 **Early Head Start Orientation Training and Family Partnership Agreement**

Through the collaborative partnership, my child’s teacher, my NMCAA Coordinator, my Family Services Specialist, and I will build connections to strengthen my family and support my child’s development and learning. I acknowledge the items below:

**Please Initials**

**\_\_\_\_\_\_\_ Respect-**NMCAA honors DEIA (Diversity, Equity, Inclusion and Accessibility), which means that we create programming and

environments that are respectful. We are accepting of all people and their diverse backgrounds so that everyone feels valued and included. We appreciate that everyone is equal, and we avoid making assumptions about anyone. Program staff and families are expected to agree to be respectful to all children, families, and staff. By initialing, I agree to using kind words and actions, treating everyone with dignity. I agree that I will not say anything hurtful about the following:

* **race** (social term often used based on skin color and or ancestry)
* **ethnicity** (person’s cultural background & where they come from)
* **religion** (person’s beliefs and practices)
* **abilities** (what a person can or cannot do)
* **family structure** (different kinds of families people have)
* **body structure and physical traits** (how a person looks)
* **sexual orientation and whom someone loves** (who people are attracted to)
* **gender identity and how people identify themselves** (how people see themselves as male, female, etc)
* **Education level** (how many years of education someone has)
* **Financial situation** (how much money someone has)

**\_\_\_\_\_\_ Attendance-**I understand that it is important for my child to have regular attendance during Early Head Start programming. I will strive to maintain a consistent schedule (of at least three days each week) that has been created with the director. I am aware that absences will be monitored, and I will be contacted to ensure my family and child’s well-being when multiple unexplained absences occur and an Attendance Success Plan may be part of this process. If regular attendance cannot be maintained my child may be placed back on the waitlist.

\_\_\_\_\_\_\_ **DHHS Child Development and Care Subsidy** - I understand that I will not incur a fee for Early Head Start program hours. I agree to

apply for DHHS Child Development and Care Subsidy and if qualified, to submit required documents to MDHHS as needed to

maintain enrollment.

\_\_\_\_\_\_ **Confidentiality-**NMCAA values the privacy of children, families, caregivers, and staff. I agree not to share any personal information or details about others in the program. This may include child conversations and behaviors or staff and family information. I will not post information and/or pictures of students/families in the program on social media without staff permission.

**\_\_\_\_\_\_ Child Protective Services-**I understand that all staff and volunteers are required by law to immediately report any suspected abuse and neglect of children.

**\_\_\_\_\_\_ Health Requirements-  -** I understand to support my child’s growth and school readiness, and to meet the HSPS and MI Child

Care Licensing rules for participation in EHS programming, my child must be current with well-child exams aligned with the

Periodicity Schedule. This schedule includes vision, hearing, blood lead, anemia, blood pressure, height and weight, and an oral health screening (including additional treatment if needed). Additionally, Michigan Child Care Licensing requires that a copy of this exam is onsite within 30 days of their first day of school.

**\_\_\_\_\_\_ Immunizations-**I am aware that my child must be up to date with their immunizations at the time of enrollment. If I do not want immunizations, I agree to reading education about the benefits of vaccination and the risks of diseases from my local health department before receiving the certified non-medical waiver prior to the first day of school.

**\_\_\_\_\_\_ Mental Health Support–**I may request mental health services for my family. I may be asked to consult on site or remotely with a mental health professional to explore the social and emotional wellness of my child. Mental Health Consultants may utilize confidential video observations.

\_\_\_\_\_\_ **Educational Partnership-**I will partner with the teaching staff to help develop my child’s school readiness skills. I am aware that an assessment will be completed on my child 4 times a year and this information will be shared with me at my parent-teacher conferences and home visits.

\_\_\_\_\_\_ **Developmental Screeners-**I understand that a developmental screening will be conducted for my child in the classroom. I understand that teachers will share the information with me in a timely manner.

\_\_\_\_\_\_ **Family Partnership Agreement-**I am my child’s most important teacher. I will take part in the Family Needs and the Family Outcomes Surveys; goal setting; family events and workshops, and meetings. These activities support family strengths and needs and prepare children for school. Community resources are available to me.

\_\_\_\_\_\_ **Safety-**I will support all safety procedures and practices with teaching staff to help children learn about safety. This will include discussing practices that can help keep children safe at home, school, and in transition from home to the program.

**\_\_\_\_\_\_\_ Photo Permission -** I grant permission to have pictures/videos taken of my child and/or family. These pictures may be used in

displays, bulletin boards, recruitment, community news, educational publications and stories. Disclaimer: NMCAA will not use

children’s pictures on any social media sites including but not limited to Facebook or Twitter.

**PARENTS/GUARDIANS**

This signature documents my understanding and agreement of the above statements.

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Signature Print Name

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Enrolled Child’s Name Date

**Distribution:** Family Services Specialist completes at orientation Original in Child’s File (L#4)

8/23 EHS-HS Team\Program Operations\CC Collaborative Centers\Website\NMCAA\Enrollment\CC Early Head Start Orientation Training and Family Partnership Agreement .doc