College of Southern Idaho
Head Start
2013-2014

PARENT CALENDAR—HANDBOOK

Parents are their child’s 1st teacher!!

Diversity Unites Head Start Families
Community Resources

Hospital/ Ambulance

Poison Center 1-800-222-1222

Police

South Central Community Action Partnership

Energy Assistance
Emergency Food
Telephone Assistance
Weatherization
Education / GED Assistance
Job Skills Classes/ Employment Referrals
Rental Assistance
Gas Vouchers
Youth Programs

South Central Public Health District

Immunizations
Family Planning/ Birth Control
WIC Nutrition Program
Tobacco Cessation Classes

County Assistance

Car Seats
St Luke’s MVRMC Safe Kids 420-6244
Public Health District

Emergency Evacuation Location(s)

Fire

Crisis Center of Magic Valley
(domestic violence/women’s shelter)
1-800-882-3236 or

Dept. of Health & Welfare
Idaho Careline 211
Idaho Child Care Program

Medicaid
Child Support Enforcement
Food Stamps

Community Council of Idaho (Idaho Migrant)

Housing
Employment & Training
Job Skills/ referral
Emergency Food
Rental Assistance
Emergency Transportation

Nutrition/Meal Planning on a Budget
County Extension Office 734-9590 ext.24

Vision- Lion’s Club
Site for Students www.vsp.com

Legal Services
Idaho Legal Aid 208-734-7024
Idaho Volunteer Lawyers 800-221-3295

Substance Abuse Treatment

Mental Health (suicide/ depression) Hotline

Housing
Idaho Housing Association

Job Information
Idaho Dept. of Labor
Temp. service
Temp. service

College of Southern Idaho

GED
ESL
Classes

Center for New Directions

Doctor

Dentist

Pediatric Dentist

Family Health Services

Prenatal Doctor

Counselor

Mustard Seed Free Clinic 734-2610
College of Southern Idaho

Head Start/Early Head Start

Vision Statement:

It’s A Family Affair!

College of Southern Idaho Head Start/Early Head Start is committed to preserving an organizational culture that values personal wellness, individual differences and lifelong learning…an environment in which it is safe to ask questions and try out new skills.

Comprehensive social, health, and education services are provided through collaboration and partnerships throughout the community. Together we stretch limited resources into unlimited possibilities.

We encourage goal setting. It is our belief that children who grow up in families who are willing to take a hard look at where they are now, where they want to be in the future and how they’re going to get there…have a real Head Start in life.

Dream it! See it! Be it!
Head Start/Early Head Start Screenings

Due at acceptance into the program:

Immunizations Must have documented proof of Immunizations.

The TB Survey Form needs to be filled out prior to class attendance, if any answers are yes; the child is referred to Public Health Department for a PPD test.

Due within 45 days of enrollment:

Vision

Hearing

Development
HS: ESI
EHS: ASQ-3

Speech & Language
HS: Fluharty 3-4 ½ and 4 ½ -6
EHS: ASQ-3

Social-Emotional
HS: DECA
EHS: DECA-IT

1st Growth
HS: BMI
EHS: Weight for Age and Height for Age

To be completed within 90 days of enrollment into the program:

Child Wellness Exams Also due with State of Idaho EPSDT schedule at the following months of age: 2, 4, 6, 9, 12, 15-18, 24 and 36, then due every year.

Child Oral (Dental) Exams within 90 days of turning 12 months, then due every year.

Blood Pressures for HS age 3-5 To be completed within 90 days of enrollment, then every year with their EPSDT schedule.

EHS Lead Screening blood lead test at age 12 months and 24 months must be completed within 90 days of enrollment or within 90 days of becoming age eligible.

HS 3-5 Lead Screening Blood lead testing is due one time at this age group, if it wasn’t completed at an earlier age - due within 90 days of enrollment.

Hematocrit/Hemoglobin beginning at age 12 months and 24 months, then at 5 years of age. - it is due within 90 days.
If you don’t have health insurance for your children, low-cost or no cost health care coverage may be available to you.

Your child can be covered for:
- Well-child visits
- Immunizations
- Doctor visits
- Hospitalization
- Prescriptions
- Dental
- Vision
- Other benefits

To qualify, a child must be:
- Under 19
- A U.S. citizen or legal resident

Premium Assistance
You may choose to get help with the cost of private health insurance if your child is uninsured. You can qualify for up to $100 per month to apply against your monthly premium.

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<th>Family Size</th>
<th>2012 Monthly Income 185% FPG*</th>
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*Federal Poverty Guidelines (FPG) updated annually in February

For more information or to get an application, contact 2-1-1 or visit our Web site at: www.healthandwelfare.idaho.gov

Costs associated with this publication are available from the Department of Health and Welfare.
Si no tiene seguro médico para sus niños, es posible que haya cobertura del cuidado de la salud sin costo o a bajo costo para usted.

Su niño puede recibir cobertura para:

- Cheques de niño sano
- Visitas a doctor
- Medicinas recetadas
- Visión
- Vacunas
- Hospitalización
- Dental
- Otros beneficios

Dependiendo de los ingresos de su familia y el tamaño de su familia, es posible que tenga una prima para la cobertura de su niño:

Para usar la grafica: Busca el tamaño de su familia (todos adultos y niños viviendo en su casa).

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<tr>
<th>Tamaño de la Familia</th>
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*Guía de Pobreza Federal (FPG) revisado cada Febrero

Plan de Salud de Idaho
Cobertura para Niños

Puede recibir ayuda para mantener sus niños sanos.

Asistencia con Cuotas
Usted puede escoger recibir ayuda con el costo de seguro médico privado si su niño no tiene aseguranza. Usted puede calificar recibir hasta $100 por mes para aplicar contra su cuota mensual.

Para mas información o para solicitar una aplicación, llame al 2-1-1 o visite nuestro sitio del Internet al www.healthandwelfare.idaho.gov

Los costos asociados con esta publicación están disponibles en el Departamento de Salud y Bienestar de Idaho.
HEAD START/EARLY HEAD START 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 to create an atmosphere of care, 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/Early Head Start!
KDI’s (Key Experiences) PRESCHOOL MILESTONES
The educational content of High/Scope Preschool programs is built around 58 “key developmental indicators” (KDI's) in eight curriculum content areas. The KDI's are early childhood milestones that guide teachers as they plan and assess learning experiences and interact with children to support learning. The KDI's were formerly called “key experiences.” Although the 58 KDI's match the 58 preschool key experiences, the list is now organized in new categories to align more closely with state and national learning standards.

HIGH/SCOPE PRESCHOOL KEY DEVELOPMENTAL INDICATORS

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.
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
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.

D. Language, Literacy and Communication
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.
26. Reading: Children read for pleasure and information.
27. Concepts about print: Children demonstrate knowledge about environmental print.

29. Writing: Children write for many different purposes.
30. ELL/Dual language acquisition: (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 music.
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 conclusion: 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 worlds.
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.
College of Southern Idaho 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 on the school bus ride home, during a dental visit and through the work of the 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 programs 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.

CSI Head Start Goals for Preschoolers to Be Ready for Kindergarten

A. Children will make a plan with three or more details.
B. Children will try three or more ways to solve a problem with materials.
C. Children will join with other children in playing a game with rules.
D. Children will help another child in a self-care activity or program routine.
E. Children will involve an adult in an activity and sustain the involvement.
F. Children will show loyalty to another child.
G. Children will negotiate the resolution of a conflict with another child.
H. Children will identify an emotion and give a reason for it.
I. Children will make a model with details on one or more of the basic parts.
J. Children will draw or paint a picture with detail on one or more of the basic parts.
K. Children will step out of a role-play situation to clarify it or give directions, then returns to the play.
L. Children will hop, skip, or twirl around and stop without falling.
M. Children will strike a moving object with a bat or paddle.
N. Children will chant or sing while maintaining movement to a steady beat.
O. Children will create (or copies) and repeats a pattern of four or more movements to music.
P. Children will sing a song with five or more pitches.
Q. Children to sustain a dialogue by taking three or more conversational turns.
R. Children will ask about the meaning of a word.
S. Children will use a clause that starts with “when,” “if,” “because,” or “since” in a sentence.
T. Children will create a pair or series of words that start with the same sound.
U. Children will point to the words in a book or follow a line of text while telling or reading the story.
V. Children will say a word and identify the beginning letter or letter sound.
W. Children will read aloud a simple phrase or sentence.
X. Children will write a phrase or sentence of two or more words.
Y. Children will identify two or more similarities between objects or groups.
Z. Children will add additional objects to extend a repeating or graduated series.
AA. Children will use a conventional or an unconventional measuring tool and states the result.
BB. Children will count two groups of objects and says which one has more/less/equal.
CC. Children will read a map, child uses a position, direction, or distance word.
DD. Children will explain that an event or change happens because of something else.
EE. Children will number the parts or features of an object.
FF. Children will identify where a natural object or material comes from.
GG. Children will participate in conversations in English.
HH. Children will respond in spoken English to English.
II. Children will follow simple rules, routines, and directions.
JJ. Children will use socially appropriate behavior with peers and adults, such as helping, sharing, and taking turns.
KK. Possess good overall health, including oral, visual, and auditory health, and is free from communicable or preventable diseases.
LL. Children will cut with scissors correctly.
MM. Children will detect rhyme. Rhyming shows an awareness of sounds within words and is an example of phonological awareness.
NN. Children will detect syllables. Breaking words into syllables is important for word recognition and is part of phonological awareness.
OO. Children will identify uppercase letters
PP. Children will copy, trace, or independently write letters or words.
QQ. Children will write their name.
RR. Children will recognize that writing is a way of communicating for a variety of purposes, such as giving information, sharing stories, or giving an opinion.
SS. Children will recognize numbers and quantities in the everyday environment.
TT. Children will recite numbers in the correct order and understand that numbers come “before” or “after” one another.
UU. Children will identify primary colors and shapes.
VV. Children will have resilience, “the ability to recover from or adjust easily to misfortune or change.” This will be accomplished by children having secure attachment, self-control and initiative.
WW. Children will use one-to-one counting and subitizing (identifying the number of objects without counting) to determine quantity.
XX. Children will attend at least 85% of the required classroom days.

*The goals are taken from the Preschool COR observation items, 2011 Head Start Child Development and Early Learning Framework, and the Idaho Reading Indicator for (Fall) Kindergarten. Information was gathered through the community assessment survey from school officials and teachers. Parent and community input was also gathered from the Education Advisory Board, center parent committee’s and policy council.

**The Preschool COR observation items are aligned with the 2011 Head Start Child Development and Early Learning Framework and the State of Idaho’s Early Learning Guidelines.
Assessment and Screening

At College of Southern Idaho Head Start/Early Head Start a variety of screening and assessment tools are used to evaluate young children. Screening is a brief, relatively inexpensive, standardized procedure designed to quickly evaluate a large number of children to find out which ones might need further assessment. The ESI, speech and language, height and weight, DECA, vision, and hearing are screenings that will be completed with each child within 45 days of enrollment.

Assessment is the basic process of finding out what the children in the classroom, individually and as a group, know and can do in relation to each child’s optimum development and to the goals of the program. This assists teachers in planning appropriate curriculum and effective instructional strategies to help children develop and learn, monitoring their progress along the way. The ongoing assessment tool used is the Child Observation Record (COR) that is aligned with our High/Scope Curriculum. This is completed three times per year, supported with anecdotals and children’s work.

In the current climate you are likely to hear the term assessment used for almost any type of appraisal of young children for a range of purposes. Many people use the term loosely, as a broad label for any all of the varied ways we might determine “where a child is” in development and learning – maybe a vocabulary test, a brief observation, a fine motor skills checklist, a diagnostic reading test, or a height and weight measurement.

Why We Assess Young Children:

- To monitor children’s development and learning
- To guide planning and decision making
- To identify children who might qualify for special services
- To report to and communicate with others

Assessment information is also used for program evaluation and for accountability (e.g., to determine whether and the program meets state or federal mandates regarding student achievement). Classroom teachers are responsible for ongoing assessment throughout the year.
MENTAL HEALTH

Building and encouraging a positive self-image in each and every child is one of the main goals of College of Southern Idaho Head Start/Early Head Start. Our staff takes pride in supporting children with feeling good about themselves. The children wear nametags so they can be called by name. They all have special places called “cubbies” to store their own belongings. Each child’s artwork is displayed in the classroom. Daily plans are designed to promote a positive self-esteem in each child.

Our Mental Health Professional visits each classroom. He/she will be observing 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.

Head Start/Early Head Start also believes strongly in addressing the needs of the whole family. Our program will be providing opportunities for you as parents to grow in your own self-awareness and to recognize your own self-worth.

What is Social Development?
Social development involves learning how to have relationships with other people.

What is Emotional Development?
Emotional development refers to children’s feelings about themselves, the people in their lives, and the environment in which they live.

What is the DECA?
The DECA (Devereux Early Childhood Assessment) is a tool used to focus on three protective factors: attachment, self-control, and initiative, which are closely related to social and emotional development. The DECA also looks at the child’s use of specific challenging behaviors.

What is Attachment?
Attachment describes the long-lasting, caring relationship between a child and the important people in his life.

What is Self-Control
Self-control is the ability to tell right from wrong and behave in ways that society considers appropriate.

What is Initiative?
Initiative describes the ability to use independent thoughts and actions to meet one’s needs.
LITERACY

SELECTING BOOKS FOR CHILDREN

Children learn to appreciate reading by seeing others read with enjoyment. Often what is being read is not as important as the noticeable pleasure being experienced by the person who is reading. A variety and abundance of reading materials in the home get children excited about reading.

Having access to a variety of books and writing materials at an early age contribute to children’s learning to read “naturally” without formal instruction. Children who have been exposed to books and print from birth have been known to develop a large vocabulary of sight words as well as a number of reading skills.

Easy-to-read books are great for young readers because they have large print and illustrations that provide clues to the reader. Encouraging conversation about a story, repeatedly reading the same books while adding others, and encouraging children to read to each other is called teaching reading.

Children’s books such as; nursery rhymes, poetry, fairy tales, folk tales, predictable books, wordless storybooks, pattern books, alphabet and counting books are fun and encourage and promote literacy. Children love to have books of their own and they can be attained for little to no money at garage sales, from relatives, through exchanges with friends or from local libraries.

DETERMINING DEVELOPMENTAL PROGRESS

What does a child need to know to succeed in school? Schools often provide a list for school readiness… such as recognizing colors, shapes, numbers, how to tie shoes, write their own name, recognize simple words, and zip coats. Congress has determined that each child should know at least 10 letters of the alphabet!! Many of us believe that social skills, such as being comfortable asking the teacher for help; taking turns; planning their own work time, and sharing are extremely important. What do you think is the most important?

THE ROLE OF HEAD START

Head Start screens each child at the beginning of the school year. The Family Educator 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. As you read this booklet we hope that it will help orient you and your child to our 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 to accompany 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 nametags.
- Everyone gathers in a group
- News, information and changes in plans are discussed by children and adults.

BREAKFAST/SNACK/LUNCH

- “Table Setters” are excused to set the table.
- Children go in small groups to wash hands.
- Everyone is seated before food is passed.
- Napkins are put on laps.
- Children wait until everyone is served before eating.
- Children pour milk; glass is ½ full.
- There is at least one adult at each table.

PLANNING TIME

- A time to plan what we will do during work time.
- Child makes a plan 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.
- Children are encouraged to observe and appreciate their differences.
- Adults use appropriate language and correct grammar.
- Children are spoken to positively and comforted when needed.
- Adults narrate child’s actions. “Billy is using red and yellow.” “Oh, you have a structure with six blocks.”
- Adults remind the children of their plan.
- Adults use open-ended questions and encourage problem solving.

RECALL

- A time to remember what was done during work time.
- Child will recall in a way most effective for them, drawing, verbalizing, getting materials from an area, etc.
- Recall happens with same adults as planning.
- Adults will encourage and listen.

SMALL GROUP

- Involves 6-8 children and same teacher for 2 – 3 months.
- Adults encourage problem solving and assist children in higher level thinking.
- Lasts about 15 minutes.
- Each child has his/her own materials and makes a choice about how to use them.
- Children can extend their ideas from small group into work time.

OUTDOOR /GROSS MOTOR

- There is a combination of free choice and Family Educator directed activities.
- There is space for individual play, group games and dramatic play.
- Children are learning social skills such as sharing.
- 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 are not lined up.
- Children move in small groups.
- Finger play and songs are used if waiting is necessary.
- Groups may be divided by means of colors worn, sounds, animal movements.
- Transitions are kept to a minimum.
WHAT EVERY PARENT NEEDS TO KNOW

**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 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.

**Illness**
If your child is ill or will be absent for any reason, please keep us informed. We are required to contact the family if a child has three consecutive absences to see if assistance is needed. 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.

**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.” Family Educators wear 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.
FIELD TRIPS
Various field trips will be taken throughout the year to help the children learn about their community. These might include the library, fire department or the grocery store. Parents are encouraged to share ideas for field trips and also to join in the fun!

TOOTHBRUSHING
Children and staff brush their teeth after meals 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.

Holiday/Celebration Activity Policy
In accordance with best practices in Early Childhood Education, 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.

Guidance
Classroom – Avoid holiday activities directed by adults in the classroom. If it is a child-initiated experience (such as wrapping a present), introduce materials for the child to wrap that are not focused on a holiday theme.

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 would refrain from caps, gowns, sitting to sing more than two or three songs and encouraging an atmosphere of performance. Use activities such as individual child recognition days, picnics, literacy bags, and/or activities including movement and fun for the child and adult. All activities need approval from the Director because of liability issues (i.e. bounce house, animal rides, train rides, Etc.).

Potlucks – The program will provide meals at all Head Start/Early Head Start activities when appropriate. The meals will follow USDA guidelines for end of the year activities. All other meals at Head Start/Early Head Start activities will follow USDA and Head Start/Early Head Start guidelines. Parents will not be asked to bring or provide food.
TRANSPORTATION GUIDELINES

We try to arrange our routes so that children do not have to cross the street in front of the bus. However, if it becomes necessary you may meet your child at the door of the bus or the bus rider will accompany them across the street. Please remember that all passengers are required to cross in front of the bus.

Please notify the center when your child will not be attending class. All centers have answering machines to leave a message for the driver.

Parents are expected to participate in their child’s education as their First Teacher. There are many ways this can be accomplished, such as being a volunteer rider or working in the classroom. The Head Start program wishes to transport your child in the safest manner possible we ask you that you volunteer to be a bus monitor. Anyone who rides the bus is required to wear a seat belt at all times.

Please have children dressed and ready when the bus arrives. The pickup and drop off time may vary depending upon weather conditions and other factors. If the child misses the bus, it is your responsibility to arrange transportation of your child to the center if they are to attend that day.

Parents are to identify one pickup and drop off site for their child. If the need for a different site occurs, arrangements must be made with the Center Supervisor and the Bus Driver.

Parents or a designated care giver who pick up their child at a Head Start Center need to check out the child with the Family Educator before leaving the Head Start Center.

The bus driver may determine if a child is ill at the time he or she boards the bus. A sick child will be returned to the parent(s).

Please remember that siblings accompanied by a parent or volunteer may ride the bus to and from the center.

College of Southern Idaho Head Start/Early Head Start is a smoke free work place, therefore, smoking is prohibited in any Head Start/Early Head Start owned vehicle.

Food and beverages are discouraged on Head Start buses.

Our bus drivers are instructed no to release the child until visual contact is made with an identified caregiver. If no contact is made the child will be returned to the center. When possible the driver will notify the center by radio that no one was home. It is then the parent’s responsibility to come and pick up the child from the Head Start/Early Head Start Center.

Parents who transport their child to Head Start must accompany the child into the care of their Family Educator. Children must arrive at school no more that 15 minutes before class begins and be picked up no more than 15 minutes after class ends.

Parents, please notify us of any changes of address as soon as possible. If you have questions, please call your Center Supervisor, Family Educator, or Bus Driver.
Late Child Pick-up Policy

- Please assign one person to make calls starting with the most senior staff (Center Supervisor, FE III, FE II, ECT.)
- If in Double sessions, please remind parents that they need to pick up their child on time or be at least 10 minutes early. When dropping children off at the center, they need to be there no earlier than the scheduled class time.

Staff Will:
1) Call emergency contact person within 5 minutes after your child’s posted closing time.
2) Contact center supervisor, immediate supervisor or Central Office for an update.
3) Try to call emergency contact numbers – again. (Steps 1, 2, and 3 may take up to 15 minutes)
4) Call the local sheriff or Department of Health & Welfare’s office for assistance.
   - Identify themselves as Head Start staff, describe the situation, what steps have been taken, that the center has closed for the evening and that a child has been left in our care – ask for their assistance. Ask if there have been any reported accidents or recent incidents that could affect the child being picked up in a timely manner. (If so, follow their instructions)
   - Leave a notice in a visible area stating that: the center closes at _______, the staff left at ________, the child who remained is in the care of:
5) The next day please SOAP in child file and make contact with the family.

(Post in a visible place in the center)

Late Child Pick-up Policy - It is our program’s procedure to:

1) Call phone numbers listed on your emergency card, five minutes after the posted closing time, to have child picked up immediately.
2) If unsuccessful in reaching an authorized adult, staff will contact the local sheriff or Department of Health & Welfare office for assistance.
3) Leave center supervisors and/or FE III’s phone number and information about where the child is being cared for in a visible location for the parent/guardian.

If possible, please let us know if you are delayed by an emergency situation, so that arrangements can be made.
Conditions of short-term exclusions
Temporarily excluding a child from classroom participation protects the health of the affected child, other children and staff.

- A child that is not fully immunized and those whose parents have signed a “waiver” for immunizations will be excluded from the classroom if any communicable disease that children are generally immunized 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: this may include; fever, vomiting, pain, diarrhea, head lice, contagious rashes (chicken pox), red, watery, matted eyes, chronic coughing or wheezing.
- A child with a chronic illness that is at risk for other contagious illnesses should be excluded from the classroom.
- A child with a chronic illness or 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 policy
- AIDS Policy
- Immunization Policy
- Outdoor Play Policy
- Biting Policy

I am moving I am learning  Approach for Addressing Childhood Obesity in Head Start
College of Southern Idaho Head Start/Early Head Start will promote healthy decision making and healthy active lifestyles for children and families. The first five years of life lay the foundation for learning and behavior preferences that may last a lifetime.

Goals of the I am moving I am learning program are:
Increase the quantity of time spent in moderate to vigorous physical activity
Improve the quality of structured movement experiences
Improve healthy nutrition choices every day

IN CASE OF AN EMERGENCY
CSI Head Start has a lockdown system in place. If an intruder tries to enter the building, a staff member will give a code word to another staff member alerting them that there is an unsafe situation. At that time the classroom staff will move the children out of the building and into a safe location. If this event were to occur, parents would be contacted as soon as possible. If there is a lockdown, all doors and windows will be locked from the inside, 9-1-1 will be called and no one will be allowed to enter the building until the police have arrived and stated that the situation is safe for the children and staff. At that time, parents will be notified by telephone.
Head Start Policy on Head Lice

1. All children will be checked daily by Family Educators during health checks.

2. If lice or nits are present, the child will be sent home and parents will be instructed on how to use the “Lice Shampoo Kit” recommended by their pharmacist. The kit should contain instructions, shampoo and a fine toothcomb to remove any remaining nits attached to the hair shaft.

3. Children and parents will be treated with respect and dignity. It is the Family Educator’s responsibility to see that the parent is educated in the correct procedure to eliminate lice/nits.

4. Child may be excluded from class until head lice/nits are completely eliminated.

5. The child will be allowed to return to school after correct shampooing is completed and all nits are removed.

6. If the parent cannot afford to buy shampoo, Head Start will provide a kit for the child. The FE should call for a P.O. and send letter home.

7. If a child continually comes to school with head lice, please make a referral to the child’s physician.

8. Advise parents that lice may be resistant or become resistant to a certain “brand” of shampoo. Alert parents of the potential need to change brands.

No Nit Policy

The definition of head lice is a non-reportable communicable disease; it is not the result of poor hygiene and is a very common nuisance among young children. Outbreaks may occur once or several times per year. In an effort to decrease these outbreaks, College of Southern Idaho Head Start/Early Head Start is enforcing a “nit free” policy that indicates any child found to have head lice or their nits (eggs) will be excluded from the classroom until proper shampooing has been done and nits removed.

Parents will be given instructions on treatment of head lice, removal of nits and techniques to eliminate head lice in the environment. If needed, a purchase order will be given for a pediculocide shampoo for the Head Start child.

If a child returning to class is found to have lice or nits, the child will be sent home. It the condition persists and causes absenteeism the Family Educator will review the treatment plan on the next home visit. If needed, a referral to a physician will be made.
POLICY AND PROCEDURES FOR BITING

STEP 1-Immediate Action
- Comfort the child who was bitten.
- Assess and clean the wound (soap, water, etc.) using universal precautions.
- Use appropriate discipline for the child who bit. See Mental Health Plan for Aggressive Behavior Policy.

STEP II-Notify Parents Immediately
- Notify the parent of the child that was bitten. Let parent know what comfort measures were given and how child is doing after treatment.
- If bite pierced the skin, there may be risk of contamination from bacteria or viruses in the mouth. Recommend to the parent that it would be advisable to take the child to their personal physician. The immediate action taken in cleaning the wound will be very helpful in preventing infection. A copy of the incident report will accompany the child if the parent chooses to take the child to the doctor.
- Notify the parent of the child who did the biting. Tell parent the events that lead up to the incident and discipline measures that were taken after the incident. Ask parent if the child has had a problem with biting. Work with the parent to develop a written plan to help prevent the child from biting again. The plan needs to be in place before the child returns to class.
- Give information on biting to both children’s parents.

STEP III- Develop a Plan of Action
- The first incident of biting does not require a plan of action meeting, unless the parents request it, but a meeting will happen if this is a reoccurring problem.
- The planning meeting will be prior to the day the child is expected to return to class and shall include any or all of the following: Parent, FE III, Home Visitor, Center Supervisor, Health Coordinator, Children Service Specialist, Disabilities Coordinator, Mental Health Professional, or other staff involved in the incident and any other person requested by the parents to attend.
- The purpose of the meeting is to develop a plan to prevent the reoccurrence of the biting. Consider circumstances that led up to the incident. Consider the needs and concerns of the child who bit and of the child who got bit. Consider the activity the class was participating in at the time. What could be done differently?
- The written plan becomes a part of this document and will be also soaped in the child's file.
- Evaluate plan in two weeks.

STEP IV-Documentation
- Document in each child's file; the incident, the plan, conversations with parents and any follow up actions.
- Complete the incident report if the bite pierced the skin. A copy of this will accompany the child to the doctor if the parent chooses to take the child in. The original will stay on file in the center and a copy will be sent to the Health Specialist.

STEP V-Follow Up
- The following day ask the parent of the child who was bit how the child is doing. Explain that you had a meeting and that a plan was made to prevent it from happening again.
- After two weeks, the team will meet again to re-evaluate progress. If the behavior is not decreasing, it will be considered aggressive behavior and the team will follow through with implementing that policy.
Definition: Aggressive behavior is any act that hurts others, themselves or destroys property. Discipline is any attempt by an adult to intervene for the benefit of the child, classroom and family.

In order to have no or few situations of aggressive behavior, the educators must first consider the following principles of discipline:

1. Positive methods of guidance and discipline are used. The employees, volunteers and consultants are expected to adhere to the “Discipline Policy.” This policy states that positive methods of child guidance will be used thus prohibiting the use of corporal punishment, emotional or physical abuse, or humiliation. Isolating the child is inappropriate and unacceptable in any facility. In addition, food is not to be used as a form of reward or punishment.
2. Tell children what they CAN do, rather than what they can’t do. Focus on the do’s instead of the don’ts.
3. Protect and preserve the children’s feelings that they are loveable and capable.
4. Offer children choices only when you are willing to abide by their decisions.
5. Change the environment/schedule (including any adult behaviors) instead of focusing only on the child’s behavior whenever possible. (Refer also to the FE III Functional Behavior Assessment)
6. Give children safe limits they can understand. Recognize their feelings without accepting their actions. Maintain your authority calmly and consistently.
7. Set a good example. Speak and act only in the ways you want the children to speak and act.
8. Frequently acknowledge the child’s acceptable behavior.
9. Work with the children. Be sure your actions are not setting them up.

10. Follow the High/Scope 6 step problem solving approach to conflict, the Second Step curriculum, DECA (FLIP IT) curriculum, and Positive Supports training.

If unacceptable behaviors are displayed, the sequence below will be followed. Speak to the child one on one, calmly and quietly. Wait the child through the 2nd Step calming down steps then the High/Scope 6 step problem solving approach. **Second Step Approach** - Take 3 deep breaths, count to 5, and say “calm down” to yourself. **High/Scope 6 steps** - 1. Approach calmly, stopping any hurtful actions. 2. Acknowledge children’s feelings. 3. Gather information. 4. Restate the problem. 5. Ask for ideas for solutions and choose one together. 6. Give follow-up support as needed.

Ask them what they should be doing at that moment. Redirect. (One Technique would be to ignore the child.) Remove child from situation if behavior escalates to a quiet area to calm down child –ask them to verbalize feelings if possible.

If behavior occurs frequently, staff and parents must meet to devise a plan for both class and home. FE3 or Ed Specialist should observe child to see if a pattern of antecedents are triggering the behavior or a particular consequence is motivating the child. Change the environment, if possible (ex. Room arrangement, adaptations in schedule, etc).

Meetings will occur for discussion and evaluation with parents and staff. Observation/consultation by the Mental Health Professional will be a part of the plan. Consultant will have ongoing input.

PSR worker will be assigned to child if they are over 4 years of age if behavior is frequent and child is hurting others, themselves, or damaging property. Restraining is acceptable if it is the only means to ensure the safety of other children and adults, as well as the subject child.

All staff must work in concert to follow the plan. Throughout the process, all available resources inside and outside the classroom should be utilized.
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 educators 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 Educator/Home Visitor will create an individual plan to meet the interests and needs of you, your child, and your family. Home visits are weekly for 1 ½ hours, except for a few weeks out of the year. Please refer to your calendar pages for the weeks that there will be no home visits.
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 program's 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.

The staff are well trained and sensitive to the child’s home language and work to build a strong connection to the child’s parents or guardians. The Family Partnership Agreement supports the continued development of the child’s home language, which is critical to his/her future education. A bilingual Family Educator will be provided to each family and will help address home/school communication and partnerships. If one is not available, a translator will assist the Family Educator and school as needed.

As children grow, it is important for them to continue to develop their home language. Development and learning are enhanced when children are able to communicate at home what they have learned. A child’s experiences improve when adults are supportive of their home language through activities, materials and books. Through cultural support families and children feel welcome and comforted by seeing their language included in written materials and photographs of themselves and their family members. Children’s social/emotional development is supported through the school environment and it helps establish a sense of belonging and connectedness.

Through the home language and culture, families share a sense of identity, an understanding of how to relate to others and a sense of belonging. Children who do not develop and maintain proficiency in their home language may lose their ability to communicate intimately with parents and grandparents and as they grow into teens they may feel disconnected to their culture. Additionally, loss of the home language could cause children’s thinking and reasoning skills to suffer and could have potential negative impacts on developing self-concept and cultural identity. The program supports the expansion of the home language and assists the child’s progress toward acquiring English.
To support children learning a second language Family Educators will:

- Include materials, such as books, make sure that bilingual children have opportunities to interact with English-speaking children in the classroom
- Talk with parents of bilingual children about their language goals for their children and ask them to provide a few key words in their home language to use with their children in the classroom
- Encourage parents of bilingual children to continue to speak their first language at home
- Plan specific activities such as songs, rhymes, music, play and movement using culturally relevant books, posters, dolls, instruments, photos, toys and labels that highlight languages and cultures, as opportunities for language development for both English speaking and bilingual children.
- Invite parents and others who speak the language of the children to participate in activities in the classroom
- Label classroom materials in English as well as the home language of children in the classroom.
- Put empty food containers and cooking utensils such as a tortilla press or wok in the house area that reflects families’ meal preparation.
- Display photographs to accompany the daily schedule, classroom rules, helper chart, pictures, objects, gestures, and other forms of nonverbal communication to help bilingual children understand what is being said.
College of Southern Idaho Head Start Child Abuse Reporting Policy

During initial orientation of families to 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:

- As soon as identified, suspected cases of child neglect or abuse are immediately reported to Center Supervisor. If the Center Supervisor is unavailable then the Mental Health Professional should be contacted. If the Mental Health Professional is not available then the Children Services Specialist, the Regional Operations Specialist for that Center (ROS), the Parent Engagement Family Involvement (PEFI) Specialist, or the Director should be notified.

- The Center Supervisor will then contact the Mental Health Professional immediately.

- If, after consultation, the Mental Health Professional advises that Child Protection Services be contacted, the Center Supervisor and the 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. 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 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 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 Center, and the child is declared to be in imminent danger and is subsequently removed from the Head Start center, the Center Supervisor or Family Educator 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 ROS, 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 interaction with Child Protection Services might include:

• Request for information about a 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 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.
Parent Fact Sheet: College of Southern Idaho Head Start/Early Head Start Child Abuse Reporting Policy

College of Southern Idaho Head Start/Early Head Start will comply with Idaho Statute 16-1601, the Child Protective Act, which is designed for the protection and safety of Idaho’s most vulnerable population, the children.

- We at College of Southern Idaho Head Start will preserve the privacy and unity of family.
- We report all suspected incidences of child abuse or neglect as mandated by Idaho law. (See the College of Southern Idaho Head Start Child Abuse Reporting Policy and the College of Southern Idaho Early Head Start Child Abuse Reporting Policy)
- We will continue a supportive relationship with families who are involved with the Child Protection system.
- We are dedicated to assuring the safety and well-being of all children.
GRIEVANCE PROCEDURE 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
   Level Six: CSI Vice President of Administration

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.
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 (FPA).

Head Start/Early Head Start will offer information, referrals, workshops and personal growth experiences to help meet your family’s needs.

PARENT TRAININGS

Training sessions for parents and volunteers are planned throughout the year. Trainings include sessions at center parent meetings and program-wide Parent/All Staff trainings held throughout the year. These trainings allow parents to gain skills and knowledge, as well as provide opportunities to connect with other Head Start/Early Head Start parents.
PARENT RIGHTS

In Head Start/Early Head Start:

- To take part in major policy decisions affecting the planning and operation of the program.
- To help develop adult programs which will improve daily living for you and your family.
- To be welcome in the classroom.
- To choose whether or not you participate without fear of endangering your child’s right to be in the program.
- To always be treated with respect and dignity.
- To expect guidance for your children from Head Start/Early Head Start staff, which will help his/her total individual development.
- To be able to learn about the operation of the program, including the budget and the level of education and experience required to fill various staff positions.
- To take part in planning and carrying out programs designed to increase your skill in areas of possible employment.
- To be informed about all community resources concerned with health, education, and the improvement of family life.

PARENT RESPONSIBILITIES

In Head Start/Early Head Start:

- To learn as much as possible about the program and to take part in major policy decisions.
- To accept Head Start/Early Head Start as an opportunity to enhance your life and the life of your children.
- To take part in the classroom as an observer, a volunteer, or a paid employee, and to contribute your services in whatever way you can toward the enrichment of the total program.
- To participate in the Head Start/Early Head Start program in areas of your interest.
- To provide parent partnerships by taking part in elections.

PARENT RESPONSIBILITIES CONTINUED…

- To explain the program to other parents and encourage their full participation.
- To welcome staff and other parents in a cooperative way.
- To guide your children in a firm, loving and protective way.
- To offer input in program decisions and to support those decisions.
- To take advantage of the programs designed to increase knowledge about child development and possible employment skills.
- To become involved in community programs which help to improve health, education, and recreation for all.

National Safe Kids Campaign

Pedestrian Safety…Teach your children:

- Do not cross the street alone if younger than 10 years old.
- Stop at the curb before crossing the street.
- Walk; don’t run, across the street.
- Cross at corners, using traffic signals and crosswalks.
- Look left, right, and left again before crossing.
- Walk facing traffic.
- Make sure drivers see you before crossing in front of them.
- Do not play in driveways, streets, parking lots or unfenced yards by the street.
- Wear white clothing or reflectors when walking at night.
- Cross at least 10 feet in front of a stopped school bus.
Factors of Successful Collaboration

Diverse Membership
- The team has a core group that regularly attends meetings.
- The team has a balanced representation of parents, community members, childcare and pre-kindergarten providers, and Head Start/Early Head Start representatives.
- Team members feel like a part of the group and contribute to the team.

Effective Communication
- Meetings are held regularly.
- The team has a process it uses to share information.
- The team addresses conflicts in ways that strengthen rather than divide the team.
- The team regularly reviews its progress.

Shared Leadership
- The team uses consensus to make decisions and set directions.
- Team members participate in a variety of roles at meetings.
- The team shares responsibility for accomplishing its work.

Shared Vision
- The team has a written description of its vision and desired outcomes for the community’s children and families.
- The team is learning together about the community’s resources.
- The team has/is developing a work plan that describes its goals and strategies for taking actions.
- The team’s strategies demonstrate a collaborative approach.

Support For Collaboration
- Decision-makers in the community are aware of the team’s work.
- The team makes efforts to raise public awareness of the needs of children and families.
- Each member of the team contributes resources—directly or in-kind—to support the team’s operation.
- The team shares its progress regularly with local, state, and federal policymakers to advocate for children and families.
THE KEY TO AN EXCITING HEAD START/EARLY HEAD
START EXPERIENCE IS PARENT INVOLVEMENT!!!

CSI BOARD OF DIRECTORS
The College of Southern Idaho is the Grantee for Head Start/Early Head Start. CSI is governed by a volunteer five member board of trustees who are elected at large from within Twin Falls and Jerome Counties. CSI represents years of effort by citizens of the Magic Valley to provide higher education opportunities for all who can profit from them. CSI provides the following services:
- Academic and Continuing Education
- Vocational Education
- CSI Refugee Center
- CSI Child Care
- Foster Grandparent Program
- Retired & Senior Volunteer Programs
- Senior Companion Programs
- Homemaker Program
- Older Workers Programs
- Ombudsman Program
- Trans IV Bus Service

POLICY COUNCIL
College of Southern Idaho Head Start/Early Head Start Policy Council is the policy making group for the program. This group decides policy questions during the year such as recruitment policy, personnel policies, budget, and if and where new centers will be located. Parent committee’s elects one parent representative for each unit and one community representative per center. Policy Council meets once a month at the College of Southern Idaho campus in Twin Falls.

PARENT COMMITTEE
Center Parent committees meet once a month to conduct the business of their center, get better acquainted with each other, and become more familiar with the community. Parent trainings are provided to help achieve personal goals. Other meetings are held to share or exchange information providing fun and challenging learning experiences.

ADVISORY COMMITTEES
Family Services Advisory Committee
The Family Services Advisory Committee meets twice a year and is actively involved in planning and reviewing services to families. Membership of this committee is diverse and consists of one parent and one staff member from each center, and various professionals from the communities.

Health Services Advisory Committee
The Health Advisory Committee meets twice a year to help plan and evaluate the health services in Head Start/Early Head Start. The committee is made up of one parent and one staff member from each center and various health professionals.

The Education Advisory Committee
Issues concerning our educational needs and policies are discussed with input from all participants. The committee meets two times a year with representatives from Early Childhood institutions, public schools, and Head Start/Early Head Start parents and staff.
PARENT GOAL SHEET PLANNER

Following is a list of ideas for goal setting. First, mark where you are currently, and where you would like to be in each area on a scale of 1 to 5 (1 being the lowest and 5 being the highest).

**Child Development** is a process that all children go through. Each child develops at his/her own rate.
- Currently: 1 2 3 4 5
- Goal: 1 2 3 4 5

**Parenting skills** includes all activities and techniques for helping a child grow into a responsible individual. It includes teaching, listening, rewarding, correcting, and loving.
- Currently: 1 2 3 4 5
- Goal: 1 2 3 4 5

**Education** is the continuing process of developing abilities in daily living and employment opportunities. Education is training to whatever level is desired by the individual in his/her own area of interest.
- Currently: 1 2 3 4 5
- Goal: 1 2 3 4 5

**Job Skills** are abilities used in the job market and also in communication, time management, volunteering, and daily situations. Job skills include discovering what one can do, what one’s interest are, and how to use them for personal satisfaction.
- Currently: 1 2 3 4 5
- Goal: 1 2 3 4 5

**Money Management** is the process of using available money and resources to make the most out of income dollars. Money management includes purchasing tips, "couponing", cooperative baby-sitting, carpooling, menu planning, budgeting, and stretching the dollar.
- Currently: 1 2 3 4 5
- Goal: 1 2 3 4 5

**Nutrition** is eating the foods we need in order to be healthy and feel good. Nutrition is using the basic four food groups to plan and prepare appealing balanced meals and snacks.
- Currently: 1 2 3 4 5
- Goal: 1 2 3 4 5

**Wellness** is a special kind of lifestyle that only you can make happen. It begins when you take charge of your life. Wellness includes nutritional awareness, physical fitness, stress management, environmental awareness and self-responsibility.
- Currently: 1 2 3 4 5
- Goal: 1 2 3 4 5

**Communication** is exchanging ideas, thoughts and feelings by gestures, speech and posture. Our communication skills influence how others feel about us; encourage growth in others and in ourselves.
- Currently: 1 2 3 4 5
- Goal: 1 2 3 4 5

**Self-Concept** is an individual’s understanding of him/herself as a person, which includes abilities, appearance, performance in school or work and every phase of daily living. It is formed out of experiences and is based on skills used in coping with life challenges.
- Currently: 1 2 3 4 5
- Goal: 1 2 3 4 5

**Getting Organized** includes how to plan and how to implement these plans. Getting organized may pertain to house cleaning, menu planning, general time management and establishing daily routines for our families and ourselves.
- Currently: 1 2 3 4 5
- Goal: 1 2 3 4 5
FAMILY PARTNERSHIP

MAPPING

Places Where the Family Goes

Extended Family Member

Strong Support

Conflict

Family Member

Community Services Utilized by Family

Less Influential
FAMILY STRENGTHS & RESOURCES

- Hopes
- Community Supports
- Personal Growth
- Education & Employment
- Relationships
- Health & Safety
- Food, Shelter & Clothing
- Head Start Child
- Mom
- Siblings
- Dad
- Relatives
- Friends
- Hobbies & Recreation
Parent and community volunteers are a very important part of our program. You are welcome in our centers and classrooms at anytime. Please talk with the 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. What kind of training do you think would be helpful to you? If helping out in the classroom is not of interest to you, there are many other ways to volunteer, some of them are listed below:

- as an aide in the classroom
- as a bus monitor
- as a representative on Policy Council
- as a participant at parent meetings
- by planning special events in the center
- by working on planned center activities with the children
- by building, cleaning, painting, or repairing
- by transporting others to meetings, etc.
- by assisting component staff with; office work, kitchen help, and health
- by participating on center and program committees

**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 activities designed to meet the needs of your family, you may also be generating “in-kind” contributions! As a program we must meet our in-kind requirement, which amounts to approximately $1,125,885.00/year. CSI HS/EHS believes that it is essential for Head Start/Early Head Start parents and community members to collaborate their efforts in support of the program.

**COMMUNITY PARTNERS**
As Head Start/Early Head Start parents, you will have the opportunity to be involved in Head Start Advisory boards, as well as Community/Agency boards. Head Start parents are involved in many community activities, such as Adopt-a-Highway, Soup Kitchen, Adopt a Park, Week of the Young Child, Legislative receptions and Community Parades. Parents also have the opportunity to speak at legislative sessions or public hearings to address family issues and concerns.
What Volunteer Time Can Be Used For?

“Since the last home visit and up until today, how many hours did you spend on…?”

- **Trainings**- WIC, work, school related, or any other trainings/workshops you have attended. *(NOTE: If school is a parent goal it will only be listed under family partnership hours).*
- **Community Volunteer**- Anything you have done in your community that you didn’t get paid for, i.e. church activities, helping neighbors, and any other community projects or activities.
- **Family Partnership Agreement (parent goals)**- What time have you identified as parent goals that are on your goal sheet?
- **Other Activities**- ANYTHING you have done for yourself AND/OR together as a family, excluding watching TV unless educational.
- **Enrichment**- Anything other than your goals that you and your child have done together. Any teachable moment, i.e. church activities, reading, playing outside, excluding watching TV unless educational.

The donation time above counts toward your overall activity inside and outside the HS/EHS program and can qualify you for volunteer awards.
Parent In-Kind Hours

- Classroom: Field trips, helping in the kitchen or serving children, assisting the teacher, or helping at the center.
- Bus Monitor: Riding the bus as PRIMARY bus rider.
- Child Goals: The amount of time that you and/or your child put into your child’s goals that were identified on your goal sheet.
- Developmentally appropriate work done with your child outside the classroom.
- Donating child care reimbursement and/or travel reimbursement when attending a HS/EHS Policy Council, Advisory Board, IHSA or PDWG meeting.

The donation time above qualifies as In-Kind toward the program’s required 20% non-federal share and can be documented and reported on the financial reports as volunteer time used to benefit the Head Start/Early Head Start program.
FOSTER GRANDPARENT PROGRAM

Most Head Start/Early Head Start centers have at least one Foster Grandparent. These seniors help with individual and small group experiences in the classroom while enriching their own lives. The grandparents receive a small stipend, mileage, physical exam, health insurance and meals. Anyone interested in being a Foster Grandparent can contact his or her local Head Start center or the Office on Aging. The number is (208) 733-9554 extension 310.

211 IDAHO CARELINE

It can be difficult to find the services you need without a starting place. When you call 211 a skilled specialist will help connect you to the resources available in your community.

Bilingual operators and multi-language lines are available Monday through Friday from 8:00 a.m. – 6:00 p.m. (MST)

The information you need can be accessed by calling 211, the Idaho Careline (or 1-800-926-2588). You can also search online for more resources www.211idaho.org.

Make 211 your first call for information about:

- Child Care Referrals
- Counseling Services
- Food Stamp
- Substance Abuse Referrals
- Parenting Classes
- Services for Seniors
- Prescription Assistance
- Emergency Shelter
- Medicaid Eligibility
- Adoption
- Housing
- Resources for the Disabled
- Volunteer Opportunities
Head Start Bus Monitor Training

The bus monitor assists the driver to ensure all Head Start children are safe on the bus. Bus monitors are required to complete a training session prior to performing as a Bus Monitor. The trainings are provided at each Center (please contact the Center to arrange your training time). Bus Monitors are an essential part of Head Start transportation. Thank you for helping!

The bus monitors duties are as follows:

- Know and follow all posted bus rules.
- Wear seatbelt at all times when bus is on route.
- Assist driver in loading and unloading of Head Start children.
- Ensure that all children are properly seat belted in age and weight appropriate seats.
- Notify driver immediately if Head Start children are not following bus rules.
- Assist in the event of an emergency and carry out other responsibilities as requested by the driver.
- Assist driver in conducting evacuation drills.
- In the event that the driver is injured or disabled:
  - Assume authority and call for assistance.
  - Turn off ignition switch and assist passengers in remaining calm.
  - If necessary, evacuate passengers.
- Know and follow procedures in the use of the radio in cases of emergency.
- Assist the driver in maintaining any seating arrangements.
- Assist drivers by recording license numbers of vehicles that violate loading lights
- Provide information to drivers which would help the driver carry out his/her responsibility in maintaining order and safety for Head Start children on the bus.
WHAT EVERY PARENT SHOULD KNOW ABOUT LEAD POISONING

Children should be screened at 12 months and again at 24 months of age. Head Start children between the ages of 3-5 should be tested within 90 days of entry into the program, if they have not been previously tested.

What is lead poisoning?
Lead poisoning is a disease caused by swallowing or breathing in lead particles.

How does lead get into my child’s body?
Younger children are at a greater risk because:
- Small children put everything in their mouths.
- Their bodies absorb lead more easily than adult bodies do.

How does lead affect my child’s health?
Lead poisoning can impact children in many ways and may cause such things as lower IQ, brain damage, growth and development impairment, and even death.

Why is it important to have my child tested?
- Millions of American children are affected by lead poisoning every year.

- You can prevent your child from suffering damage from lead poisoning with a blood test from your physician.

How can I get my child tested for lead?
The only way to know if a child has elevated lead levels is by a blood test.

What are some possible sources of lead in my environment?
- Paint used in homes built before 1978
- Dust, paint, or soil around your home
- Drinking water or food
- Automobile exhaust
- Industrial pollution
- Antique pewter and candles
- Drapery or window weights
- Battery casings
- Folk medicines or folk cosmetics
- Some porcelain and pottery (especially imported)
- Dust or fumes from hobbies that use lead, such as stained glass, target practice, or fishing sinkers

Lead poisoning can hurt your child. It can be prevented with regular screenings, a safe home and safe play area.

How can I learn more about protecting my child from lead poisoning?
Ask your healthcare provider for more information.

Call the Idaho CareLine at:(800) 926-2588 – TTD (208)332-7205 or visit www.idahochild.org (scroll down and click on the “Get the Lead Out” icon)
“Why Your Child Needs You to Be an Active Father”

Fathers play a critical role in the development of their children. The latest research indicates that fathers who are actively involved in raising their children make a positive and lasting difference in their lives. Fifteen reasons why your child needs you to be an active father are listed below:

1. Provides your child with a positive male role model. Children tend to model behavior they observe, both positive and negative.
2. Provides your child with emotional support. Active fathers listen and support their children when they experience joy, sadness, anger, fear, and frustration.
3. Enhances your child’s 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.
4. Enhances your child’s 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.
5. Gives your child someone to play with. One of the primary ways that fathers 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 a number of benefits to children, including enhanced cognitive ability.
6. Provides child with an alternative perspective on life
7. Lowers your child’s chances for early sexual activity.
8. Lowers your child’s chances for school failure
9. Lowers your child’s chances for youth suicide.
10. Lowers your child’s chances for juvenile delinquency. The benefits of having an active father throughout a child’s early years extend into the teen years as well.
11. Lets your child know you love them. Fathers who love their children demonstrate that love by spending quality and quantity time together.
12. Lowers your child’s chances for adult criminality.
13. Provides your child with a sense of physical and emotional security. By being actively involved in a child’s life, a father promotes a trusting relationship.
14. 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.
15. 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!
Special Needs

A child with special needs is one who, because of physical, emotional or health reasons, requires some special services. Because every child is unique, and has unique needs, Head Start/Early Head Start believes in an individual approach to serving children and their families.

If your child has a disability, you, the parent, will be part of a team that may include the Disabilities Coordinator, your Family Educator, the Infant/Toddler Program and/or appropriate therapists. This team will develop an Individualized Family Service Plan (IFSP) promoting the growth and development of your child throughout the year and will facilitate the transition into the next educational setting for the following year. Parents of typically developing children will also be working with their child toward goals they set with their Family Educator.

Our diverse program provides a perfect opportunity for children and parents to appreciate individual strengths, knowledge and to learn from one another. CSI HS/EHS hopes children and their parents will develop relationships that continue after Early Head Start.
College of Southern Idaho Head Start/Early Head Start
Transitions Guiding Principles

Transition means moving from one place, stage or relationship to another. Transitions happen often during every person’s lifetime. For example, having a baby or sending your child to Head Start are transitions.

At EHS and HS, Transition Planning is how the family and the individuals who work with them prepare for a change that will happen soon. Together they write and carry out a written plan to make sure that the child’s move from one program to service to another is successful. The plan is based on what is important to the family and on the goals for the child. It lists the resources and steps necessary to achieve those goals.

What we know about transitions
- Transitions are certain to happen
- Transitions take place over time
- Transitions occur throughout life
- Transitions are likely to be stressful
- Transitions may be made easier with planning
- Transitions can be a time of growth.

Getting Ready
- Identify the changes that will occur
- Organize your thoughts and information about: Goals, Resources, Responsibilities, Family Needs, Feelings and Concerns
- Prepare for the change: MAKE A PLAN
  - What needs to be done?
  - Who is responsible to do what?
  - When will it be done?
- Keep communications open

What we believe about Transition Planning
- Concerns and priorities of parents drive transition planning and implementation.
- Families receive continuous and uninterrupted service throughout the transition process.

- Confidentiality of families is assured throughout the transition process. Family gives written permission for any sharing of information about the family
- Families, staff and service providers share information about community resources, options, and the transition process. They work together to develop the family’s transition plan.
- CSI Head Start/Early Head Start staff and other service providers listen to the concerns and needs expressed by families.
- Families, if they choose, are connected with other families who have been through the transition process.
- Staff who are involved in transition planning often feel a variety of emotions. Staff – to staff support or MHP is available to ease stress during the transition process.
TRANSITIONS

Sometimes the idea of moving from the comfortable Head Start environment to the “unknown” public school environment can be scary. Your child may have lots of questions. What is school like? What school will I go to? You may have questions. What do I need to take with me to enroll my child in school? Who do I talk to at school? Public schools have a much larger teacher to parent ratio and too many people think that parent involvement is limited to joining the Parent Teacher Association (PTA) and helping with homework.

We at Head Start want to make the change from Head Start to public school as uncomplicated as possible. We will be offering a “Buddy System” Head Start parents are now active parents in public school and will help “new” public school parents learn the ropes. Let your Family Educator know if you want to participate in the Buddy System.

Public school personnel will be visiting a parent meeting to discuss what they have to offer. It will also be an opportunity for you to ask questions and get answers. You will have the opportunity to visit a PTA meeting with your parent group or Family Educator. Public school personnel and Head Start staff all work together to make your family’s transition as easy as possible.

Register at: ___________________________________________

Date/Time: ___________________________________________

Person to Contact: _____________________________________

Things to Bring: _______________________________________

College of Southern Idaho Head Start/Early Head Start, does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment. For further information about this policy, contact: Monty Arrossa – (208) 732-6269. TDD – (208) 734-9929.
What Your Child Should Know for Kindergarten
(From the State Department of Education)

**Fall**

*Write your name*

What does this tell us about reading? It indicated that a student is familiar with some letters and how the letters work together to create words. Letters and words are important building blocks for reading. This is a reading readiness skill.

*Detect rhyme*

Sample question: Let’s play a short word game. In this game, I want you to tell me if two words rhyme. Words that rhyme sound like each other at the end. Listen carefully to these words: hat, cat. Do these words rhyme? Rhyming shows an awareness of sounds within words. This is an example of phonological awareness and is another reading readiness skill.

*Detect syllables*

Sample question: Let’s play another word game. Listen carefully to the word I say and clap or tap each beat, or syllable, that you hear. Let’s practice together. How many beats, or syllables, do you hear in the word basket? (Two claps or taps.) How many beats, syllables, do you hear in sun? (One clap or tap.) Breaking words into syllables is important for word recognition. Being able to tap or clap the number of syllables is a part of phonological awareness.

*Identify uppercase letters*

Sample question: I want you to name the letters of the alphabet shown below. (The letters will be out of order.) Try to name each letter as quickly as you can. Alphabet: An essential skill in reading is for the child to learn the names of letters and the sound(s) they represent. This is another reading readiness skill.

**Winter**

*Identify lowercase letters*

Alphabet: An essential skill in reading is for the child to learn the names of letters and the sound(s) they represent. Most children learn uppercase letters first and then lowercase letters.

*Match the first sound*

Sample question: Words can have the same beginning sounds or different beginning sounds. Listen for words that begin the same. Ball and bag begin the same. Ball and dog do not begin the same. Listen to the first sound in soap. Which of these words begins with the same sound as soap? Seal, hat, moon. The ability to identify matching first sounds indicates that a child is beginning to understand the unique sounds associated with each letter(s). This demonstrates the beginning development of phoneme awareness.

*Generate rhyme*

Sample question: I will say rhyming words and then ask you tell me another word that rhymes with my word. Words that rhyme sound like each other at the end. Listen carefully: hat, cat. Can you tell me another word that rhymes with hat, cat? The ability to create and say a rhyme demonstrates the development of phonological awareness. This awareness of letters and the sounds they produce will help the child read word families, such as top, shop, chop, quickly and easily.

**Spring**

*Say letters*

Students will be asked to identify out-of-order upper and lowercase letters within a minute. Students must now quickly identify letters. This is an early fluency skill.

*Produce rhyme*

Sample question: Let’s play a short word game. We are going to make some words that rhyme. Words that rhyme sound like each other at the end. I will give you a word and you say a word that rhymes with it. Snake. What rhymes with snake?

*Say the first sound*

Sample question: I am going to say a word and show you a picture of the word. Listen carefully and tell me the first sound that you hear in the word. What is the first sound in fish? What is the first sound in zipper? The ability to isolate and say the first sound in a word demonstrates the development of phoneme awareness. When children read, they notice the first letter of a word and use it to begin sounding out the word. Being able to take apart and put back together sounds in words is important for accuracy in both reading and spelling.

*Identify a letter, a word, and a sentence & Identify words in a sentence*

Students will be asked to identify which boxes contain a letter, a word, and a sentence. They also will be asked to count the number of words in a sentence. Reading depends on knowing that letters grouped together form words. Words grouped together form sentences. These concepts of print are reading readiness skills.

*Read word list*

Sample question: Please read this word out loud to me: Mom. As students learn to read, they will begin to recognize common words by sight. Sight word knowledge impacts the ability to read quickly.
Child’s Name                     Child’s Age          Today’s Date

How your child plays, learns, speaks, and acts offers important clues about your child’s development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 3rd birthday. Take this with you and talk with your child’s doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

☑ Copies adults and friends
☑ Shows affection for friends without prompting
☑ Takes turns in games
☑ Shows concern for a crying friend
☑ Understands the idea of “mine” and “his” or “hers”
☑ Shows a wide range of emotions
☑ Separates easily from mom and dad
☑ May get upset with major changes in routine
☑ Dresses and undresses self

Language/Communication

☑ Follows instructions with 2 or 3 steps
☑ Can name most familiar things
☑ Understands words like “in,” “on,” and “under”
☑ Says first name, age, and sex
☑ Names a friend
☑ Says words like “I,” “me,” “we,” and “you” and some plurals (cars, dogs, cats)
☑ Talks well enough for strangers to understand most of the time
☑ Carries on a conversation using 2 to 3 sentences

Cognitive (learning, thinking, problem-solving)

☑ Can work toys with buttons, levers, and moving parts
☑ Plays make-believe with dolls, animals, and people
☑ Does puzzles with 3 or 4 pieces
☑ Understands what “two” means
☑ Copies a circle with pencil or crayon
☑ Turns book pages one at a time
☑ Builds towers of more than 6 blocks
☑ Screws and unscrews jar lids or turns door handle

Movement/Physical Development

☑ Climbs well
☑ Runs easily
☑ Pedals a tricycle (3-wheel bike)
☑ Walks up and down stairs, one foot on each step

Tell your child’s doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

Act Early by Talking to Your Child’s Doctor if Your Child:

☑ Falls down a lot or has trouble with stairs
☑ Drools or has very unclear speech
☑ Can’t work simple toys (such as peg boards, simple puzzles, turning handle)
☑ Doesn’t speak in sentences
☑ Doesn’t understand simple instructions
☑ Doesn’t play pretend or make-believe
☑ Doesn’t want to play with other children or with toys
☑ Doesn’t make eye contact
☑ Loses skills he once had

Tell your child’s doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.


www.cdc.gov/actearly       1-800-CDC-INFO

Learn the Signs. Act Early.
¿Qué Hacen los Niños a Esta Edad?

En las áreas social y emocional
- Copia a los adultos y los amigos
- Demuestra afecto por sus amigos espontáneamente
- Espera su turno en los juegos
- Demuestra su preocupación por un amigo que está llorando
- Entiende la idea de lo que “es mío”, “de él” o “de ella”
- Expresa una gran variedad de emociones
- Se separa de su mamá y su papá con facilidad
- Se molesta con los cambios de rutina grandes
- Se viste y desviste

En las áreas del habla y la comunicación
- Sigue instrucciones de 2 o 3 pasos
- Sabe el nombre de la mayoría de las cosas conocidas
- Entiende palabras como “adentro”, “arriba” o “de abajo”
- Puede decir su nombre, edad y sexo
- Sabe el nombre de un amigo
- Dice palabras como “yo”, “mi”, “nosotros”, “tú” y algunos plurales (autos, perros, gatos)
- Habla bien de manera que los desconocidos pueden entender la mayor parte de lo que dice
- Puede conversar usando 2 o 3 oraciones

En el área cognitiva (aprendizaje, razonamiento, resolución de problemas)
- Puede operar juguetes con botones, palancas y piezas móviles
- Juega imaginativamente con muñecas, animales y personas
- Arma rompecabezas de 3 y 4 piezas
- Entiende lo que significa “dos”
- Copia un círculo con lápiz o crayón
- Pasa las hojas de los libros una a la vez
- Arma torres de más de 6 bloques
- Enrosca y desenrosca las tapas de jarras o abre la manija de la puerta

Reaccione pronto y hable con el doctor de su hijo si el niño:
- Se cae mucho o tiene problemas para subir y bajar escaleras
- Se babea o no se le entiende cuando habla
- No puede operar juguetes sencillos (tableros de piezas para encajar, rompecabezas sencillos, girar una manija)
- No usa oraciones para hablar
- No entiende instrucciones sencillas
- No imita ni usa la imaginación en sus juegos
- No quiere jugar con otros niños ni con juguetes
- No mira a las personas a los ojos
- Pierde habilidades que había adquirido

Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad, y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo la escuela pública más cercana. Para obtener más información, consulte www.cdc.gov/preocupado o llame 1-800-CDC-INFO.

La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo cuando cumple 3 años de edad. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

www.cdc.gov/pronto | 1-800-CDC-INFO
Your Child at 4 Years

Child’s Name       Child’s Age       Today’s Date

How your child plays, learns, speaks, and acts offers important clues about your child’s development. Developmental milestones are things most children can do by a certain age. Check the milestones your child has reached by his or her 4th birthday. Take this with you and talk with your child’s doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional
- Enjoys doing new things
- Plays “Mom” and “Dad”
- Is more and more creative with make-believe play
- Would rather play with other children than by himself
- Cooperates with other children
- Often can’t tell what’s real and what’s make-believe
- Talks about what she likes and what she is interested in

Language/Communication
- Knows some basic rules of grammar, such as correctly using “he” and “she”
- Sings a song or says a poem from memory such as the “Itsy Bitsy Spider” or the “Wheels on the Bus”
- Tells stories
- Can say first and last name

Cognitive (learning, thinking, problem-solving)
- Names some colors and some numbers
- Understands the idea of counting
- Starts to understand time
- Remembers parts of a story
- Understands the idea of “same” and “different”
- Draws a person with 2 to 4 body parts
- Uses scissors
- Starts to copy some capital letters
- Plays board or card games
- Tells you what he thinks is going to happen next in a book

Movement/Physical Development
- Hops and stands on one foot up to 2 seconds
- Catches a bounced ball most of the time
- Pours, cuts with supervision, and mashes own food

Act Early by Talking to Your Child’s Doctor if Your Child:
- Can’t jump in place
- Has trouble scribbling
- Shows no interest in interactive games or make-believe
- Ignores other children or doesn’t respond to people outside the family
- Resists dressing, sleeping, and using the toilet
- Can’t retell a favorite story
- Doesn’t follow 3-part commands
- Doesn’t understand “same” and “different”
- Doesn’t use “me” and “you” correctly
- Speaks unclearly
- Loses skills he once had

Tell your child’s doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.


Learn the Signs. Act Early.

www.cdc.gov/actearly | 1-800-CDC-INFO
Su Hijo de 4 Años

<table>
<thead>
<tr>
<th>Nombre del niño</th>
<th>Edad del niño</th>
<th>Fecha de hoy</th>
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La manera en que su hijo juega, aprende, habla y actúa nos ofrece pistas importantes sobre cómo se está desarrollando. Los indicadores del desarrollo son las cosas que la mayoría de los niños pueden hacer a una edad determinada.

Marque los indicadores del desarrollo que puede ver en su hijo cuando cumple 4 años de edad. En cada visita médica de su hijo, lleve esta información y hable con el pediatra sobre los indicadores que su hijo alcanzó y cuáles son los que debería alcanzar a continuación.

¿Qué Hacen los Niños a Esta Edad?

En las áreas social y emocional
- Disfruta haciendo cosas nuevas
- Juega a “papá y mamá”
- Cada vez se muestra más creativo en los juegos de imaginación
- Le gusta más jugar con otros niños que solo
- Juega en cooperación con otros
- Generalmente no puede distinguir la fantasía de la realidad
- Describe lo que le gusta y lo que le interesa

En las áreas del habla y la comunicación
- Sabe algunas reglas básicas de gramática, como el uso correcto de “él” y “ella”
- Canta una canción o recita un poema de memoria como “La araña pequeña” o “Las ruedas de los autobuses”
- Relata cuentos
- Puede decir su nombre y apellido

En el área cognitiva (aprendizaje, razonamiento, resolución de problemas)
- Nombra algunos colores y números
- Entiende la idea de contar
- Comienza a entender el concepto de tiempo
- Recuerda partes de un cuento
- Entiende el concepto de “igual” y “diferente”
- Dibuja una persona con 2 o 4 partes del cuerpo
- Sabe usar tijeras
- Empieza a copiar algunas letras mayúsculas
- Juega juegos infantiles de mesa o de cartas
- Le dice lo que le parece que va a suceder en un libro a continuación

En las áreas motora y de desarrollo físico
- Brinca y se sostiene en un pie hasta por 2 segundos
- La mayoría de las veces agarra una pelota que rebota
- Se sirve los alimentos, los hace papilla y los corta (mientras usted lo vigila)

Reaccione pronto y hable con el doctor de su hijo si el niño:
- No puede saltar en el mismo sitio
- Tiene dificultades para hacer garabatos
- No muestra interés en los juegos interactivos o de imaginación
- Ignora a otros niños o no responde a las personas que no son de la familia
- Rehúsa vestirse, dormir y usar el baño
- No puede relatar su cuento favorito
- No sigue instrucciones de 3 partes
- No entiende lo que quieren decir “igual” y “diferente”
- No usa correctamente las palabras “yo” y “tú”
- Habla con poca claridad
- Pierde habilidades que había adquirido

Digale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad, y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo la escuela pública más cercana. Para obtener más información, consulte www.cdc.gov/pronto o llame 1-800-CDC-INFO.


www.cdc.gov/pronto  |  1-800-CDC-INFO

Aprenda los signos. Reaccione pronto.
How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 5th birthday. Take this with you and talk with your child’s doctor at every visit about the milestones your child has reached and what to expect next.

### What Most Children Do at this Age:

#### Social/Emotional
- Wants to please friends
- Wants to be like friends
- More likely to agree with rules
- Likes to sing, dance, and act
- Is aware of gender
- Can tell what’s real and what’s make-believe
- Shows more independence (for example, may visit a next-door neighbor by himself [adult supervision is still needed])
- Is sometimes demanding and sometimes very cooperative

#### Language/Communication
- Speaks very clearly
- Tells a simple story using full sentences
- Uses future tense; for example, “Grandma will be here.”
- Says name and address

#### Cognitive (learning, thinking, problem-solving)
- Counts 10 or more things
- Can draw a person with at least 6 body parts
- Can print some letters or numbers
- Copies a triangle and other geometric shapes
- Knows about things used every day, like money and food

#### Movement/Physical Development
- Stands on one foot for 10 seconds or longer
- Hops; may be able to skip
- Can do a somersault
- Uses a fork and spoon and sometimes a table knife
- Can use the toilet on her own
- Swings and climbs

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**Act Early by Talking to Your Child’s Doctor if Your Child:**

- Doesn’t show a wide range of emotions
- Shows extreme behavior (unusually fearful, aggressive, shy or sad)
- Unusually withdrawn and not active
- Is easily distracted, has trouble focusing on one activity for more than 5 minutes
- Doesn’t respond to people, or responds only superficially
- Can’t tell what’s real and what’s make-believe
- Doesn’t play a variety of games and activities
- Can’t give first and last name
- Doesn’t use plurals or past tense properly
- Doesn’t talk about daily activities or experiences
- Doesn’t draw pictures
- Can’t brush teeth, wash and dry hands, or get undressed without help
- Loses skills he once had

Tell your child’s doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to [www.cdc.gov/concerned](http://www.cdc.gov/concerned) or call 1-800-CDC-INFO.

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¿Qué Hacen los Niños a Esta Edad?

**En las áreas social y emocional**
- Quiere complacer a los amigos
- Quiere parecerse a los amigos
- Es posible que haga más caso a las reglas
- Le gusta cantar, bailar y actuar
- Está consciente de la diferencia de los sexos
- Puede distinguir la fantasía de la realidad
- Es más independiente (por ejemplo, puede ir solo a visitar a los vecinos de al lado) [para esto todavía necesita la supervisión de un adulto]
- A veces es muy exigente y a veces muy cooperador

**En las áreas del habla y la comunicación**
- Habla con mucha claridad
- Puede contar una historia sencilla usando oraciones completas
- Puede usar el tiempo futuro; por ejemplo, “la abuelita va a venir”
- Dice su nombre y dirección

**En el área cognitiva (aprendizaje, razonamiento, resolución de problemas)**
- Cuenta 10 o más cosas
- Puede dibujar una persona con al menos 6 partes del cuerpo
- Puede escribir algunas letras o números
- Puede copiar triángulos y otras figuras geométricas
- Conoce las cosas de uso diario como el dinero y la comida

**En las áreas motora y de desarrollo físico**
- Se para en un pie por 10 segundos o más
- Brinca y puede ser que dé saltos de lado
- Puede dar volteretas en el aire
- Usa tenedor y cuchara y, a veces, cuchillo
- Puede ir al baño solo
- Se columpia y trepa

Dígale al médico o a la enfermera de su hijo si nota cualquiera de estos signos de posible retraso del desarrollo para su edad, y converse con alguien de su comunidad que conozca los servicios para niños de su área, como por ejemplo la escuela pública más cercana. Para obtener más información, consulte [www.cdc.gov/pronto](http://www.cdc.gov/pronto) o llame 1-800-CDC-INFO.

General NAEYC Accreditation Information

What are the characteristics of high quality?
There are a number of characteristics associated with high quality programs. Based on the National Academy of Early Childhood Programs criteria, here are some things to consider as you visit programs:

1. Are the children in the program generally comfortable, relaxed and happy, and involved in play and other activities?
   Happy, relaxed children who are enjoying themselves as they play and learn are one of the best signs of a good program. See is there are an ample variety of materials for children of this age group. Would your child enjoy this setting?

2. Are there sufficient numbers of adults with specialized training in early childhood development and education?
The younger the child, the more individualized attention is needed. The Academy’s criteria recommend that all groups have at least two teachers. Infants should be groups of no more than 6 to 8 children; 2 to 3 year-olds should be in groups of 10 to 14 children; and 4 to 5 year-olds should be in groups of 16 to 20 children. Specialized training in child development and early education helps assure that staff understands how children grow and learn so they can be more effective teachers and caregivers.

3. Do adult expectations vary appropriately for children of differing ages and interests?
Groups for infants and toddlers will look quite different from groups for older children. Toys and materials should vary by age, as should teachers’ expectations for children. In addition, teachers and caregivers should recognize and respect individual differences in children’s abilities, interests, and preferences.

4. Are all areas of child’s development stressed equally, with time and attention being devoted to cognitive development, social and emotional development, and physical development.
High quality early childhood programs do much more than help children learn numbers, shapes, and colors. Good programs help children learn to learn: to question why and discover alternative answers: to get along with others: and to use their developing language, thinking, and motor skills.

5. Does the staff meet regularly to plan and evaluate the program?
Planning should reflect a balance of activities between vigorous outdoor play and quiet indoor play. Activities should allow ample time for children to work and play individually or in small groups, with the focus on activities that are child initiated as opposed to teacher directed. Flexibility, however, is also key. Staff should be willing to adjust the daily activities to meet children’s individual needs and interests.

6. Are parents welcome to observe, discuss policies, make Suggestions, and participate in the work of the program?
Close communication between parents and staff is vital. Staff should regularly discuss highlights of the child’s experiences with parents and show respect for families of varying cultures and backgrounds.

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D’Nealian Manuscript Alphabet
The Idaho Childcare Immunization Law requires that children be up-to-date on their immunizations (shots) to attend licensed childcare facilities. Whenever children are brought into group settings, there is a 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.

You will need to present your child’s immunization record to the childcare facility operator within 14 days of initial attendance. 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 doctor or local health department now for an appointment.

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.

### SUMMARY OF CHILDCARE IMMUNIZATION REQUIREMENTS

<table>
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<tr>
<th>Age-Delayed to Obtain Required Doses</th>
<th>Required Immunizations for Childcare Attendance (All doses must meet minimum ages and intervals (Number of doses of Hib and Rotavirus required depends on vaccine brand type.)</th>
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1. 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.
2. 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.
3. Hib: Generally not recommended for children aged 5 years or older.
4. Pneumococcal: Generally not recommended for children aged 5 years or older. Children aged 14 through 59 months who received a completed 4-dose or other age-appropriate series of PCV7, must also receive a supplemental dose of PCV13.
5. 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.

If your child’s record is missing some doses, please contact your doctor or clinic now to obtain the full immunization record or any doses needed. If your child recently received immunizations and needs an immunization later in the year, he/she can be allowed to attend, provided you complete the Conditional Attendance form and get the remaining doses when they become due.

If your child is not immunized due to medical, religious, or philosophical reasons, let the childcare facility operator know.

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- Twin Falls 9:00am-1:00pm, Taylor 247 |     |     |     |     |     |     |
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November 2013 Parent/Teacher Conferences Leadership Training
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<td>Memorial Day</td>
<td><strong>EHS Socialization #3</strong></td>
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June 2014

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2  EHS Socialization #4

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9  EHS Socialization #5

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19  Policy Council
    Taylor 277
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- **July 2014**
- **1st** Fourth of July
- **4th COR due EHS**
- EHS Socialization #1
- EHS Socialization #2
- EHS Socialization #3
- (Last for 2013-14 Program Year)
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U.S. Department of Health and Human Services Administration of Children, Youth and Families requires that all Head Start programs, including those programs serving infants, toddlers and pregnant women, provide smoke-free environment for children and adults who participate in their program.

College of Southern Idaho Head Start/Early Head Start Centers:

CENTRAL OFFICE
998 Washington St N.
P.O. Box 1238
Twin Falls, Idaho 83303
Phone: 208-736-0741
Fax: 208-734-3832
Toll Free: 1-877-736-0741

HANSEN
589 Main St. N.
Hansen, Idaho 83334
Phone: 208-423-9683
Fax: 208-423-9709

MINIDOKA
124 8TH Street
Rupert, Idaho 83350
Phone: 208-436-4553
Fax: 208-436-1471

POWER
1825 Fairway Drive
American Falls, Idaho 83211
Phone: 208-226-2806
Fax: 208-226-7785

HAGERMAN PRE-K
324 N. 2nd Avenue
P.O. Box 757
Hagerman, Idaho 83332
Phone: 208-837-4777
Fax: 208-837-4737

LITTLE WOOD
207 West A Street
Shoshone, Idaho 83352
Phone: 208-886-7784
Fax: 208-886-7728

NORTH SIDE
220 West 3rd
Jerome, Idaho 83338
Phone: 208-324-2385
Fax: 208-324-9333

TWIN FALLS
296 Falls Ave. West
Twin Falls, Idaho 83301
Phone: 208-734-5550
Fax: 208-734-5551

HAILEY
C/o Community Campus
Hailey, Idaho 83333
Phone: 208-788-0082
Fax: 208-788-9279

MINI-CASSIA
800 E. 16TH Street
Burley, Idaho 83318
Phone: 208-678-3669
Fax: 208-678-1580

ORCHARD VALLEY
250 2nd Avenue East
Wendell, Idaho 83355
Phone: 208-536-1547
Fax: 208-536-5578

WEST END
230 11th Ave. North
Buhl, Idaho 83316
Phone: 208-543-5618
Fax: 208-543-2390