# Table of Contents

- Acknowledgement  
- Agreement  
- Address and Telephone Number Changes  
- Admission Information  
- Admittance of Students into the Buildings  
- After School Infraction  
- Attendance and Absenteeism  
- Behavior Policy  
- Child Abuse and Neglect  
- Child Nutrition Information  
- Child to Staff Ratios  
- Code of Conduct  
- Curriculum  
- Daily Schedule of Activities  
- Disability Services for Children  
- Discipline and Guidance  
- Disclosure Statement - Protections for the Privacy of Child Records  
- Dress Code Information  
- Family and Teacher Conferences  
- Field Trips  
- Health Issues  
- Health Services  
- Individual Education Plan (IEP) or Individual Family Service Plan (IFSP)  
- Liability Insurance Coverage  
- Licensing Agent and Parent Agency  
- Mental Health Screenings and Assessments  
- Mississippi State Health Department Licensing Requirements  
- Oral Health  
- Parent Committees  
- Parent Engagement  
- Parent Family Community Engagement  
- Policy Council  
- Safety Information  
- Transportation Services  
- Volunteer Guidelines
This family handbook has been prepared to provide information concerning the policies and procedures of Jackson County Civic Action Committee. Every effort has been made to create the best possible learning experience for all children to succeed in school, later learning and life. JCCAC’s expectations are that parents actively engage in building strong and sustaining relationships with their children that promote successful family outcomes.

JCCAC prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion or sexual orientation.
Memorandum

Congratulations, on your acceptance into Head Start! Working together we can ensure that your child is prepared for the future. School readiness is defined as children possessing the skills, knowledge, and attitudes necessary for success in school, for later learning, and life.

School readiness will not happen without your active participation in this process. Family engagement happens in the home, school and community, and is a shared responsibility with all those who support children’s learning.

We will engage both parents, extended family members, and the community at large to build relationships that support family well-being, strong parent-child relationships and ongoing learning and development for the entire family.

We look forward to meeting and working with you on goals for your family’s success.

Welcome to the Head Start family!

Vanessa Gibson

Vanessa Gibson, Director
Children and Youth Services
Jackson County Civic Action Committee, Inc.
Acknowledgement

This acknowledges that I, ________________________, have received my copy of Jackson County Civic Action Committee’s Family Handbook. I understand it is my responsibility to read and review the policies in it. Should I have questions on the content, I will speak with my Center Operations Specialist for clarification.

The information addressing Mississippi State Licensing Requirements and the After School Infraction Policy has been explained to me, as well as the penalties if requirements are not met.

I acknowledge that while JCCAC. has specific plans, policies and procedures for operations, they are not conditions for recruitment of children.

This Family Handbook is a guide and resource booklet subject to change without prior notification. With this understanding, I accept this Family Handbook.

Parent Name ________________________________

PRINT __________________________________ SIGNATURE __________________________ DATE ____________
Agreement

I am a parent/guardian willing to work with and assist Jackson County Civic Action Committee, Inc. in operating a quality program. I am also willing to assist in whatever way I can to have a cooperative and professional operation during this school year. Therefore, I, as a parent/guardian will:

1. Ensure my child attends school daily, however, I will not send my child to school when he or she is ill. Ensure that I explain the conduct requirements to my child and encourage my child to obey rules and regulations of the Head Start program.

   Initial______

2. Notify the Center Operations Specialist when my child is absent from school due to illness or for any reason. If my child is absent three (3) consecutive days, I understand that I will receive communication (written or verbal) from the Center Operations Specialist/Family Advocate expressing concern and further instructions.

   Jackson County Civic Action Committee, Inc. defines **chronic absenteeism as six (6) or more unexcused absences per semester. (1st semester August-December; 2nd semester January-May).** After six unexcused absences per semester, the child may be terminated from the program and placed on the waiting list. [www.attendanceworks.org](http://www.attendanceworks.org)

   Initial______

3. Sign my child in and out before taking him or her to and from the center and informing my authorized representatives to sign their names. Please record the accurate time when bringing and picking up your child from school.

   Initial______

4. Consent to have photographs taken of my child for newspaper displays, bulletin boards or other publications or promotional purposes. Please notify center staff if you do not want your child to be photographed.

   Agree___  Disagree___

5. Allow my child to accompany his class or center on all approved scheduled field trips. A permission form will be presented for each field trip approved. Field trips are a segment of the learning experiences for children and families. Parental engagement is encouraged.

   Agree___  Disagree___
6. Engage in at least two (2) Parent/Teacher Conferences and allow center teaching and component staff to conduct two (2) home visits during the school year to discuss my child’s learning experience. During home visits, teaching staff will discuss the developmental strengths and concerns of your child and the Family Advocate will provide additional support to the family. We welcome your input and questions.

Initial____

7. Abide by all policies and procedures of the Transportation Department concerning my child’s safety and welfare which is included in this Family Handbook.

Initial____

8. **WEAPONS or the use of any TOBACCO PRODUCTS** are prohibited on the premises.

Initial____

9. Due to various food allergies and nutrition guidelines, outside food including homemade goodies, cakes, chips, sodas, etc. are prohibited.

Initial____

10. Model positive behavior for my child and all children while in the centers/classrooms/ and when representing the program at special events.

Initial____

- I will wear appropriate clothing when bringing my children to the center, avoiding sleepwear/house slippers, head gear/dark sunglasses, revealing clothing, e.g., tops and shorts that are excessively revealing and will notify my representative(s) of this as well.

Initial____

- I will not litter and I will teach my children not to litter.

Initial____

- I will not use profanity in the presence of children, parents, and staff.

Initial____

11. Park in **designated parking zones** only and respect the bus zones and areas designated as “disabled” or “no-parking.” This is for the safety of children and individuals entering and exiting the building.

Initial____
12. Designate and ensure an authorized person to receive my child from school in a timely manner or I will be subject to child neglect procedures that are also specified in this Family Handbook.

Initial_____

13. Notify the center and/or Family Advocate staff of any changes regarding my family status, child’s records/files, such as changes in address/telephone number, newborns, etc. and acquire and maintain health coverage for family members. (Medicaid and the "Affordable Care Act" during 'open enrollment').

Initial_____

14. Notify the Center Operations Specialist well in advance of planned family vacations, etc., scheduled for three (3) or more days during the active school year that would cause my child to be absent from school. While the program promotes family learning experiences such as vacations, they should be planned in correlation with the school holiday schedule. Absenteeism does not support positive outcomes for children's school readiness. www.attendanceworks.org

Initial_____

15. Authorize Jackson County Civic Action Committee, Inc. to send my child’s records to the public school district to assist them in the transitioning and registration process.

Initial_____

16. I have read, discussed and received a copy of the Child Care Regulations Summary for parents and have also been notified how I may review the MS State Department of Health Childcare Regulations.

Initial_____

17. Please sign below indicating that you have read and understand this agreement. All of the above will be monitored and passed on to the public school system. Special permission will be requested from parents of children in the Special Services (Disabilities) Program.

Initial_____

18. Attend all parent conferences concerning my child during the school year. Ask questions for understanding as it involves my child's learning for years to come.

Initial_____
Address and Telephone Number Changes

It is the parent’s responsibility to report any change of address or contact information to the Center Operations Specialist, Teacher or Family Advocate immediately by signing the required forms. You must notify your assigned Family Advocate or request a change in Head Start authorized representatives, centers or transportation. Phone calls will not be accepted. Changes will be granted based on availability. Parents must complete required forms prior to the change.

Admission Information

Head Start is an early childhood educational development program that primarily serves three-to-five year old children from low-income families. Families must meet enrollment requirements and complete the enrollment process before being accepted into the program. As a part of that process, all applications must be signed by the parent or legal guardian of the child.

Early Head Start programs provide family-centered services for low-income families with very young children. These programs are designed to promote the development of the children, and to enable their parents to fulfill their roles as parents and to move toward self-sufficiency.

Early Head Start programs provide similar services as preschool Head Start programs, but they are tailored for the unique needs of infants and toddlers. Early Head Start programs promote the physical, cognitive, social, and emotional development of infants and toddlers through safe and developmentally enriching caregiving. This prepares these children for continued growth and development and eventual success in school and life.

Following the general Head Start model, Early Head Start programs support parents, both mothers and fathers, in their role as primary caregivers and teachers of their children. Programs assist families in meeting their own personal goals and achieving self-sufficiency across a wide variety of domains, such as housing stability, continued education, and financial security.

Early Head Start programs also mobilize the local community to provide the resources and environment necessary to ensure a comprehensive, integrated array of services and support for children and families.

Children will be accepted into the program based on eligibility criteria and space availability. If there is no space in the center closest to your home and within your school district, you will be placed on the priority waiting list. Head Start does not discriminate based upon race, creed, gender, religion, color, national origin, or disability. A child is not required to be potty-trained prior to entering the program. However, staff will work with the parent in achieving a successful "potty-training" experience.

Admittance of Students into the Buildings

Doors open at 7:30 a.m. at the public school locations. Children should arrive at all other sites at 7:45 a.m. and school begins at 8:00 a.m. All Children should be at school on time for child health and safety compliance. Staff must maintain accountability for attendance and completing hygiene in preparation for breakfast. Tardiness interrupts the learning experiences of the children within the classroom and the transitioning process of the classroom. The program reserves the right to not accept your child based on tardiness. Parents who are tardy repeatedly will need to discuss challenges with
Family Advocates or Center Specialists. We are here to help identify solutions. Please communicate with program staff so that we can work together for the best outcome for all concerned.

If your child has a medical appointment that day, please bring a medical excuse and the child will be accepted into the center. Some entrance doors are on a timer that will automatically lock at 8:15 a.m.

Centers located at public schools have different operational hours from other Head Start centers. Parents will be informed during Parent Orientation of those hours. Although staff may be present within the center prior to the scheduled time, they are preparing for the school day and the safety of children arriving before the designated time is a concern.

Children must be accompanied by an adult to their classroom. They must be accurately signed in and out daily, with no exceptions. Never drop your child off at the door. For safety precautions, parents or representatives (male and female) would remove all head wraps, scarves, caps, hats and dark sunglasses prior to entering the school building.

Head Start has implemented a strict dress standard for all adults accompanying children into the center. Adults should not come dressed in pajamas or clothing that is too revealing. Parents or authorized representatives bringing children to and from school should refrain from loud music, using cell phones and smoking on the premises of the centers. Head Start staff reserve the right to deny acceptance of your child if the adult comes into the facility inappropriately dressed; this may cause your child to miss planned daily classroom activities until the dress standard is properly addressed.

**After School Infraction**

1. If there is no authorized person to pick-up an infant/toddler or child from the center or accept a child when delivered to the bus stop, the child will remain or be returned to the center. A second attempt to deliver the child home will be considered if it is on the return route to the center. The Bus Driver/Monitors will notify the designated Family Advocate staff that the child has been returned. A transportation referral will be completed by the Monitor and signed by the Bus Driver.

2. The designated Family Advocate or teaching staff will attempt to contact an authorized adult to pick up the child from the center. Please ensure telephone numbers are accurate.

3. A staff member will remain until the child is placed in the custody of the authorized person. Exception to this rule: when a child has been turned over to the Police Department or the Social Worker designated by the MS Department of Child Protective Services (CPS).

4. The Parent/Guardian or authorized person must give a written statement as to the cause of the infraction. The statement must be signed and a copy will be placed in the child’s folder.

5. The Center Operations Specialist or the ERSEA Manager are notified of the infraction.

6. *After one (1) infraction, a meeting is held with the parent/guardian to reinforce the importance of complying with the rules and regulations of JCCAC and informing them of the number of infractions allowed (three) and the seriousness of the offense. This will be documented in the Family Advocate’s file and ChildPlus.*
7. *After a second (2) infraction, a follow-up letter will be sent to the parent/guardian and/or a home or office visit will be conducted to discuss and explain to parents the infraction rules. Input is requested to avoid additional infractions.

8. *If a third (3) infraction occurs, transportation services will be suspended, (if applicable, unless extenuating circumstances exist). The Head Start Program may also notify the local Police Department and submit a referral to the MS Department of Child Protective Services (CPS) for suspected child neglect or lack of supervision.

*Items 6 – 8 will also apply for infants/toddlers and children who are picked up late from the center.

**Attendance and Absenteeism**

It is important that your child attend school daily. Statistics reveal that children missing just one or two days every few weeks can still fall behind in school. Also, being late to school may lead to poor attendance. We analyze the reasons for absenteeism within the program and how we may assist families. The average daily attendance rate in a center-based program must always be above 85%. If the absences are a result of illness or well-documented for other reasons, no special action is required. However, absences from other factors, including temporary family problems that affect a child’s regular attendance, may receive special support services for all children with three (3) or more consecutive unexcused absences. Please be open and cooperative in telling us about your family situation as we may be able to assist the family with their circumstances.

JCCAC defines chronic absenteeism as six (6) or more unexcused absences per semester. (August – December and January – May). After six unexcused absences per semester, the child may be dropped from the program and returned to the “priority waiting list.” However, the program reserves the right to terminate a child if there is no cooperation from the parent or guardian.

In the event of long-term illness, surgery, recuperation and/or extended home stay, a parent must submit a physician’s statement describing the ailment and the length of the recuperation period to the Family Advocate/Center Operations Specialist. Physician statements should be presented the first day upon the child’s return to the center.

Early Head Start parents are expected to have their infants and toddlers at school promptly as well. As we are preparing infants and toddlers in their early developmental stages, their school attendance is equally important. Parents should discuss with the Center Operations Specialist and the teacher about any absences in advance and call the center when their child will be absent.

Please refer to website: [www.attendanceworks.org](http://www.attendanceworks.org)

**Behavior Policy**

Parents are encouraged to discuss with program staff situations that may affect a child's social emotional development. If a child presents a concern that could cause an emotional disruption, it is the policy of Head Start that parents are notified immediately of their child’s behavior in the classroom, particularly, when it becomes potentially harmful to themselves or others. We are dedicated to providing a safe and nurturing environment where children can learn, grow and develop. If a child’s behavior continually interferes with the learning process, the teacher, parent, LEA, and Mental Health/Disabilities Specialist
will work together to develop a plan of intervention strategies and goals. If intervention strategies fail, an alternate placement may be recommended. Parents are expected to be cooperative in these efforts.

The Conscious Discipline Brain State Model becomes a framework for us to understand the internal brain-body states that are most likely to produce certain behaviors in children and in ourselves. With this awareness, we learn to consciously manage our own thoughts and emotions so we can help children learn to do the same. The goal of this model is not to turn into neuroscientists, but to provide a simplified brain model as a means for increasing our self-awareness so we can respond consciously to the needs of the moment. https://consciousdiscipline.com/

Three Essential Ingredients for School Success

- **Willingness to Learn** - Without willingness, each interaction becomes a power struggle instead of a learning opportunity. The School Family brings all children and adults, especially the most difficult, to a place of willingness through a sense of belonging.

- **Impulse Control** - Connection with others is the construct that literally wires the brain for impulse control. Disconnected children are disruptive and prone to aggressive, shutting down, or bullying behaviors. The School Family uses connection to encourage impulse control while teaching self-regulation skills in context.

- **Attention** - Our attentional system is sensitive to stress and becomes engaged with positive emotions. The School Family reduces stress while creating an atmosphere of caring, encouragement and meaningful contributions.

**Child Abuse and Neglect**

Head Start considers child abuse and neglect very serious matters. We will conduct consistent and regular training regarding child abuse and neglect issues during staff development and parent meetings. We are required by state law to report any suspicion of child abuse or neglect. We have a licensed social worker on staff who may be called in to assess the situation. Staff members are not permitted to discuss their suspicions with family members or to disclose that a report was made. Strict confidentiality is maintained concerning these reports. Staff members who fail to report suspected abuse or neglect are subject to disciplinary action, including termination, and may also be subject to criminal prosecution.

Primary types of abuse include physical, sexual, psychological, and emotional abuse, dental, medical, educational, and physical neglect. Physical abuse includes any type of physical mark, not limited to, burns, bruises, fractures, sprains, belt whelps, cord marks and other types of lacerations or marks on a child. Child neglect is considered, but is not limited to, lack of food, supervision, adequate shelter, appropriate clothing for the weather, and also lack of medical or dental care and attention. **Any suspected child abuse or neglect must immediately be reported to the Mississippi Department of Child Protective Services (CPS), Child Abuse Hotline at 1-800-222-8000.**

Parents are also required to report suspected child abuse and neglect to the Child Abuse Hotline phone number independently. Anyone who knowingly submits false statements regarding staff, endangering parents, staff and children may result in your child being terminated from the program.
JCCAC, Inc. reserves the right to terminate your child from the program for just cause. If you have any questions or concerns about this policy, please contact the Program Director.

**Child Nutrition Information**

The Head Start Program provides infants/toddlers and children with breakfast, lunch and afternoon snack on a daily basis. If your child has any dietary restrictions due to religious practice or food allergies or changes in their infant formulas, please inform the classroom teacher and the Health Services staff and present a statement from your religious leader or a physician’s statement listing the “allergic food items” and food substitutions. **No outside food is allowed to be consumed by children enrolled in the program.** However, on special occasions such as birthdays and holidays, parents may bring snacks to share with the class. These food items will go home with the children to be consumed with parental permission.

Head Start follows the standards of nutrition set by the United States Department of Agriculture (USDA), Child and Adult Care Food Program (CACFP). Meals and snacks provided through our program are low in sugar, fat and salt and are well-balanced to encourage children to try foods from all major food groups and are consistent with the challenge of fighting childhood obesity. Head Start centers provide meals in the classroom setting and dining is “Family Style,” where the food is served in small group format and conversation is encouraged. This is similar to the way that families may dine at home. Head Start classes within the public school districts may dine in the school cafeteria setting and will be provided meals from the public schools’ menus. The Early Head Start program provides iron-fortified formula and cereal to infants in accordance with the USDA Infant Meal Pattern.

Parents are asked to contribute to the Head Start menus and engage in Nutrition Trainings and receiving nutritional counseling from qualified staff. Parents are encouraged to submit “Banner Day Menus” which feature parent meal selections at all sites along with nutrition facts.

**Child to Staff Ratios**

The number of adults required to be present in the class room is established by the Mississippi State Department of Health Child Care Regulations and the Office of Head Start’s Head Start Program Performance Standards. Our program meets the most stringent ratio requirement set by Head Start. The requirements are as follows:

- Children ages three to five years of age have a 10:1 student to staff ratio.
- Infants and Toddlers up to age 36 months have a 4:1 student to staff ratio

Each classroom has a minimum of 2 teaching staff. We also utilize volunteers and student-teachers in our program from time to time. These individuals are not counted as part of our child to staff ratio. A volunteer cannot perform the duties of a paid staff within the classroom/center.

**Code of Conduct**

It is the role of every person to treat staff members, children and family members with dignity and respect. We also expect that all adults within our program settings conduct themselves by displaying the following qualities:
• Courtesy and Respect

• Dress appropriately

• Patience

• Treat people the way that you would want to be treated

• Be role models for how we want our children to treat others

• Acknowledge and Celebrate the cultures, values and practices of other individuals and families that may possibly be different from your own

**Under no circumstances will the following behaviors be allowed:**

• Physical or verbal abuse of children, staff members and other family members

• Use of threats, profane/vulgar language, quarreling/yelling and raising voices with children, staff members and other family members

• Violating safety practices and program policies and procedures

• Bringing tobacco products, drugs, alcohol or weapons to centers or events

• No usage of cell phones within the centers and classrooms

If any of the above behaviors occur, the parents involved will be asked by a staff member, privately if possible, to stop the inappropriate behavior. If it continues, staff members will call the proper legal authorities immediately. Jackson County Civic Action Committee, Inc. reserves the right to terminate service to any family who violates this Code of Conduct.

**Confidential Information**

The individual dignity of infants/toddlers, children, families and staff members will be respected and protected at all times in accordance with state and federal law. Information about children, families and staff members will not be divulged to anyone other than the persons who are authorized to receive such information. This policy extends to both internal and external disclosure.

Staff members are not permitted to give information about another child or family in the program. This includes situations that appear evident, such as discussing why a child uses a wheelchair. This also includes situations in which your child may have been involved, such as a biting incident. Please do not put staff in the position where they may violate policy or be subject to disciplinary action by asking for any information about another child. Staff members are also prohibited from discussing confidential information about other staff members. If you have any questions or concerns about a staff member, you are encouraged to speak with the Center Operations Specialist.
Jackson County Civic Action Committee, Inc. will release information about your child only with your written consent, unless it is one of the exceptions listed in the Disclosure Statement. If you want records provided to another facility or school, you must sign a Release of Information Form before we will release the information. These forms are available at your center. This policy is adhered to very strictly with no exceptions made.

We ask you to give each center an opportunity to address concerns before seeking outside assistance. We are always concerned about the families we serve and encourage you to express your concerns through the proper channels.

Curriculum

The Creative Curriculum® for Preschool is a comprehensive, research-based curriculum that features exploration and discovery as a way of learning, enabling children to develop confidence, creativity, and lifelong critical thinking skills. The 38 research-based objectives are the heart of the curriculum and define the path teachers take with children in their classroom. They inform every aspect of teaching, include predictors of school success, and are aligned with state early learning guidelines and the Head Start Early Learning Outcomes Framework.

The Creative Curriculum® for Infants, Toddlers & Twos is a comprehensive, research-based curriculum designed to help educators at all levels of experience plan and offer excellent care and education for infants, toddlers, and twos. Developmental Areas. The objectives are organized into nine areas of development and learning. Four of these areas focus on child development: social–emotional, cognitive, physical, and language. It is these areas and their related objectives in which teachers and caregivers are likely to see the most growth and progress with the children in their care.

Teaching Strategies GOLD® is a seamless system for assessing children from birth through kindergarten. Extensive field tests have shown it to be both valid and reliable. Grounded in the 38 research-based objectives for development and learning, GOLD® supports effective teaching and assessment, while providing more time to spend with the children in the program. It automatically links teaching and assessment, making it easier to connect the dots across the most important aspects of high-quality early childhood education.

Hatch Computers with iStartSmart Elite brings you the best in research-based software, and is the most advanced solution for early childhood classrooms. The technology is designed to help increase teacher/child engagement, enhance individualized learning and improve kindergarten readiness. In a research study, children that used iStartSmart statistically scored significantly higher than children in the control group on standard and percentile scores. Additionally, improvement on literacy scores and math scores were significantly correlated to time spent using iStartSmart.

Frog Street Pre-K (FSPK) is a high quality, research-based curriculum organized into ten skills domains that support integration of curriculum and builds connections between and among all disciplines. Highlights include innovations to produce measurable gains in student achievement:

- Another innovation is the inclusion of Conscious Discipline® strategies to support social and emotional intelligence and, in turn, cognitive performance. FSPK is the sole curriculum integrating this proven program into the daily instruction.
Differentiated learning strategies and materials for a full range of learners include grouping strategies and scaffolding. Adaptations for Young Learners Teacher Guide, exclusive to FSPK, is an additional teacher guide targeting literacy, math, and integrated learning centers for learners not ready for the four year old program.

Instruction in FSPK supports multicultural relevancy with materials and resources for languages other than Spanish. Dr. Alma Flor Ada, senior author, includes the importance of developing the home language, acquiring literacy naturally and focuses on cultural sensitivity throughout the curriculum.

Equality of materials and instruction in English and Spanish is a distinctive feature of FSPK including language sensitive adaptations and cultural sensitivity. Sensitivity to letter knowledge and, particularly, phonological awareness is evident in the sequence of instruction.

English Language Learner instruction in FSPK incorporates research in second language acquisition with classroom strategies for the Natural Approach, Total Physical Approach and Cooperative Learning. Materials and resources include pronunciation keys for five languages, full color photographs and strategies at point of use for whole group, small group and learning center activities.

FSPK features distinct home/school/community connections linked to thematic units and the scope and sequence. Dr. Patricia Edwards, author and past IRA President, contributed research-based best practices on family involvement in the curriculum. Family Connections resources are available for print or online.

Innovative approaches in FSPK incorporate current research based instruction for literacy included in the National Early Literacy Panel and Beyond, 2013. In addition, the instructional models in FSPK target strategies to ensure long term memory, alertness, and information processing based on brain science research. FSPK also incorporates STEM education, an approach to teaching and learning that integrates the content and skills of science, technology, engineering, and mathematics.

FSPK provides innovative technology for students with Frog Street Pre-K Interactive Software which contains over 100 Spanish and English activities in phonological awareness, alphabet knowledge, written expression, listening comprehension, vocabulary development and math skills and concepts. Software activities align with weekly instruction for sustained practice of skills. Learning extends to the home with eBooks of all the literature titles in FSPK.

Innovative technology for teachers offers online resources which include interactive lesson planning, teacher guides and eBooks. The FSPK Digital Online Library guides instruction and is easily accessible from computers, tablets, and smartphones.

Frog Street Press, Inc. is focused on high quality instruction and materials in the field of early childhood. Frog Street Pre-K was developed by early childhood experts in every domain of development to create an intentional and integrated curriculum.
Principles of Head Start are designed to nurture healthy attachments between parent and child (and child and caregiver), emphasize a strengths-based, relationship-centered approach to services, and encompass the full range of a family's needs from pregnancy through a child's later years of life. They include:

- An Emphasis on High Quality which recognizes the critical opportunity of EHS programs to positively impact children and families in the early years and beyond.

- Prevention and Promotion Activities that both promote healthy development and recognize and address atypical development at the earliest stage possible.

- Positive Relationships and Continuity of Care which honor the critical importance of early attachments on healthy development in early childhood and beyond. The parents are viewed as a child's first, and most important, relationship.

- Parent Engagement activities that offer parents a meaningful and strategic role in the program's vision, services, and governance.

- Inclusion strategies that respect the unique developmental trajectories of young children in the context of a typical setting, including children with disabilities.

- Cultural competence which acknowledges the profound role that culture plays in early development. Programs also recognize the influence of cultural values and beliefs on both staff and families' approaches to child development. Programs work within the context of home languages for all children and families.

- Comprehensiveness, Flexibility and Responsiveness of services which allow children and families to move across various program options over time, as their life situation demands.

- Transition planning respects families' need for thought and attention paid to movements across program options and into—and out of—Early Head Start programs.

- Collaboration is, simply put, central to an Early Head Start program's ability to meet the comprehensive needs of families. Strong partnerships allow programs to expand their services to families with infants and toddlers beyond the door of the program and into the larger community.

We have established a School Readiness Plan that aligns with the Head Start Early Learning Outcomes Framework and the National Center on Quality Teaching and Learning. The School Readiness Plan allows our program to implement core strategies such as the following:

- Aggregate and analyze child-level assessment data at least three times per year and use that data in combination with other program data to determine our program’s progress toward meeting its goals.

- Inform parents and the community of results, and to direct continuous improvement related to curriculum, instruction, professional development, program design and other program decisions (45 CFR Chapter XIII 1307.3 (2)(i), as amended; Parents are encouraged to ask questions and to offer input into the educational development of their child.

- Provide early learning coaching to staff across program options and settings.
• Ensure a parent partnership and engagement process that promotes an understanding of their child's progress, provides support and encourages learning and leadership.

• Provide ongoing communication with local schools to exchange information about children and programs and to align services for early learning, health and family engagement.

• Create a learning community among staff to promote innovation, continuous improvement and integrated services across education, family services and health.

**Daily Schedule of Activities**

JCCAC provides a variety of learning activities for children every day. The teacher in your child’s class will keep you informed about the daily, weekly and monthly lesson plans. Parents are encouraged to give input on these lesson plans. As part of our schedule, we take the children outdoors daily, when weather permits. Outdoor play allows children to strengthen their motor skills and provides a change of scenery along with fresh air. During cold weather, we request that you send gloves, hats and warm coats. Please dress children with weather and playtime in mind.

The need for rest periods varies with each child. Children are encouraged to rest daily. Some children find quiet daily rest time essential. Each child will have their own cot identified with their name. We request families bring a small travel pillow and a blanket marked with the child’s name. These items will be sent home weekly. Families are responsible for laundering the items each week and sending them back to the center. For infants and toddlers, the child care facility shall provide, to the child's parent, daily written reports that include liquid intake, child’s disposition, bowel movements, and eating and sleep patterns.

**Disability Services for Children**

Head Start regulations for children with disabilities provides extensive guidance on appropriate screening, assessment and service procedures. These actions are in compliance with the Individuals with Disabilities Act (IDEA). The Local Education Agency (LEA) is responsible for assuring that an evaluation meeting the requirements of IDEA is provided for all children who are referred for screening. Head Start has established relationships with the LEA and other resources to ensure that the special needs of children with disabilities are met.

JCCAC provides developmental screening of all children within 45 days of enrollment to include: vision, hearing, speech, language, developmental, and behavioral. You will be notified before the screening. If your child needs to be referred to the LEA for additional evaluation, you will be notified. You can choose to have your child tested by the LEA at any time by notifying the school district in which you live. Please contact the Disability Specialist, 471-1248 for additional information.

**Discipline and Guidance**

**Prohibited Behavior**

The following behaviors are prohibited by anyone (i.e., parent, caregiver or child) in all child care settings:
A. Corporal punishment, including hitting, spanking, beating, shaking, pinching, biting and other measures that produce physical pain
B. Withdrawal or the threat of withdrawal of food, rest or restroom opportunities
C. Abusive or profane language
D. Any form of public or private humiliation, including threats of physical punishment
E. Any form of emotional abuse, including rejecting, terrorizing, ignoring, isolating (out of view of caregiver) or corrupting a child
F. Use of any food product or medication in any manner or for any purpose other than that for which it was intended
G. Inappropriate disciplinary behavior including, but not limited to, putting soap or pepper in a child’s mouth
H. Any acceptable disciplinary action that is not age-appropriate for the child or is excessive in time or duration

Restraint of a Child

Children shall not be physically restrained except as necessary to ensure their own safety or that of others, and then for only as long as is necessary for control of the situation. Children shall not be given medicines or drugs that will affect their behavior except as prescribed by a licensed physician and with specific written instructions from the licensed physician for use of the medicines or drugs.

Comfort Zone

“Comfort Zone” means that the child is given time away from an activity which involved inappropriate behavior. Isolation from a caregiver is not acceptable. “Comfort Zone” is not allowed for children younger than three (3) years of age.

“Comfort Zone” may be implemented in order to enable the child to regain self-control while keeping the child in visual contact with a caregiver. This method shall be used selectively, taking into account the child’s developmental stage and the usefulness of “Comfort Zone” for the particular child.

Children Shall Not Discipline Other Children

Children shall neither be allowed nor be instructed to discipline other children.

Disclosure Statement - Protections for the Privacy of Child Records

Child records means records that: (1) are directly related to the child; (2) are maintained by the program, or by a party acting for the program; and (3) include information recorded in any way, such as print, electronic, or digital means, including media, video, image, or audio format.

Personally identifiable information (PII) means any information that could identify a specific individual, including but not limited to a child’s name, name of a child’s family member, street address of the child, social security number, or other information that is linked or linkable to the child.
JCCAC will comply with the applicable confidentiality provisions in Part B or Part C of IDEA to protect the PII in records of those children.

**Disclosure with Parental Consent**

1. JCCAC will obtain prior written consent before disclosing personally identifiable information from child records that specifies:
   - What child records may be disclosed
   - Why the records will be disclosed
   - The party or class of parties to whom the records may be disclosed

2. Written consent must be signed and dated by the parent or legal guardian. An authenticated email address can be used to record consent.

3. Parental consent is voluntary and may be revoked at any time. Revocation of consent is not retroactive and therefore does not apply to an action that occurred before the consent was revoked.

**Disclosure without Parental Consent but with Parental Notice and Opportunity to Refuse**

1. JCCAC will disclose personally identifiable information (PII) without parental consent in the following instances:
   - Parent is notified about the disclosure
   - Parent is provided in advance, and upon request, a copy of the PII to be disclosed
   - Parent has an opportunity to challenge and refuse disclosure of the information in the records

2. Official records request from a program, school, or school district in which the child seeks or intends to enroll; or

3. Where the child is already enrolled so long as the disclosure is related to the child’s enrollment or transfer.

4. JCCAC will comply with the applicable confidentiality provisions in Part B or Part C of IDEA to protect the PII in records of those children.
Disclosure without Parental Consent

JCCAC will disclose such PII from child records without parental consent to:

1. Officials within JCCAC or acting for the program, such as contractors and sub recipients, if the official provides services for which JCCAC would otherwise use employees, the program determines it is necessary for Head Start services, and JCCAC maintains oversight with respect to the use, further disclosure, and maintenance of child records, such as through a written agreement;

2. Officials within JCCAC, acting for the program, or from a federal or state entity, in connection with an audit or evaluation of education or child development programs, or for enforcement of or compliance with federal legal requirements of the program; provided JCCAC maintains oversight with respect to the use, further disclosure, and maintenance of child records, such as through a written agreement, including the destruction of the PII when no longer needed for the purpose of the disclosure, except when the disclosure is specifically authorized by federal law or by the responsible HHS official;

3. Officials within JCCAC, acting for the program, or from a federal or state entity, to conduct a study to improve child and family outcomes, including improving the quality of programs, for, or on behalf of, the program, provided JCCAC maintains oversight with respect to the use, further disclosure, and maintenance of child records, such as through a written agreement, including the destruction of the PII when no longer needed for the purpose of the disclosure;

4. Appropriate parties in order to address a disaster, health or safety emergency during the period of the emergency, or a serious health and safety risk such as a serious food allergy, if JCCAC determines that disclosing the PII from child records is necessary to protect the health or safety of children or other persons;

5. Comply with a judicial order or lawfully issued subpoena, provided JCCAC makes a reasonable effort to notify the parent about all such subpoenas and court orders in advance of the compliance therewith, unless:

   a. A court has ordered that neither the subpoena, its contents, nor the information provided in response be disclosed;

   b. The disclosure is in compliance with an ex parte court order obtained by the United States Attorney General (or designee not lower than an Assistant Attorney General) concerning investigations or prosecutions of an offense listed in 18 U.S.C. 2332b(g)(5)(B) or an act of domestic or international terrorism as defined in 18 U.S.C. 2331.

   c. A parent is a party to a court proceeding directly involving child abuse and neglect (as defined in section 3 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101))
or dependency matters, and the order is issued in the context of that proceeding, additional notice to the parent by JCCAC is not required; or,

d. JCCAC initiates legal action against a parent or a parent initiates legal action against a program, then JCCAC may disclose to the court, also without a court order or subpoena, the child records relevant for the program to act as plaintiff or defendant.

6. The Secretary of Agriculture or an authorized representative from the Food and Nutrition Service to conduct program monitoring, evaluations, and performance measurements for the Child and Adult Care Food Program under the Richard B. Russell National School Lunch Act or the Child Nutrition Act of 1966, if the results will be reported in an aggregate form that does not identify any individual: provided, that any data collected will be protected in a manner that will not permit the personal identification of students and their parents by other than the authorized representatives of the Secretary of Agriculture and any PII will be destroyed when the data are no longer needed for program monitoring, evaluations, and performance measurements;

7. A caseworker or other representative from a state, local, or tribal child welfare agency, who has the right to access a case plan for a child who is in foster care placement, when such agency is legally responsible for the child's care and protection, under state or tribal law, if JCCAC agrees in writing to protect PII, to use information from the child's case plan for specific purposes intended of addressing the child's needs, and to destroy information that is no longer needed for those purposes; and,

8. Appropriate parties in order to address suspected or known child maltreatment and is consistent with applicable federal, state, local, and tribal laws on reporting child abuse and neglect.

9. JCCAC will comply with the applicable confidentiality provisions in Part B or Part C of IDEA to protect the PII in records of those children.
**Dress Code Information**

Centers within public schools require the children to wear uniforms. Please speak with your Center Operations Specialist or your child’s teacher to get specific details on those requirements. We must stay within the school’s suggested dress code guidelines. You may also speak with your Family Advocate or Center Operations Specialist if you need assistance with uniform arrangements. Some schools may have used uniforms from the previous year on hand and may be able to assist you.

Our curriculum includes outdoor play and floor exercises, so we strongly encourage you to dress your child in comfortable play clothes. It is also important that they are dressed in clothes that they can manage on their own in the restrooms. Children should also be dressed appropriately for the weather conditions. Warm clothing is mandatory in cool weather.

Children should not wear clothing that has stringed hoods, necklaces, bracelets, and chains, which can be a strangling and choking hazard. Other jewelry items, such as rings, beads and earrings that can fall off are also choking hazards. Flip flop or thong-style shoes and sandals should not be worn to school because they are tripping hazards and are not considered appropriate attire for outdoor/exercise playtime.

**Family and Teacher Conferences**

Classroom staff members will keep families informed of their child’s progress and interests during informal conversations during drop-off and pick-up times. Staff members will schedule two formal teacher and family conferences to share information, concerns and assess the child’s skills and readiness to move onto the next level. If a family has a concern that they would like to discuss in a formal conference, they should notify the teacher, who will schedule the meeting as soon as possible. Initial home visits by the teaching staff will be scheduled for new enrollees prior to their enrollment into the program.

**Field Trips**

Field trips are special occurrences that present an additional wholesome learning experience for the children. Field trips are planned in advance and parents will be informed about any field trip well in advance. Parental permission is acknowledged by signature for each event. When the parental permission is not evident, other arrangements will be made for the child at the school. Parents are welcome to attend the field trips and ride the bus (if space permits), but children who are not currently enrolled in the Head Start Program are not permitted to ride the bus on those trips.

**Health Issues**

**Oral Medication Administration**

Oral medication is administered on an individual basis. A health staffing will be held for all identified health concerns. A health staffing or health plan is completed to discuss the child’s health, including the administering of oral, cream and injectable medications. Parents are encouraged to report all illnesses, allergies (including food) to the center staff. No medications will be administered until a health staffing is conducted at the center with the parent and designated staff members. The parent must also
complete necessary forms authorizing the administration of medication. A health staffing must occur prior to medication being given to a bus monitor or bus driver for transporting.

When a health staffing is scheduled, the parent must bring all medication that is to be administered by staff members. The parent must bring the medication in its original container, to include the drug information guide (given by the pharmacist) and the expiration date must be sufficient. If the medication is in tablet or pill form, we will count the tablets during the health staffing for security purposes and if the medication is a liquid suspension, we will use a “marker” to denote how much was in the container.

When the liquid medication is being administered by the staff person, in accordance with the prescribed dosage, it will also be denoted by a “marker” and documented on a Medical Administration Chart. Parents are to review the Medical Administration Chart, provide their signature to denote observance and provide feedback on any changes from health provider on dosage or side effects. [http://cfoc.nrckids.org/WebFiles/CFOC3_updated_final.pdf](http://cfoc.nrckids.org/WebFiles/CFOC3_updated_final.pdf) Standard 3.6.3.1: Medication Administration

**EXCLUSION CRITERIA**

Small children can become ill very quickly. The child care provider should observe each child’s health throughout the time the child is in their care. If the child care provider observes signs and symptoms of illness that would require removal from the facility, he/she should contact the parents/guardians to have the child picked up and continue to observe the child for other signs and symptoms. If the child is not responding to you, is having trouble breathing, or is having a seizure or convulsion, call 911.

The following conditions require exclusion from child care:

**Fever:** Defined as 100°F or higher taken under the arm, 101°F taken orally, or 102°F taken rectally. For children 4 months or younger, the lower rectal temperature of 101°F is considered a fever threshold.

**Diarrhea:** Frequent (3 or more episodes in a 24-hour period) runny, watery, or bloody stools. According to CDC recommendations, a child who is not toilet trained and has diarrhea should be excluded from child care settings regardless of the cause.

**Vomiting:** Two or more times in a 24-hour period

**Rash:** Body rash with a fever

**Sore throat:** Sore throat with fever and swollen glands

**Severe coughing:** The child gets red or blue in the face or makes high-pitched whooping sound after coughing.

**Eye discharge:** Thick mucus or pus draining from the eye

**Jaundice:** Yellow eyes and skin

**Irritability:** Continuous irritability and crying
Contagious Diseases

CHICKENPOX (VARICELLA)
Chickenpox is a highly infectious viral disease that begins with small red bumps that turn into blisters after several hours. The blisters generally last for 3-4 days and then begin to dry up and form scabs. These lesions (bumps/blisters) almost always appear first on the trunk rather than the extremities.

Mode of transmission: Airborne droplets of nose and throat secretions coughed into the air by someone who has chickenpox. Also by direct contact with articles freshly soiled with discharge from the blisters and/or discharge from the nose and mouth (e.g., tissues, handkerchiefs, etc.).

Notification: Notify parents/guardians and staff members that a case of chickenpox has occurred, especially those parents whose child is taking steroid medications, being treated with cancer or leukemia drugs or has a weakened immune system for some reason. Staff members who are pregnant and have never had chickenpox disease or the chickenpox vaccine should consult their physician immediately. A special preventive treatment may be indicated for those with a weakened immune system and non-immune pregnant women. This treatment must be given within 96 hours of the exposure to be effective.

Vaccine: As of August 01, 2002, one (1) dose of Varicella (chicken pox) vaccine is required on or after the 1st birthday and is required for entry into five (5) year-old kindergarten. Varicella is not required if a history of the disease is documented.

Return to child care: Once the diagnosis has been made, determine the day that the blisters first appeared. The child may return to child care on the 6th day after the blisters first appeared or earlier if all the lesions are crusted and dry and no new ones are forming. Keeping the child home until all the lesions are completely healed is unnecessary and results in excessive absences.

SHINGLES (VARICELLA ZOSTER)
Shingles (varicella zoster) is a reactivation of the chickenpox virus (varicella). After the initial infection with chickenpox, the virus continues to lie dormant (inactive) in a nerve root. We tend to think of the elderly and immunosuppressed individuals as the ones who have shingles; however, it can and does occur sometimes in children. The lesions or blisters of shingles resemble those of chickenpox and usually appear in just one area or on one side (unilateral) of the body and run along a nerve pathway. A mild shingles-like illness has been reported in healthy children who have had the chickenpox vaccine. This is a rare occurrence.

Mode of transmission: It is possible for someone who has never had chickenpox disease or the vaccine to get chickenpox by coming in contact with the fluid from the lesions of someone who has shingles. Shingles itself is not transmissible. A person who has shingles does not transmit chickenpox through the air as does someone who has chickenpox disease.

Return to child care: The child who has shingles may attend child care if the lesions can be covered by clothing. If the lesions cannot be covered, the child should be excluded until the lesions are crusted and dry. Staff members who have shingles pose little risk to others since the lesions would be covered by clothing or a dressing on exposed areas. Thorough hand washing is warranted whenever there is contact with the lesions. NOTE: Staff members, especially those who are pregnant, who have no history of chickenpox disease or chickenpox vaccine, should not take care of children with shingles during the time they have active or fluid-filled lesions.
CYTOMEGALOVIRUS (CMV)

CMV is a viral illness that most people become infected with during childhood. Small children usually have no symptoms when they become infected, but older children may develop an illness similar to mononucleosis with a fever, sore throat, malaise or feeling very tired and an enlarged liver.

Mode of transmission: CMV is spread from person to person by direct contact with body fluids such as urine, saliva, or blood. The virus can also be passed from the mother to the baby before birth. Pregnancy: Rarely, a woman may contract the disease for the first time during pregnancy which may pose a risk to the fetus causing certain birth defects. CDC recommends that women who are child care providers and who expect to become pregnant should be tested for antibodies to CMV and if the test shows no evidence of previous CMV infection, they should reduce their contact with infected children by working, at least temporarily, with children 2 years of age and older where there is less circulation of the virus. Also, they should avoid kissing an infected child on the lips, and as with any child care situation, wash hands thoroughly after each diaper change and contact with a child’s saliva. If contact with children does not involve exposure to saliva or urine, there should be no fear of potential infection with CMV.

Return to child care: There is no need to exclude children with CMV from child care as long as they do not have a fever since the virus may be excreted in urine and saliva for many months and may persist or there may be recurring episodes for several years following the initial infection. CMV is a virus that may persist as a latent infection and recur when a person becomes immunosuppressed with conditions such as cancer, AIDS, etc.

DIARRHEAL DISEASES (e.g., campylobacteriosis, cryptosporidiosis, giardiasis, rotavirus, salmonellosis, shigellosis) -

Diarrhea is defined as frequent (3 or more episodes within a 24 hour period), runny, watery stools and can be caused by different types of organisms such as viruses, bacteria and parasites.

Mode of transmission: Diarrheal diseases are generally transmitted or spread by ingesting food or water or by putting something in the mouth such as a toy that has been contaminated with the feces (stool/poop) of an infected person or animal. In some cases such as with Salmonella and E. coli O157:H7, the disease is transmitted by eating raw or undercooked meats (especially ground beef and poultry) and unpasteurized milk and fruit juices.

Notification: Notify parents/guardians of children in the involved room of the illness. Ask that they have any child with diarrhea, severe cramping, or vomiting evaluated by a physician and that they inform the day care of diarrheal illness in their child and family.

Outbreak situation: Most diarrheal diseases are reportable to the State Department of Health. When there are 2 or more cases of a diarrheal disease in one room, more extensive notification may need to be done as stool specimens may need to be collected. In this case, the director of the child care should consult with the Public Health District Epidemiology Nurse or the Division of Epidemiology at the State Department of Health. (See Public Health District Map on page 18 for addresses and telephone numbers)
**Return to child care:** In most cases, a child may return to child care after a diarrheal illness once he or she is free of fever and the diarrhea has ceased.

**E. COLI O157:H7**
Escherichia (E.) coli bacteria are found in the intestines of most humans and many animals. These infections are usually harmless. However, certain strains of the bacteria such as the O157:H7 can cause severe illness. Some persons who are infected with E. coli O157:H7 may have a mild disease while others develop a severe, bloody diarrhea. In some cases, the infection may cause a breakdown of the red blood cells which can lead to HUS or hemolytic uremic syndrome.

**Mode of transmission:** E. coli O157:H7 is usually the result of eating undercooked meat, especially hamburger. There have also been cases reported from drinking unpasteurized apple juice. Person-to-person transmission may occur by contact with the feces or stool of an infected person.

**Notification:** Notify the staff and parents/guardians that a case of E. coli O157:H7 has occurred and ask that they have their child evaluated by a physician if they have diarrhea, especially bloody diarrhea. E. coli O157:H7 is a Class I reportable disease and a follow-up investigation will be done by the Health Department.

**Return to child care:** The infected child should not be in or allowed to return to a child care center until his/her diarrhea has ceased and 2 consecutive negative stool samples are obtained (collected not less than 24 hours apart and not sooner than 48 hours after the last dose of antibiotics).

**FIFTH DISEASE (ERYTHEMA INFECTIOSUM)**
This is an infectious disease characterized by a “slapped-face” (redness) appearance of the cheeks followed by a rash on the trunk and extremities.

**Mode of transmission:** Person-to-person spread by direct contact with nose and throat secretions of an infected person. Transmission of infection can be lessened by routine hygienic practices which include hand washing and the proper disposal of facial tissues containing respiratory secretions.

**Notification:** Notify parents/guardians and staff members that fifth disease is occurring in the child care facility. Staff members who are pregnant should consult their obstetrician if children in their room have fifth disease.

**Return to child care:** Children with fifth disease may attend child care if they are free of fever, since by the time the rash begins they are no longer contagious. The rash may come and go for several weeks.

**“FLU” (INFLUENZA)**
Influenza is an acute (sudden onset) viral disease of the respiratory tract characterized by fever, headache, muscle aches, joint pain, malaise, nasal congestion, sore throat, and cough. Influenza in children may be indistinguishable from diseases caused by other respiratory viruses.

**Mode of transmission:** Direct contact with nose and throat secretions of someone who has influenza - airborne spread by these secretions coughed into the air.
Return to child care: The child may return to child care when free of fever and feeling well. The closing of individual schools and child care centers has not proven to be an effective control measure. By the time absenteeism is high enough to warrant closing, it is too late to prevent spread.

**HAND-FOOT- AND- MOUTH DISEASE**

This is a common childhood disease caused by a strain of coxsackievirus. In some people, the virus causes mild to no symptoms. In others, it may result in painful blisters in the mouth and on the palms of the hands and the soles of the feet.

**Mode of transmission:** The virus can be spread through saliva from the blisters in the mouth and from the fluid from the blisters on the hands and feet. It is also spread through the feces or stool of an infected person.

**Notification:** Notify parents/guardians and staff that there are cases of hand-foot-and-mouth disease in the child care facility so that they can be alert to the signs and symptoms.

Return to child care: The virus may be excreted in the stool for weeks after the symptoms have disappeared. Children who have blisters in their mouths and drool or who have weeping or active lesions/blisters on their hands should be excluded from child care until the lesions are crusted and dry and the child is free of fever.

**HEAD LICE**

This is an infestation of the scalp by small “bugs” called lice. They firmly attach egg sacs called “nits” to the hairs, and these nits are difficult to remove. Treatment may be accomplished with prescription or over-the-counter medicines applied to the scalp.

**Mode of transmission:** Direct contact with an infested person’s hair (head-to-head) and, to a lesser extent, direct contact with their personal belongings, especially shared clothing and headgear. Head lice do not jump or fly from one person to another, but they can crawl very quickly when heads are touching.

**Notification:** When a case of head lice occurs in a room, notify the parents/guardians that a case of head lice has occurred. Check the other children in that room for head lice and if found, notify their parents/guardians that the child needs treatment. Ask the parents/guardians to be alert to anyone in their family who may have signs and symptoms of head lice (e.g., excessive itching of the scalp, especially at the nape of the neck and around the ears) so that they may also receive treatment. Infants and children less than 2 yrs. of age: It is a rare occurrence for children in this age group to have head lice. It is generally not recommended to treat this age group prophylactically or just because someone else in the family has been treated. If a child of this age is found to have head lice, the parent/guardian should consult the child’s physician for treatment recommendations.

Return to child care: The child may return to child care after the first treatment has been given.

**HEPATITIS A**

This is an infectious viral disease characterized by jaundice (yellowing of the eyes and skin), loss of appetite, nausea, and general weakness. Child care centers can be a major source of hepatitis A spread
in the community. This is because small children usually do not show any specific signs and symptoms of the disease. Symptomatic illness primarily occurs among adult contacts of infected, asymptomatic children.

**Mode of transmission:** Hepatitis A virus is found in the stool of persons infected with hepatitis A. The virus is usually spread from person to person by putting something in the mouth that has been contaminated with the stool of an infected person; for this reason, the virus is more easily spread under poor sanitary conditions, and when good personal hygiene, especially good hand washing, is not observed. Rarely, the virus is contracted by eating raw seafood (e.g., raw oysters) that has been collected from contaminated waters.

**Notification:** Notify the staff and parents/guardians that a case has occurred. Hepatitis A is a Class I reportable disease. A follow-up investigation will be done by the MSDH to determine who in the center may need to receive preventive treatment.

**Return to child care:** The child may return to child care one week after the onset of jaundice (yellowing of the eyes and skin) or one week after the onset of other signs and symptoms if no jaundice is present.

**HEPATITIS B**
Hepatitis B is a viral disease that affects the liver. It is a contagious condition characterized by loss of appetite, abdominal discomfort, jaundice (yellowing of the eyes and skin), joint aches, and fever in some cases. It is different from Hepatitis A. There should not be any risk of exposure to hepatitis B in a normal child care setting unless a child who is infected with hepatitis B is bleeding. Also, since the hepatitis B vaccine is now a part of the routine immunization schedule, more and more children should be immune.

**Mode of transmission:** The most common mode of transmission is through having sex with someone who has the virus; however, it can be transmitted when infected blood enters the body through cuts, scrapes or other breaks in the skin. Injecting drug users are at risk when they share needles with an infected person. It is also possible for infected pregnant women to transmit the virus to their babies during pregnancy or at delivery. If an exposure to a person who is infected with hepatitis B has occurred, the person exposed should be referred to his/her physician since hepatitis B vaccine and hepatitis B immune globulin may be indicated. Since hepatitis B and HIV/AIDS are both transmitted through blood exposure, the precautionary measures for HIV/AIDS would also apply to hepatitis B. (See HIV/AIDS section below)

**HEPATITIS C**
Hepatitis C is also a viral disease that affects the liver. Again, hepatitis C should pose no risk of exposure in the normal child care setting unless the infected child is bleeding. There is no vaccine available for hepatitis C at this time. Since it is also transmitted through blood exposure, the same precautionary measures for hepatitis B and HIV/AIDS would be apply to hepatitis C. (See HIV/AIDS section below)
HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION/ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

**Mode of transmission:** The most common mode of transmission is through having sex with someone who has the virus; however, it can be transmitted when infected blood enters the body through cuts, scrapes or other breaks in the skin. Injecting drug users are at risk when they share needles with an infected person. It is also possible for infected pregnant women to transmit the virus to their babies during pregnancy or at delivery. Although HIV and hepatitis B are transmitted in the same way, HIV is much more difficult to transmit from one person to another than hepatitis B. HIV infection in children causes a broad spectrum of disease manifestations and a varied clinical course. Children with HIV infection should be monitored closely by their physician. They are more susceptible to infectious diseases than other children. Parents of children known to have HIV infection should be notified when certain infectious diseases occur in the child care facility. There is no vaccine available for HIV at this time.

According to CDC, HIV is not likely to be spread from one child to another in the child care setting and no case has ever been reported. **Parents or guardians of HIV-positive children should inform the child care director of their child’s HIV status.** Because of concern over stigmatization, the person aware of a child’s HIV infection should be limited to those who need such knowledge to care for the children in the child care setting.

In a situation where there is concern of possible exposure of others to the blood or body fluids of an infected person, CDC recommends that a team including the child’s parents or guardians, the child’s physician, public health personnel, and the proposed child care provider evaluate the situation to determine the most appropriate child care setting. The team should weigh the risks and benefits to both the infected child and to others in the child care setting.

It should always be remembered that there are those who are known to be infected with HIV, hepatitis B and C and other blood borne diseases, but on the other hand there are those we do not know about and some people are not even aware themselves that they may have an infectious blood borne disease. Therefore, we must always employ universal precautions (treating everyone’s blood as though it is infectious) when dealing with blood and body fluids. There is no evidence that HIV, hepatitis B or hepatitis C is transmitted through tears, perspiration, urine, or saliva unless these body fluids contain visible blood.

Child care providers should be prepared to handle blood and blood-containing body fluids using the principles of universal precautions. Supplies of gloves, disposable towels, and disinfectants should be readily available.

**IMPETIGO**

This is a contagious skin disease characterized by spreading pustular lesions (sores with pus) and should receive medical treatment. This is quite important to avoid the risk of complications involving the heart and kidneys.

**Mode of transmission:** Skin-to-skin contact with the sores.
Return to child care: The child may return to child care 24 hours after treatment has been started if free of fever and the lesions are not draining.

MEASLES
Measles is a serious viral infection characterized by a rash (red, flat lesions) starting on the head and neck, which enlarge and coalesce (run together), and spread to the trunk, then to the extremities. Other symptoms include a high fever, conjunctivitis (red, inflamed eyes), cough, and nasal congestion. The Health Department must be notified on first suspicion. With our present immunization laws, measles is a rare occurrence today. It is imperative, however, that immunization records be kept current.

Mode of transmission: Direct contact with nose and throat secretions of an infected person. May be airborne by droplets of these secretions coughed into the air. Tiny droplets can be suspended in the air for two hours or more. Measles is very easily spread.

Notification: Notify staff and parents/guardians that a case has occurred. Measles is a Class I reportable disease and there will be a follow-up investigation by the Health Department. Parents of children with weakened immune systems (those being treated for cancer, leukemia or taking steroid medication, etc.) should consult their child’s physician and keep the child out of the center until after the investigation by the Health Department and it is considered safe for them to return.

Return to child care: The child may return to child care when free of fever and the rash is fading (this usually takes 5-7 days).

MENINGITIS
Meningitis is an inflammation or infection of the meninges (the membranes that cover the brain and spinal cord). Meningitis can be caused by a variety of organisms or germs. Most people exposed to these germs do not develop meningitis or serious illness. Some people may carry a particular germ and have no symptoms at all. Anyone exhibiting signs and symptoms of meningitis (e.g., severe headache, fever, vomiting, stiffness and pain in the neck, shoulders and back, drowsiness) should seek medical attention promptly.

Meningitis is a reportable disease. The Department of Health evaluates each case individually to determine what public health intervention, if any, might be required. The two types of meningitis that require public health intervention most often are caused by the organisms Haemophilus influenza type b (HIB) and Neisseria meningitides (meningococcal).

Mode of transmission: These germs are most commonly spread by direct contact with nose and throat secretions from an infected person.

Notification: Notify parents/guardians that a case has occurred and to have their children evaluated by a physician should they have any of the signs or symptoms listed above.

Return to child care: The child may return to the center whenever he or she has been released by his/her personal physician.
MUMPS
Mumps is an infectious disease that is characterized by swelling and pain of the salivary glands.

Mode of transmission: Person-to-person spread by direct contact with the saliva of an infected person.

Return to child care: The child may return to child care 9 days after the beginning of the salivary gland swelling.

“PINK EYE” (CONJUNCTIVITIS)
This is an infectious disease characterized by redness of the eye(s), excessive tearing, itching, and discharge. Some cases may require antibiotics; therefore, the child should see a physician.

Mode of transmission: Contact with discharges from the eye, nose, or throat of an infected person. Also, from contact with fingers, clothing and other articles that have been contaminated with the discharge.

Return to child care: Children may return to child care after they have seen a physician or when the redness/discharge is improving.

PINWORMS
Pinworms are tiny worms that live in the large intestine and can cause anal itching, sleeplessness and irritability. They may also be present without any symptoms. Pinworms occur worldwide and affect all socioeconomic classes. They are the most common worm infection in the United States. Prescription medication must be obtained to treat the infection.

Mode of transmission: Pinworms can be spread when an uninfected person touches the anal area of an infected person and then puts their hands/fingers in their mouth. They can also be spread when an infected person scratches the anal area and then contaminates food or other objects that are touched or eaten. Pinworms can be spread as long as the worms or the eggs are present.

Return to child care: The child may return to child care 24 hours after they have received the first treatment. Employ thorough hand washing especially before eating and after toilet use and change and wash any bed linens and towels in hot water that have been used for those children. Ask the parents/guardians to do the same at home. Also, discourage children from scratching the anal area.

RESPIRATORY SYNCYTIAL VIRUS (RSV)
RSV can cause an upper respiratory disease like a cold or a disease of the lower respiratory tract such as pneumonia. It is the most common cause of lower respiratory tract infections and pneumonia in infants and children under the age of 2. Almost 100% of children in child care programs get RSV during the first year of life. This usually occurs during outbreaks in the winter months. RSV can range from a very mild disease to life-threatening.

Mode of transmission: Direct contact with nose and throat secretions of an infected person. A young child can be infectious with RSV 1 to 3 weeks after signs and symptoms have subsided.
Return to child care: Most of the time a child is infectious before signs and symptoms appear. An infected child does not need to be excluded from child care unless he/she has a fever and/or is not well enough to participate in the activities. Make sure that procedures pertaining to hand washing, proper disposal of tissues and disinfection of toys are followed.

RINGWORM
Ringworm is a skin infection caused by a fungus that can affect the scalp, skin, fingers, toe nails, and feet. Ringworm anywhere except on the scalp or under the nails can be successfully treated with several over-the-counter medicines. Ringworm of the scalp is characterized by inflammation, redness, and hair loss and does not respond to over-the-counter medicines; therefore, the child should see his/her physician.

Mode of transmission: Direct skin-to-skin contact or indirect contact (e.g., toilet articles such as combs and hair brushes, used towels, clothing and hats contaminated with hair from infected persons or animals).

Notification: When the lesions (red, circular places) are found, notify the parent/guardian that the child needs treatment.

Return to child care: The child may return to child care after the treatment has been started. Treatment for ringworm of the scalp and nails usually lasts for several weeks. Strict infection control measures should be taken (e.g., blankets, towels or anything that is used on the infected child should not be used on another child, make sure that staff caring for these children practice good hand washing and that disinfecting procedures are followed.

SCABIES
Scabies is a disease of the skin caused by a mite. The mite burrows beneath the skin and causes a rash that is usually found around finger webs, wrists, and elbows. The rash may appear on the head, neck, and body on infants. Any child with evidence of severe itching especially in these areas should be referred to his/her physician. Scabies requires treatment by prescription drugs.

Mode of transmission: Direct skin-to-skin contact with an infested person. Transfer of the mites from undergarments and bedclothes can occur, but only if contact takes place immediately after the infested person has been in contact with the undergarments and bedclothes.

Notification: Notify parents/guardians and staff that scabies has occurred in the facility so that they can be alert to signs and symptoms and seek treatment.

Return to child care: The child may return to child care 24 hours after the treatment has been completed. It must be noted that itching may continue for several days, but this does not indicate treatment failure or that the child should be sent home.

“STREP THROAT” (STREPTOCOCCAL PHARYNGITIS) & SCARLET FEVER
Strep throat is a communicable disease characterized by sore throat, fever, and tender, swollen lymph glands in the neck. The child should see a physician to obtain prescription medication; this is quite important to avoid the risk of complications involving the heart and kidneys. Scarlet fever is a
streptococcal infection with a rash (scarlatinaform rash). It is most commonly associated with strep throat. In addition to the signs and symptoms of strep throat, the person with scarlet fever has an inflamed, sandpaper-like rash and sometimes a very red or “strawberry” tongue. The rash is due to a toxin produced by the infecting strain of bacteria. The treatment and exclusion criteria for scarlet fever would be the same as for strep throat.

**Mode of transmission:** Direct or indirect contact (e.g., contaminated hands, drinking glasses, straws) with throat secretions of an infected person.

**Return to child care:** The child may return to child care 24 hours after treatment has been started if free of fever.

---

**TUBERCULOSIS (TB)**

**Mode of transmission:** Airborne droplets of respiratory secretions coughed or sneezed into the air by a person with active TB disease.

**Notification:** TB is a class one reportable disease. If a child or a staff member in a child care facility is diagnosed with active TB, the MSDH will conduct an investigation. The MSDH will notify the facility and the parents/guardians of the type of follow-up that will be necessary.

**Return to child care:** Persons diagnosed with TB infection are evaluated by the Mississippi State Department of Health on an individual basis. Those who have a positive TB skin test only may attend child care since they have no disease process that is contagious. Persons suspected of or diagnosed with active TB disease will need written permission from the Mississippi State Department of Health Tuberculosis Control Program to return to the center. Small children are highly susceptible to contracting TB disease, but do not transmit the disease as easily as an older child or adult. Children who do not have active TB disease, but who have been exposed to an active case in their household are considered high risk contacts and are placed on preventive medication. These children may attend child care since they are not infectious.

---

**WHOOPING COUGH (PERTUSSIS)**

Pertussis or whooping cough is a contagious disease characterized by upper respiratory tract symptoms with a cough, often with a characteristic inspiratory (breathing in) whoop.

**Mode of transmission:** Direct or indirect contact (contaminated articles) with nose and throat secretions of an infected person. Airborne transmission can also occur by droplets of these secretions coughed into the air.

**Notification:** Notify parents/guardians that a case has occurred. Pertussis is a class one reportable disease. The Health Department will conduct an investigation to determine those who may need preventive treatment.

**Return to child care:** The child may return to child care 5 days after their treatment has begun.
Health Services

We expect from parents:

1. Give us your infant/toddler’s and child’s complete health history to the best of your knowledge. There are other children and staff who engage with your infant/toddler and child on a daily basis and it is important that we have a thorough knowledge of your child’s health history, including food and medicinal allergies.

2. Have your child’s health examinations completed before your child begins school. If your child receives Medicaid, they are entitled to a Medicaid health screening once per year.

3. **Early Head Start health requirements are that infant/toddler's must be up-to-date on a schedule of well-child care.**

4. **Health examinations do not have to be completed prior to the processing of your child’s Head Start application.** Please seek to keep your child’s health coverage current.

5. Pick up your child from school when you are notified that your child is sick. Provide us with a responsible person for the care of your child if you are unable to leave work when your child is sick. Do not return your child to school the next day if your child continues to display symptoms of his or her illness.

6. Get prior approval from the Central Office by calling (228) 471-1252 before you take your child to the doctor or dentist if Head Start is to be responsible for the payment of services.

7. Submit all physical and dental forms for examination and follow-up treatment. Be present when your child has a dental examination.

8. Let us know when your child’s health coverage or Medicaid status changes. It is important that we are aware of your child's current Medicaid enrollment status. All parents having private health insurance for their children must share this information with their Family Advocate or the Family Health and Community Partnership Coordinator.

9. Keep your infant/toddler and child’s immunization record up to date. As a courtesy, you will be notified when their immunizations are due. All children enrolled in Early Head Start and Head Start must maintain current shot records on file at our centers at all times. Children with expired immunization records are not allowed to remain at the center.

What you should expect from us:

1. We will assist you in locating health care providers for your family.

2. We will provide health education and updated information on medical concerns in the parent newsletters and parent meetings. We will provide opportunities for parents to attend and participate in community events and gain knowledge of health and nutrition, literacy, mathematics and science approaches to learning.
3. Through our program, with parental permission, your child may receive dental fluoride
varnishing. We will assist families in applying for the Women, Infant and Children (WIC)
program.

4. We will provide appropriate referrals for health problems detected.

5. We will administer basic first aid, teach health and hygiene, and conduct daily health checks for
each child.

6. We will review your child’s health history and become familiar with your child’s health needs.

**Individual Education Plan (IEP) or Individual Family Service Plan (IFSP)**

IFSP/IEP’s are written documents for children with disabilities describing the education objectives for
each child and the special services to be provided. This document is at the core of an entire process that
was conceived to ensure a disabled child’s right to free, appropriate public education. Each Head Start
child who has been evaluated and found to be in need of special services must have a conference to
develop an IEP.

**Assessment of Children**

As the first step in the assessment process, children are screened within 45 days of enrollment. This
process consists of standardized health and developmental screenings including speech, language,
hearing and vision tests. A developmental assessment is a collection of information to determine the
child’s functioning level in the following areas: gross motor, fine motor, social and language skills.

This information will remain confidential as required by state law. Parents will be given the opportunity
to review their child’s records in a timely manner, and Head Start will request parental permission if
additional evaluations are proposed. Trained personnel will explain the purpose and results of the
evaluation and make every effort to ensure that the parents understand the evaluation and further testing,
if needed. With written parental permission, all relevant medical and educational records may be
transferred from Head Start to a child’s new program.

**Liability Insurance Coverage**

Jackson County Civic Action Committee, Inc. maintains general liability insurance and health care
coverage for children in the event of an accident requiring emergency medical attention. If the child is
covered by private health care insurance, our carrier will pay the cost of any uncovered medical
treatment.

**Licensing Agent**

Jackson County Civic Action Committee, Inc. is licensed by the Mississippi State Department of Health
in accordance with the Mississippi Childcare Regulations as established by the state. A copy of our
current license and/or certificate of compliance is posted in each center. The local contact person for
the Mississippi State Department of Health is Anna Walters and she may be reached at (228) 762-1117.
Mental Health Screenings and Assessments

The purpose of a mental health screening is to ensure prevention and early identification of mental health problems that may interfere with a child’s development. The comprehensive screening provided for each Head Start child should include procedures to identify children who appear to be experiencing emotional and behavioral problems that may require specific intervention. In developmental screening, the mental health needs of some children may be identified by parent reports, teachers or professional mental health observations or referrals from outside agencies.

Mississippi State Department of Health Childcare Licensing Requirements

Jackson County Civic Action Committee, Inc. receives health, fire and building inspections that must meet state licensing requirements. We have incorporated those requirements into the Family Handbook in an effort to educate parents about this important process.

Our program meets all State requirements including:

- License to operate
- Insurance requirements
- Fire and safety inspections
- Sanitation and nutrition guidelines
- Staff qualifications and ratio guidelines
- Personnel records and health requirements for staff members and volunteers

Some procedures we have in place that are addressed in this Family Handbook, include:

- Head Start must report possible child abuse and/or neglect to the proper authorities.
- A child with a contagious disease cannot attend school.
- Head Start must follow Health Issues Policy and Protocol.
- All volunteers must attend Volunteer Orientation and have a current Form MS 121 Health Record from the Mississippi State Department of Health.
- Verbal abuse and corporal punishment is prohibited.

If you have any questions, comments or concerns about any issue at Jackson County Civic Action Committee, we ask that you first speak with a staff member, your child’s teacher or Center Operations Specialist.

If the issue is not resolved, feel free to speak with Phyllis Owens, Head Start Program Design Manager, at (228) 471-1250, powens@jccivicaction.org

If the issue remains unresolved, please contact Vanessa Gibson, Director of Children and Youth Services, (228) 769-3401, vgibson@jccivicaction.org
You may also contact the Head Start Collaboration Office, Office of the Governor Holly Spivey, Director, (601) 576-2021, holly.spivey@governor.ms.gov.

After going through the proper channels and the issue is one that affects the Mississippi State Department of Health, please contact Anna Walters at the Pascagoula Health Department at (228) 762-1117, Anna.Walters@msdh.state.ms.us to voice your concerns.

**Oral Health**

Children should receive two dental examinations per year. Medicaid and most private insurers provide coverage for two cleaning exams per year as part of a preventative care treatment plan. **Head Start takes dental hygiene very seriously** and provides dental awareness and education to parents of children enrolled in the program. There are times that extreme dental decay may occur and parents are advised to have dental care provided for their child. **Dental neglect affects the overall health of a child and can affect their learning experience.** Extreme cases of suspected dental neglect may be reported to the local Child Protective Services. If you have questions or concerns regarding this subject, please contact the Health Specialist, 471-1254 to discuss this matter further.

We encourage families to keep their child’s health coverage current and to inquire about other health coverage plans, such as the “Affordable Care Act” for other family members. Families are welcome to receive dental services at JCCAC’s dental clinic at our Jefferson Avenue location. We now provide dental services for adults, children, teenagers and the community. The dentist accepts Medicaid, SCHIPS, Magnolia Health, United Healthcare and cash. If you have questions or concerns regarding this subject or want to schedule an appointment, please contact your Family Advocate or the Dental Clinic directly at (228) 471-1254 to discuss this matter further.

**Parent Committees**

The program will utilize a parent curriculum that is evidenced-based and designed to engage parents directly in ways that will influence parent behaviors such as nurturing, discipline, teaching, monitoring and management. We encourage parents’ participation and pledge our support to share with parents, healthy parenting leads to gain better outcomes for their children and build resiliency in the face of adversity.

Parent Committee Meetings will be scheduled to address issues concerning child-focused programs at the center. These meetings may also feature mini-training workshops and guest speakers. The program will plan opportunities with families that complement their interests, skills and talents to encourage their participation within the program. There are opportunities when all Head Start children participate in special program presentations in which parents and families are encouraged to attend.

During the first Parent Committee Meetings feature officer elections. A chairperson, vice-chairperson and secretary are chosen for each center. A Policy Council representative and an alternate are chosen to represent each center at the monthly Policy Council meeting. Only Head Start parents and guardians with formal custody and full guardianship rights are eligible to serve on the Policy Council. No special skills are required, but all officers must attend a Leadership and Officer Orientation prior to beginning
service as an officer. Parent Committee Officers and Policy Council Representatives chair meetings according to parliamentary procedures.

Parent Engagement

Parents are responsible for exercising four (4) major roles: as decision makers, classroom volunteers, peer teachers and parent partners.

- Decision Makers – Parents join Head Start staff members in making decisions about content and operation of the program. Decision making is done in the classroom, in parent/teacher conferences, during Home Visits and in the policy-making process.

- Classroom Volunteers – All volunteers must attend Volunteer Orientation to be able to volunteer in the classroom. This orientation is mandated by the Mississippi State Department of Health and must be closely followed. See your Center Operations Specialist for details on volunteering.

- Peer Teachers – Peer teachers assist in the classroom and with teaching, assignment planning and organization. Peer teaching also allows for involvement in parent-oriented activities, which provides opportunities to learn more about child development and education.

- Parent Partners – Parents are involved in special home activities with their children to help mirror and reinforce learning. This level of involvement helps support your child’s learning experiences and helps the child embrace the educational enrichment process.

Parent Family Community Engagement

The Parent Family Community Engagement seeks to support integrated comprehensive and systemic engagement with parents and the larger community of service providers. This relationship is essential at all levels, parent-child, parent-family, parent-staff, staff-staff, and administration-staff. It hinges on a foundation where (1) families feel welcomed, valued, respected by program staff (2) staff and families work together to identify and achieve goals and aspirations (3) families are engaging as equal partners in their child’s learning and development and (4) families share concerns that may affect the social emotional and cognitive development of their child (5) community partners and resources are utilized to assist the program and families in providing a support system to help families, ideally, with their concerns and interests and encourages families to gain skills in advocating for their children’s learning and development.

The program will use a Parent Curriculum that will aid in building stronger relationships with families and their children, support family well-being, and ongoing learning and development for both families and children. It is a roadmap for success in achieving the kinds of outcomes that lead to positive and enduring changes for the children and families. Families also agree to participate in the process of identifying their families’ strengths and setting goals they have established through a Needs Assessment.
Policy Council

The Policy Council is comprised of parent and community representatives. The Program Governance group approves or disapproves policy making, personnel and budgetary decisions for Head Start. The Policy Council provides parents an opportunity to participate in a meaningful leadership role. Fifty-one percent (51%) or more are parent representatives of currently enrolled Head Start children and the other forty-nine percent (49%) are representatives of various business, agency, clergy and professional groups from the local community. All representatives are required to attend the monthly meetings regularly to ensure a quorum is met for the decision-making process.

The only eligibility requirements are that representatives must not be related to any Head Start staff members, they must be a parent or legal guardian, and they must be elected by the Parent Committee they serve. No previous business experience or specific educational background is necessary to participate in the Policy Council.

Policy Council meetings include reporting on center committee business and affairs to keep the Policy Council up-to-date on news and information taking place at area centers. The meeting date, time and location are determined by the Council. Duties of the Policy Council include:

1. Planning, coordinating and organizing agency-wide activities for parents with the assistance of staff members
2. Voting on major changes in the Head Start Program
3. Approving budgets and expenditures
4. Distributing parent activity funds
5. Recruiting volunteer services from parents, community residents and organizations
6. Mobilizing community resources to meet identified needs
7. Making recommendations and giving input on hiring and terminating staff members

Safety Information

Jackson County Civic Action Committee, Inc. strives to keep every child safe while they are in attendance at our program. The entrance doors to the centers remain locked except during drop-off and pick-up times. When you arrive at the center during other times, ring the doorbell and a staff member will greet you and allow you to enter. When a staff member is not familiar with the person at the door, the person will be questioned about their business at the center before they are admitted and escorted to their destination.

We have regular fire drills in accordance with state law. We also have drills for other emergency situations, such as tornado drills. Children are advised of the best practices when these incidents occur. For example, during a tornado drill, children are instructed to line-up in a windowless area, cover their heads and kneel down for protection. In the event of an evacuation, the children and staff members will
be relocated to a safe environment and families will be notified of the relocation and should report to that location to pick up their child. We also encourage you to tune into local television and radio stations to get the most current updates on what to do and where to go in the event of these circumstances.

**Transportation Services**

Parents are responsible for helping their child understand the importance of obeying bus rules. The following rules must be followed:

1. Children under the supervision of the bus driver and bus monitor must obey at all times; a child can be suspended from riding the bus for misconduct.

2. Your child must be ready to load the bus when it arrives. Know your child’s bus schedule and have them waiting at the bus stop every morning.

3. An authorized adult must accompany your child to the bus stop in the morning and meet the child in the evening.

4. An authorized adult must be home to accept the child in the evenings. If a parent is guilty of this infraction, it could result in temporary transportation suspension and/or referral to the police department or Child Protective Services. Each infraction will be dealt with individually.

5. Hands, arms and heads should be kept inside the bus at all times. No objects of any nature should be thrown from windows.

6. Parents should not detain the bus to discuss matters that should be addressed at the center or the Central Office.

7. Recognize that bus transportation is a privilege, not a requirement, and as such can be withdrawn.

8. Notify the Center Operations Specialist when your child will not be attending school.

9. Make constructive criticism and suggestions for the improvement of bus transportation at the Central Office, not at the bus stop.

10. Do not put your child on the bus if he or she is sick.

11. Do not allow your child to get on the bus with an object that may harm themselves or others.

12. Do not give your child food to eat on the bus while enroute to school. Breakfast is served daily.

13. If an older sibling will be accepting your child in the evening, written permission must be on file in the Central Office. For safety reasons, we suggest that the person receiving your child be 16 years old or older.

14. Do not harass or threaten staff members, including the bus drivers and bus monitors.

15. After completion of necessary paperwork, medications being sent to the center must be given directly to the bus monitor and not handled by the child.
Volunteer Guidelines

Here are some general guidelines and practices to follow when volunteering with Head Start:

1. Contact Center Operations Specialists to schedule volunteer time. You must attend Volunteer Orientation before assisting at any of the Head Start Centers.

2. As soon as you arrive, contact the Center Operations Specialist, supervisor or assigned staff member to determine the area of need and receive area assignment(s).

3. The Mississippi State Board of Health requires that all volunteers in Head Start Centers have a current Form 121 Immunization Record on file. Form 121 can be obtained from the local health department.

4. Smoking is prohibited, as are ALL TOBACCO PRODUCTS.

5. Do not handle behavioral problems; instead, bring it to the attention of the teacher. Corporal punishment is strictly prohibited.

6. Volunteers are welcome to attend staff development, CPR and First Aid training. We are unable to provide child care services for younger children.

7. Document your services using an In-Kind form prior to leaving the center. Dress according to center dress code; all attire should be neat and clean.

8. Fighting, foul language and threats are not allowed.

9. Non-Head Start siblings are not allowed to accompany parents while they volunteer at any center at any time, including attending class field trips or riding the bus.

10. The Mississippi Department of Health requires volunteers with 120 hours or more to have an FBI Criminal Background Check and Mississippi Child Abuse Registry processed.
Head Start Centers and Sites

JCCAC Central Office
5343 Jefferson Avenue
Moss Point, MS 39563
Program Director: V. Gibson
(228) 769-3401

First Step Head Start Center
5343 Jefferson Avenue
Moss Point, MS 39563
Center Operations Specialist: B. Walker
(228) 769-3319 or (228) 769-3316

Gautier Elementary
505 Magnolia Tree Drive
Gautier, MS 39553
Center Operation Specialist: T. McWilliams
(228) 471-1276

Gautier Head Start
1017 Highway 90
Gautier, MS 39553
Center Operations Specialist: T. McWilliams
(228) 471-1276

Jefferson Head Start Center
5343 Jefferson Avenue
Moss Point, MS 39563
Center Operations Specialist: B. Walker
(228) 769-3316

Taconi Head Start
711 Magnolia Street
Ocean Springs, MS 39564
Center Operations Specialist: A. Jackson
(228) 295-7091

Pascagoula Head Start/Early Head Start Center
3301 Spruce Street
Pascagoula, MS 39581
Center Operations Specialist: C. Magee
(228) 471-1271

Vancleave Head Start Center
13105 Head Start Road
Vancleave, MS 39565
Education Specialist: K. Smith
(228) 471-1269

Kreole Elementary
Martin L. King Drive
Moss Point, MS 39563
Center Operations Specialist: B. Walker
(228) 769-3319