



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, personal protective equipment (PPE), and practice social distancing use universal precaution practices.
- 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.
- Daily COVID-19 symptoms screening & questionnaire are performed before anyone enters the centers or boards the busses. Staff or children who do **NOT PASS** the health screening or questionnaire are asked to remain or return home until cleared to return safely.
- 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.
- Family and visitors that come to the center will be required to stay in vehicle at all times. A seedlings staff member will approach the vehicle to keep everyone safe.

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 or higher and/or
- A cough
- Shortness of breath
- Loss of sense of smell and/or taste
- A sore throat
- Muscle aches
- Fatigue
- Headache
- Congestion and/or Runny Nose
- Nausea and/or Vomiting
- Diarrhea
- 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.**

Migrant Seasonal Head Start Enrollment Agreement Packet ENG

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 24 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.

You will get more information on these and other modified practices during parent program orientation and staff preservice. For more information on COVID-19 please refer to The Yakima Health District, Douglas Public Health Network, Chelan-Douglas Health District, The Washington State Dept. of Health, or The Centers for Disease Control and Prevention. <https://www.yakimacounty.us/2323/COVID-19> ; www.doh.wa.gov/emergencies/coronavirus, www.cdc.gov/coronavirus/2019-ncov <https://cdhd.wa.gov/covid-19/> <http://douglaspublichealthnetwork.org/>.

MIGRANT SEASONAL HEAD START ENROLLMENT AGREEMENT

Center: _____ Program Year: _____

Child's Last, First Middle Name: _____

Parent/Guardian's Name(s): _____

Program Days: _____ Program Hours: _____ Meals: Varies

<p><u>Program Information (Parent Orientation)</u></p> <ul style="list-style-type: none"> • Mission Statements • 3 Main Program Goals • Facts about the program • Child Abuse and Neglect (mandated reporters) • Parent Sign-in/Sign out Procedures • Authorization to release your child • Resolving Parent complaints • Center's contact information • Covid-19 Information <p><u>Parent, Family, and Community Involvement</u></p> <ul style="list-style-type: none"> • Parent Volunteers • In-Kind • Parent Committees and Policy Council • Home Visits • Parent Teacher Conferences • Center Family Activities • Parent Center Communication • Attendance (90% individual attendance) 	<p><u>Education</u></p> <ul style="list-style-type: none"> • Child Development • Daily Activities • Disabilities • Mental Health Services • Screenings, evaluations, and observations (ASQ, ASQ-SE 2, and TS Gold) • Dressing your Child for School <p><u>Health</u></p> <ul style="list-style-type: none"> • Well child exams • Dental exams • Nutrition (USDA program) • Sick Child Policy • Returning to class after an illness • Emergency Procedures Plan <p><u>Transportation</u></p> <ul style="list-style-type: none"> • Changes to Pick-Up and Drop-Off addresses may take up to two weeks. • Parent Handbook pages 20-22. • Transportation Procedures (Transportation #1).
---	--

Staff will keep your family information confidential. Staff may request assistance from their supervisor regarding family concerns. State law requires all staff to report suspected neglect or abuse of children to the proper authorities.

The Head Start/Early Head Start/Migrant Seasonal Head Start program is federally funded and is free of charge to qualifying families. 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.

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.

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.			
I authorize for the child(ren) listed above to:	Yes	No	Parent Initials
1. Participate fully in the Early Childhood Development Programs.	<input type="checkbox"/>	<input type="checkbox"/>	
2. In case of an emergency: Receive first aid treatment, be transported and receive necessary medical or dental treatment.	<input type="checkbox"/>	<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Be photographed and/or videotaped for such use as training, recruitment, media releases, and bulletins.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Be transported in Seedlings buses for program activities.	<input type="checkbox"/>	<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	
8. Have diaper rash ointment, Desitin Rapid Relief Diaper Rash Cream, applied as needed. The ointment has the active ingredient zinc oxide.	<input type="checkbox"/>	<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	
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).	<input type="checkbox"/>	<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

Migrant Seasonal Head Start Enrollment Agreement Packet ENG

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.	<input type="checkbox"/>	<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	
15. Be present during general classroom observations completed for the State of Washington’s Early Achievers Program.	<input type="checkbox"/>	<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

* 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/ <i>Nombre del Padre/Tutor Legal</i>	Parent/Guardian Signature/ <i>Firma del Padre/Tutor Legal</i>	Date <i>Fecha</i>
Family Services Staff’s Signature	Date	

Migrant Seasonal Head Start Enrollment Agreement Packet ENG

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 on-going 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

Code of Conduct for Parents and Visitors

Last, First Middle Name: _____

Parent’s & Visitor’s Guidelines In order to maintain an orderly, respectful and secure educational environment for the students and staff of the Seedlings Centers, it is essential that all parents and visitors to our buildings be aware of their responsibilities and adhere to the expected code of conduct as set forth in this Enrollment Agreement Packet.

Parents are expected to:

- Recognize that the education of children is a joint responsibility of the parents, the center community, and the Seedlings Management.
- Build good relationships with teachers, other parents and their children's friends.
- Inform center staff of changes in the home situation that may affect the child’s behavior.

Conduct Prohibited on School Property

No person shall:

- Use abusive, threatening, profane or harassing communication, either in person, by e-mail or text/voicemail/phone or other written or verbal communication
- Intentionally injure any other person or threaten to do so.
- Intentionally damage or destroy school property or the property of a teacher, administrator, other employee or any other person lawfully on school property, including graffiti or arson.
- Refuse to comply with any reasonable order of identifiable center staff performing their duties.
- Disrupt the orderly conduct of classes, school programs or other school activities.
- Distribute or wear materials on school grounds or at school functions that are obscene, advocate illegal action, appear libelous, obstruct the rights of others, or are disruptive to the school program.
- Intimidate, harass or discriminate against any person on the basis of race, color, creed, national origin, religion, age, gender, sexual orientation or disability
- Enter any portion of the school premises without authorization or remain in any building or facility after it is normally closed.
- Obstruct the free movement of any person in any place to which this code applies.
- Violate the traffic laws, parking regulations or other restrictions of vehicles.
- Possess, consume, sell, distribute or exchange alcoholic beverages, controlled substances, or be under the influence of either on school property or at a school function.
- Possess or use weapons in or on school property or at school functions.
- Gamble on school property or at school functions.
- Willfully incite others to commit any of the acts prohibited by this code.
- Violate any federal or state statute, local ordinance or board policy while on school property or while at a school function.

Persons in violation of the Code of Conduct The authorization of a visitor, to remain on school grounds or at any school function shall be withdrawn and they shall be directed to leave the premises. If they refuse to leave, they shall be subject to removal of the premises. The center reserves its right to pursue a civil or criminal legal action against any person violating the code.

Parent /Guardian Name

Date

Staff Name

Date

Hatch Tablet Agreement

Dear Parents:

Your child has the opportunity to receive a Hatch Tablet and needs your permission to do so. Among other advantages, your child will be able to build their skills in all learning areas needed for kinder readiness. The Hatch tablet will allow for staff to monitor the child's progress and print out reports showing the child's growth. This is a significant learning opportunity to prepare your child for the future. With this educational opportunity also comes responsibility.

It is important that you understand the enclosed Agreement to Return and Care for Company Equipment Form. It is extremely important that the rules are followed and you understand the Hatch Tablet must be returned at the end of the program year. Inappropriate use may result in the loss of the privilege to use this educational tool.

Parents, remember that you are legally responsible for your child's actions. Please stress to your child the importance of using only his or her device. Your child should never let anyone else use his/her device. Your child is responsible for any activity that happens in his/her Hatch Tablet. We have established procedures and rules regulating the materials that students may search for on the network, but please be aware that there is unacceptable and controversial material and communications on the internet that your child could access. It is not possible for us to provide direct supervision of all students. We cannot filter material posted on network-connected computers all over the world; we encourage you to consider the potential of your child being exposed to inappropriate material in your decision of whether or not to sign the informed consent form.

If you have any questions, please contact me at _____ (telephone number). If you want your child to have the opportunity to receive a Hatch Tablet, the Agreement to Return and Care for Company Equipment must be completed.

Sincerely,

Hatch Tablet ID# _____

Agreement to Return and Care for Company Equipment

I acknowledge that while my child is participating in the East Yakima Seedling’s Center Program, I will take proper care of all equipment that I am entrusted with. I understand that it is my responsibility to ensure the equipment is safe from damage. I will ensure food and liquids are kept far from the equipment. I will inform the site Center Manager/Assistant Center Manager immediately if the equipment is lost, stolen or damaged in any form.

I acknowledge and understand that I, as the parent, assume all responsibility for content found on the device. I acknowledge and agree that EPIC and/or employees of the ESD 105 has the right to review, edit or remove any materials installed, used, stored or distributed on or through the network, including e-mail and other electronic messages, and hereby waive any right of privacy which I may otherwise have into such material.

I further understand that upon the end of the program year, I will return all EPIC property and that the property will be returned in proper working condition in order for the next student to use.

This agreement is in regards to the Hatch Tablet. I understand that failure to return equipment at the end of the program year may be considered theft; therefore, I will ensure the tablet is returned in a timely manner.

Name (Please Print)

Parent Signature

Site

Date

Supervisor Only beyond this point.

Date Hatch Tablet checked out: _____

Condition of Hatch tablet: NEW Fairly Used Used but Good Condition Poor

Is there visible damage to tablet Yes* NO *If yes, please describe on back of form.

Tablet ID# entered into Tracking Form YES NO

Center Manager Signature

Date

Migrant Seasonal Head Start Enrollment Agreement Packet ENG

Date Tablet Returned: _____

Condition of Hatch Tablet: NEW Fairly Used Used but Good Condition Poor

Is there visible damage to Hatch Tablet Yes* NO *If yes, please describe below.

Return of tablet entered into tracking form YES NO

Center Manager Signature

Date

COMMENTS:

Acceptance Letter

Dear Parent/Guardian of:

Thank you for the time and effort you have put into completing the eligibility application process with Seedlings Center for Early Learning; a partnership between ESD 105 and EPIC. Per Head Start regulations, eligibility is determined by income guidelines and placement is prioritized by need.

Congratulations! This letter is to inform you that your child has been selected for enrollment for the 2021-2022 program year. Based on the Pick-up and Drop-off address you provided at the time of enrollment, your child has been placed at the:

Bridgeport Castlevale East Wentachee

Placement is determined by this address, so if your address or babysitter address has changed, you must notify the center immediately as this may affect center/ session placement.

A Seedlings staff member will contact you soon with information regarding your child's teacher and start date.

While you successfully completed the enrollment application process, there may be information that has changed, expired or needs to be updated. It is very important that you update this information at the earliest opportunity. Failure to provide this information may delay your child's ability to start.

If it was identified that your child is in need of a Health Care Plan or you have requested a food or milk substitution, you **MUST** follow through with providing the documentation from your child's medical provider. Per regulations, your child may not attend school until the required paperwork is submitted.

If it was identified that your child is not up-to-date on vaccines, you **MUST** follow through with making an appointment with your child's medical provider to get them up-to-date. Per regulations, your child may not attend school until the required paperwork is submitted.

Sincerely,

Seedlings Center for Early Learning Staff,