



*We are*  
*➤ All ➤*  
*in this*  
*TOGETHER*

Family Handbook & Calendar

2023-2024

## CSI Head Start/Early Head Start Contact Information

### HS/EHS Administrative Office

390 Falls Avenue  
PO Box 1238  
Twin Falls, ID 83303-1238  
Phone: 208-736-0741  
Fax: 208-734-3832

#### Extensions:

HS/EHS Director	1111
Children Service Specialist	1117
ERSEA Specialist	1124
Family Service/Community	1121
Health/Nutrition	1120
Mental Health Professional	1125
Mental Health/Disabilities	1119

### Cassia Center

800 East 16<sup>th</sup> Street  
Burley, ID 83318  
Phone: 208-678-3669  
Fax: 208-678-1580

### East End Center

589 Main Street North  
PO Box 275  
Hansen, ID 83334  
Phone: 208-423-9683  
Fax: 208-423-9709

### Twin Falls Center

308 Falls Avenue West  
Twin Falls, ID 83301  
Phone: 208-734-5550  
Fax: 208-293-8019

### Little Wood Center

207 West A Street  
PO Box 757  
Shoshone, ID 83352  
Phone: 208-886-7784  
Fax: 208-886-7728

### Minidoka Center

124 8<sup>th</sup> Street  
Rupert, ID 83350  
Phone: 208-436-4553  
Fax: 208-436-1471

### North Side Center

220 3<sup>rd</sup> Avenue West  
Jerome, ID 83338  
Phone: 208-324-2385  
Fax: 208-324-9333

### Orchard Valley Center

250 2<sup>nd</sup> Avenue East  
Wendell, ID 83355  
Phone: 208-536-1547  
Fax: 208-536-5578

### Power Center

1825 Fairway Drive  
PO Box 683  
American Falls, ID 83211  
Phone: 208-226-2806  
Fax: 208-226-7785

### West End Center

1206 Main Street  
Buhl, Idaho 83316  
Phone: 208-543-5618  
Fax: 208-595-1027

### Emergency/Police/Fire 911

**Safe Kids** 208-814-7640

**IdahoSTARS** 211

### Poison Center

1-800-222-1222

### Wellness Tree Clinic

208-734-2610

### Legal Services

Idaho Legal Aid:  
208-734-7024

### Housing

Idaho Housing Association/  
Rental Assistance  
1-866-234-3435

### Report Child Abuse & Neglect 24Hrs

Idaho Central Intake Unit  
1-855-552-5437

### Idaho Suicide Prevention Hotline

1-800-273-8255

### Voices Against Violence

(Domestic Violence Shelter)  
208-733-0100

## **CSI Head Start / Early Head Start Emergency Lockdown, Evacuation, Relocation Policy**

**Emergency Lockdown:** In the event of an emergency lockdown due to outside risks, our center doors will be locked and remain locked until lockdown has been lifted by officials. During an emergency lockdown no person or persons will be allowed in or out of the center. Staff will ensure all children are accounted for throughout lockdown.

**Soft Lockdown:** In the event of a soft lockdown, our center doors will be locked and remain locked until soft lockdown has been lifted by officials. During a soft lockdown staff, parents and children will be allowed to leave but may not return to the building until lockdown is lifted. Staff will ensure all children are accounted for throughout the lockdown and parents must sign their child out upon pick up.

**On Site Evacuation:** In the event of an evacuation, staff members will ensure all children are accounted for and accompanied by an adult to a pre-determined location on site.

**Emergency Relocation:** In the event of a relocation evacuation, staff members will ensure all children are accounted for before being transported to one of two pre-determined locations. Children will be transported in the safest manner possible, by bus, car, or walking.

**#1 Location** \_\_\_\_\_ **#2 Location** \_\_\_\_\_

**Parent Notification:** In the event of any Emergency parents or emergency contact will be notified as soon as possible. Notifications will include essential information such as where and when it is safe to pick up your child. Please read all emergency notifications carefully and completely.

**Emergency Preparation:** We have a grab and go emergency preparedness kit at each center complete with, first aid supplies, water, food, and other emergency preparedness supplies. Our centers are all equipped with water and food and supplies for an extended lockdown. We also conduct monthly safety drills with your child throughout the year to help prepare your child for emergency situations. Staff members receive training and practice situations throughout the year.

**Our number one priority in the event of any emergency is the safety of your child and the safety of the staff who care for them.**

## **CSI HEAD START/EARLY HEAD START MISSION STATEMENT:**

The College of Southern Idaho Head Start/Early Head Start is committed to providing quality, comprehensive services in order to ensure school readiness and healthy development while strengthening families within their communities by becoming life-long learners.

### **PHILOSOPHY:**

CSI Head Start/Early Head Start is a community of children, families, staff, volunteers, and resource people working together to enhance an environment of learning and growing. Parent involvement is essential to the existence and function of the program. Parents and staff work together creating an atmosphere of caring, support, trust and respect that nurtures the development of the whole child.

CSI Head Start/Early Head Start recognizes the importance of the family and respects the strength and dignity of each of its members. The unique quality of the parental role in the life of the child is fostered and supported. The program values parents as individuals in their own right. Parents are active participants in all aspects of the program.

The CSI Head Start/Early Head Start staff recognizes parents as primary educators of their children and will support, share, and value their participation at all levels.

The program recognizes that all children, parents, and staff need an enriched environment and opportunities to grow in self awareness, to accept individual differences, to develop abilities, and to recognize self worth. Welcome to Head Start!

### **Program Goal #1**

Demonstrate continued commitment to delivering comprehensive early childhood education and family support services.

### **Program Goal #2**

Support employee learning, growth, wellness and success.

### **Program Goal #3**

Continuous improvement of program systems that ensures compliance with program quality standards.

## **College of Southern Idaho Mission Statement**

The College of Southern Idaho, a comprehensive community college, provides quality educational, social, cultural, economic, and workforce development opportunities that meet the diverse needs of the communities it serves. CSI prepares students to lead enriched, productive, and responsible lives in a global society.

### **CSI Board of Trustee Members**

- Laird Stone, Chairman
- Anna Scholes, Vice Chairman
- Scott McClure, Clerk
- Jan Mittleider, Trustee
- Josh Kern, Trustee







Temporarily excluding a child from classroom participation protects the health of the affected child, other children, and staff.

- A child that is under immunized and those whose parents have signed an **“Idaho Certificate of Immunization Exemption”** will be excluded from the classroom if any communicable disease that children are generally immunized for may occur.
- A child demonstrating signs of illness whether it seems contagious or not, and the child is not comfortable due to feeling ill, will be removed from the classroom and the family will be notified to pick up their child.
- A child with possible contagious illness may be excluded from the classroom.
  - **Fever 100.4° [ 38° C]**
  - COVID-19 Fever 99° paired with or coughing/sneezing and/or shortness of breath
  - Vomiting (defined as two or more episodes in the previous 24 hours)
  - Pain
  - Red, watery, matted eyes
  - Chronic coughing or wheezing
  - Contagious rashes (chicken pox)
  - Head lice and/or nits
  - Diarrhea (exclude until uncontrolled or uncontained diarrhea stops, or until a medical exam indicates that it is not a communicable disease)
  - **Uncontrolled diarrhea** is defined as 5 or more stools in an 8-hour period, an increased number of stools for the child, or watery or bloody stools.
  - **Uncontained diarrhea** is defined as 1 loose stool that cannot be contained by the diaper or use of toilet.
  - **Mouth sore with drooling**- exclude child until a medical exam indicates the symptoms are not contagious.
- A child with a chronic illness that is at risk for contagious children’s illnesses that may have been exposed at the center should be excluded from the classroom.
- A child with a chronic illness/condition that is no longer comfortable in a classroom setting after reasonable accommodations have been made may be excluded from the classroom.

**See specific plans:** Policy on Head Lice/No Nit, AIDS Policy, Immunization Policy, Outdoor Play Policy, Biting Policy, Bed Bug Policy, **COVID-19 Health Contingency Plan**, COVID-19 Operational Protocol.

If exclusion is necessary, the Head Start/Early Head Start Staff will contact the parent/guardian to pick up the child. **While waiting for the parent/guardian**, the child will be separated from the other children, supervised, and provided comfort (see Covid19 Health contingency plan). Document on Health Check form or in the child’s file documentation page. **When parent/guardian arrives:** (for Covid19 see Health Contingency plan) Give a copy of Physician Evaluation Form. The parent will need to bring back the **Physician Evaluation Form** or a note from the physician stating that the child is well enough to return to a childcare setting.

**When to notify other parents of a contagious illness:** Contact Health Specialist for recommendations and/or additional directions. (for Covid19 see Health Contingency plan).

After a child has been *positively* diagnosed by a physician of a contagious illness, the Lead Teacher may send a note home (***Contagious Illness Alert***) to the children that were in the group setting that may have been exposed to the illness. This must only be done under the direction of the Center Supervisor and Health Specialist.

# Parents of Children in or Entering Preschool & Grades K-12



## Why Your Child Needs Shots

Children must meet immunization requirements as stated in Idaho law to attend school. To meet legal requirements, a record with evidence that children are up-to-date on their immunizations (shots) or a valid immunization exemption must be provided and kept on file at the school. When children are in group settings, there is the potential for the spread of infectious diseases. Diseases like chickenpox, measles, and whooping cough spread quickly, so children need to be protected before they enter preschool and grades K-12.

## What You Need at Registration

You will need to present your child's immunization record or a valid immunization exemption to the school at the time of registration to enroll your child. The immunization record must show the date (month, day, and year) your child was given each shot. If you do not have an immunization record or your child has not received all required shots, call your doctor or local public health agency for an appointment.

## Required Shots for School

### MINIMUM IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRY BY GRADE

	Kindergarten <sup>1</sup> - 6 <sup>th</sup> Grade	7 <sup>th</sup> Grade - 11 <sup>th</sup> Grade	12 <sup>th</sup> Grade
<b>Children born after September 1, 1999 through September 1, 2005</b> must have a minimum of:	(5) Diphtheria, Tetanus, Pertussis (DTaP) <sup>2</sup> (2) Measles, Mumps, and Rubella (MMR) (3) Polio <sup>3</sup> (3) Hepatitis B	(5) Diphtheria, Tetanus, Pertussis (DTaP) <sup>2</sup> (2) Measles, Mumps, and Rubella (MMR) (3) Polio <sup>3</sup> (3) Hepatitis B <b>(1) Tetanus, Diphtheria, Pertussis (Tdap)</b> <b>(1) Meningococcal (MenACWY)</b>	(5) Diphtheria, Tetanus, Pertussis (DTaP) <sup>2</sup> (2) Measles, Mumps, and Rubella (MMR) (3) Polio <sup>3</sup> (3) Hepatitis B (1) Tetanus, Diphtheria, Pertussis (Tdap) <b>(2) Meningococcal (MenACWY)<sup>5</sup></b>
<b>Children born after September 1, 2005<sup>1</sup></b> must have a minimum of:	(5) Diphtheria, Tetanus, Pertussis (DTaP) <sup>2</sup> (2) Measles, Mumps, and Rubella (MMR) (4) Polio <sup>3</sup> (3) Hepatitis B (2) Varicella (Chickenpox) <sup>4</sup> (2) Hepatitis A	(5) Diphtheria, Tetanus, Pertussis (DTaP) <sup>2</sup> (2) Measles, Mumps, and Rubella (MMR) (4) Polio <sup>3</sup> (3) Hepatitis B (2) Varicella (Chickenpox) <sup>4</sup> (2) Hepatitis A <b>(1) Tetanus, Diphtheria, Pertussis (Tdap)</b> <b>(1) Meningococcal (MenACWY)</b>	(5) Diphtheria, Tetanus, Pertussis (DTaP) <sup>2</sup> (2) Measles, Mumps, and Rubella (MMR) (4) Polio <sup>3</sup> (3) Hepatitis B (2) Varicella (Chickenpox) <sup>4</sup> (2) Hepatitis A (1) Tetanus, Diphtheria, Pertussis (Tdap) <b>(2) Meningococcal (MenACWY)<sup>5</sup></b>

- Preschool children need only be age-appropriately immunized with the required vaccines.
- DTaP: The 5<sup>th</sup> dose is not necessary if the 4<sup>th</sup> dose was administered at age 4 years or older **and** at least 6 months after previous dose.
- Polio: The 4<sup>th</sup> dose is not necessary if the 3<sup>rd</sup> dose was administered at age 4 years or older **and** at least 6 months after previous dose. For children born after 9/1/2005, at least one dose of polio should be given at age 4 years or older and at least 6 months after the previous dose.
- Varicella: History of chickenpox disease documented by a physician or licensed health care professional meets the requirement.
- Children should have one dose of meningococcal (Men ACWY) vaccine before the 7<sup>th</sup> grade. A second dose of Men ACWY is required prior to admission into the 12<sup>th</sup> grade. However, if a child received their first Men ACWY vaccine at age 16 years or older, no additional MenACWY doses are needed for 12<sup>th</sup> grade admission.

# Keep Your Children Healthy

Depending on your family's income and size you may have a monthly premium for your child's coverage.

## To qualify, a child must:

- Be under 19
- Have no other insurance
- Be a U.S. citizen or legal resident
- Meet household income guidelines

## Your child can be covered for:

- Immunizations
- Well-child visits
- Hospitalization
- Doctor visits
- Dental care
- Prescriptions
- Vision care
- And other benefits

**To use chart:** Look up family size (all adults and children living in the household).

## 2020 Gross Income for Child Coverage

Household size	Under 19	Disabled children
2	\$2,730	Contact us.
3	\$3,439	
4	\$4,149	Income and
5	\$4,858	resources
6	\$5,567	guidelines
7	\$6,277	for
8	\$6,986	disability
Each additional member	+ \$709	are best explained by staff.

\*Federal Poverty Guidelines (FPG) are updated annually in February. Depending on your family's income and size, you may have a monthly premium for your child's coverage

IF YOU DON'T HAVE HEALTH INSURANCE FOR YOUR CHILDREN, LOW-COST OR NO-COST HEALTH CARE COVERAGE MAY BE AVAILABLE FOR THEM.

## Wellness Program

If you pay a premium of \$10 or \$15 per month for your child's health coverage through the Idaho Health Plan, your child will qualify for the Wellness Program.

The Wellness Program will waive \$10 per month of your premium if you keep your child up to date on:

- Immunizations
- Well-child checkups

## Co-Pay

Some participants of the Idaho Health Plan are required to pay co-pays. The visits which may require a co-pay are:

- Doctor
- Physical Therapy
- Optometrist
- Occupational Therapy
- Podiatrists
- Speech Therapy

\*Your doctor will tell you if a co-pay is required for your visit. Co-pays are \$3.65 per visit. Visits for wellness checkups, immunizations and COVID-19 related services have no co-pay. Services provided during the Federal COVID-19 public health emergency are not subject to a co-pay.

Idaho Health Plan  
for Children



For more information or to get an application, contact 2-1-1 or visit our web site at [www.healthandwelfare.idaho.gov](http://www.healthandwelfare.idaho.gov).

**ATTENTION: Language assistance services are available free of charge by calling 1-800-926-2588 (TTY: 1-208-332-7205)**





## Help Your Child Succeed in Preschool: Build the Habit of Good Attendance

Early School Success goes hand in hand with good attendance!

### DID YOU KNOW?

**Showing up on time every day is important to your child's success and learning from preschool forward.**

Missing 10 percent of preschool (one or two days every few weeks) can

- Make it harder to develop early reading skills.
- Make it harder to get ready for kindergarten and first grade.
- Develop a poor attendance pattern that's hard to break.

**High quality preschool programs have many benefits for your child. The routines your child develops in preschool will continue throughout school. You can make the most of preschool by encouraging your child to attend every day!**

### WHAT YOU CAN DO

**Work with your child and his/her teacher to help your child develop strong attendance. Your enthusiasm is a big boost to success.**

#### **Talk about it – sing about it – make it an adventure!**

- Set a regular bed time and morning routine
- Lay out clothes and pack backpacks the night before
- Share ideas with other parents for getting out the door on time

#### **Before the school year starts:**

- Find out what day preschool starts and start the exciting count down!
- Make sure your child has the required shots.
- Attend orientation with your child to meet the teachers and classmates.

#### **Ready – Set GO!**

- Develop back-up plans for getting to preschool if something comes up
- Ask family members, neighbors or other parents to lend a hand if you need help dropping off or picking up your child
- Schedule medical appointments and extended trips when preschool is not in session
- If your child seems anxious about going to preschool, talk to the program director, teacher, your doctor or other parents for advice. If the problem persists, make sure the program is a good fit for your child.



## **College of Southern Idaho Head Start and Early Head Start Child Abuse Reporting Policy**

During initial orientation of families to Head Start or Early Head Start policies, parents/guardians will be presented with the Child Abuse reporting protocol. The protocol is designed to adhere to Idaho Statute 16-1601.

### **In the case of suspected child abuse or neglect by a parent or caregiver:**

- As soon as identified, suspected cases of child neglect or abuse are immediately reported to the Center Supervisor. The Center Supervisor, with the reporting staff member, will then contact the Mental Health Professional immediately.
- If the Center Supervisor is unavailable then the Mental Health Professional should be contacted directly at **208-539-9011**. If the Mental Health Professional is not available then the Children Services Specialist, the Operations Specialist, or the Director should be contacted.
- If, after consultation, the Mental Health Professional (or the Children Services Specialist, the Operation Specialist, or the Director) advises that Child Protection Services be contacted, the Center Supervisor and the Head Start or Early Head Start staff member who observed the injuries or heard the disclosure from the child will contact the Idaho Department of Health and Welfare Child Protection Services at **1-855-552-5437**. The following information, if available, will be included in the report to Child Protection Services:

- 1) The name, address and age of the child
- 2) The name and address of the child's parents, step-parents, guardians or other persons having custody of the child
- 3) The nature and extent of the child's injury or injuries
- 4) The nature and extent of the child's physical neglect
- 5) The nature and extent of the sexual abuse
- 6) Any evidence of previous injuries, including the nature and extent
- 7) Any other information which may be relevant to the report.

### **All suspected child neglect and abuse situations must be reported to the authorities within a 24 hour period.**

- The oral report to the Mental Health Professional will be followed up immediately by a written report on the child protection SOAP page, and a copy of the SOAP page will be sent to the Mental Health Professional.
- If, after consultation, the Mental Health Professional (or the Children Services Specialist, the Operations Specialist, or the Director) advises that Child Protection Services NOT be contacted at this time, the event will simply be documented in the child's health record.

In the event a child is interviewed by a Child Protection worker or a member of law enforcement while still at the Head Start/Early Head Start Center, and the child is declared to be in imminent danger and is subsequently removed from the Head Start/Early Head Start center, the Center Supervisor or staff member shall secure a business card from the assessor/interviewer so that the name of the worker or officer is on record, and will immediately notify the Mental Health Professional, the Children Services Specialist, the Operations Specialist, or the Director that the child was removed from the center. The Department of Health and Welfare will notify the parent or guardian of the child that the child was removed, and the information from the business card can be disclosed to the parent/guardian if necessary.

### **Other interactions with Child Protection Services might include:**

- Request for information about a Head Start or Early Head Start family from a Department of Health and Welfare Child Protection worker and/or a member of law enforcement to assist them in assessing/investigating a child protection report from another source.
- Request for information related to the progress of a family by Department of Health and Welfare Child Protection Services in case planning and in assessing family progress in working through and completing an established case plan.

- Request by a Department of Health and Welfare Child Protection worker to interview a child at Head Start/Early Head Start regarding a child protection action or assessment.

All contact with the family and with Child Protection Services will be recorded in the family file and copies will be forwarded to the Mental Health Professional.

**In the case of suspected child abuse by a staff member within the program:**

- In the event that a behavior that would be considered abusive by Idaho Statute 16-1601, or that would violate the Standards of Conduct as described in section 1304.52 (h) (1)-(3) of the work plan, is observed by an employee within the program being committed by any other employee or volunteer in the program, the observing employee will immediately intervene as appropriate (verbally or physically) at a level that will immediately restore safety to the child.
  - Verbal intervention may include telling the offending employee or volunteer to stop the behavior or eliciting assistance from another employee to stop the behavior.
  - Physical intervention may include stepping between the offending employee or volunteer and the child or physically removing the child from the reach or presence of the offending employee or volunteer.
- As soon as possible after the child has been made safe, abusive or harsh behavior by an employee toward a child will be reported to the Center Supervisor. If the Center Supervisor is unavailable then the Children Services Specialist, the Operations Specialist, or the Director shall be notified. The Human Resources Specialist will then be contacted by the Children's Services Specialist, the Operations Specialist, or the Director and a report will be made about the violation of the Standard of Conduct.
- The Human Resources Specialist will then investigate the content of the report and will proceed with disciplinary action as deemed appropriate per the CSI Head Start/Early Head Start Standards of Conduct.

**In the event that a parent/caretaker makes a complaint against a Head Start/Early Head Start employee about abusive or harsh behavior within the program:**

- The Center Supervisor will ask the parent/caretaker for specifics as the parent/caretaker understands them (who, what, when, where?). Were there any marks or bruises on the child? Although the Center Supervisor will remain respectful and open to the parent/caregiver's concerns, he/she will also be careful to refrain from offering an opinion or making a statement to the parent about future action, except that there will be follow up.
- After taking the report from the parent/caretaker, the Center Supervisor will review the Health Check report to ascertain if there were any marks or bruises on the child during health check, and if there were, what the child said about how they were acquired. The Center Supervisor will also check to see if any Incident Reports pertaining to that child were completed and submitted. The purpose is to check for possible Head Start documentation that might give weight to the parent's concerns or offer a different explanation for the child's marks or bruises.
- The Center Supervisor will then contact the Children's Services Specialist, the Operations Specialist, or the Director and notify him/her about the complaint. The Human Resources Specialist will be contacted, and will proceed with investigation of the allegation, including notifying the staff member named in the allegation and taking action to assure both staff support and child safety as deemed appropriate by the Human Resources Specialist and the Director until the investigation has been completed.

## Active Supervision

Keeping children safe is a top priority for all Head Start and Early Head Start programs. **The Head Start Program Performance Standards require that "no child shall be left alone or unsupervised while under their care" (45 CFR 1304.52[i][1][iii]).** Only current Head Start/Early Head Start employees can be left alone with children within ratios. All other volunteers or program support must be supervised by, regularly scheduled teaching staff **always**. Active supervision requires focused attention and intentional observation of children at all times. Staff position themselves so they can observe all of the children: watching, counting, and listening. They also use their knowledge of each child's development and abilities to anticipate what he/she will do, then get involved and redirect them when necessary. This constant vigilance helps children learn safely.

### Strategies That Are Implemented:

- All classrooms will have a white board that is placed in each classroom by the door. Staff will write the number of children that arrive in the morning and the time. Each time a new child comes in or leaves for the day, the board will be updated and a new time with the count of children there.
- Counting children will be integrated throughout the daily routine with children during fire drills, any transitions inside/outside including taking children to the bathroom, field trips, etc.
- Each classroom will do annually a Self-Reflection Tool and review it monthly.
- Each classroom will do monthly an Active Supervision Implementation Plan and review it monthly. It will be placed next to the lesson plan by the door.
- Adults position themselves to have sight of the classroom at all times, even when engaged with children. Adults position themselves so their backs are to the closest wall.
- The last adult leaving the classroom will do a sweep of the room or area (classroom, bathroom, playground, etc.) before leaving the room to ensure no children are hiding or left.
- Staff will be able to see and hear toddlers at all times.
- Center supervisors will complete active supervision checklist on different parts of the day every other week for at least 20 minutes to ensure protocol is being followed.
- Classroom staff will be equipped with walkie talkies that are used to call for Active Supervision support in the classroom and on the playground.



## WHAT EVERY PARENT NEEDS TO KNOW

### Illness

If your child is ill or will be absent for any reason, please contact the center before class. We are required to contact the family within an hour of class starting if the child is absent and we did not know about the absence. If your child becomes ill at the center, you will be called to pick him/her up. If you feel your child is too ill to go outside, then he/she should be kept at home since we don't have sufficient staff to stay inside with children. Fresh air is beneficial for children, and they will not stay out long on windy or very cold days.



### Transportation

When you drop off and pick up your child, we ask that you please do not leave other children unattended in the car, do not leave your car running, do not park in the handicap spots (unless you are authorized) and please park in designated parking stalls, so you do not block others.



### Clothing

Please send your child to class in comfortable playing clothes. They will often be working with messy activities such as paint, glue, and dirt. They could be climbing, running, jumping and rolling, so comfort is a must. Ordinarily, children will be going outside every day, so please have your children dress for the weather, including coats, mittens, hats, and boots if needed. Be sure clothes are labeled. Several children often have the same colored coats, hats, mittens, etc. Labeling helps assure that your child brings the right clothes home! We also keep a few extra coats, mittens, and boots available at our center and your Family Educator can help identify some resources, if needed.

### Meal Information

The Head Start Nutrition component includes food experiences with a variety of taste, textures, and colors. Our meals provide 1/3 to 2/3 of the child's daily nutritional requirements. While in class, your child will receive well-balanced meals that are low in sugar, salt, and fat. The meals offer a variety of food and are served family style. Food experiences give children hands-on opportunities to cut, taste, spread, smell, stir, measure and create an edible product. If your child has food allergies, notify the center so that meals may be prepared accordingly. All staff that prepare meals complete the Idaho Food Safety Exam and comply with all State regulations when preparing and serving meals and snacks to ensure they are safe for consumption.



### Tooth Brushing

Children and staff brush their teeth after one meal each day in class. At home, by assisting your child in brushing his/her teeth and allowing your child to watch you brush your teeth, you are modeling healthy behaviors that your child will adopt for a lifetime





### **Field Trips**

Field trips may be taken throughout the year to help the children learn about their community. Field trips will be no longer than about one hour, keeping in mind particular needs of individual children. In addition, for children to gain the greatest benefit; field trips will not only be thoughtfully chosen but will relate to the High Scope comprehensive curriculum and the children's interests. Parents are encouraged to share ideas for field trips and to join in the fun!

### **Language and Cultural Diversity**

The College of Southern Idaho Head Start/Early Head Start is committed to working with families of diverse cultures and languages. Language and culture are intertwined. The programs commitment to culture is shown by respect and recognition for the increasing numbers of cultures represented in the classrooms and by honoring every family's heritage, which includes communication in their language of choice. Songs, stories, food preparation and ways families communicate etc. are as much culture as they are language.

### **Holiday/Celebration Activity Policy**

In accordance with best practices in Early Childhood Education and the Indicators of High-Quality Inclusion Classrooms, the College of Southern Idaho Head Start/Early Head Start Program is committed to providing an inclusive environment free of bias; an environment in which language, gender, culture, ethnicity and religion are respected and supported.

The program will provide a balance of child-initiated and adult directed activities that are developmentally appropriate for young children. Activities and materials utilized within the program will be free of stereotypes that may limit a child's or family's ability to fully participate.

**Graduation/End of the Year Activities** – The program believes that there should be individual recognition for every child. Keeping in line with early childhood best practices the program will refrain from caps, gowns, sitting to sing more than two or three songs and encouraging an atmosphere of performance. We will use activities such as individual child recognition days, picnics, literacy bags, and/or activities including movement and fun for the child and adult. Any non-curriculum activities scheduled need approval from the Director because of liability issues (i.e. bounce house, animal rides, train rides, Etc.).



### **Medication Administration**

Ideally, all medications should be given at home. If medications are to be given during Head Start/Early Head Start hours, parents will need to provide a completed *Physicians Medication Order for School Administration* form before any medication will be dispensed by staff. The Medication Administration Policy will be followed to avoid mishaps associated with the administration of medication. All medication, whether over the counter or prescription, will be kept out of children's reach.

### **Health & Safety**

CSI Director of Public Safety works directly with HS/EHS Facility Coordinator and center supervisors to ensure they are safe and secure. Each year the facilities are assessed for potential security issues. If any security issues are identified a plan is put in place for issues to be remedied.

### Universal Precautions

Universal Precautions is the term used for the guidelines that were developed by the Center for Disease Control and Prevention to reduce infection. Universal Precaution information is posted in all centers. “Hand washing is the cornerstone of infection control.” Teachers wear non-latex gloves and use disposable paper products when coming into contact with body fluids. Children have the opportunity to learn about health through role-play, classroom information and everyday classroom activities, such as hand washing. First Aid Kits include Blood Spill Kits and CPR mouthpiece barriers. Head Start has a written plan for AIDS, Hepatitis B, and a biting policy in the Health Plan.

### Eco-Healthy Practices

CSI Head Start/Early Head Start strives to provide furnishings, materials, supplies and implement procedures that eliminate or reduces exposure to environmental health hazards. Reducing exposure to harmful chemicals can help prevent illnesses and conditions like asthma, developmental disorders and even some forms of cancer.



### Growth Model

Assumes that each person is capable of seeking and determining their own path. Support and encouragement by home visitors in their role as Family Service Workers can empower parents to reach their goals through educational learning, problem solving, and diverse resources to become masters of their own destiny.

### Home Visits

You will have the opportunity to participate in regularly scheduled home visits. You and your Family Service Worker/Home Visitor will create an individual plan to meet the interests and needs of you, your child, and your family.



### Nurse Home Visits for Early Head Start

Nurses are a part of the home visit team for Early Head Start. They will stop by on the third home visit and make at least 4 home visits per year. They are there to partner with you for the health of your child and family. Nurses can help you with your medical questions or help you locate health care resources.

### Family Services

The goal of family services is to function as a resource to families and coordinate trainings. Head Start/Early Head Start recognizes that all people have resources within themselves that can be tapped to meet needs and concerns. The program believes that the best way to enhance children's development is to build on parents' strengths. Parents are helped to develop their own ability to set long-term goals. These long-term goals are broken into short-term goals and tasks are developed to meet these goals through Family Partnership Agreements.

### The Role of Head Start

Head Start screens each child at the beginning of the school year. The Lead Teacher and Family Services Worker will discuss what your child has already learned and what typically comes next. They will ask you about your goals for your Head Start child. CSI HS/EHS believes in building on strengths! Progress is tracked utilizing a tool called the *COR* which is based on the High Scope Curriculum and focuses on *Key Developmental Indicators (KDI)* and a daily *Plan; Do and Review* system.

## WELCOME TO A DAY AT HEAD START

We hope that this year will be fun and exciting for everyone.

The following information will introduce you to your child's daily activities in a Head Start classroom.

### OUR PHILOSOPHY

- ❖ Children learn by doing, experiencing, and exploring; so do adults. This is called "Active Learning".
- ❖ All children are unique and develop at different rates; so do adults.
- ❖ **Parents are the first educators of their children.** We encourage and support this role.
- ❖ Parent involvement is an essential element for lasting gains for children and families.

**All persons should be viewed with:  
"POSITIVE REGARD"**

### We follow the High/Scope Curriculum:

Each **HEAD START** classroom has four basic areas.

THE BLOCK AREA has blocks, trucks, people and animals.

THE ART AREA has paper, paint, scissors, markers and glue.

THE TOY AREA has books, games, puzzles and small manipulative toys.

THE HOUSE AREA might have a kitchen, dishes, dolls and dress up clothes along with real items found in children's homes.

Other areas such as sand and water, wood working, computer, science, reading and writing are added/or incorporated in the basic four.

Each area has opportunities for reading and writing.

### PLAN – DO - REVIEW

Your child will make a plan for work time, do the work (which might look like play) and then recall to see if the plan has been accomplished. This is called the Plan-Do-Review sequence. In addition to offering opportunities for cognitive development, this is a part of the High Scope curriculum that gives children experience in setting and accomplishing goals.

On each of the days in class, each child will make a plan to explore and experience the things that interest and excite him/her. Activities will be available which meet the developmental needs of each individual child. Planning provides many developmental benefits to young children. Encouraging children to communicate their ideas, choices, and decisions promotes children's self-confidence and sense of control, leads to involvement in and concentration on play, and supports the development of increasingly complex play. Plans become more complex and detailed as children develop as adults support children in the planning process.

### Things to Observe at Various Times of the Day

#### GREETING TIME

- The children are greeted individually.
- Children hang up their coats and get ready for the day.
- Everyone gathers in a group
- News, information and changes in plans are discussed by children and adults.
- Second Step lessons are taught.

### BREAKFAST/SNACK/LUNCH

- Children go in small groups to wash hands.
- Children do things for themselves. This includes setting the table, serving their own food, pouring milk, and cleaning up spills.
- There is at least one adult at each table.

### PLANNING TIME

- Child makes a plan for work time in a manner which is most appropriate for them.
- One adult is with the same group of children each day.
- Child is encouraged to elaborate on plan. "What will you do with the milk truck?", "With whom will you work?"
- Children are encouraged to change their plan if their interests change.

### WORK TIME

- Child follows plan he or she made with adult support. Adults remind children of their plan as needed.
- Children are spoken to positively and comforted when needed.
- Adults are active participants in children's play. They use strategies such as narrating children's actions, asking open-ended questions, following children's lead, and aiding in conflict resolution.

### RECALL

- Child will recall what they did during work time in a way most effective for them.
- Recall happens with same adults as planning.
- Adults provide encouragement and listen.

### SMALL GROUP

- Involves 6-8 children and same teacher and lasts about 15 minutes.
- Adults encourage problem solving and assist children in higher level thinking.
- Each child has his/her own materials and makes a choice about how to use them.

### INTERACTIVE READ ALOUDS

- Involves 6-8 children and same teacher as in small groups.
- Distinct part of the day lasting around 15 minutes.
- Teacher selects books and intentionally plans activities.

### OUTDOOR /GROSS MOTOR

- There is space for individual play, group games, and dramatic play.
- Children are using large muscles and big motions. Small motor activities may also be included.
- The environment will reflect all areas of the classroom.

### TRANSITIONS

- The process of getting from one place or activity to another.
- Children move in small groups.
- Finger play and songs are used if waiting is necessary.
- Transitions are kept to a minimum.





## Early Head Start Home Based Program

★ Partners for a Healthy Baby ★  
A Research-Based Home Visiting Curriculum

Florida State University

The *Partners for a Healthy Baby* curriculum is a five-volume series for home visitors (*Before Baby Arrives*, *Baby's First Six Months*, *Baby's Months 7-12*, *Baby's Months 13-18*, *Toddler's Months 19-36*). Each book in the series provides home visitors a planned sequence of critical topics to cover during pregnancy through the child's third birthday that are essential in achieving both family and program outcomes. A multidisciplinary faculty team at Florida State University developed the research-informed content targeting topics associated with program outcomes including improved prenatal health, positive parenting, enhanced child health and development, infant mental health, economic self-sufficiency, family stability, and healthy lifestyles and well-being.

**Core Element 1:** Demonstrate ongoing positive outcomes that enhance child health and development by improving prenatal health; pregnancy outcomes; child health; physical, cognitive, language and social emotional development; school readiness; academic success; positive parenting practices; parent involvement; reductions in child abuse, neglect and injury; birth intervals between pregnancies; family stability; economic self-sufficiency; and maternal employment.

**Core Element 2:** Conform to a clear consistent home visitation model that has been in existence for at least three years and is research-based; grounded in relevant empirically-based knowledge; linked to program determined outcomes; associated with a national organization or institution of higher education that has comprehensive home visitation program standards that ensure high quality service delivery and continuous program quality improvement; and has demonstrated significant positive outcomes.

**Core Element 3:** Serves pregnant women and/or parent/s or other primary caregivers and their children under the age of entry into kindergarten who are low income or at risk of poor outcomes.

**Core Element 4:** Delivered by nurses, social workers, child development specialists, or other well-trained and competent staff, as demonstrated by education or training and the provision of ongoing and specific training and supervision in the model of service being delivered.

### Socialization (Play Dates)

The program provides 2 Play and Learning Socializations per month (a minimum of 24 per year) for infants, toddlers and their parents. They last approximately 2 hours. Socialization experiences for infant and toddlers are designed differently than for preschoolers. The purpose of socialization experiences for infants and toddlers is to support child development by strengthening parent-child relationships. The content of the group experience reflects this emphasis and incorporates the goals of the program and participating families such as: helping parents to better understand child development; encouraging parents to share their parenting challenges and joys with one another; providing activities for parents and children to enjoy together; offering structured and unstructured learning opportunities for both children and parents; and modeling successful strategies for engaging children and supporting their development.



## Assessments and Screenings

A variety of screening and assessment tools are used to evaluate a child's current development and capabilities. These tools assist teachers in planning appropriate curriculum and effective instructional strategies to help children develop, learn and be ready for kindergarten.

**Head Start Performance Standards require the following assessments and screenings be completed within 45 Days of enrollment:**

- Head Start Developmental, Speech and Language - Early Screening Inventory (ESI)
- Early Head Start Developmental Screening – Ages and Stages Questionnaire (ASQ)
- Social and Emotional Screening – Devereux Early Childhood Assessment (DECA)
- Hearing
- Vision
- Heights and Weights
- Nutrition Risk Survey

**Head Start Performance Standards require the following Health Screenings be completed within 90 Days of enrollment:**

- Wellness Exam
- Dental Exam
- Blood Pressure for Head Start
- Lead Screening
- TB (Tuberculosis) Risk Assessment Survey
- Hematocrit/Hemoglobin – 30 days prior to turning 5 (Head Start)  
12 & 24 months (Early Head Start)

The ongoing developmental milestones assessment tool is the Child Observation Record (COR) that is aligned with our HighScope Curriculum. This is completed three times per year for Head Start and four for Early Head Start, supported with anecdotes and children's work.

Our Mental Health Professional will visit each classroom. She will be observing and assessing the general atmosphere of the classroom, the interaction between the children and adults and among the children themselves. If you have a concern about your child's behavior, you can request a special observation. We will contact you if we have any concerns and ask your permission to have your child re-observed. Please discuss your concerns about your child's mental health with your Family Educator.

### Early Head Start Parent Screeners

Edinburgh Prenatal Depression Scale (EPDS) - Postpartum depression is the most common complication of childbearing. The 10-question EPDS is a valuable and efficient way to identify patients at risk for "perinatal" depression. The home visitor will give the EPDS screener to all pregnant women and biological mothers with children enrolled in the CSI EHS program. The screener will be done within 6 weeks of entry into EHS and within 6-8 weeks postpartum.

# Children with Disabilities

CSI Head Start/ Early Head Start is an inclusive program supporting children of all abilities. CSI HS/ EHS collaborates with parents of children with disabilities, including but not limited to children eligible for services under IDEA, to ensure the needs of your child are being met.

Parenting a child with a disability can be an overwhelming experience. You are faced with many tasks such as accepting the reality of your child's disability and learning to cope with the changes in your life. You may also find you need to advocate your child through the maze of service providers and special education programs. Being an advocate can seem scary and impossible, but it's not. The best way to make the process seem less intimidating is to educate yourself about the system and learn your rights.

## Early Identification is Vital to Early Intervention!

Access to early intervention increases the chance that long term problems can be greatly reduced or in many cases, overcome.

**IFSP (ages 0-3)- Individualized Family Service Plan:** A written document that outlines the early intervention services that your child and family will receive.

**IEP (ages 3-21)- Individualized Education Program:** A written statement of the educational program designed to meet a child's individual needs. Every child who receives special education services must have an IEP.

## Steps for a referral to the Infant Toddler Program (ages 0-3)/ School District (ages 3-21) for evaluation:

- Child identification/Referral
- Parent consent for initial evaluations, Notification of Rights
- Completing the evaluation process
- Multidisciplinary team determines eligibility for an IFSP or IEP

## The IFSP/IEP Process

The IFSP/IEP process begins when a child's suspected disability is confirmed by professional diagnosis. The purpose of the IFSP/IEP is to provide and plan for the delivery of early intervention services/special education and related services to the children who need them.

## Early Intervention Services

If your child is not eligible for an IFSP or IEP, there are other service options that are provided by local agencies. These may include: speech therapy, occupational therapy, feeding therapy, physical therapy, and counseling.



## Head Start Parent, Family, and Community Engagement Framework: An Overview for Parents

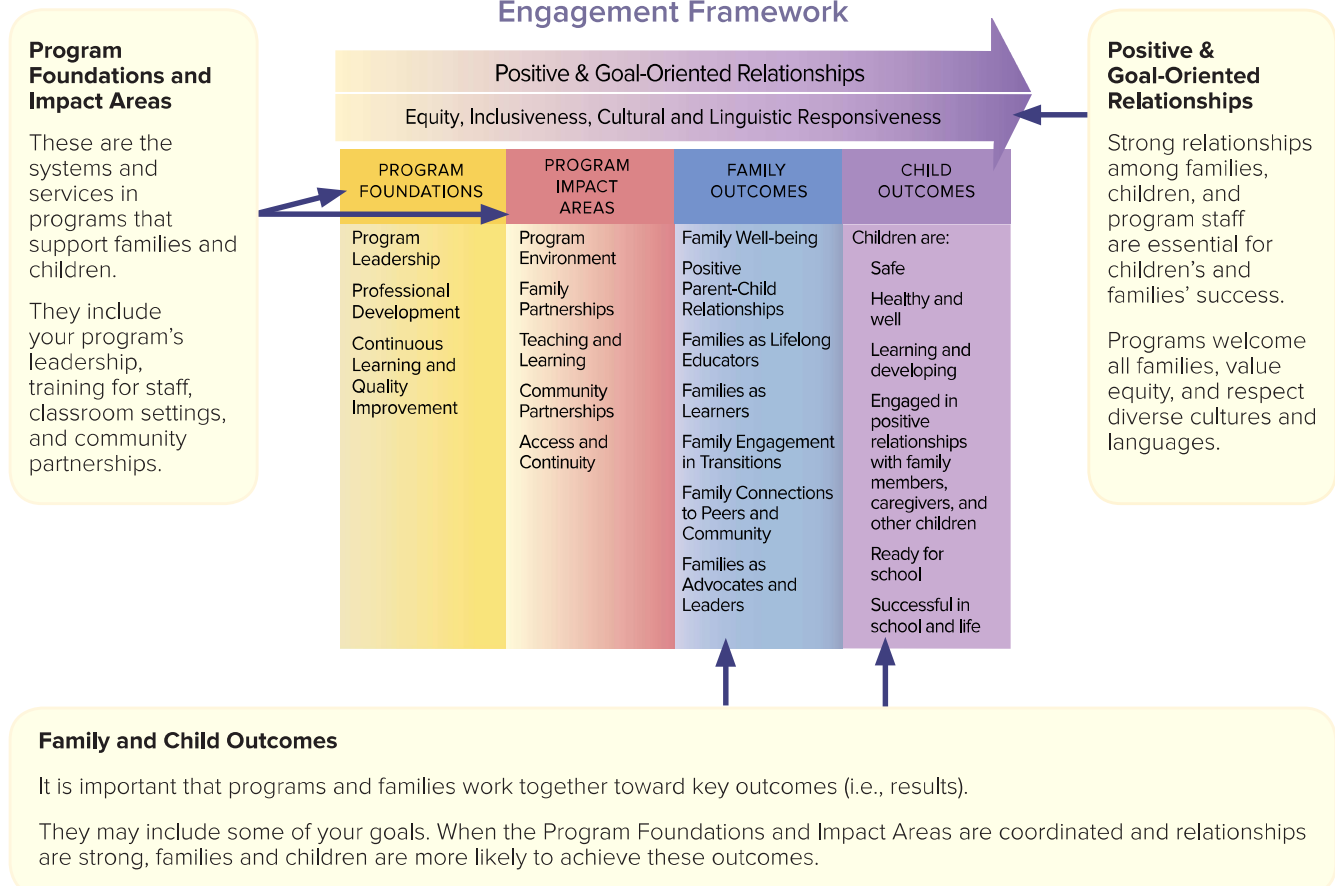
As parents and family members, you know your children better than anyone else does. You know their personalities, strengths, and challenges. You also know the goals you have for your children and for yourself.

Head Start and Early Head Start programs partner with parents, families, and communities to help you achieve those goals. When you share what you know about your child with us, we can help make your children's everyday experiences better. Together, we can lay the foundation for their future success.

The Head Start Parent, Family, and Community Engagement Framework is a visual tool that program staff, parents, and families can use to build effective partnerships. It describes how programs, parents, families, and communities work together to promote children's healthy development and learning, and well-being for families.



### Head Start Parent, Family, and Community Engagement Framework





## Infant-Toddler Key Developmental Indicators (KDIs)

### Approaches to Learning

1. **Initiative:** Children express initiative.
2. **Problem solving:** Children solve problems encountered in exploration and play.
3. **Self-help:** Children do things for themselves.

### Social and Emotional Development

4. **Distinguishing self and others:** Children distinguish themselves from others.
5. **Attachment:** Children form an attachment to a primary caregiver.
6. **Relationships with adults:** Children build relationships with other adults.
7. **Relationships with peers:** Children build relationships with peers.
8. **Emotions:** Children express emotions.
9. **Empathy:** Children show empathy toward the feelings and needs of others.
10. **Playing with others:** Children play with others.
11. **Group participation:** Children participate in group routines.

### Physical Development and Health

12. **Moving parts of the body:** Children move parts of the body (turning head, grasping, kicking).
13. **Moving the whole body:** Children move the whole body (rolling, crawling, cruising, walking, running, balancing).
14. **Moving with objects:** Children move with objects.
15. **Steady beat:** Children feel and experience steady beat.

### Communication, Language, and Literacy

16. **Listening and responding:** Children listen and respond.
17. **Nonverbal communication:** Children communicate nonverbally.
18. **Two-way communication:** Children participate in two-way communication.
19. **Speaking:** Children speak.
20. **Exploring print:** Children explore picture books and magazines.
21. **Enjoying language:** Children enjoy stories, rhymes, and songs.

### Cognitive Development

22. **Exploring objects:** Children explore objects with their hands, feet, mouth, eyes, ears, and nose.
23. **Object permanence:** Children discover object permanence.
24. **Exploring same and different:** Children explore and notice how things are the same or different.
25. **Exploring more:** Children experience "more."
26. **One-to-one correspondence:** Children experience one-to-one correspondence.
27. **Number:** Children experience the number of things.
28. **Locating objects:** Children explore and notice the location of objects.
29. **Filling and emptying:** Children fill and empty, put in and take out.
30. **Taking apart and putting together:** Children take things apart and fit them together.
31. **Seeing from different viewpoints:** Children observe people and things from various perspectives.
32. **Anticipating events:** Children anticipate familiar events.
33. **Time intervals:** Children notice the beginning and ending of time intervals.
34. **Speed:** Children experience "fast" and "slow."
35. **Cause and effect:** Children repeat an action to make something happen again, experience cause and effect.

### Creative Arts

36. **Imitating and pretending:** Children imitate and pretend.
37. **Exploring art materials:** Children explore building and art materials.
38. **Identifying visual images:** Children respond to and identify pictures and photographs.
39. **Listening to music:** Children listen to music.
40. **Responding to music:** Children respond to music.
41. **Sounds:** Children explore and imitate sounds.
42. **Vocal pitch:** Children explore vocal pitch sounds.

# HighScope Preschool Curriculum Content

## Key Developmental Indicators (KDIs)

Within HighScope's eight content areas, listed below, are 58 key developmental indicators (KDIs) that define important learning goals for young children.

### A. Approaches to Learning

1. **Initiative:** Children demonstrate initiative as they explore their world.
2. **Planning:** Children make plans and follow through on their intentions.
3. **Engagement:** Children focus on activities that interest them.
4. **Problem solving:** Children solve problems encountered in play.
5. **Use of resources:** Children gather information and formulate ideas about their world.
6. **Reflection:** Children reflect on their experiences.

### B. Social and Emotional Development

7. **Self-identity:** Children have a positive self-identity.
8. **Sense of competence:** Children feel they are competent.
9. **Emotions:** Children recognize, label, and regulate their feelings.
10. **Empathy:** Children demonstrate empathy toward others.
11. **Community:** Children participate in the community of the classroom.
12. **Building relationships:** Children build relationships with other children and adults.
13. **Cooperative play:** Children engage in cooperative play.
14. **Moral development:** Children develop an internal sense of right and wrong.
15. **Conflict resolution:** Children resolve social conflicts.

### C. Physical Development and Health

16. **Gross-motor skills:** Children demonstrate strength, flexibility, balance, and timing in using their large muscles.
17. **Fine-motor skills:** Children demonstrate dexterity and hand-eye coordination in using their small muscles.
18. **Body awareness:** Children know about their bodies and how to navigate them in space.
19. **Personal care:** Children carry out personal care routines on their own.
20. **Healthy behavior:** Children engage in healthy practices.

### D. Language, Literacy, and Communication<sup>1</sup>

21. **Comprehension:** Children understand language.
22. **Speaking:** Children express themselves using language.
23. **Vocabulary:** Children understand and use a variety of words and phrases.
24. **Phonological awareness:** Children identify distinct sounds in spoken language.
25. **Alphabetic knowledge:** Children identify letter names and their sounds.
26. **Reading:** Children read for pleasure and information.
27. **Concepts about print:** Children demonstrate knowledge about environmental print.
28. **Book knowledge:** Children demonstrate knowledge about books.
29. **Writing:** Children write for many different purposes.
30. **English language learning:** (If applicable) Children use English and their home language(s) (including sign language).

### E. Mathematics

31. **Number words and symbols:** Children recognize and use number words and symbols.
32. **Counting:** Children count things.
33. **Part-whole relationships:** Children combine and separate quantities of objects.
34. **Shapes:** Children identify, name, and describe shapes.
35. **Spatial awareness:** Children recognize spatial relationships among people and objects.
36. **Measuring:** Children measure to describe, compare, and order things.
37. **Unit:** Children understand and use the concept of unit.
38. **Patterns:** Children identify, describe, copy, complete, and create patterns.
39. **Data analysis:** Children use information about quantity to draw conclusions, make decisions, and solve problems.

### F. Creative Arts

40. **Art:** Children express and represent what they observe, think, imagine, and feel through two- and three-dimensional art.
41. **Music:** Children express and represent what they observe, think, imagine, and feel through music.
42. **Movement:** Children express and represent what they observe, think, imagine, and feel through movement.
43. **Pretend play:** Children express and represent what they observe, think, imagine, and feel through pretend play.
44. **Appreciating the arts:** Children appreciate the creative arts.

### G. Science and Technology

45. **Observing:** Children observe the materials and processes in their environment.
46. **Classifying:** Children classify materials, actions, people, and events.
47. **Experimenting:** Children experiment to test their ideas.
48. **Predicting:** Children predict what they expect will happen.
49. **Drawing conclusions:** Children draw conclusions based on their experiences and observations.
50. **Communicating ideas:** Children communicate their ideas about the characteristics of things and how they work.
51. **Natural and physical world:** Children gather knowledge about the natural and physical world.
52. **Tools and technology:** Children explore and use tools and technology.

### H. Social Studies

53. **Diversity:** Children understand that people have diverse characteristics, interests, and abilities.
54. **Community roles:** Children recognize that people have different roles and functions in the community.
55. **Decision making:** Children participate in making classroom decisions.
56. **Geography:** Children recognize and interpret features and locations in their environment.
57. **History:** Children understand past, present, and future.
58. **Ecology:** Children understand the importance of taking care of their environment.

<sup>1</sup>Language, Literacy, and Communication KDIs 21–29 may be used for the child's home language(s) as well as English. KDI 30 refers specifically to English language learning.

## PARENT INVOLMENT

### PARENT AND COMMUNITY VOLUNTEERS ARE VERY IMPORTANT

You are welcome in centers and classrooms at any time. Please talk with your Center Supervisor or Family Educator about potential volunteer opportunities. We can “tailor” a volunteer job just for you. We need your input in areas of interest where you already feel comfortable. If helping out in the classroom is not of interest to you, there are many other ways to volunteer, samples are included below:

**Policy Council** – This group helps make decisions on program policies, hiring staff and budgets.

**Parent Committee** – Meets once a month to conduct center business.

**Health Advisory Committee** – Meets twice a year to plan and evaluate Health Services provided.

**Assisting in the Center** – Classroom, Kitchen, Custodial and Bus Rider

#### How Does This Partnership Relate to In-Kind Donations?

Federal funding requires that the program generate 20% of our funding from locally donated time, services, or supplies. While participating in program goals and activities designed to meet the needs of your family, you may also be generating “in-kind” contributions. CSI HS/EHS believes it is essential for Head Start/ Early Head Start parents and community members to collaborate their efforts in support of the program.

## WE CANNOT DO IT WITHOUT YOU





# Love and Logic Parenting Skills and Techniques

Develop Strong Parenting Techniques and Strategies  
raise happy and well-behaved kids with positive and loving tools.

The Love and Logic approach to parenting is built around the science of crafting caring and respectful relationship. An authentic, loving connection between parents and their children is the root of a healthy, thriving relationship built on trust and understanding. Sounds easy enough but never in history have parents been faced with so many challenges! Our approach provides a variety of simple and effective strategies for parenting children from birth to adulthood. Whether you are embarking for the first time with your new baby or navigating the turbulent teens with your youngest, our strategies and techniques will help you create calm and loving solutions.

## Choose "Love"

The Love... in Love and Logic means that we love our kids so much that we are willing to set and enforce limits. This Love also means that we do so with sincere compassion and empathy.

## Choose "Logic"

The Logic... in Love and Logic happens when we allow children to make decisions, make affordable mistakes and experience the natural or logical consequences. When we balance this with sincere empathy, they develop the following logic: *The quality of my life depends on the quality of my choices.*

With the loving yet powerful tools of Love and Logic, we can help our children learn to make good choices and experience happy lives while maintaining their love and respect.

### Specialized solutions for a range of challenges, including:

- Picky Eating
- Stubbornness
- Social Media
- Toddler Tantrums
- Step-Parenting
- Potty Training
- Special Needs
- \* MUCH MORE!

CSI Head Start/Early Head Start is proud to offer "Love and Logic, Early Childhood Parenting Made Fun" as our new facilitated parenting training/curricula and made especially for parents of kids 0-6!

# “Why Your Child Needs YOU to Be an Active Father”

Head Start programs partner with fathers to promote positive outcomes for children, families, and fathers themselves. Staff work with fathers to help them develop their skills and interests and achieve goals for themselves and their families. Programs support fathers as advocates, lifelong educators, and first teachers of their children.

## **REASONS WHY YOUR CHILD NEEDS YOU TO BE AN ACTIVE FATHER:**

### PROVIDES your child with:

- Positive male role model- Children tend to model behavior they observe, both positive and negative.
- Emotional support- Active fathers listen and support their children when they experience joy, sadness, anger, fear, and frustration
- An alternative perspective on life
- A sense of physical and emotional security- by being actively involved in a child's life, a father promotes a trusting relationship.

### ENHANCES your child:

- Self-esteem. Active fathers promote their children's self-esteem by being fully involved in their lives and letting them know that they are important
- Intellectual development. Children tend to score higher on measures of verbal and mathematical ability, as well as demonstrate greater problem-solving and social skills when raised with actively involved fathers.

### LOWERS your child's chances:

- For early sexual activity.
- For school failure
- For youth suicide

### AND

- Gives your child someone to play with. One of the primary ways that father's bond with their children is through play. According to researchers, there are qualitative differences in the ways fathers and mothers play with their children. Fathers tend to use a more physical style of play (e.g. wrestling) that offers several benefits to children, including enhanced cognitive ability.
- Let's your child know you love them. Fathers who love their children demonstrate that love by spending quality and quantity time together.
- Facilitates your child's moral development. Fathers, like mothers, help children to develop a sense of right and wrong that serves as a foundation for establishing moral character.
- Helps your child learn important life skills. Most of the essential skills that children need to survive are learned within the home. Fathers have a unique opportunity to teach their children valuable skills that will enable them to grow up to be healthy and productive adults.



Fathers, your children need you!!! Make a commitment to be an active father. Your children will benefit greatly from your involvement in their lives. Who knows you may learn a thing or two from them!

### **Grievance Procedures for Parents**

1. CSI HS/EHS believes most grievances can, and should be, rectified through discussion including all involved parties. However, if the problem involves support service staff, a bus driver or a cook, initial discussion should be with your Family Educator unless they are directly involved.

2. If a grievance cannot be resolved in discussion, the following steps should be taken. You should discuss the problem with staff, starting and attempting to resolve at the appropriate level.

Level One: Family Educator (when not directly involved, either one will serve as a Parent Advocate)

Level Two: Center Supervisor

Level Three: Appropriate Specialist

Level Four: Head Start Director Level Five: Policy Council

3. Parents may request a written report on action taken to resolve the problem in a timely manner.


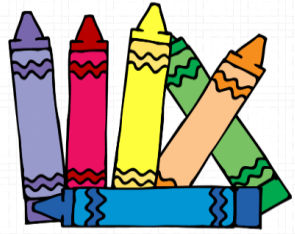
4. If grievance is taken to Policy Council level, a Grievance/Resolution form must be submitted, and the issue placed on the next Policy Council Meeting agenda. A completed copy will be sent to the concerned parent within 10 days.

5. Grievance procedures will be included in Policy Council training.


A grievance form may be obtained from your Family Educator or Center Supervisor. You are encouraged to utilize this form if the problem or concern is not readily solved and is being taken to a second level.



# AUGUST 2023

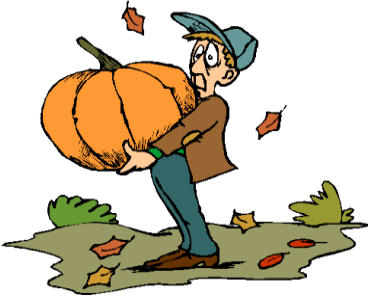
AUGUST 2023						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
		Required Pre-Service for Staff				
6	7	8	9	10	11	12
				First Class Day: EHS Duration		
13	14	15	16	17	18	19
		First Class Day: EHS T/Wed		First Class Day: HS Duration EHS Th/Fri		
				Policy Council 10 am -12 pm		
20	21	22	23	24	25	26
		First Class Day: HS 3.5 Hour				
27	28	29	30	31		
	EHS Socialization #1					

# SEPTEMBER 2023


Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4 Labor Day	5 Duration HS/EHS Work Work Day (No Class)	6	7	8	9
10	11 EHS Socialization #2	12	13	14	15	16
17	18	19	21	21 Policy Council 10am -12 pm	22	23
24	25 EHS Socialization #3	26	27	28	29	30




# OCTOBER 2023

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4 Love and Logic #1	5	6	7
8	9 Columbus Day	10	11 Love and Logic #2	12	13	14 Policy Council Retreat
15	16 EHS Socialization #4	17	18 Love and Logic #3	19	20 COR #1 DUE	21
22	23	24 Duration HS/EHS Work Work Day (No Class)	25 Love and Logic #4	26	27	28
	Parent Teacher Conferences					
29	30 EHS Socialization #5	31				


# NOVEMBER 2023

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			<b>1</b> Love and Logic #5	<b>2</b>	<b>3</b>	<b>4</b>
<b>5</b>	<b>6</b> Health Advisory: 10-11:30 CSI TAYLOR BLDG RM 276  EHS Socialization #6	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b> Veteran's Day Observed	<b>11</b> Veteran's Day
<b>12</b>	<b>13</b> EHS Socialization #6	<b>14</b>	<b>15</b>	<b>16</b> Policy Council 10 am- 12 pm	<b>17</b>	<b>18</b>
<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>
Fall Break						
<b>26</b>	<b>27</b> EHS Socialization #7	<b>28</b>	<b>29</b>	<b>30</b>		



# DECEMBER 2023

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4 EHS Socialization #8	5	6	7	8	9
10	11 EHS Socialization #9	12	13	14	15	16
17	18	19	20	21	22	23
	Winter Break					
24	25	26	27	28	29	30
	Winter Break					
31						

# JANUARY 2024


Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	<b>1</b> <b>No Class</b>	<b>2</b> <b>Required Staff In-Service</b>	<b>3</b> Center Workday (No Class)	<b>4</b>	<b>5</b>	<b>6</b>
<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>
<b>14</b>	<b>15</b> <b>Martin Luther King Jr. Day</b>	<b>16</b>	<b>17</b>	<b>18</b> Policy Council 10am-12pm	<b>19</b>	<b>20</b>
<b>21</b>	<b>22</b> EHS Socialization #10	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>
<b>28</b>	<b>29</b> EHS Socialization #11	<b>30</b>	<b>31</b>			


# FEBRUARY 2024


Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	6	7	8	9	10
11	12 EHS Socialization #12	13	14	15 Policy Council 10am-12pm	16	17
18	19 President's Day	20 Duration HS/EHS Work Work Day (No Class)	21	22	23	24
25	26 EHS Socialization #13	27	28	29		

MARCH 2024								
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
<div>Remember that sometimes not getting what you want is a wonderful stroke of luck -Dalai Lama</div>					1	2		
3	4	5	6	7	8	9		
10	11  EHS Socialization #14	12	13	14  Policy Council 10am-12pm	15	16		
		Duration HS/EHS Work Work Day (No Class)						
		Parent Teacher Conferences						
17	18	19	20	21	22	23		
							SPRING BREAK	
24	25  EHS Socialization #15	26	27	28	29	30		
31								



APRIL 2024						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3 Love and Logic #1	4	5	6
7	8 EHS Socialization #16	9	10 Love and Logic #2	11	12	13
14	15 Health Advisory: 10-11:30 CSI TAYLOR BLDG RM 276	16	17 Love and Logic #3	18 Policy Council 10am-12pm	19	20
21	22 EHS Socialization #17	23	24 Love and Logic #4	25	26	27
28	29	30	 <p>APRIL IS NATIONAL <b>CHILD ABUSE</b> PREVENTION MONTH</p>			

MAY 2024						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			<b>1</b> Love and Logic #5	<b>2</b>	<b>3</b>	<b>4</b>
<b>5</b>	<b>6</b> EHS Socialization #18	<b>7</b>	<b>8</b>	<b>9</b> Last Class Day: HS 3.5 Hour	<b>10</b>	<b>11</b>
<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b> Policy Council 10am-12pm	<b>17</b>	<b>18</b>
<b>19</b>	<b>20</b> EHS Socialization #19	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>
<b>26</b>	<b>27</b> Memorial Day	<b>28</b> Duration EHS ONLY Work Day (No Class)	<b>29</b>	<b>30</b>	<b>31</b>	

JUNE 2024						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	5	<div>Last Class Day: HS Duration</div>	7	8
9	10 EHS Socialization#20	11	12	13	14	15
16	17	18	19 Juneteenth	20 Policy Council 10am-12pm	21	22
23	24 EHS Socialization#21	25	26	27	28	29
30						

JULY 2024						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4 Independence Day	5 No Class	6
7	8 EHS Socialization #22	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24 Last Class Day: EHS T/W LDO	25	26 Last Class Day: EHS Duration EHS Th/F LDO	27
28	29	30	31	