Dear Families,

We want to welcome you to the Seedlings program and are excited to serve your child.

We all know that the last several months have been challenging as we all adapt to the consistent changes to our lives. We are still committed and will continue to do the best we can at providing a high quality early learning experience for your child(ren) and family.

We have worked countless hours to put into place new practices based off of recommendations from the Centers for Disease and Control Prevention (CDC) and Washington State Department of Health. We also are working with the local Health Departments and Emergency Management System. We want you to know that these updated practices are to keep everyone safe and healthy.

Here are a few examples of practices that have been changed for this program year due to COVID-19:

- All center staff will wear masks and practice social distancing use universal precaution practices.
- Class sizes have been reduced and capped at 10 people – this includes children and adults.
- Children will be served food by staff and be seated with distance between them, instead of family style meals where children serve themselves and pass food.
- The drop off and pick up process for children will look different – more details will come.
- Upon arrival children will have their temperature checked and answers a few brief question.
- Visitors and entrance to the center will only be allowed in emergency situations.
- Family nights will be virtual and family activities will be provided for you to do at home.
- Home Visits will be completed over the phone instead of in person.
- Additional daily cleaning and sanitizing of classrooms and the facility will take place.

We will continue to adapt and make needed adjustments as we learn about the best way to implement these new processes.

Please be patient with us as we all are learning how to do things different with our number one goal of keeping everyone safe.

We are excited you have chosen Seedlings and look forward to serving your child and family.

Respectfully,

Seedlings Management
Stay Home if Sick
Interim Exclusion Guidelines During COVID-19

Dear Parents/Guardians,

The Washington State Department of Health has an Interim exclusion guideline during COVID-19. We will be following their guidelines by screening everyone before allowing entrance to our buildings and before boarding our buses. The screening method will include a questionnaire, and a temperature reading. Anyone with one or more of the following will be asked to return home:

**Questionnaire:**

Parents and Staff Members will be asking to reflect and answer the following questions before entering the center or the child boarding the bus:

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

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

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

- You have had no fever for at least 72 hours (that is three full days of no fever without the use of medicine that reduces fevers)

AND

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

AND

- At least 10 days has passed since your symptoms first appeared
**Temperature Reading:**

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

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

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

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

ENROLLMENT AGREEMENT

Center: ________________________ Program Year: ________________ □ Head Start □ MSHS

Child’s Last, First Middle Name: ____________________________________________

Parent/Guardian’s Name(s): ________________________________________________

Program Days: ________________ Program Hours: ________________ Meals: __ Varies

<table>
<thead>
<tr>
<th>Program Information (Parent Orientation)</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Mission Statements</td>
<td>• Child Development</td>
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<tr>
<td>• 3 Main Program Goals</td>
<td>• Daily Activities</td>
</tr>
<tr>
<td>• Facts about the program</td>
<td>• Disabilities</td>
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<tr>
<td>• Child Abuse and Neglect (mandated reporters)</td>
<td>• Mental Health Services</td>
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<tr>
<td>• Parent Sign-in/Sign out Procedures</td>
<td>• Screenings, evaluations, and observations (ASQ, ASQ-SE 2, and TS Gold)</td>
</tr>
<tr>
<td>• Authorization to release your child</td>
<td>• Dressing your Child for School</td>
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<tr>
<td>• Resolving Parent complaints</td>
<td></td>
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<tr>
<td>• Center’s contact information</td>
<td></td>
</tr>
<tr>
<td>• Covid-19 Information</td>
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<thead>
<tr>
<th>Parent, Family, and Community Involvement</th>
<th>Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Parent Volunteers</td>
<td>• Well child exams</td>
</tr>
<tr>
<td>• In-Kind</td>
<td>• Dental exams</td>
</tr>
<tr>
<td>• Parent Committees and Policy Council</td>
<td>• Nutrition (USDA program)</td>
</tr>
<tr>
<td>• Home Visits</td>
<td>• Sick Child Policy</td>
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<tr>
<td>• Parent Teacher Conferences</td>
<td>• Returning to class after an illness</td>
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<tr>
<td>• Center Family Activities</td>
<td>• Emergency Procedures Plan</td>
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<tr>
<td>• Parent Center Communication</td>
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<tr>
<td>• Attendance (90% individual attendance)</td>
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</table>

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<thead>
<tr>
<th>Transportation</th>
<th></th>
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<tbody>
<tr>
<td>• Changes to Pick-Up and Drop-Off addresses may take up to two weeks.</td>
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<tr>
<td>• Transportation Procedures (Transportation #1).</td>
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</table>

Transitions: According to licensing requirements, if your child is going to turn 1-year-old during the program term, they will have to transition from an infant room into a toddler room on their birthday. If your child is going to turn 3 years old during the program term, they will have to transition from a toddler room into a preschool room on their birthday. If there is space available for your child, they will start a transition plan two (2) weeks prior to their birthday. If there is no space available your child will go on the waitlist with a high priority. We may pursue special accommodations with Washington State licensing to ask for a waiver as an individual basis.

The Head Start/Early Head Start program is federally funded thus there is no charge. Our centers are operated by ESD 105 and EPIC. The above information has been explained to me and my signature reflects my understanding and commitment to participation in ESD 105 Head Start Programs. I am receiving a copy of the parent’s program manual at this time.

_________________________________________  __________________________
Parent/Guardian’s Signature                        Date

_________________________________________  __________________________
Family Services Staff’s Signature                  Date
PERMISSION FORM

Last, First Middle Name: ___________________________________________  Birth date: ____________

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

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

14. If child receives WIC services from Yakima Valley Farmworkers, have Seedlings and the WIC program of Yakima Valley Farmworkers exchange information between each other for the purpose of enhancing and streamlining services.

15. Be present during general classroom observations completed for the State of Washington’s Early Achievers Program.

16. Receive text messages from our database ChildPlus for upcoming center event reminders (Ex: Family Nights, Fatherhood events, home/center visits), individual child events (Ex: Expiration of dental or well child exams) and sharing of resources.

17. Receive email from our database ChildPlus for upcoming center event reminders (Ex: Family Nights, Fatherhood events, home/center visits), individual child events (Ex: Expiration of dental or well child exams), and sharing of resources.

18. Receive Zoom link to receive virtual services (family nights, parent education, parent teacher conferences, family visits)

*Family Advocates can assist in downloading Zoom App.

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

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

______________________________               ______________________________                    ___________________
Parent Printed Name/                  Parent/Guardian Signature/        Date
Nombre del Padre/Tutor Legal       Firma del Padre/Tutor Legal          Fecha

Family Services Staff’s Signature                  Date
Video Recording Acknowledgement Form

Child’s Name: ________________________________________________________________

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

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

(a) My child(ren)’s classroom will be recorded on a video, audio, photograph, digital, electronic, or any other medium and
(b) the recordings will be used for the purpose of
   a. Active supervision
   b. Classroom observations
   c. Coaching on teacher practices
   d. Classroom Monitoring
   e. Classroom Nurse Consultations
   f. Classroom observations for health and safety practices

(c) Seedlings Center for Early Learning staff will continue to follow FERPA guidelines to maintain and protect the absolute confidentiality of the names of the children and families and any other personally identifiable information without the prior written consent of a parent or guardian.

(d) Seedlings Center for Early Learning staff will continue to follow HIPAA guidelines to maintain and protect the absolute confidentiality of the names of the children and families and any other personally identifiable health information.

(e) I understand that all such recordings, in whatever medium, shall remain the property of Seedlings Center for Early Learning.

I have read and fully understand the terms listed above.

_________________________________  ________________________
Parent /Guardian Name               Date

_________________________________  ________________________
Staff Name                          Date