 **Parent Pick Up Policy**

Policy: It is essential that each child be picked up at or before the center’s posted closing time.

If an emergency occurs that is going to interfere with normal pick-up time, the parent/guardian needs to call the center as soon as possible. The parent/guardian will indicate who will be picking up the child by the center’s posted closing time. The people picking up must be noted in the Emergency Contact section on the Child Information Record. **Please make sure the people who are listed as emergency contacts on the Child Information Record are reliable, have a working telephone number and are available to pick up your child. The emergency contact must provide a photo ID at pick up time to be copied by staff for the safety of the child.** If there is no contact by parent/guardian, the guidelines listed below will be followed.

1. The parent/guardian and persons listed on the Child Information Record form will be called three (3) times in 15 – minute intervals, beginning 5 minutes after the expected pick-up time.
2. The staff will ensure the safety and well-being of the child at the center until the issues are resolved.
3. One hour after the school day, the program will contact DHHS

Child Protective Services.

We thank you for your cooperation in this matter. We know you understand that for the safety and well-being of your child, it is essential that children are picked up on time by the appropriate people.

If you are having a problem picking up your child on time, please speak with your child’s teacher.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to pick up my child,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from the Early Head Start/Head Start/GSRP Child

Development Center by the posted closing time.

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

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Distribution: Teacher completes at orientation, Original in Child’s File

Reference: Licensing R400.8146 (b) HSPPS 1302.47 (7) (v)

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