restorations:</b><br><input type="checkbox"/> N <input type="checkbox"/> Y #'s: _____   |                   |
|  | <b>Missing Teeth:</b><br><input type="checkbox"/> N <input type="checkbox"/> Y #'s: _____   |                   |
|  | <b>Untreated Caries:</b><br><input type="checkbox"/> N <input type="checkbox"/> Y #'s: _____  |                   |
|  | <b>Active Caries Risk:</b><br><input type="checkbox"/> High (>3) <input type="checkbox"/> Moderate (1-3) <input type="checkbox"/> Low (None)  |                   |
|  | <b>Other Problems Suspected:</b><br><input type="checkbox"/> Dietary <input type="checkbox"/> Developmental <input type="checkbox"/> Harmful Oral Habits  |                   |
|  | <b>Dental Care &amp; Treatment Performed:</b><br><input type="checkbox"/> Exam <input type="checkbox"/> Fluoride Varnish <input type="checkbox"/> Prophylaxis<br><input type="checkbox"/> Restoration/extraction <input type="checkbox"/> Fluoride Prescribed<br><input type="checkbox"/> Other _____ |                   |
|  | <b>Cooperation:</b><br><input type="checkbox"/> Very Cooperative <input type="checkbox"/> Cooperative <input type="checkbox"/> Non-cooperative  |                   |
|  | <b>Oral Hygiene Instruction/Special Home Emphasis:</b><br><input type="checkbox"/> Help with brushing <input type="checkbox"/> Help with flossing <input type="checkbox"/> Other _____  |                   |
| <b>Treatment Recommendations &amp; Recall:</b><br><input type="checkbox"/> Prophylaxis <input type="checkbox"/> 6 months <input type="checkbox"/> Small Restorations<br><input type="checkbox"/> Pulpotomy/SSC <input type="checkbox"/> Extraction<br><input type="checkbox"/> Pediatric dentist recommended<br><input type="checkbox"/> URGENT/ Within 24 hours |   |                   |

Treatment is complete:  Yes  No If no - Approximate visits: \_\_\_\_\_ Next Appointment Date: \_\_\_\_\_ Cost: \_\_\_\_\_

I certify that I have completed the service(s) listed above:

|                          |                      |                        |
|--------------------------|----------------------|------------------------|
|                          |                      |                        |
| Name or Stamp of Dentist | Signature of Dentist | Dentist Office/Address |
|                          |                      | Date                   |

|                            |              |                      |
|----------------------------|--------------|----------------------|
| <b>CSB Staff Follow-Up</b> | Notes: _____ | Date Received: _____ |
|----------------------------|--------------|----------------------|

**State Income Guidelines CDE Child Development Division  
Schedule of Income Ceilings (85% SMI)**

**Effective July 1, 2019**

| <i>Family Size</i> | <i>Monthly Income Ceiling</i> | <i>Annual Income Ceiling</i> | <i>15% of Monthly Guideline</i> | <i>15% Over Annual Guideline</i> |
|--------------------|-------------------------------|------------------------------|---------------------------------|----------------------------------|
| 1-2                | \$5,343                       | \$64,120                     | \$6,144                         | \$73,738                         |
| 3                  | \$5,802                       | \$69,620                     | \$6,672                         | \$80,063                         |
| 4                  | \$6,719                       | \$80,623                     | \$7,727                         | \$92,716                         |
| 5                  | \$7,794                       | \$93,522                     | \$8,963                         | \$107,550                        |
| 6                  | \$8,869                       | \$106,422                    | \$10,199                        | \$122,385                        |
| 7                  | \$9,070                       | \$108,841                    | \$10,431                        | \$125,167                        |
| 8                  | \$9,272                       | \$111,259                    | \$10,663                        | \$127,948                        |
| 9                  | \$9,473                       | \$113,678                    | \$10,894                        | \$130,730                        |
| 10                 | \$9,675                       | \$116,096                    | \$11,126                        | \$133,510                        |
| 11                 | \$9,876                       | \$118,516                    | \$11,357                        | \$136,293                        |
| 12                 | \$10,078                      | \$120,934                    | \$11,590                        | \$139,074                        |

**2019 Head Start Income Guidelines – Effective 1/11/19**

| <i>Family Size</i>  | <i>Monthly Income Ceiling</i> | <i>Annual Income Ceiling</i> | <i>130% of monthly Guideline</i> | <i>130% Over Annual Guideline</i> |
|---------------------|-------------------------------|------------------------------|----------------------------------|-----------------------------------|
| 1                   | \$1,041                       | \$12,490                     | \$1,353                          | \$16,237                          |
| 2                   | \$1,409                       | \$16,910                     | \$1,832                          | \$21,983                          |
| 3                   | \$1,778                       | \$21,330                     | \$2,311                          | \$27,729                          |
| 4                   | \$2,146                       | \$25,750                     | \$2,790                          | \$33,475                          |
| 5                   | \$2,514                       | \$30,170                     | \$3,268                          | \$39,221                          |
| 6                   | \$2,883                       | \$34,590                     | \$3,747                          | \$44,967                          |
| 7                   | \$3,251                       | \$39,010                     | \$4,226                          | \$50,713                          |
| 8                   | \$3,619                       | \$43,430                     | \$4,705                          | \$56,459                          |
| 9                   | \$3,988                       | \$47,850                     | \$5,184                          | \$62,205                          |
| 10                  | \$4,356                       | \$52,270                     | \$5,663                          | \$67,951                          |
| 11                  | \$4,724                       | \$56,690                     | \$6,141                          | \$73,697                          |
| 12                  | \$5,093                       | \$61,110                     | \$6,620                          | \$79,443                          |
| For each additional | \$368                         | \$4,420                      | \$479                            | \$5,746                           |

Revised 6/17/19

**APPENDIX Q**

California Department of Education  
 Early Education and Support Division  
 Form CD-7617, (Rev 7/14)

**INSTRUCTIONS FOR FILING AN APPEAL**

If you disagree with the action set forth on the reverse side of this NOA, you may appeal it to a hearing officer, who shall be higher I authority than the person issuing this NOA. Your request for a local appeal hearing must be received by the agency on or before the **DEADLINE:** \_\_\_\_\_ If you file an appeal, the intended action will be suspended and any services you currently receive will continue until the review process has been completed. **\*\*If you do not submit an appeal request before the deadline listed above, you will lose your appeal rights and the action will become effective on the date listed on the reverse side of this NOA.\*\***

**STEP 1:** To request a local appeal hearing, please fill in the boxes:

|  |            |  |      |
|--|------------|--|------|
| Parents Name:  |            | Phone Number:  |      |
| Address  | City/State | Zip Code   |      |
| Optional- Explain why you believe the action indicated on the reverse of this NOA is incorrect (you may attach additional pages if necessary): |            |  |      |
| <input type="checkbox"/> Check box if you have an authorized representative (another person who will attend the hearing on your behalf).       |            | <input type="checkbox"/> Check box if you need an interpreter at the hearing. Language needed: |      |
| Name of authorized representative:   |            | Parent Signature   | Date |

**STEP 2:** Make a copy of this page and fax, mail or hand deliver to the agency as follows:

**FOR AGENCY USE ONLY**

Agency Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Agency Contact (name) \_\_\_\_\_ Contact E-mail \_\_\_\_\_

Contact Telephone # \_\_\_\_\_ Fax \_\_\_\_\_

If you prefer, you may provide the appeal information to the agency in a separate document or by telephone. You may also request that your hearing be recorded. **\*\* Please keep a copy of both sides of this form for your records.\*\***

**STEP 3:** The agency will notify you of the time, and location of your hearing within 10 days of your request. If the time and place of the hearing are not convenient for you, please contact the agency immediately to reschedule. **\*\*If you do not get written notification of the date, time and location of your appeal hearing within 10 calendar days of submitting your request, please contact the local agency listed above immediately.\*\***

**STEP 4:** Arrive at the scheduled hearing at least 10 minutes in advance. You shall have an opportunity to explain the reason(s) you believe the NOA was incorrect. **\*\*If neither you nor your authorized representative appear at the time and location of the scheduled hearing, you will be deemed to have abandoned your appeal, the intended action on the NOA will no longer be suspended and the action will become effective.\*\***

**STEP 5:** Within 10 calendar days after your local appeal hearing, you will be issued a local hearing decision letter. **\*\*If you do not receive the decision letter, please contact the local agency listed above immediately.\*\***

**STEP 6:** If, after your local hearing, you disagree with the local hearing decision letter, you may ask for a review by the Early Education and Support Division (EESD). To request a review, write a letter explaining why you believe the local agency's decision letter is incorrect. Your request must include: 1) your letter, 2) a copy of this NOA, and 3) a copy of the agency's decision letter. The EESD must receive the request within 14 calendar days from the date on the written decision letter. Mail or fax your appeal to: **The EESD must receive the request within 14 calendar days from the date on the written decision letter.**

Mail or fax your appeal to:

California Department of Education  
 Early Education and Support Division  
 1430 N Street, Suite 3401  
 Sacramento, CA 95814  
 Attn: Appeals Coordinator  
 FAX 916-323-6853

You may contact the EESD at 916-322-6233 for additional assistance.



Contra Costa County  
Employment and Human Services Department  
Community Services Bureau



Attendance Improvement Plan

Child's Name: \_\_\_\_\_ Center: \_\_\_\_\_ Attendance %: \_\_\_\_\_ Date: \_\_\_\_\_

|   |  |
|---|--|
| <b>Purpose: To identify patterns of absences and strategies to improve attendance.</b>  |  |
| <input type="checkbox"/> Sick <input type="checkbox"/> Doctor's Appointments <input type="checkbox"/> Court Mandate <input type="checkbox"/> Best Interest Days (BID) |  |
| <input type="checkbox"/> Family Emergency: _____  |  |
| <input type="checkbox"/> Other: _____   |  |
| <input type="checkbox"/> No <input type="checkbox"/> Yes <i>if yes, how many:</i> _____   |  |
| <input type="checkbox"/> Focus on hand washing <input type="checkbox"/> Parent will recognize child for attending every day   |  |
| <input type="checkbox"/> Establish a set bed time/ bed time routine <input type="checkbox"/> Develop a morning routine  |  |
| <input type="checkbox"/> When child is not feeling well, only keep child home from school when medically necessary  |  |
| <input type="checkbox"/> Identify helpers for drop-off/ pick-up <input type="checkbox"/> Schedule appointments outside of class time                                  |  |
| <input type="checkbox"/> Other: _____   |  |
| <input type="checkbox"/> Importance of Hand Washing <input type="checkbox"/> When to keep my child home from school   |  |
| <input type="checkbox"/> My Family's Help Bank <input type="checkbox"/> Academic Calendar <input type="checkbox"/> Help Your Child Succeed in Preschool Flyer         |  |
| <input type="checkbox"/> Other: _____   |  |
| <b>We have review absences and have learned that absence reasons included (check all that apply):</b>   |  |
| <b>Were there unexcused absences?</b>   |  |
| <b>The following strategies will be implemented (check all that apply):</b>   |  |
| <b>Support Needed/ Resources Provided (check all that apply):</b>   |  |

I have reviewed the attendance policy and discussed the importance of regular attendance. I am in agreement with this plan and understand that I can contact the center staff for additional support.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
CSB Staff Signature

## XII. CSB and Partner Centers Contact Information

### CSB Centers

**Ambrose** 073402849

3103 Willow Pass Rd., Bay Point 94565  
Phone: (925) 427-8463, 8464 Fax: (925) 427-8465

**Balboa** 073400249/IT073402613

1001 S. 57<sup>th</sup> St., Richmond 94804  
Phone: (510) 374-7025, 7026, 7027, 7028 Fax: (510) 374-7024



**Bayo Vista** 073402140

2 California St., Rodeo 94572  
Phone: (510) 374-7492 Fax: (510) 374-7512



**Contra Costa College** 073404255

2600 Mission Bell Dr., Rm 118 &121 San Pablo 94806  
Phone: (510) 235-1277, 1251 Fax: (510) 235-1244



**Crescent Park** 070211591

5050 Harnett Ave., Richmond 94804  
Phone: (510) 374-3701 Fax: (510) 374-3741

**George Miller** 73400252/IT073402545

3068 Grant St., Concord 94520  
Phone: (925) 646-5646, 5647, 5948, 5952, 5801 Fax: (925) 646-5054

**George Miller III** 073404440

300 S. 27<sup>th</sup> St., Richmond 94804  
Phone: (510) 374-3526 Fax: (510) 374-3553



**Las Deltas** 073404675/IT-070213144

135 W. Grove Ave., Richmond 94801  
Phone: (510) 374-3444, 3446, 3469, 3470 Fax: (510) 374-3564



**Lavonia Allen** 073400254

94 ½ Medanos Ave., Bay Point 94565  
Phone: (925) 427-8270, 8272 Fax: (925) 427-8355

**Los Arboles** 073402350

240 Las Dunas Ave., Oakley 94561  
Phone: (925) 427-8930, 8931, 8932, 8933 Fax: (925) 427-8935



**Los Nogales** 073400495

321 Orchard Dr., Brentwood 94513  
Phone: (925) 427-8531, 8601 Fax: (925) 427-8594

**Marsh Creek** 073401411

7251 Brentwood Blvd., Brentwood 94513  
Phone: (925) 427-8576, 8577 Fax: (925) 427-8594 & 8578





**Riverview** 073404270

227 Pacifica Ave., Bay Point 94565

Phone: (925) 427-8340, 8341 Fax: (925) 427-8378



**Verde** 070212633

2000 Giaramita Ave., North Richmond 94801

Phone: (510) 374 3008, 3009 Fax: (510) 374-3006

**Partner Sites**

**Aspiranet**

(925) 753-2156

**Richmond College Prep**

(510) 232-4004 / Fax: (510) 232-4023

**CoCo Kids**(925) 676-5442 / Fax: (925) 676-8311

**San Ramon**

(925) 552-5061 / Fax: (925) 743-3902

**Crossroads High School**

(925) 689-6852 / Fax: (925) 603-1771

**We Care**

(925) 671-0777 / Fax: (925) 681-1614

**Little Angels Country School**

(925) 759-2204 / Fax: (925) 778-7209

**YMCA Administrative Office**

(510) 412-5641 / Fax: (510) 215-5659

**Martinez Early Childhood Center**

(925) 229-2000 / Fax: (925) 229-2088

**Baby Yale**

(925) 551-8364

**Mahogany Kinder Care**

(925) 778-8888

**Tiny Toes**

(925) 516-6995

El Sobrante Kinder Care

(510) 222-1144

**Delegate Agency**

**First Baptist**

(925) 473-2000 / Fax: (925) 526-8600

**First Baptist Site #4 – Odessa**

(925) 473-2021 / Fax: (925) 432-8196

**First Baptist Site #1 – Fairgrounds**

(925) 427-8690, 8740 / Fax: (925) 427-8742

**First Baptist Site #5 – LoneLone Tree**

(925) 779-7484

**First Baptist Site #2 – Kid’s Castle**

(925) 473-2027 / Fax: (925) 432-8196

**First Baptist Site #6 – East Leland Court**

(925) 473-2035 / Fax: (925) 427-1837

**First Baptist Site #3 – Lido Square**

(925) 473-2030 / Fax: (925) 432-8196

# XIII. Family Handbook Receipt and Parent Consent



## Contra Costa County Employment & Human Services Department Community Services Bureau



### Family Handbook Receipt & Parent Consent Form-Upon Enrollment

Parent/Guardian Name: \_\_\_\_\_ Center /Program Option: \_\_\_\_\_

Child name: \_\_\_\_\_ Classroom#: \_\_\_\_\_

Family Handbook content, items to review with parent or guardian:

|   |  |
|---|--|
| ❖ Personal Rights                                   | ❖ Attendance Policy  |
| ❖ Parent's Rights                                   | ❖ Late Policy  |
| ❖ Caregiver-Background Check Process                | ❖ Positive Guidance Policy   |
| ❖ Use of Information                                | ❖ Sick Policy  |
| ❖ Periodicity Schedule for Health                   | ❖ Child and Adult Care Food Program  |
| ❖ Child Abuse Reporting Law                         | ❖ Pedestrian Safety  |
| ❖ Uniform Complaint procedure workers and volunteer | ❖ Contra Costa Automated Immunization Registry Information                 |
| ❖ Sexual Harassment Policy                          | ❖ Verification of health requirements for childcare workers and volunteers |

I have been given a copy of the CSB Family Handbook and the above information was reviewed with me.

\_\_\_\_\_  
Please initial

### Consent Participation in Program Activities

CSB provides a variety of activities to enrich your experience at our centers. Your initials verify consent to Yes/No options.

\_\_\_\_\_  
Please initial

- Use all in/outdoor play equipment: Yes  No
- Participate in walks and field trips: Yes  No

### Consent of Photo/Video Release

Media may be used inside and outside CSB scope of services. Your initials verify consent to Yes/No options.  
*Foster Parents may give consent for Classroom /Site pictures only.*

\_\_\_\_\_  
Please initial

- Classroom/Site: Yes  No
- Public (*i.e. the internet, newsletters, reports, social media, etc.*): Yes  No
- Are you a Foster parent: Yes

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date