



Center Name: _____ Center Phone Number: _____

Class Start Time: _____ End Time: _____



Family Handbook & Calendar

2024-2025

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 16th 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 8th Street
Rupert, ID 83350
Phone: 208-436-4553
Fax: 208-436-1471

North Side Center

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

Orchard Valley Center

250 2nd 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

Idaho Health Plan for Children

Call 211 OR visit:
www.healthandwelfare.idaho.gov

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

- Anna Scholes, Chairman
- Jan Mitleider, Vice-Chairman
- Scott McClure, Clerk
- Mr. Laird Stone, Trustee
- Joshua Kern, Trustee



CSI Head Start / Early Head Start

Emergency Lockdown, Evacuation, Relocation Procedure

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

Lockout: In the event of a lockout all exterior doors to the center will be secured and activities within the center may continue as usual. If anyone is outside of the center and is unable to enter, they will leave the area immediately and seek a safe location. No one is to enter or leave the center until it is safe to do so.

Shelter-in-place: Staff and children will temporarily separate themselves from a hazardous outdoor atmosphere (e.g. earthquake, severe weather, or debris flow). All doors, windows, and vents will be closed, and shelter will be immediately taken in a readily accessible location.

On Site Evacuation: In case 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 Evacuation: 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. Please know that normal safety rules will be followed, as much as possible, but that the highest priority is to relocate to a safe location.

#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 emergency situations throughout the year.

Normal safety rules will be followed, as much as possible, but the highest priority is to relocate to a safe location. 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.

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.



PARTNERS FOR A HEALTHY BABY

A Research-Based Home Visiting Curriculum



Before Baby Arrives

Content in Before Baby Arrives is intended to support healthy birth outcomes and covers topics such as helping expectant families know what to expect on a prenatal visit; understanding the physical and emotional changes that occur during pregnancy; helping mom/dads/partners prepare for parenthood; healthy foods to eat and how to exercise safely during pregnancy; learning about how baby is developing; and how to maintain healthy relationships.

Baby's 1st Year

Content covered includes information to support mom's physical and emotional health; encourage dad/partner involvement; empower families to get their needs met and know how to access community resources; promote healthy nutrition and exercise habits for the whole family; help family deal with all aspects of caring for a new baby – feeding, sleeping, diapering; promote family's efforts with bonding, attachment, and responsive caregiving; ensure families understand baby's development across domains – motor, language, social emotional, and cognitive; and provide families with information about how babies learn through play.



Baby's 2nd Year

Content covered includes information to support healthy relationships among all family members; empower families to get their needs met and know how to access community resources; encourage dad/partner involvement; support family's emotional and physical health; promote healthy nutrition and exercise habits for the whole family; understand and support their baby's ongoing development across all domains – motor, language, social emotional, and cognitive; provide families with information about the value of play how it supports school readiness skills; and support the family's ability to provide responsive care and guidance to their older infant/young toddler.



Baby's 3rd Year

Content covered includes information to promote the family's efforts to meet their goals; encourage dad/partner involvement; support family's emotional and physical health; promote healthy nutrition and exercise habits for the whole family; understand and support their baby's ongoing development across all domains – motor, language, social emotional, and cognitive; provide families with information about the value of play how it supports school readiness skills; and support the family's ability to provide responsive care and guidance to their toddler.



PLAYGROUPS



Contact your ELP
for more
information!



**Come Play,
Learn, and Grow
Together!**



The program provides two Playgroups per month (a minimum of 22 per year) for infants, toddlers and their parents. They last approximately 2 hours. Playgroup experiences for infant and toddlers are designed differently than for preschoolers. The purpose of Playgroup 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.



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.



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 Early Learning Partner 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 Early Learning Partner 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 Early Learning Partner 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 Early Learning Partners 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.

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.



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 - Ages and Stages Questionnaire (ASQ)
- Early Head Start Developmental Screening – Ages and Stages Questionnaire (ASQ)
- Social and Emotional Screening – ASQ-SE
- 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.

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.



Conditions of Short-Term Exclusions Policy

1302.47(b)(7)(iii)

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

Parents/guardians are advised to keep home if the child has taken a fever-reducing medication in the past 24 hours and do not send the child to school with a fever of 100.4° or more or a fever of 99° paired with coughing/sneezing.

- A child that is under immunized, and those whose parents have signed a “**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, if a child is not comfortable due to feeling ill, the child will be removed from the classroom and family notified to pick –up.
- A child with possible contagious illness may be excluded from the classroom. Symptoms of illness:
 - **Fever 100.4° [38° C]**
 - Common respiratory illness symptoms (COVID-19, Flu, RSV)
 - Fever 99° paired with or coughing/sneezing and /or shortness of breath)
 - Chronic coughing or wheezing. Difficulty breathing or shortness of breath
 - Vomiting - (defined as two or more episodes in the previous 24 hours)
 - Pain
 - **Diarrhea** (exclude until uncontrolled or uncontained diarrhea stops, or until a medical exam indicates that it is not a communicable disease, *however it still needs to be contained*). **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.
 - Red, watery, matted eyes
 - Contagious rashes, (chicken pox)
 - Head lice, nits bed bugs (on body or clothing)
 - **Mouth sore with drooling**- exclude 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, for Covid19, see Mitigation Policies for common respiratory viral illnesses (Health Contingency plan & Operational Protocol).

If exclusion is necessary, the Head Start / Early Head Start Staff will contact the parent/guardian to pick up the child. Parents/ guardians will be advised not to have the child return for at least 24 hours after they no longer have a fever or signs of a fever (without the use of fever-reducing medicine). **Keep child home if the child has taken a fever-reducing medication in the past 24 hours.**

While waiting for the parent/ guardian, the child will be separated from the other children, supervised, and provided comfort. Document on Health check form or in the child’s file documentation page.

When parent/guardian arrives: Give 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 does not pose a risk for exposing other children to a contagious illness and is well enough to return to a child-care setting.

When to notify other parents of a contagious illness: Contact Health Specialist for recommendations and/or additional directions. 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.

GUIDE TO THE IDAHO IMMUNIZATION REQUIREMENTS FOR Parents of Children Attending Licensed Childcare Facilities



Why Your Child Needs Shots

Children must meet immunization requirements as stated in Idaho law ([39-1118](#)) to attend licensed childcare facilities. To meet legal requirements, a record with evidence that children are up-to-date on immunizations (shots), or a valid immunization exemption, must be provided and kept on file. 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 childcare.

What You Need to Provide

You will need to present immunization documentation to the childcare facility operator within 14 days of initial attendance. This may include your child's immunization record, an exemption ([39-1118](#)), or both. The immunization record must show the date (month, day, and year) your child was given each required shot. If you do not have an immunization record, or your child has not received all required shots, call your health care provider or local public health agency for an appointment.

Required Shots for Childcare

Review your child's immunization record to make sure you have a date for each shot required for childcare. Please note most children need booster shots before starting kindergarten. For more information, please reference [IDAPA 16.02.11](#).

Age to Obtain Required Doses	REQUIRED IMMUNIZATIONS FOR CHILDCARE ATTENDANCE All doses must meet the minimum ages and intervals. Number of doses of Hib and Rotavirus required depends on vaccine brand type.										
	DTaP ¹	Polio ²	MMR	Haemophilus influenza type b (Hib) ³		Hepatitis B ⁴	Varicella	Hepatitis A	Pneumococcal ⁵	Rotavirus ⁶	
				Act-Hib	Pedvax Hib					Rotarix (RV1)	RotaTeq (RV5)
3 months	1	1		1	1	1			1	1	1
5 months	2	2		2	2	2			2	2	2
7 months	3			3					3		3
16 months			1	4	3		1	1	4		
19 months	4	3				3					
2 years								2			
7 years	5	4	2				2				

1. DTaP: The 5th dose is not necessary if the 4th dose was administered at age 4 years or older. Tdap recommended for children 7 years and older.
2. Polio: The 4th dose is not necessary if the 3rd dose was administered at age 4 years or older and at least 6 months after previous dose.
3. Hib: Generally not recommended for children aged 5 years or older.
4. Hepatitis B: The use of combination vaccines may result in an extra (4th) required dose of Hepatitis B.
5. Pneumococcal: Generally not recommended for children aged 5 years or older.
6. Rotavirus: Vaccination should not be initiated for infants aged 15 weeks 0 days or older. The maximum age for the final dose is 8 months 0 days.

If your child recently received immunizations and needs an immunization later in the year to meet requirements, they may attend, provided you complete the [Schedule of Intended Immunizations Form](#), or one similar, and get the remaining doses when they are due. If you would like to exempt ([39-1118](#)) your child from immunization requirements, you may complete a form provided by the childcare facility or provide a signed written statement that includes the name of the child, the child's birthdate, and vaccines they are exempt from. For a medical exemption, you must provide a certification signed by a licensed physician attesting the child cannot be vaccinated due to a medical condition.

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 Early Learning Partner 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



Center Meetings

An important opportunity to communicate, share information, & learn more about community services available to support children's development.

Activities:

- Male Engagement
- Community Guest Speakers
- Woodwork
- Family Projects
- So Much MORE!



More Information
Contact your Center Supervisor



Love and Logic Free Parenting Classes

Offered: Fall & Spring
Contact your Early Learning Partner for more information

5 Modules – 5 Week Course

1. Handling Misbehavior Without Breaking a Sweat
2. Teaching Kids to Listen the First Time
3. Avoiding Power Struggles
4. Limits Create Happier Parents, Happier Kids, and Happier Families
5. What to do When Your Kids Leave You Speechless



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 Early Learning Partner 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: Early Learning Partner (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 Early Learning Partner 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.



USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.

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 Communication¹

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.

¹Language, 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.

College of Southern Idaho Early Head Start School Readiness Goals

The College of Southern Idaho Head Start/Early Head Start has maintained a focus on school readiness by ensuring that children are healthy and are developing physically, socially, emotionally, and cognitively. The program works on meaningful partnerships with families and communities. CSI HS/EHS knows that this approach is the best way for ANY child to be ready for school. School readiness doesn't happen only in the classrooms, it's what happens in the ride home, during a dental visit and through the work of parents with the children. School readiness is also about the systems that are put into place to ensure that consistent quality services are provided to children and families. The program's professional development system and data management systems are examples of what needs to be working well to support success for children and families. The program believes in building relationships with families and providing consistent care giving. CSI HS/EHS works on collaborating with school districts to meet the needs of children entering kindergarten. The collaborative goals are consistent with the State of Idaho's Early Learning Guidelines. These goals will help children have the skills and knowledge to be successful in the learning environment to which they are transitioning.

Approaches to Learning:

80% of children will demonstrate initiative and increase planning skills by making intentional choices that result in COR scores of 2.0 or higher.

Children will indicate an intention with one or two words and show persistence in actions and behavior to complete the objective. (IT-ATL 4)

- Children express simple intentions during the day, such as, "ball" and then reaches for the ball.
- Children choose between two options, such as, do you want to sit on the bean bag or on the chair.

Children will show interest in and curiosity about objects, materials, and will become more independent with daily events. (IT-ATL 7)

- Children participate in the daily routine and increasingly know what comes next.
- Children explore new materials daily within the various parts of the day.
- Children notice problems with materials and ask for help.

Social and Emotional Development

80% of children will engage in positive peer and adult relationships within the daily routine and balance own needs with regard for the needs of others and will result in COR scores of 2.0 or higher.

Children will develop relationships with adults and learn to use them as a resource to meet needs. (IT-SE 2 & 3)

- Children form attachments to the adults in the room and participate in shared activities
- Children seek out a familiar adult to communicate a need or desire using at least one word

Children will form relationships with peers by watching, listening, picking up, and joining in with what other children are doing. (IT-SE 4 & 5)

- Children play and work alongside other children
- Children bring an object or show affection to other children
- Children joins in an activity that another child is doing.

Children will manage emotions with the support of familiar adults. (IT-SE 9)

- Children initiate contact with another person to express an emotion
- Children name emotions, such as "happy"
- Children respond to adult support when problem solving

Language and Literacy

70% of children in EHS transitioning to Pre-K will score at least 2.00 in areas of Literacy, Language and Communication, which includes speaking, phonological awareness, reading, to satisfy school readiness goals.

Children will begin to form and use actual sounds and words to communicate with others. (IT-LC 8)

- Children make the sound of an animal, a vehicle, or other recognizable sounds.
- Children say two- or three-word phrases to refer to a person, animal, object, or action.

Children will become aware of beginning and ending sounds of words through rhyme. (IT-LC 9))

- Children repeat and join in using words on parts of simple rhymes
- Children participate in rhyming songs and fingerplays

Children will handle books appropriately and develop an understanding how books work. (IT-LC 10)

- Children turn the pages of a book one at a time from front to back
- Children request their favorite books by bringing them to an adult

Children will understand and recognize that pictures, symbols, signs, and words tell a story. (IT-LC 11)

- Children point to pictures in a book and wait for a response from an adult
- Children “read” a picture by labeling what is seen

70% of children in Early Head Start transitioning to Pre-k will score at least 2.00 in areas of Cognition – Mathematics Development, that include numbers, counting, patterns geometry and data analysis, to satisfy readiness goals

Children will learn number words and begin to count things – objects, people, and events. (IT-C 8)

- Children use number words or rote count aloud
- Children count 3 objects using one to one correspondence

Children will match and sort shapes and will recognize shape names. (IT-C 9)

- Children fit objects into an opening of the correct size
- Children pick up the shape that is named
- Child will recognize and name at least 2 two-dimensional shapes

Children will move their bodies and objects, attaching simple position or direction words to them.

- Children move an object in response to a simple position or direction word
- Children demonstrates with their body an understanding of basic spatial word, such as up or down

Children will become aware of patterns through lining up and ordering objects found in the classroom (IT-C 10)

- Children gather three or more objects together
- Children line up three or more objects on right after another

Children will learn to quantify and compare materials or objects found in the classroom (IT-C 10)

- Children group things into two or more collections, such as cows in one group, and horses in the other
- Children group things into three or more collections, such as blue bears, yellow bears, and red bears

Perceptual, Motor, and Physical Development

80% of children will form safe and healthy habits and will be able to execute them independently.

Child demonstrates personal hygiene and self-care skills. (IT-PMP 9)

- Children will wash hands independently using soap and water for 20 seconds
- Children brush their own teeth with minimal help and begin to understand the importance of taking care of their teeth
- Children will be able to retrieve a tissue and attempt to wipe their nose

Child develops knowledge and skills that help promote nutritious food choices and eating habits. (P-PMP 5)

- Children try a variety of nutritional foods at school
- Children know about healthy foods and how it helps their bodies grow

Child demonstrates knowledge of personal safety practices and routines. (P-PMP 6)

- Children follow routine for diaper changing and potty training
- Children tell adults if they have a need to use the bathroom

These goals were developed using data from COR Advantage and Head Start Early Learning Outcomes Framework. Progress will be measured using COR Advantage, the Preschool Quality Assessment (PQA), Classroom Assessment Scoring System (CLASS), and Devereux Early Childhood Assessment (DECA). Goals will be supported by HighScope Curriculum, Second Step, and the Devereux Early Childhood Assessment (DECA).

College of Southern Idaho Head Start School Readiness Goals

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Approaches to Learning:

85% of children will demonstrate initiative and follow classroom rules and routines with increasing independence.

Children will increasingly demonstrate self-control including controlling impulses, maintaining attention, persisting with activities, and using flexible thinking. (P-ATL 2)

- Children seek things to complete activities or tasks, such as gathering art supplies to draw a picture
- Children show creativity and imagination during play, and during interactions with others, using imagination with materials or as pretend play

Social and Emotional Development

80% of children will engage positive peer relationships and interactions and will express emotions, including concern for others.

Children will engage in and maintain positive peer relationships and interactions including cooperation and resolving conflicts. (P-ES 2)

- Children join existing activities or independently share toys with others
- Children use strategies to help solve problems (6-steps of conflict resolution)

Children will appropriately express and respond to a broad range of emotions, including concern for others. (P-SE 3)

- Children exercise self-control and express verbally how they feel using appropriate words/actions, rather than inappropriate verbal or physical behavior
- Children offer support to other children who are distressed

Children will recognize self as a unique individual with own abilities, characteristics, emotions, and interests. (P-SE 4)

- Children describe themselves using 3 or more characteristics
- Children demonstrate knowledge about themselves or others that shows uniqueness, such as a talent, interest, preferences, or culture

Language and Literacy

70% of children in Head Start that are moving on to kindergarten will score at least 3.75 in areas of Literacy, Language and Communication, that include phonological awareness, alphabet knowledge, reading and writing to satisfy kindergarten readiness goals.

Children will recognize letters and be aware of the principles of the alphabet, by understanding the connection between a letter and it's sound. (P-LIT 3)

- Children identify at least half of the letters in the alphabet (upper and lower case), including all the letters in their own name
- Children identify at least 4 letters in the environment and produce the sound of those recognized letters
- Children point out when two words do not rhyme
- Children point out when two words start with the same sound

Children will demonstrate they understand how print works. (P-LIT 2)

- Children understand that written words are made up of groups of letters

→ Children point to single-syllable words while reading simple memorized text
Children increase their ability to write letters, writing letters in their name to grouping letters together to form words. (P-LIT 6)

- Children write first and last name, correctly or close to correctly
- Children create a variety of written products that may or may not relate phonetically to their message, or writes words with invented spelling
- Children combine letters to form words for a purpose (can be copied or invented)

Cognition

70% of children in Head Start that are moving on to kindergarten will score at least 3.75 in areas of Cognition – Mathematics Development, that include numbers, counting, patterns and geometry, to satisfy kindergarten readiness goals and in Cognition – Scientific Reasoning that includes skills related to the scientific method.

Children will demonstrate understanding of number names and order of numerals, the number of items in a set, and use math concepts and language regularly during everyday experiences. (P-MATH 1 & 2)

- Children identify 4 or more single digit numbers
- Children point or move objects while counting to 10 and beyond and will understand that the last number represents how many objects are in the group

Children will identify, describe, compare, and compose shapes. (P-MATH 4)

- Children name and describe shapes in terms of length of sides, number of sides, or number of angles
- Children compare and sort two- and three-dimensional shapes and objects in different sizes
- Children describe similarities, differences, and other attributes of three-dimensional shapes

Children understand simple patterns. (P-MATH 7)

- Children create (not copied) a simple pattern with at least three repeats
- Children begin to create more complex patterns, such as (AABAABAAB), that repeat themselves at least three times

Children will use problem solving and reasoning to ask questions, gather information, make predictions and experiment. (P-SCI 2)

- Children gather information by looking at books or by talking about what they already know
- Children list materials needed for an experiment and implement steps to complete the experiment with adult support

Perceptual, Motor, and Physical Development

80% of children will form safe and healthy habits and will be able to execute them independently.

Child demonstrates personal hygiene and self-care skills. (P-PMP 4)

- Children will wash hands independently using soap and water for 20 seconds
- Children brush their own teeth and understand the importance of taking care of their teeth
- Children will be able to cover their cough with their arm
- Children will be potty trained before leaving Head Start classrooms
- Children will be able to tell an adult when they don't feel well

Child develops knowledge and skills that help promote nutritious food choices and eating habits. (P-PMP 5)

- Children try a variety of nutritional foods
- Children know about healthy foods and how it affects the body

Child demonstrates knowledge of personal safety practices and routines. (P-PMP 6)

- Children know pedestrian safety, including how to cross a street safely

These goals were developed using data from COR Advantage and Head Start Early Learning Outcomes Framework. Progress will be measured using COR Advantage, the Preschool Quality Assessment (PQA), Classroom Assessment Scoring System (CLASS), and Devereux Early Childhood Assessment (DECA). Goals will be supported by HighScope Curriculum, Second Step, and the Devereux Early Childhood Assessment (DECA).

2024 - 2025 Head Start School Calendar

August 2024						
S	M	T	W	T	F	S
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	20	21	22			24
25	26	27	28	29		31

September 2024						
S	M	T	W	T	F	S
1		3	4	5		7
8	9	10	11	12		14
15	16	17	18			21
22	23	24	25	26		28
29	30	1	2	3	4	5

October 2024						
S	M	T	W	T	F	S
29	30	1	2	3		5
6	7	8	9			12
13		15	16	17		19
20		22	23	24		26
27	28	29	30	31	1	2

November 2024						
S	M	T	W	T	F	S
27	28	29	30	31		2
3	4	5	6	7		9
10		12	13	14		16
17	18	19	20			23
24						30

December 2024						
S	M	T	W	T	F	S
1	2	3	4	5		7
8	9	10	11	12		14
15	16	17	18	19		21
22						28
29			1	2	3	4

January 2025						
S	M	T	W	T	F	S
29	30	31				4
5	6	7	8	9		11
12	13	14	15			18
19		21	22	23		25
26	27	28	29	30		1

February 2025						
S	M	T	W	T	F	S
26	27	28	29	30	31	1
2	3	4	5	6		8
9	10	11	12	13		15
16		18	19			22
23	24	25	26	27		1

March 2025						
S	M	T	W	T	F	S
23	24	25	26	27	28	1
2	3	4	5	6		8
9	10	11	12	13		15
16		18	19			22
23	24					29
30	31	1	2	3	4	5

April 2025						
S	M	T	W	T	F	S
30	31	1	2	3		5
6	7	8	9	10		12
13	14	15	16			19
20	21	22	23	24		26
27	28	29	30	1	2	3

May 2025						
S	M	T	W	T	F	S
27	28	29	30	1		3
4	5	6	7	8		10
11	12	13	14			17
18	19	20	21	22		24
25		27	28			31

June 2025						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18			21
22	23	24	25			28
29	30	1	2	3	4	5

July 2025						
S	M	T	W	T	F	S
29	30	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2

Teacher Workday

Closed

First/Last Day

Policy Council:
10:00am -12:00pm

Health Services
Advisory: 10:00am-
11:30am

2024 - 2025 Early Head Start School Calendar

August 2024						
S	M	T	W	T	F	S
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September 2024						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	1	2	3	4	5

October 2024						
S	M	T	W	T	F	S
29	30	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2

November 2024						
S	M	T	W	T	F	S
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December 2024						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

January 2025						
S	M	T	W	T	F	S
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1

February 2025						
S	M	T	W	T	F	S
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29



March 2025						
S	M	T	W	T	F	S
23	24	25	26	27	28	29
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26

April 2025						
S	M	T	W	T	F	S
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3

May 2025						
S	M	T	W	T	F	S
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

June 2025						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	1	2	3	4	5

July 2025						
S	M	T	W	T	F	S
29	30	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2

 Teacher Workday
  Closed
  First/Last Day
  Policy Council: 10:00am-12:00pm
  EHS -HB Playgroups