

**NUECES COUNTY COMMUNITY ACTION AGENCY**

**Birth-to-Five  
Head Start Program  
Parents and Staff  
Handbook  
2023-2024**



# **NCCAA MISSION STATEMENT**

*NCCAA works with partners to apply comprehensive strategies to eliminate the causes of poverty for the people of Nueces County.*

## **The Promise**

Community Action changes people's lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community, and we are dedicated to helping people help themselves and each other.

## **The Pledge**

We promise to provide you with

Courtesy,

Dignity,

Respect, and

Confidentiality in the delivery of service.

## **BIRTH-TO-FIVE HEAD START VISION STATEMENT**

NCCAA Birth-to-Five Head Start Program will unite, empower, educate and involve the community to establish a foundation of school readiness and parent engagement that creates successes in life and well-rounded citizens.

## **BIRTH-TO-FIVE HEAD START PHILOSOPHY STATEMENT**

### *Our Values*

Nueces County Community Action Agency Birth-to-Five Head Start Program is a comprehensive program based on providing quality services for children and families in our community. Our key values are:

### ***Integrity & Respect***

The program, with integrity and respect, supports and assists all those who affect a child's development.

### ***Diversity***

The program creates a multicultural environment, which respects diversity and encourages dignity for all.

### ***Teamwork***

The program collaborates with staff, families and community partners to provide quality of services.

**NUECES COUNTY  
COMMUNITY ACTION AGENCY**

101 South Padre Island Drive, Corpus Christi, TX 78405-4102 361- 883-7201 Fax: 361- 883-9173

**Linda Carrillo**  
Chief Executive Officer

*Dear Parents and Caregivers:*

*Thank you for choosing the Nueces County Community Action Agency Birth-to-Five Head Start program to provide quality childhood education and development services for you and your family.*

*For many years, the dedicated staff has worked successfully with thousands of children and families with many different backgrounds and a wide range of needs. NCCAA's Birth-to-Five Head Start program continues to provide comprehensive and effective educational activities and services to prepare young children to begin their journey to life-long learning successfully.*

*This handbook has been developed to provide all families enrolled in Head Start and Early Head Start with detailed information about the programs. I encourage you to carefully read this handbook, participate as much as possible in the many activities available throughout the year, and take advantage of our services.*

*Your involvement is significant to every child's success in the Head Start and Early Head Start programs.*

*The valuable opportunities they provide will help you and your family learn, achieve, and thrive.*

*Alicia Mancha*

*Alicia Mancha*

*Director  
Birth-to-Five Head Start*

## **IMPORTANT PHONE NUMBERS**

### **DIRECTOR**

Head Start Director	361-654-7927
Head Start Associate Director	361-654-7958

### **CONTENT AREA COORDINATORS**

Curriculum & Instruction Coordinator	361-654-7931
Disability /Mental Health Coordinator	361-654-7914
ERSEA Coordinator	361-880-4141
Family & Community Partnership/Transition Coordinator	361-429-6712
Health Coordinator	361-654-7949
Nutrition Coordinator	361-654-4918
Site Base Manager Quality Support Coach	361- 885-1380
Training & Technical Assistance Coordinator	361-654-7915

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## HOURS, DAYS, AND MONTHS OF OPERATION

<b>HOURS OF OPERATION</b>	7:30 a.m. - 2:45 p.m. ❖ <i>Salazar EHS/HS Center, at Robstown ISD, will follow NCCAA schedule</i>
<b>DAYS OF OPERATION</b>	Monday thru Friday
<b>MONTHS OF OPERATION</b>	EHS & HS August 3rd, 2023 thru June 6th, 2024

### SCHEDULED HOLIDAYS

<b>September</b> Labor Day	<b>October</b> Indigenous Day	<b>November</b> Veteran’s Day Thanksgiving Week
<b>December</b> Children’s Winter Break	<b>January</b> New Year’s Day Martin Luther King Day	<b>February</b> President’s Day
<b>March</b> Spring Break	<b>March or April</b> Good Friday Easter Monday	<b>May</b> Memorial Day
<b>June - Juneteenth</b>		<b>July</b> Independence Day
<p>❖ We will hold In-service training days and Teachers Work Days throughout the year; the centers will be closed on those days.</p> <p>❖ We will also have Early Dismissal Days. On those days, children will be dismissed at noon.</p> <p style="text-align: center;"><b>All those dates will be scheduled in the NCCAA Official Calendar.</b>  <b><i>The calendar can be found at <a href="https://www.nccaatx.org/btfive.html">https://www.nccaatx.org/btfive.html</a></i></b></p> <p style="text-align: center;"><b>*** Salazar EHS/HS Center, at Robstown ISD, will follow NCCAA schedule ***</b></p>		



# **CHILD CARE LICENSING AND FAMILY PROTECTIVE SERVICES INFORMATION**

## **Communication with Child Care Licensing**

Nueces County Community Action Agency Birth-to-Five Head Start centers are regulated and licensed by the Texas Department of Family and Protective Services (TDFPS). Parents are welcomed and encouraged to contact TDFPS anytime that they have questions or concerns regarding child care licensing or regarding compliance. The agency's website is <http://dfps.state.tx.us>. The number to the central office in Austin is 512-438-4800. The local office is located at 5155 Flynn Parkway, Suite 623, Corpus Christi, TX. 78411. They can be reached by phone at 361- 878-3451.

TDFPS Child Care licensing maintains a website that has information regarding reports, inspections, and corrective actions taken by childcare licensing and the centers that they inspect. They also have information about choosing a childcare center, as well as the Child Care Licensing Minimum Standards that childcare centers must follow posted on the website. They have information about current initiatives the state is taking regarding children's health and safety.

### **Note:**

- All parents receive Parent Orientation, which includes Minimum Standards and Head Start Operational Policies.
- A copy of the Child Care Licensing Minimum Standards is available at every Birth-to-Five Head Start center.

**\*\*\* Our most recent Licensing Inspection  
is posted at each center and available for  
review \*\*\***

## BIRTH-TO-FIVE HEAD START SERVICES

### CENTER BASED POLICIES

#### Firearms and Other Type of Weapons Policy

OHS PS 1302.47 (b)(1)(vii)

§746.3707

To ensure the Safety of our children, NCCAA Birth to Five Head Start Program has a ***GUNS/WEAPONS ZERO TOLERANCE Policy*** at all its facilities and any premises where the Agency has an event. All facilities must be free from firearms or other weapons. Firearms, any type of knives, brass knuckles, and any other weapons are prohibited on the premises.

#### ONLY Small Clear / See-through Backpack Policy

§746.3701

Supervision alone cannot prevent all accidents and injuries. The environment must be free of health and safety hazards to reduce risks to children. Therefore, to prevent children from the possible exposure to additional items that could be brought into the facilities unnoticed, NCCAA Birth to Five Head Start Program has an ***ONLY Small Clear/See-through Backpack Policy***.

#### Sexual Harassment Policy

**Definition:** an unwelcome sexual advance, request for sexual favors and other verbal or physical conduct of a sexual nature if:

- ❖ Submission to the conduct is an explicit or implicit term or condition of employment, volunteering or enrollment
- ❖ Submission to or rejection of this conduct is a basis for an offer of opportunities to an employee, parent or Volunteer

Regular and repeated conduct around the Head Start Site which “unreasonably interferes” with an employee’s work performance or creates an “intimidating, hostile, or offensive” environment.

NCCAA shall not tolerate sexual harassment. Any person who feels being harassed should report the incident to their Site Base Manager or the Birth to Five Head Start Director.

#### Violence Policy

Violence against Birth-to-Five Head Start Program personnel or any other person on Birth-to-Five Head Start premises is strictly prohibited. All employees, parents, volunteers, and other visitors to the Head Start premises are expected to conduct themselves in a courteous manner at all times.

- ❖ Any person (employees, parents, volunteers, and other visitors) who exhibits violent behavior, verbally or physically, or who threatens the well-being of any other person, or any person accused of such acts will be immediately suspended until a thorough investigation is completed. Upon completion of the investigation, the offender may be subject to actions up to and including permanent exclusion from all Birth-to-Five Head Start premises (parents, volunteers, and other visitors) and/or up to and including termination (staff).
- ❖ Law enforcement (police) will be called if; at any time, the staff perceives a violent event is occurring.
- ❖ Any person who is deemed to have assaulted any other person on Birth-to-Five Head Start premises will be prosecuted to the fullest extent of the law.
- ❖ In the event law enforcement officials are called to Birth-to-Five Head Start premises due to a violent occurrence, parents will be notified via Parent Advisory notice.

## **Gang Free Zone Policy**

**Definition:** A gang-free zone is the area around all of the Birth-to-Five Head Start childcare centers, where illegal gang related activity is against the law.

- ❖ The gang-free zone is within 1000 feet of all Birth-to-Five Head Start childcare centers.
- ❖ The purpose of gang-free zones is to discourage criminal activity in areas where children gather by enforcing tougher penalties.

## **Breastfeeding Policy (EHS)**

Human milk is the best source of milk for infants. Additionally, breastfeeding supports optimal health and development.

NCCAA Birth to Five Head Start supports this practice. Therefore, mothers, who are nursing, will have a place to sit and breastfeed their children. Some things center staff may do/offer to provide additional support include, but are not limited to:

- ❖ An adult-size chair in the classroom or in another area of the Center
- ❖ A pillow to support her infant on her lap
- ❖ A step stool to prop her feet and prevent back strain
- ❖ Water or other liquid to help her stay hydrated.

## **Photos/Pictures/Videos Policy**

Due to confidentiality and protection of our children's safety, we ask parents not to take photos or videos of children, other than their own, during any center or agency event. Agency staff are allowed to use **ONLY** an agency- issued camera/device to take pictures or videos of the children, whose parents have signed a consent form, for the purpose of agency use. All staff are held to a higher standard and sign a confidentiality statement every year.

## **Water Play Policy**

Water play activities will only consist of the use of sprinklers away from hard, slippery surfaces. Equipment will be stored away from children when not in use. For the safety of the children and staff, additional volunteers are encouraged to assist during water play activities. Children must wear appropriate clothing and shoes at all times when engaging in water play activities and children will be supervised at all times.

Parents are responsible for:

- ❖ **Applying sunscreen to their own child at home** or at center during drop off time. If applying the sunscreen at the Center/classroom, **parents MUST take the sunscreen home with them.**
- ❖ Ensuring that their child has an extra set of clothes to change on the days children are engaged in water play activities.

## Outdoor Activity Policy

Children are spending increasingly less time playing outdoors. Encouraging children to get outside, get moving, and connect with the natural world are all ways to reverse childhood obesity rates. However, the benefits do not stop there, research has shown that children who play outdoors regularly are happier, healthier, and stronger! The following is a list of resources that can give you ideas to encourage your child.

- ❖ [Outdoor Play Benefits \(hhs.gov\)](https://www.hhs.gov/fitness/outdoor-play/benefits)
- ❖ [Benefits of Outdoor Play and Exploration | ECLKC \(hhs.gov\)](https://www.hhs.gov/fitness/outdoor-play/benefits)
- ❖ [https://d3knp61p33sjvn.cloudfront.net/media-resources/ECELC/C4/LS1/Project%20Coordinators Trainers/NutritionandMovementActivity Book.pdf](https://d3knp61p33sjvn.cloudfront.net/media-resources/ECELC/C4/LS1/Project%20Coordinators%20Trainers/NutritionandMovementActivityBook.pdf)
- ❖ <https://choosykids.com/pages/dit-printables>
- ❖ <https://www.cdc.gov/physicalactivity/basics/children/index.htm>

Child Care Licensing requires, for children 18 months to five years old to have two daily scheduled outdoor play times. Infants younger than 18 months are only required to have a daily opportunity for outdoor play. Weather permitting.

- ❖ During inclement weather (Rainy Days, Mosquitos, Heat Index, cutting of grass) children will participate in Rainy Day activities indoors; these activities will be gross motor activities and will be for the same amount of time as their outdoor activities.
- ❖ Children have a total of 60 minutes of structured and 60 minutes of unstructured physical activity throughout the day.
- ❖ **Parents are responsible for applying insect repellent/sunscreen to their own child** at home or at center during drop off time. If applying the insect repellent/sunscreen at the Center/classroom, **parents MUST take the insect repellent/sunscreen home with them.**
- ❖ When children play outdoors between 11:00 a.m. and 3:00 p.m., they are encouraged to play in shaded/covered areas.
- ❖ Teaching staff must carry emergency medications, First Aid Kit/Fanny pack, Safety Transition Checklist and Emergency Contact List.

**\*\*\* TEACHING STAFF SUPERVISES CHILDREN AT ALL TIMES \*\*\***

## Transportation Policy

NCCAA Birth-to-Five Head Start is unable to provide transportation for enrolled children; therefore, families are responsible for transportation to the childcare center.

## Animal Policy

Fish are the **only animals** that may live at the Birth to Five Head Start Centers.

## Dress Code

To allow our children to participate freely and safely in all activities, the following Dress Code Policy is enforced:

- ❖ Appropriate clothing must be worn in accordance with outdoor weather. Parents are asked to bring a change of clothes for their child that is appropriate for the weather.
- ❖ Appropriate footwear must be worn to prevent falls and protect children's feet/toes. For example, athletic shoes are appropriate for outdoor play. Closed toed sandals with back straps are recommended. **Flip-flops, slippers or Crocs™ style shoes are not safe to wear at school.**
- ❖ Girls should wear shorts under a dress. **If a need for clothes is identified, Family Advocate will provide parents with resources**
- ❖ **For Staff Dress Code Policy, refer to NCCAA Employee Handbook.**

## FAMILY ENGAGEMENT AND SCHOOL READINESS CENTER VISIT POLICY

### Open Door Policy

Head Start encourages parents and families to become involved in their children's education, both in and out of the classroom. All NCCAA Birth-to-Five Head Start centers/classrooms have an Open-Door Policy. This means parents are welcome to drop by and spend time with their child at any time.

This is an opportunity for parents to learn how to create a learning environment at home in an effort to support classroom learning.

*When you come to visit the center, be sure to wash your hands as you enter the building.*



### NOTE:

*Even though NCCAA Birth to Five Head Start Program has an Open-Door Policy; compliance to our Violence Policy must be observed at all times.*

## 1302 PROGRAM OPERATIONS

### Subpart C-Education and Child Development Program Services

#### 1302.31 Teaching and the learning environment

- (a) Teaching and the learning environment. A center-based and family child care program must ensure teachers and other relevant staff provide responsive care, effective teaching, and an organized learning environment that promotes healthy development and children's skill growth aligned with the Head Start Early Learning Outcomes Framework: Ages Birth to Five, including for children with disabilities. A program must also support implementation of such an environment with integration of regular and ongoing supervision and a system of individualized and ongoing professional development, as appropriate.
- (2) For dual language learners, a program must recognize bilingualism and illiteracy as strengths and implement research-based teaching practices that support their development. These practices must:
- (i) For an infant or toddler dual language learner, include teaching practices that focus on the development of the home language, when there is a teacher with appropriate language competency, and experiences that expose the child to English;
- (ii) For a preschool age dual language learner, include teaching practices that focus on both English language acquisition and the continued development of the home language; or,
- (iii) If staff do not speak the home language of all children in the learning environment, include steps to support the development of the home language for dual language learners such as having culturally and linguistically appropriate materials available and other evidence-based strategies. Programs must work to identify volunteers who speak children's home language/s who could be trained to work in the classroom to support children's continued development of the home language.
- ❖ **Classroom Schedules** ensure teachers implement well-organized learning environments that provide adequate opportunities for choice, play, exploration, and experimentation among a variety of learning, sensory, and motor experiences. Following a daily schedule establishes routine, structure, and security for children.
  - ❖ **Quiet Time/Activities** Supervised rest time must be provided for children in care for five or more consecutive hours. Rest Time must not exceed three hours. A program must provide alternative quiet learning activities for children who are awake after resting for fifteen minutes to participate in an alternative, quiet activity until rest time is over for all children.
  - ❖ **Lesson Plans** must be submitted to Site Base Manager in a timely manner for review and approval.
    - Lesson plans provide a framework for efficient teaching.
    - Lesson plans help teachers be more confident in delivering a lesson
    - Lesson plans allow teachers to individualize for all children in a small group.
  - ❖ **Home Language Questionnaire** NCCAA supports the native language and culture of every child and family. Head Start actively promotes English Language Acquisition for those children whose English is not their first language, or a child who has grown up hearing equal amounts of two or more languages every day since birth. Whenever possible, children will be placed in a classroom where at least one teacher speaks the child's native language.

## 1302.32 Curricula

(a) Curricula

(1) Center-based and family child care programs must implement developmentally appropriate research based early childhood curricula, including additional curricular enhancements, as appropriate that:

- (i) Are based on scientifically valid research and have standardized training procedures and curriculum materials to support implementation;
- (ii) Are aligned with the *Head Start Early Learning Outcomes Framework: Ages Birth to Five* and, as appropriate, state early learning and development standards; and are sufficiently content-rich to promote measurable progress toward development and learning outlined in the Framework; and,
- (iii) Have an organized developmental scope and sequence that include plans and materials for learning experiences based on developmental progressions and how children learn.

- ❖ **Head Start Early Learning Outcomes Framework:** Ages Birth to Five: Five essential domains are broad areas of early learning and development from birth to 5 years that are essential for school and long-term success
- ❖ **Scope and Sequence** purpose is to ensure planning individual opportunities, and to assist staff to determine each child’s progress

	CENTRAL DOMAINS				
	APPROACHES TO LEARNING	SOCIAL AND EMOTIONAL DEVELOPMENT	LANGUAGE AND LITERACY	COGNITION	PERCEPTUAL, MOTOR, AND PHYSICAL DEVELOPMENT
▲ INFANT/TODDLER DOMAINS	Approaches to Learning	Social and Emotional Development	Language and Communication	Cognition	Perceptual, Motor, and Physical Development
● PRESCHOOLER DOMAINS	Approaches to Learning	Social and Emotional Development	Language and Communication	Mathematics Development	Perceptual, Motor, and Physical Development
			Literacy	Scientific Reasoning	

### 1302.33 Child screenings and assessments

(a) Screening.

(1) In collaboration with each child's parent and with parental consent, a program must complete or obtain a current developmental screening to identify concerns regarding a child's developmental, behavioral, motor, language, social, cognitive, and emotional skills within 45 calendar days of when the child first attends the program.

(b) Assessment for individualization.

(1) A program must conduct standardized and structured assessments, which may be observation-based or direct, for each child that provide ongoing information to evaluate the child's developmental level and progress in outcomes aligned to the goals described in the *Head Start Early Learning Child Outcomes Framework: Ages Birth to Five*. Such assessments must result in usable information for teachers, home visitors, and parents and be conducted with sufficient frequency to allow for individualization within the program year.

- ❖ **Developmental and Behavioral Screenings (ASQ-3 and ASQSE-2)**- Identify children who may be at risk for a developmental delay (determine if further evaluation is needed)
- ❖ **DRDP (Desired Results Developmental Profile)**-The Birth to Five Head Start Program assessment is a strength based assessment, allowing children to demonstrate their knowledge and skills in their natural settings. The DRDP is valid, reliable, and Head Start Early Learning Outcomes Framework aligned.

### 1302.34 Parent and Family engagement

(a) Purpose. Center-based and family childcare programs must structure education and child development services to recognize parents' roles as children's lifelong educators, and to encourage parents to engage in their child's education.

(2) Teachers regularly communicate with parents to ensure they are well informed about their child's routines, activities, and behavior;

(3) Teachers hold parent conferences, as needed, but no less than two times per program year, to enhance the knowledge and understanding of both staff and parents of the child's education and developmental progress and activities in the program;

(4) Parents have the opportunity to learn about and to provide feedback on selected curricula and instructional materials used in the program;

(5) Teachers inform parents, about the purposes of and the results from screenings and assessments and discuss their child's progress;

(6) Teachers, except those described in paragraph (b)(8) of this section, conduct at least two home visits per program year for each family, including one before the program year begins, if feasible, to engage the parents in the child's learning and development. Except that such visits may take place at a program site or another safe location that affords privacy at the parent's request, or if a visit to the home presents significant safety hazards for staff.

- ❖ **Parent/Teacher Sign-up**- Home Visits and Parent Conferences must be scheduled at times that are mutually convenient for parents, primary caregivers and staff.
- ❖ **Home Visits**- As per Performance Standards there must be two Home Visits completed per school year for each child.
- ❖ **Parent Conferences**- As per Performance Standards there must be two Parent Conferences completed per school year for each child.
- ❖ **Daily Activity Reports (for Infants)** are used to effectively communicate with parents on a daily basis, create healthy relationships with parents and enhance the protection and well-being of infants.



- ❖ **Home Connections Calendars** are designed to foster parent-child interaction and development. Monthly homework calendars have been developed to help parents reinforce concepts and skills being taught in the classroom.
- ❖ **Lending Libraries** are available in all birth to Five Head Start facilities to help parents encourage



reading at home.

### 1302.47 Safety Practices

- (a) A program must establish, train staff on, implement, and enforce a system of health and safety practices that ensure children are kept safe at all times. Head Start Child Supervision Requirements “No child shall be left alone or unsupervised while under their care”
- ❖ **Active Supervision** is the most effective strategy for creating a safe environment and preventing injuries in young children.
  - ❖ **Classroom Binder** is used to keep uniformity within the Head Start Program. All-important daily paperwork is kept in this binder. Each Site Base Manager must develop a system in which each classroom will submit reports on a daily/weekly or monthly basis.
  - ❖ **Magic Number-** Safety Procedures are practiced regularly to maintain supervision of all children while keeping a tally of children in the classroom at different times of the day. This is another opportunity to confirm the count without disrupting instruction. Magic Number Form is placed on the exit door above/beside the Active Supervision Poster.
  - ❖ **Prohibited use of electronics-** Ensures Staff and Consultants (Counted in Child/Staff Ratio and directly supervising children) to follow appropriate practices to keep children safe at all times.
  - ❖ **Release of children** NCCAA staff is authorized to release children **ONLY** to the custodial parent or those individuals listed on the Emergency Contact Form. If the staff is unfamiliar with the individual attempting to pick up a child, they will ask that person for identification.
  - ❖ **Intoxicated/Impaired Person Child Pick up Form-**Parents will sign a form about policy and procedures of any adult that comes the center to pick a child that may appear intoxicated or chemically impaired.



# Active Supervision

SIX STRATEGIES TO KEEP CHILDREN SAFE

## Set Up the Environment



## Position Staff



## Scan and Count



## Listen



## Anticipate Children's Behavior



## Engage and Redirect



Everyone has a responsibility to keep children safe!



National Center on  
Health, Behavioral Health, and Safety



Scan here to learn more  
about Active Supervision.

This material is provided for the information of Children and Families (CF) and is not intended to be used as a substitute for professional advice or services. It is not intended to be used as a substitute for professional advice or services. It is not intended to be used as a substitute for professional advice or services.

## STANDARDS OF CONDUCT AND DISCIPLINE AND GUIDANCE

### Why does Head Start have a Standards of Conduct and Discipline and Guidance Policy?

The Nueces County Community Action Agency (NCCAA) Birth-to-Five Head Start Program believes that children should be encouraged to develop to their fullest potential. In the NCCAA Birth-to-Five Head Start Program, children are offered the opportunity to develop socially, emotionally, physically, and intellectually. An important aspect of Head Start's effectiveness is parental engagement in planning and administering the program.

An important part of growth is the development of a strong self-esteem. Birth-to-Five Head Start staff strive to help children feel good about themselves and, subsequently, demonstrate positive social and personal skills. In order to assist parents and staff in guiding the children, a Standards of Conduct and Discipline and Guidance Policy was developed. The Standards of Conduct and Discipline and Guidance Policy complies with the guidelines set forth by the Head Start Performance Standards and State Licensing Minimum Standards.



Nueces County Community Action Agency Birth-to-Five Head Start Program  
**Standards of Conduct and Discipline and Guidance Policy**

**Performance Standard:** 1302.90(c)(1)(i-v)(2), §1302.102(d)(1)(ii)

**Minimum Standards:** §746.2803, §746.2805, §746.501(a)(7)

**Purpose:** To ensure that Nueces County Community Action Agency Birth to Five Head Start Program (NCCAA) staff, consultants, contractors, and volunteers abide by established positive strategies to support children’s well-being and prevent and address challenging behavior, do not maltreat or endanger the health and safety of children and ensure no child is left alone or unsupervised by staff, consultants, contractors, or volunteers under their care.

**Policy:**

NCCAA staff, consultants, contractors, and volunteers will adhere to established procedures. During New Staff Orientation and annually thereafter the NCCAA staff, consultants, contractors, and volunteers will be trained, understand, sign and receive a copy of this Standards of Conduct and Discipline And Guidance Policy. Parents will review, sign and receive a copy of this policy upon enrolling their child.

**Procedures:**

1. NCCAA staff, consultants, contractors, and volunteers must not:
  - a. Use inappropriate discipline, which is any type of conduct used to instill fear or humiliate rather than to educate a child, such as poking or pinching a child; making fun of or laughing about a child
  - b. Use any type of corporal punishment meaning any of the following actions inflicted directly on the body including but not limited to: hitting, shaking, slapping, twisting, biting, grabbing, shoving, swatting/spanking, dragging/pulling a child
  - c. Use isolation to discipline a child
  - d. Bind or tie a child to restrict movement or tape a child’s mouth
  - e. Use or withhold food as a punishment or reward
  - f. Use toilet learning/training methods that punish, demean, or humiliate a child
  - g. Use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child; threatening to discipline or threatening to call parents to report child’s behavior
  - h. Physically or sexually abuse a child
  - i. Use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or child’s family
  - j. Use physical activity or outdoor time as a punishment or reward; demand excessive physical exercise
  - k. Allow or encourage discipline (e.g., hit, bite, kick) of a child by another child
  - l. Send child to the Site Base Manager or Family Advocate office or to another classroom as a form of discipline
  - m. Use brief supervised separation or time out from the group or have the child stand still for any period of time
2. NCCAA staff, consultants, contractors, and volunteers must supervise children at all times. Never leave a child alone or unsupervised anywhere on or outside the grounds of a Head Start facility (e.g., in a classroom, bathroom, on the playground or parking lot). Never release a child to an unauthorized person or person whose identity has not been verified by photo identification.
3. NCCAA staff, consultants, contractors, and volunteers must respect and promote the unique identity of each child and family by creating a welcoming and supportive environment. Refrain from stereotyping any child or family on any basis, including gender, race, ethnicity, culture, religion, disability, sexual orientation, or family composition.

4. At the time of enrollment, the Family Advocate will review the Standards of Conduct and Discipline and Guidance Policy with the parent. The signed form will be filed under the enrollment tab of the child record. A copy will be issued accordingly. A copy of this policy is also provided in the Birth-to-Five Head Start Program Parent and Staff Handbook
5. NCCAA staff, consultants, contractors, and volunteers will be trained, understand and sign the Standards of Conduct and Discipline and Guidance Policy during New Staff Orientation and annually thereafter. For NCCAA staff: the signed policy will be filed in the staff compliance binder. For consultants and contractors: the signed policy will be filed with the contract. For volunteers the signed policy will be filed in the volunteer compliance binder.
6. NCCAA staff, consultants, contractors, and volunteers are required to comply with the NCCAA Confidentiality Policy concerning personally identifiable information about children, families, and other staff members in accordance with subpart C of part 1303 and applicable federal, state, local, and tribal laws.

**Refer to the Child Maltreatment Reporting Policy and Procedures for reporting of any violation of the Standards of Conduct and Discipline Guidance Policy. As per, policy 402, 403 and 404 found in the NCCAA Employee Handbook penalties for violation of the Standards of Conduct and Discipline Guidance Policy are noted.**

**Per Minimum Standards Rule §746.2803 Subpart L, Discipline and Guidance: “What methods of discipline and guidance may a caregiver use?”**

**Discipline must be:**

- 1) Individualized and consistent for each child;
- 2) Appropriate to the child's level of understanding;
- 3) Directed toward teaching the child acceptable behavior and self-control;
- 4) A positive method of discipline and guidance that encourages self-esteem, self-control, and self-direction.
  - A) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
  - B) Reminding a child of behavior expectations daily by using clear, positive statements;
  - C) Redirecting behavior using positive statements;” (THHS, Minimum Standards for Child Care Centers, March 2023, p.158)

**Per Minimum Standards RULES §746.2805 (1-10) Subpart L, Discipline and Guidance: “What types of discipline and guidance or punishment are prohibited?”**

**There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:**

- 1) Corporal punishment or threats of corporal punishment;
- 2) Punishment associated with food, naps, or toilet training;
- 3) Grabbing or pulling a child;
- 4) Putting anything in or on a child's mouth;
- 5) Humiliating, ridiculing, rejecting, or yelling at a child;
- 6) Subjecting a child to harsh, abusive, or profane language;
- 7) Placing a child in a locked or dark room, bathroom, or closet;
- 8) Placing a child in a restrictive device for time out
- 9) Withholding active play or keeping a child inside as a consequence for behavior,
- 10) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.” (THHS, Minimum Standards for Child Care Centers, March 2023, p.159)

**Per Minimum Standard §746.2805 “Technical Assistance**

- Child development research supports that physical punishment such as pinching, shaking, or hitting children teaches them that hitting or hurting others is an acceptable way to control unwanted behavior or get what they want.
- Children will also mimic adults who demonstrate loud or violent behavior.
- Rapping, thumping, popping, yanking, and flicking a child are all examples of corporal punishment.
- Regarding paragraph (9), you must never withhold active play from a child who misbehaves (i.e., keeping a child indoors with another caregiver while the rest of the children go outside or making a child sit out of active play in the afternoon for a behavior that occurred in the morning).” (THHS, Minimum Standards for Child Care Centers, March 2023, p.160)

**My signature verifies I have read and received a copy of this Standards of Conduct and Discipline and Guidance Policy. I understand, as per, policy 402, 403, and 404 found in the NCCAA Employee Handbook all staff, consultants and volunteers must abide by workplace standards and any violation of this policy may result in disciplinary action up to and including termination.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please check one:** Parent/Guardian  Employee  Other

**Resource List**

1302.90 personnel policies. ECLKC. (2019, March 21). Retrieved April 18, 2023, from <https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-90-personnel-policies>

Form 1099, operational discipline and guidance policy - texas. (n.d.). Retrieved April 19, 2023, from <https://www.hhs.texas.gov/sites/default/files/documents/laws-regulations/forms/1099/1099.pdf>

Minimum Standards for Child-Care Centers. Chapter 746: Subchapter L: Discipline and Guidance(2023, April,4). Retrieved April 18, 2023, from <https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/protective-services/ccl/min-standards/chapter-746-centers.pdf>

Reporting child health and safety incidents. ECLKC. (2022, September 28). Retrieved April 18, 2023, from <https://eclkc.ohs.acf.hhs.gov/policy/im/acf-im-hs-22-07>

Texas administrative code. (n.d.). Retrieved April 18, 2023, from [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y)

Texas administrative code. (n.d.). Retrieved April 18, 2023, from [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y)

Texas administrative code. (n.d.). Retrieved April 18, 2023, from [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y)

## **I. Parent(s)/Primary Caregiver(s)' Roles and Responsibilities**

Parents/primary caregivers are their child's first teacher and role model. A child's feelings of self-love, self-respect, and self-esteem are greatly impacted by their parent/primary caregiver's beliefs and actions.

The NCCAA Birth-to-Five Head Start Program is committed to helping families develop and strengthen their role as effective parents/primary caregivers. Head Start provides opportunities for training in education, health, nutrition, disabilities, mental health, transition, and family services to all Birth-to-Five Head Start families. The following guidelines are designed to help families in their role as parent/primary caregiver, not only in the Birth-to-Five Head Start Program but also at home.

### **A. Parent(s)/Primary Caregiver(s)' General Responsibilities**

1. Set positive examples for your child
2. Speak to your child in a respectful manner and tell your child what you expect
3. Establish a daily routine for your child by setting a time for going to bed, waking up, eating, and bathing
4. Encourage developmentally appropriate activities (contact your child's teacher for ideas)
5. Provide a loving and nurturing home environment
6. Accept your child as an individual, without making comparisons to others
7. Meet your child's basic needs—food, shelter, clothing, exercise, and health care
8. Teach your child manners and respect for all by being a role model (Please, Thank You)
9. Apply consistent and positive discipline guidance strategies immediately following inappropriate behaviors that teach children self-control and positive self-worth.
10. Use disciplinary techniques that teach children to have self-control and positive self-worth.
11. Avoid spanking, hitting, or screaming at children, which may lead to negative feelings.
12. Teach your child, using biological terms (i.e., penis, vagina), about his/her body and respect for the human body

### **B. Parent(s)/Primary Caregiver(s)' Responsibilities at the Head Start Center**

1. Make sure your child attends Head Start every day (unless ill).
2. Bring and pick up your child on time.
3. Make sure your child comes wearing clean clothes and combed hair. A change of clothes should be provided for each child.
4. Participate regularly by volunteering in the Head Start Program, attending parent meetings and training sessions.
5. Follow classroom rules and demonstrate respect to other adults and children when participating in Head Start activities.
6. Talk to your child each day about classroom experiences.
7. Dress appropriately when participating in Head Start activities.
8. Provide an update of responsible emergency contacts in case you cannot be reached (i.e., phone numbers, addresses).
9. ***Do not send money, toys, or expensive jewelry with your child. The Head Start Program will not be responsible for loss or damage to any of these items.***

## **II. Teaching Staff's Role and Responsibilities**

In the NCCAA Birth-to-Five Head Start Program, the Teaching staff and classroom volunteers enhance children's growth and development by establishing a nurturing and stimulating learning environment. The teaching staff guide children's behavior and promote positive self-esteem for all children. The teaching staff attends regular training opportunities throughout the year to reinforce their positive guidance and classroom management techniques. The following guidelines apply to all Birth-to-Five Head Start personnel and volunteers when they are responsible for the supervision of Birth-to-Five Head Start children:

### **A. Teaching Staff Guidelines**

1. Demonstrate a cheerful and positive attitude with children
2. Act as a positive role model for children
3. Communicate with children in a respectful manner (Excuse Me, Pardon me)
4. Establish a nurturing and trusting relationship with each child and their family
5. Provide a safe environment, free of harm and danger to children
6. Maintain an environment that fosters children's creative self-expression
7. Adhere to NCCAA Birth-to-Five Head Start Program's Standard of Conduct and Discipline and Guidance Policy

### **B. Positive Guidance Techniques**

Teaching staff must be prepared to guide children through the day's activities. This can be accomplished by preparing the classroom environment, using effective classroom management and utilizing a variety of resources. The Teaching staff's goal for each day is for each child to be successful.

### **C. Classroom Environment**

The classroom staff engages in positive redirection and praise children throughout the day.

The environment is child friendly to encourage children to explore and manipulate materials in his/her environment with limited adult assistance. A few examples are as follows:

- ❖ All classrooms are organized with material and equipment to promote independence and self-sufficiency.
- ❖ Lesson plans and classroom schedules are followed daily, but flexible to meet children's needs.
- ❖ Activities are developmentally age appropriate for optimal learning and development.
- ❖ Room Labeling—cubbies and personal items will be labeled with the child's name.
  - Learning centers and other items in the room will be labeled with words and pictures using dual language so that children can easily locate and return items to the appropriate locations.



# Nueces County Community Action Agency Established School Readiness Goals



Children will manage feelings, emotions, actions, and behaviors with increasing independence with support of familiar adults.



Children will develop, engage in, and maintain consistent, positive interactions with adults and other children.



Children will use language in conversations with others as developmentally appropriate.



Children will inquire through observation and investigation of their natural world.



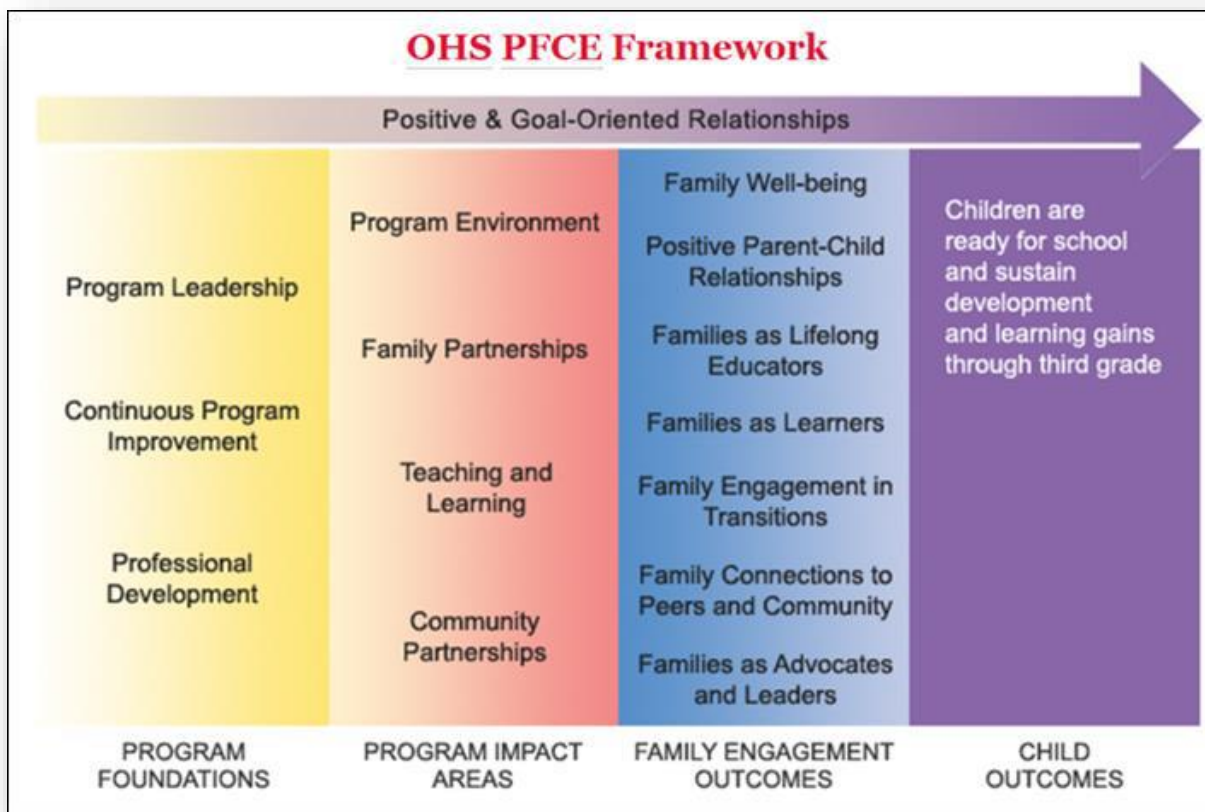
**SCHOOL READINESS** is the process of early learning and development, from infancy to school age, when children gain the skills and attitudes they need to succeed in school.

School readiness is a shared responsibility among schools, programs, and families.



Children will engage in physical activities and practice healthy nutrition choices throughout the day.





### 1302.50-53 FAMILY & COMMUNITY PARTNERSHIPS

***Parent and family engagement in Head Start/Early Head Start (HS/EHS) is about building relationships with families that support family well-being, strong relationships between parents and their children, and ongoing learning and development for both parents and children.***

Strong partnerships with families are essential to children’s school readiness and healthy development. The Family Advocates are here to work with parents and act as a support system for the entire family. By working with their Family Advocate, parents will have the opportunity to participate in a Family Partnership Process that includes, but it is not limited to:

- ❖ Family Partnership Agreement
- ❖ Identification of family strengths and needs
- ❖ Individualized family partnership services to set goals that address both the family and the child’s strengths and needs.
- ❖ Goal Setting Meeting (s)
- ❖ Support on any existing plans and community resources.
- ❖ Follow-up progress of goals and referrals
- ❖ Ongoing communication to ensure family well-being

Family Advocates will aid with referrals on resources in the community regarding:

- Crisis assistance (food, clothing, shelter, etc.)
- Health and Nutrition
- Parenting Skills
- Domestic Violence
- GED Classes, Higher Education, ESL
- Employment
- Etc.

They will also refer families and staff to our Community Services Division.

## COMMUNITY SERVICES



*Helping People. Changing Lives.*

*NCCAA works with partners to apply comprehensive strategies to eliminate the causes of poverty for people of Nueces County.*

# Community Services Program

Community Services is a division of Nueces County Community Action Agency (NCCAA) which provides a variety of programs intended to empower people and build thriving communities by providing services that directly impact households transitioning out of poverty.

Services we provide:

- Case Management
- Tuition Assistance
- Affordable Housing
- Utility Assistance
- Weatherization
- Heating and Cooling
- Home Preservation
- Information and Referral
- Public Notary

You can pick up an application at the following locations:

Community Action Service Center  
1006 22<sup>nd</sup>. St  
Corpus Christi, TX. 78405  
361-882-4193

Rural Service Center (Robstown)  
801 E. Main St.  
Robstown, TX. 78380  
361-387-1527

## FAMILY ENGAGEMENT OPPORTUNITIES

<p><b>Family And Community Engagement</b> <b>F.A.C.E. Meetings</b></p>	<p><i>Let's F.A.C.E the future of our children together!</i> Monthly center parent meetings. Parents/ Primary Caregivers learn about a wide variety of topics, including, but not limited to:</p> <ul style="list-style-type: none"> <li>❖ Healthy Cooking</li> <li>❖ Healthy Habits/Exercise</li> <li>❖ Parent-Child Activities</li> <li>❖ Behavior Issues</li> <li>❖ Child &amp; Family Well Being</li> <li>❖ Community Resources</li> <li>❖ Literacy</li> <li>❖ Emergencies/Hazards</li> <li>❖ Adult Education/Job Training</li> <li>❖ School Readiness</li> <li>❖ Financial Literacy</li> </ul>
<p><b>Fathers Actively Involved Through Head Start</b> <b>F.A.I.T.H. Activities</b></p>	<p>The goal of our male involvement activities is to provide a supportive, educational and father friendly environment to all father figures involved in the lives of our children.</p>
<p><b>Wellness/IMIL (I'm Moving, I'm Learning) for Families Meetings</b></p>	<p>Wellness/IMIL Meetings provide families with activities and information on the importance of physical activity, preventive care, mental care and healthy lifestyle.</p>
<p><b>Family Engagement Mini-Conferences</b></p>	<p>Quarterly Conferences focused on providing parents with resourceful information and education on topics such as: parenting skills, self-care, stress management, School Readiness, school transitions, etc.</p>
<p><b>Policy Council</b></p>	<p>Elected Policy Council members represent their center at monthly Policy Council meetings and participate in making decisions for the program.</p>
<p><b>Home Connections Calendars</b></p>	<p>Calendars with activities for parents to work with their child at home. Reading is so important!</p>
<p><b>School Readiness &amp; Family Engagement Advisory</b></p>	<p>The SR&amp;FE Advisory meets twice a year to recommend strategies to improve children's school readiness skills and strengthen partnerships with families, community and staff.</p>
<p><b>Health Services Advisory Committee</b></p>	<p>The HSAC meets Quarterly to recommend strategies to support Health, Safety, Nutrition and Mental Health initiatives in the program and community.</p>
<p><b>Grandparents and Other Relatives Raising Children Conference</b></p>	<p>Yearly conference focused on providing resourceful information on several issues such as: legal, medical, educational, etc. for grandparents and other relatives raising children.</p>

<p>Engagement opportunities in the classroom or Center:</p>	<p>Parents have a variety of opportunities to participate in the Program and engage in their children's education. They are welcome to: assist staff with the activities in the classroom or in the playground, help teachers prepare materials for activities/classroom at the center or from home, share their craft skills with other parents or children in the classroom, assist in event planning committees, attend agency/center/classroom events, etc.</p>
<p>P.I.E. (Partners In Education) Empowerment Groups</p>	<p>Our P.I.E. meetings offer parents the opportunity to connect with other parents and the community, and provide supportive and resourceful information on childhood development, parenting skills, and self-care skills.</p>
<p>STEP (Systematic Teaching for Effective Parenting) Meetings</p>	<p>A research-based curriculum, the STEP Program focuses on improving parent/child communication and helping children learn from the consequences of their own choices. The program helps parents to understand young children's behaviors and provide them with strategies to handle challenging behaviors.</p>
<p>Ready4K Parenting Curriculum</p>	<p>Ready 4K is a free text message service that helps busy parents and caregivers. Each week, Ready4K texts three tips, facts, and messages that help build language and literacy skills.</p>

**1303.4 NON-FEDERAL MATCH  
IN- KIND  
45 CFR 92.3(ee)**

**What is in-kind?**

In-kind means any charitable giving in which, instead of giving money to buy needed goods and services, the goods and services themselves are given to by volunteering time and/or providing approved needed items.

**Why do we need it?**

In order to continue receiving Federal Funding, each Head Start Program **MUST** receive donations from the community (**NON-FEDERAL MATCH**). The donations must equal, at least, 25% of the total dollar amount that comes from the Federal Government.

**What Happens If Our Program does not meet the 25% Requirement?**

If we do not meet the 25% In-Kind requirement, we have two choices:

- Pay the government back 25% dollar amount the program received, or
- Close Our Program Down

**IMPORTANT NOTE:** In-kind forms are legal documents utilized to record our federal non-share goals *and it is a federal offense to knowingly submit falsified documents for the purpose meeting in-kind requirements.*

- By volunteering their time, parents, family members and community partners help the program meet the non-federal share requirement.

Date	Home Activity Description (0.5 hours./day)	Time		
Total Time				

Date	Volunteer Activity Description	Time In	Time Out	Total Time
Total Time				

Non-Federal Share Form Revised February 2023

Date	Reading Log Description (10 min./day)	Total Time
Total Time		

Date	Ready4K Activity Description (15 min./day)	Total Time
Wednesday		
Friday		
Total Time		

Date	IMIL - I'm Moving, I'm Learning Activity Description (0.5 hours./day)	Total Time
Total Time		

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

Non-Federal Share Form Revised February 2023

## Examples of Donations

<i>Volunteer Time</i>	<i>Goods donations</i>
<ul style="list-style-type: none"> <li>❖ Helping at Center/Classroom</li> <li>❖ Attending Center Committee Meetings</li> <li>❖ Attend Center events</li> <li>❖ Representing Center at the Policy Council meetings</li> <li>❖ Attending Agency events with the children</li> <li>❖ Planning or helping with activities for the Center/classroom,</li> <li>❖ etc.</li> </ul> <p>** Refer to the Family Engagement Opportunities section on the previous page for more information.</p>	<ul style="list-style-type: none"> <li>❖ Nutritional store-bought food/snacks for center events</li> <li>❖ Children’s books and magazines</li> <li>❖ School, art supplies or materials for thematic units/support curriculum</li> <li>❖ Equipment bought by the Parent Committee with funds from a fundraiser</li> <li>❖ Soliciting donations from the Community,</li> <li>❖ etc.</li> </ul>

## 1302.34 (b) (4) VOLUNTEERS

### Regular and Frequent Volunteers

Regularly or frequently present at an operation--The definition means:

(A) A person is regularly or frequently present at an operation if the person:

(i) Is present at an operation on a scheduled basis;

(ii) Visits the operation three or more times in a 30-day period, with each visit being a period of time of less than 24 hours, and with multiple or periodic visits to an operation within the same day counting as one visit;

(C) **For a child day-care operation, parents are not regularly or frequently present at an operation solely because they are visiting their child, which may include dropping off or picking up their child, eating lunch with their child, visiting or observing their child, or consoling their child. However, a parent may be regularly or frequently present at an operation if he or she volunteers at an operation or is otherwise present at an operation for a reason other than visiting his or her child.**

### CENTER/ CLASSROOM REQUIREMENTS

1) For the safety of the children, NCCAA Birth-To-Head Start requires frequent and regular volunteers, who **ARE COUNTED** in the staff/child ratio, to meet, obtain and review the following:

- ❖ Clear background check
- ❖ Fingerprinting
- ❖ TB screening
- ❖ Affidavit
- ❖ Food Handler's training
- ❖ Overview of Minimum Standards
- ❖ NCCAA's Operational Policies
- ❖ NCCAA Birth to Five Head Start Program Child Maltreatment Reporting Policy and Procedures and Reporting Procedures for Suspected Child Maltreatment Involving NCCAA Employees, Sudden Infant Death Syndrome (SIDS), Shaken Baby Syndrome (SBS) and Early Brain Development (EBD)
- ❖ The procedures to follow in handling emergencies;
- ❖ The use and location of fire extinguishers and first aid equipment
- ❖ High School Diploma
- ❖ Civil Rights training
- ❖ English:  
<https://theicn.docebosaas.com/learn/course/external/view/elearning/122/civil-rights-in-child-nutrition-programs>
- ❖ Spanish: <https://theicn.docebosaas.com/learn/course/external/view/elearning/199/derechos-civiles-en-los-programas-de-nutricion-infantil>
- ❖ 8 hours of pre-service
- ❖ 18 years old or older

**\*\*\* Volunteer Training will be provided during  
New Staff Orientation or as needed.**



2) NCCAA Birth-To-Head Start requires frequent and regular volunteers, who are ***NOT COUNTED*** in the staff/child ratio; to obtain and review the following:

- ❖ Clear background check
- ❖ TB screening
- ❖ Affidavit
- ❖ Overview of Minimum Standards
- ❖ NCCAA's Operational Policies
- ❖ NCCAA Birth to Five Head Start Program Child Maltreatment Reporting Policy and Procedures and Reporting Procedures for Suspected Child Maltreatment Involving NCCAA Employees, Sudden Infant Death Syndrome (SIDS), Shaken Baby Syndrome (SBS) and Early Brain Development (EBD)
- ❖ The procedures to follow in handling emergencies
- ❖ The use and location of fire extinguishers and first aid equipment
- ❖ Civil Rights training
- ❖ English:  
<https://theicn.docebosaas.com/learn/course/external/view/elearning/122/civil-rights-in-child-nutrition-programs>
- ❖ Spanish: <https://theicn.docebosaas.com/learn/course/external/view/elearning/199/derechos-civiles-en-los-programas-de-nutricion-infantil>
- ❖ 18 years or older

***\*\*\* Volunteer Training will be provided by Site Based Managers as needed.***

# **WE RECOGNIZE OUR VOLUNTEERS**

*Parents who contribute 50 or more hours of  
“Volunteer in Classroom” qualify to attend the  
Volunteer Recognition Event  
at the end of the school year.*

At this event, we present awards to  
the EHS Volunteer of the Year and  
the HS Volunteer of the Year.

## **IN-KIND CORONATION**

In addition, we have our In-kind Coronation  
where the boy and girl with the highest family  
participation in each division (EHS and HS) will  
be crowned In-kind  
*King and Queen of the Program.*

## SOLICITATION OF DONATIONS

- Parents and/or staff are welcome to solicit donations on behalf of NCCAA Birth-to-Five Head Start Program.
- When soliciting donations, the Solicitation of Donation Letter/ In-kind Contribution Statement **MUST** be used. The letter can be requested to the Site Based Manager or Family Advocate.

**NOTE: Absolutely no cash donations accepted!**

<b>NUECES COUNTY COMMUNITY ACTION AGENCY</b> <b>Birth-to-Five Head Start Program</b> 101 South Padre Island Drive, Corpus Christi, Texas 78405 Solicitation of Donation Letter/ In-kind Contribution Statement			
Date of Solicitation:			
Donor:			
Donation to (Center/Classroom, Component):			
<b>Goods</b>			
Description of Donation	# of Items	Individual Value	Total Value of Donation
<b>Services/ Space Donation</b>			
Description of Service or Space Donated	Individual Value	Total Value of Donation	
<b>Monetary</b>			
Description of Donation (ABSOLUTELY NO CASH)	# of Items (if gift cards)	Individual Value	Total Value of Donation
Nueces County Community Action Agency (NCCAA) is a private non-profit organization under the IRS Code 501(c)(3); our Federal Tax Identification Number is 74-1495127. Checks or money orders should be made payable to Nueces County Community Action Agency.			
<b>NOTE TO DONOR:</b> Please fill out the form, make a copy for your tax purposes and return the original with your donation. For additional information or questions, call 361-429-6712 or 361-429-6794.			
Thank you for making a difference...			
Authorize Donor's Name and Signature: _____		Date of Donation _____	
Solicitor's Name and Signature _____		Date Received by Staff: _____	
Entered by: _____		Alicia Mancha	
Date: _____		Director, Birth-to-Five Head Start Program	
Solicitation Letter Revised 4/2023			

## 1302.70-72 TRANSITION SERVICES

Transition practices refer to the events, activities, and processes associated with key changes between environments during the early childhood years. Parent participation in transition activities prior to the new school year or educational setting is strongly associated with children's self-confidence, liking of school, and overall happiness in kindergarten (Hubbell, Plantz, Condelli, & Barrett, 1987).

Parent Orientation and other opportunities are available for parents and children to ensure a smooth transition in to the Program. A tour to a Birth-to-Five Head Start Center and *Meet the Center Staff* are just some examples of transition activities.

NCCAA Birth-To-Five Head Start staff conducts transition meetings to help parents advocate for and promote successful transitions to the next educational setting. The topics of discussion are child's and family's progress, development, health status, parent's roles and responsibilities, etc.

### **NCCAA Birth to Five Head Start Program Transitions**

- ❖ From home/childcare to Early Head Start or Head Start
- ❖ From Expectant Women's Program to Early Head Start
- ❖ From Early Head Start to Head Start
  - NCCAA Birth-To-Five Head Start staff conducts transition meetings with families, at least six months prior to the child's 3<sup>rd</sup>. birthday.
  - Times designated for children to transition from Early Head Start to Head Start are based on the child's birthday and are as follows:
    - Children whose birthdays fall between September – December will transition after winter break.
    - Children whose birthdays fall between January – Spring break will transition after Spring break
    - Children whose birthdays fall after Spring break – August will transition at the end of the year.
    - Age and income eligible children may transition three times during the year into the Preschool Program upon their third birthday if an enrollment slot is available
- ❖ From Head Start to Kindergarten
  - NCCAA Birth-To-Five Head Start staff conducts Transition Meetings starting in April.
  - A Kindergarten Conference is conducted in May
  - Staff encourages parents to visit a local elementary school with their children. This is an opportunity for parents to advocate for their child's next setting by asking questions regarding curriculum, discipline, dress code, how a parent can become active as a volunteer in the school/classroom, or any available opportunities for parent involvement.
  - Starting in April thru the remainder of the school year, NCCAA Staff practices Cafeteria Style Service to help children familiarize with the transition to kindergarten and foster confidence about such transition.

## PROCEDURES FOR RELEASE OF CHILDREN

**Performance Standards: 1302.47 5(v)**

**Minimum Standards: §746.4103, §746.4101**

- ❖ Children must be ***signed in and out*** upon arrival and departure on the IPAD using the ChildPlus Attendance App. Parent/ Primary Caregiver must ensure that all emergency contacts (phone numbers) including himself/herself are up to date (in case of an emergency).
- ❖ The center staff ensures that children are released only to you or an adult designated by you.
  - An adult is a person 18 years old or older
- ❖ Anytime an unfamiliar adult picks up a child, the Center staff will ask for a Driver's License or Department of Public Safety (DPS) Identification Card and make certain the name indicated is on the Emergency Contact List for the release of the child.
- ❖ No child will be released to anyone whose name does not appear on the Emergency Contacts, unless the Parent/Primary Caregiver calls to authorize the release to that person.
- ❖ Staff will take a picture of the Driver's License or Department of Public Safety (DPS) Identification Card number using the agency IPAD. The DL/ID pictures will be deleted at the end of the school year.
- ❖ If an emergency arises, the Parent/ Primary Caregiver can call to authorize the release of a child to an unauthorized adult (must provide valid Identification when picking up the child). The center staff must verify the caller is actually the Parent/ Primary Caregiver. Verification of caller will be made by asking for any of the following items:
  - (1) Parent/ Primary Caregiver's address
  - (2) Parent/ Primary Caregiver's Birthday,
  - (3) Child's Identifying Marks,
  - (4) Child's Birth date
- ❖ If a child is not picked up 30 minutes after their scheduled pick up time and all Emergency Contacts have been attempted then the proper authorities will be contacted (*i.e. Police, Department of Family & Child Protective Services*).

### ***IMPORTANT NOTICE***

*Nueces County Community Action Agency Birth-to-Five Head Start* ensures your child's safety by implementing the following procedures.

If an emergency contact arrives and appears intoxicated/chemically impaired, the following steps will be taken.

1. The manager/lead teacher will inform the "pick-up person" that he/she feels it is unsafe for the child to ride with him/her, and the local police will be notified.
2. The parent/other persons on the emergency contact list will be called to pick up the adult and child.

**The Texas Child Care Licensing states (746.4101) that we may not legally prevent the child from being picked up by a parent or person designated by the parent.**

The agency staff will take the following action if the adult leaves with the child.

1. The parent/pick-up person and their license plate number will be reported to the police.
2. The center will contact the Department of Children and Family Services.
3. A meeting will be held with the family within 24 hours.

**Revised 07/2022**

## PEDESTRIAN SAFETY

Birth-to-Five Head Start Staff provides pedestrian and car safety training to children in the classroom, as part of the Lesson Plan, and for parents at F.A.C.E. Parent Meetings. The issues covered include (but are not limited to):

- ❖ Street Crossing Safety Rules
- ❖ Safety Walking Rules
- ❖ Bike Safety Rules
- ❖ Car Ride Safety
- ❖ Summer Car Safety (Heat prevention)
- ❖ Etc.

### **“Walk This Way”**

<https://www.youtube.com/watch?v=-t2oX6zQEyU>

### **“Educación Vial”**

<https://www.youtube.com/watch?v=uLy8Opx5SOU>

**\*\* Parents are encouraged to review these rules with their child regularly\*\***

## EMERGENCY PROTOCOL

- ❖ The Site Base Manager or designee will always contact the Program Director after immediate emergency condition is met (example: calling 911 for appropriate situations)
- ❖ Every center has its own Hurricane Preparedness Plan. Severe weather drills are conducted every three months
- ❖ All NCCAA Birth to Five Head Start Centers have annual fire inspections and monthly fire drills.
- ❖ All employees receive fire extinguisher training annually.

### FIRE, EXPLOSION, TOXIC FUMES, CHEMICAL SPILLS/RELEASE OR BOMB THREAT

<b>Evacuate and Relocate</b>
<p>1) Children and others will be evacuated and relocated to a designated area. (Refer to the Relocation and Evacuation Plans and Maps for each individual Center in the Handbook’s Appendix)</p> <p>2) Teacher will:</p> <ul style="list-style-type: none"> <li>❖ Call 911 for emergency personnel (police, fire or rescue team) from a phone outside the centers.</li> <li>❖ Be prepared to provide the following:</li> <li>❖ Name and address of facility</li> <li>❖ Name and address of relocation site</li> <li>❖ Call back phone number</li> <li>❖ Number of person(s) missing, if any</li> </ul> <p>3) Site Base Manager or designee notifies Program Director or CEO</p> <p>4) Assistant Teacher will:</p> <ul style="list-style-type: none"> <li>❖ Take attendance and report using the red/green card system</li> <li>❖ Reassure children and supervise them at all times</li> </ul> <p>Authorities will determine when building is safe to re-enter</p>
<b>Shelter in Place</b>
<p>1) Children and others present should move/remain indoors</p> <p>2) Children and others present should stay in a room with the fewest windows and doors</p> <p>3) All doors and windows must remain shut</p> <p>4) All cooling and heating systems must be turned off</p> <p>5) All windows and doors must be taped and sealed, if possible</p> <p>6) Wet, clean towels must be placed under door to absorb toxic fumes</p> <p>7) Parents are encouraged to keep the children at the center to avoid exposing them</p> <p>8) Authorities will determine when it is safe to exit the building</p> <p><b>IMPORTANT NOTICE:</b> In case of Center Lockdown due to Chemical or Biohazard Alert, doors <b><u>will not be opened</u></b> until an All-Clear has been issued by proper authorities.</p> <p><b>** Centers can also be on Lockdown in the event of violence or criminal activity near the facilities**</b></p>

**High Winds or Tornado Warning/Threat**

- 1) Children/Staff present will remain indoors
- 2) Children/Staff present will move to rooms with the most central structure in the building to support falling debris or cave-ins
- 3) Rooms with wide roof expansions and external walls will be shelter-of last resort.
- 4) Children and others present will take the duck and cover position and remain in place until the danger of flying objects has passed
- 5) Dial 911 if necessary; then contact the Program Director or the CEO

**High Water or Flood**

Staff will:

- 1) Remain calm and reassure children
- 2) Check for signs of rising water during heavy downpours
- 3) Prepare to evacuate at the first sign of rising water
- 4) Arrange for high vehicles to evacuate children  
\* *6-8 inches of water can cause a stream and possible flash flood*



## **HEALTH AND SAFETY**

### **ILLNESS AND EXCLUSION CRITERIA**

#### **Daily Child Health Check**

- ❖ The Birth-to-Five Head Start classroom staff conducts a Daily Health Check every morning.
- ❖ Whoever brings the child to school should wait until the health check is completed before leaving.
- ❖ Staff will be checking for cuts, bumps, bruises, scars, stitches, casts, sores, head lice, drainage from eyes, ears, nose, cough, wheezing, fever, rash, cleanliness or limping, and temperature elevation.
- ❖ Children may not be able to attend class when they are ill.
- ❖ Children will not be able to attend/remain in school if they have diarrhea or vomiting as indicated below:
  - Diarrhea [Uncontrolled diarrhea: stool is not contained in the diaper and/or exceeds two or more stools above the normal for that child; and a toilet-trained child’s diarrhea is causing soiled pants and clothing.] (THHS, Minimum Standards for Child Care Centers, March 2023, p. 196).
  - Vomiting [Two or more vomiting episodes in 24 hours (THHS, Minimum Standards for Child Care Centers, March 2023, p. 195).

#### **§746.3606. When may a child who was ill return to my child-care center?**

- ❖ *Subchapter R, Health Practices Division 3, Illness and Injury April 2017*
- ❖ A child who was ill may return to your child-care center when:
  - 1) The child is free of symptoms of illness for 24 hours [Medium]; or
  - 2) You have obtained a health care professional's statement that the child no longer has an excludable disease or condition. [Medium] (THHS, Minimum Standards for Child Care Centers, March 2023, p. 197).
- ❖ Temperature as noted below:
  - According to the Texas Health and Human Services (THHS), the types of illness that would prohibit a child from attending the child-care center includes:
    1. “The illness prevents the child from participating comfortably in child-care center activities including outdoor play [Medium];
    2. The illness results in a greater need for care than caregivers can provide without compromising the health, safety, and supervision of the other children in care [Medium-High];
    3. The child has one of the following (unless a medical evaluation by a health-care professional indicates that you can include in the child-care centers’ activities);
      - An oral temperature above 101 degrees that is accompanied by behavior changes or other signs or symptoms of illness [Medium];
      - A tympanic (ear) temperature above 100 degrees that is accompanied by behavior changes or other signs or symptoms of illness. Tympanic thermometers are not recommended for children under six months old [Medium];
      - An axillary (armpit) temperature above 100 degrees that is accompanied by behavior changes or other signs or symptoms of illness [Medium];
      - An infrared temporal (forehead) temperature above 100 degrees that is accompanied by behavior changes or other signs or symptoms of illness [Medium];
      - Symptoms and signs of possible severe illness such as lethargy, abnormal breathing, uncontrolled diarrhea, two or more vomiting episodes in 24 hours, rash with fever, mouth sores with drooling, behavior changes, or other signs that the child may be severely ill [Medium]; or
      - A health-care professional has diagnosed the child with a communicable disease, and the child does not have medical documentation to indicate that the child is no longer contagious. [Medium].” (THHS, Minimum Standards for Child Care Centers, March 2023, p. 195).
- ❖ A child who appears ill will not be admitted to the center unless approved by a Site Base Manager or Health staff.

- ❖ If a child becomes ill during school hours, parent(s) will be contacted and expected to pick up the child within 30 minutes unless other arrangements have been made.

### **Head Lice**

- ❖ In accordance with our Health and Safety Policy & Procedures Manual, the Short Term Exclusion and Admittance Policy states, “Children will be excluded if ...The child has head lice and/or nits. Children may be readmitted after all lice and nits have been removed. The Birth-to-Five Head Start Program will provide medicated shampoo for families and as needed for other children in their family.” Teacher/CDS or Health staff will assist if families need the treatment shampoo.
- ❖ The NCCAA Birth-to-Five Head Start Program requires that the hair be free of nits/bugs to prevent the spread of head lice to the entire class.
- ❖ Teachers/CDS will check the children’s hair to determine the presence of head lice. If head lice are present, the child will be sent home immediately with a note asking parent/primary caregiver to clean the child's head before he/she returns to school. The eggs must be removed with a fine tooth comb or handpicked. The eggs hatch in two (2) weeks; therefore, a repeated treatment may be necessary.
- ❖ Head Start children enrolled in public schools will follow the collaborative partner guidelines.

### **Return to School Policy**

- ❖ Parents/Primary Caregivers must notify staff (i.e., Teacher, Family Advocate, and/or Site-Base Manager) when a child is ready to return to school.
- ❖ Staff may require additional information before allowing the child to return to the classroom.
- ❖ When a child has been out because of a communicable illness or an injury, staff may require the parent/primary caregiver to bring a doctor’s release.
- ❖ For children who have been absent due to illness for 3 or more consecutive days, documentation from a health-care professional stating that the child may return to class is required.

## **PROCEDURES FOR HANDLING MEDICAL EMERGENCIES**

- ❖ Parents/Primary Caregivers will be notified immediately following an accident or incident involving their child. If Parent/Primary Caregiver cannot be reached staff will contact the individuals on the Emergency Contact.
- ❖ If the child needs additional medical care, parents/primary Caregiver will be required to pick up the child.
- ❖ If the child has suffered a severe injury or illness, the staff will call 911

# PROCEDURES FOR PARENTAL NOTIFICATIONS

## Parent Advisory

- ❖ A Parent Advisory will be issued within 24 hours of an outbreak of a communicable disease or of a serious incident that could be unsafe to the children.
- ❖ The form provides information about the type of disease or incident, the time and date it was noted and any special instructions. Parents/Primary Caregivers may receive applicable informational handouts.

## Incident/Illness Report

- ❖ After a child has been involved in an incident/or illness, the parent/primary caregiver will review and sign the Incident/Illness Report.

## PROCEDURES FOR DISPENSING MEDICATIONS, OR A STATEMENT THAT MEDICATION WAS NOT GIVEN

### Medication Administration Policy

Medication will be administered to children following Head Start Procedures approved by the Health Services Advisory Committee.

- ❖ NCCAA will only administer medication that must be given during programs hours of operation. For example, if a medication is to be given 3 times a day, NCCAA will only administer medications one per day.
- ❖ The first and last dose of medication should be given at home as prescribed.
- ❖ Parents/Primary Caregivers should also give the first dose of any newly prescribed medication at home to monitor the child for reactions to medication. Parent/Primary Caregivers have the choice to give medication to their child during the class day. They should communicate with the child's teacher about possible side effects that may occur.
- ❖ There are times when a medication may need to be given more frequently or for chronic conditions such as asthma. All medications/treatments will require an **Individualized Health Care Plan** from the child's doctor.
- ❖ Classroom staff will administer medication only after Parent/Primary Caregiver have signed and completely filled out the Authorization for Medication Administration Form.
- ❖ Medication must be in the original container that is labeled by a pharmacist/physician. Label should include the child's name, the name of the medication, dosage, and route of administration. Date of prescription, name of the prescribing physician, expiration date as well as the instructions for the frequency, usage, and duration of administration must be included on the prescription label. If label has been tampered with, altered or cannot be read, medication may not be administered. IHCP and the medication bottle label must match.
- ❖ A physician may prescribe medication for a recurring problem or chronic condition. The instructions should include conditions for usage (i.e. wheezing, rash appears).
- ❖ The Birth-To-Five Head Start Program does not allow for any medication that has been issued to any of our Head Start Centers/Classrooms to be returned to parent/primary caregiver in order for the medication to be administered away from the Center/Classroom. Parent/Primary Caregiver must ensure that they receive doctor's orders to get duplicate medications from the pharmacy if the medication needs to be administered both at school and at home. Medications will be returned only to the parent/primary caregiver if the medication has expired, or the doctor's orders have expired, or if the Center/Classroom receives a doctor's order to discontinue the administration of medication.

- ❖ Medication will not be used beyond the date of expiration on the container or past the instructions provided by the physician on the medication label. Each dose of medication administered to the child will be documented in ink and signed (full name) by the staff member administering the medication and by the witness to medication administration. Any changes in behavior or refusals will be documented and reported to Parent/Primary Caregiver and the Site-Based Manager.
- ❖ If a medication error leads to serious reaction, 911 may be contacted to activate the Emergency Medical System (EMS). Any medication errors (wrong dosage, wrong time, wrong child, wrong medication, and/or wrong route) will be immediately reported to the Health Staff, Site-Base Manager and Parent/Primary Caregiver. The Site-Base Manager will notify the Parent/Primary Caregiver of the incident. An incident report is completed and Child Care Licensing is notified of medication error.

## **HYGIENE AND HAND WASHING**

1. Scrub hands with liquid soap and warm running water for 20 seconds
2. Rinse hands well with running water
3. Dry hands with paper towels
4. Use a paper towel to turn off the faucet.
5. Dispose of used paper towels in designated waste basket

## **WHY DO WE HAVE TO CONTINUALLY BRING IN THE UPDATED MEDICAL INFORMATION?**

The medical documentation that the Health Component requests from our families is to ensure that the agency is in compliance with OHS Performance Standards.

Performance Standard 1302.42 (b)(1)(i) states:

“Obtain determinations from health care and oral health care professionals as to whether or not the child is up-to-date on a schedule of age appropriate preventive and primary medical and oral health care, based on: the well-child visits and dental periodicity schedules as prescribed by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the state in which they operate, immunization recommendations issued by the Centers for Disease Control and Prevention, and any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems;”

The Standards further state:

(ii) Assist parents with making arrangements to bring the child up-to-date as quickly as possible; and, if necessary, directly facilitate provision of health services to bring the child up-to-date with parent consent as described in §1302.41(b)(1).

(c) Ongoing care. (1) A program must help parents continue to follow recommended schedules of well-child and oral health care.

(d) (2) A program must develop a system to track referrals and services provided and monitor the implementation of a follow-up plan to meet any treatment needs associated with a health, oral health, social and emotional, or developmental problem.

## **MEDICAL REQUIREMENT PRACTICES**

### **Minimum Standards Requirements**

#### **§746.3611.**

To ensure the safety of staff and the children that they are in contact with, all staff upon hire must have a current Tuberculosis (TB) test or X-ray.

NCCAA may require current employees to undergo an additional TB testing or x-ray when: information from the employee, employee’s supervisor, employee health professional or other sources or mandates indicate that the employee has an impairment that interferes with his or her ability to perform essential job functions or poses a direct threat to the health and safety of the employee, children, volunteers, and others. A communicable disease may constitute a direct threat to health and safety.

# Immunization Policy

Our program requires all children to be up-to-date with immunizations at enrollment and throughout the year. <https://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf>

## 2023 Recommended Immunizations for Children from Birth Through 6 Years Old

VACCINE	Birth	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	19-23 MONTHS	2-3 YEARS	4-6 YEARS
<b>HepB</b> Hepatitis B	HepB	HepB			HepB						
<b>RV*</b> Rotavirus			RV	RV	RV*						
<b>DTaP</b> Diphtheria, Pertussis, & Tetanus			DTaP	DTaP	DTaP		DTaP				DTaP
<b>Hib*</b> Haemophilus influenzae type b			Hib	Hib	Hib*	Hib					
<b>PCV13, PCV15</b> Pneumococcal disease			PCV	PCV	PCV	PCV					
<b>IPV</b> Polio			IPV	IPV	IPV						IPV
<b>COVID-19**</b> Coronavirus disease 2019					COVID-19**						
<b>Flu†</b> Influenza					Flu (One or Two Doses Yearly)†						
<b>MMR</b> Measles, Mumps, & Rubella						MMR					MMR
<b>Varicella</b> Chickenpox						Varicella					Varicella
<b>HepA‡</b> Hepatitis A						HepA‡		HepA‡			

### FOOTNOTES

**RV\*** **Hib\***  
Administering a third dose at age 6 months depends on the brand of Hib or rotavirus vaccine used for previous dose.

**COVID-19\*\*** Number of doses recommended depends on your child's age and type of COVID-19 vaccine used.

**Flu†** Two doses given at least 4 weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

**HepA‡** Two doses of Hep A vaccine are needed for lasting protection. The 2 doses should be given between age 12 and 23 months. Both doses should be separated by at least 6 months. Children 2 years and older who have not received 2 doses of Hep A should complete the series.

### ADDITIONAL INFORMATION

1. If your child misses a shot recommended for their age, talk to your child's doctor as soon as possible to see when the missed shot can be given.

2. If your child has any medical conditions that put them at risk for infection (e.g., sickle cell, HIV infection, cochlear implants) or is traveling outside the United States, talk to your child's doctor about additional vaccines that they may need.

**Talk with your child's doctor if you have questions about any shot recommended for your child.**



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

### FOR MORE INFORMATION

Call toll-free: 1-800-CDC-INFO (1-800-232-4636)  
Or visit: [cdc.gov/vaccines/parents](https://cdc.gov/vaccines/parents)



American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

NCCAA requires that all immunizations due between four and six years of age must be administered at age four. This is a recommendation supported by the Health Services Advisory Committee.

# Diseases and the Vaccines that Prevent Them

BIRTH–6 YEARS OLD

DISEASE	VACCINE	DISEASE SPREAD BY	DISEASE SYMPTOMS	DISEASE COMPLICATIONS
<b>Hepatitis B</b>	<b>HepB</b> vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer, death
<b>Rotavirus</b>	<b>RV</b> vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration, death
<b>Diphtheria</b>	<b>DTaP*</b> vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
<b>Pertussis (whooping cough)</b>	<b>DTaP*</b> vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
<b>Tetanus</b>	<b>DTaP*</b> vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death
<b>Haemophilus influenzae type b (Hib)</b>	<b>Hib</b> vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
<b>Pneumococcal disease (PCV13, PCV15)</b>	<b>PCV</b> vaccine protects against pneumococcal disease.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
<b>Polio</b>	<b>IPV</b> vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
<b>Coronavirus disease 2019 (COVID-19)</b>	<b>COVID-19</b> vaccine protects against severe complications from coronavirus disease 2019.	Air, direct contact	May be no symptoms, fever, muscle aches, sore throat, cough, runny nose, diarrhea, vomiting, new loss of taste or smell	Pneumonia (infection in the lungs), respiratory failure, blood clots, bleeding disorder, injury to liver, heart or kidney, multi-system inflammatory syndrome, post-COVID syndrome, death
<b>Influenza (Flu)</b>	<b>Flu</b> vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs), bronchitis, sinus infections, ear infections, death
<b>Measles</b>	<b>MMR**</b> vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
<b>Mumps</b>	<b>MMR**</b> vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness, death
<b>Rubella</b>	<b>MMR**</b> vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
<b>Chickenpox</b>	<b>Varicella</b> vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs), death
<b>Hepatitis A</b>	<b>HepA</b> vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders, death

**DTaP\*** DTaP combines protection against diphtheria, tetanus, and pertussis.

**MMR\*\*** MMR combines protection against measles, mumps, and rubella.

Last updated December 2022 • CS322257-A

[HTTPS://WWW.CDC.GOV/VACCINES/PARENTS/DOWNLOADS/PARENT-VER-SCH-0-6YRS.PDF](https://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf)

# SCREENING REQUIREMENTS

## Screenings and Assessments

Screenings are part of a physical exam/well child care and should be performed by the child's doctor. If a child's doctor is unable to complete the screenings, Head Start Health staff will perform the screenings or provide referrals to outside services. Health Staff, Disability Services, and the Teacher/CDS ensure that all the screenings listed below have been completed before a child's 45<sup>th</sup> and/or the 90<sup>th</sup> day of entry into the program.

- ❖ **TB questionnaire** is required to be completed for all children at enrollment in accordance to the EPSDT schedule
  - Follow up testing may be required for TB screening
- ❖ **Lead Risk Questionnaire** is required to be completed for all children at enrollment and it is used to identify children who may need to be tested for lead exposure
- ❖ **Vision Screening** - Screen for possible vision concerns
- ❖ **Hearing Screening** - Screen for possible hearing concerns
- ❖ **Speech Screening** - Screen to determine any speech/language concerns
- ❖ **Anemia Screening**- Screen to determine the level of healthy red blood cells
- ❖ **Lead Screening**- Screen to determine the level of lead in the blood



***NOTE: All health screenings, daily health checks, recording/completing health forms and all action, interventions, documentation, etc., will be conducted and completed according to the established Birth-to-Five Head Start Procedures.***





**NOTICE: Effective the school year 2022-2023, a current physical/well-child check will be required at ENROLLMENT. A child will not be able to start school until a current physical/well-child check is provided. A current dental exam will also be requested at the time of enrollment. If a child's physical exam/well-child check expires after the start of school, the parent will have 5 days to submit a current physical exam. The child will not be allowed to return to the classroom until the Center receives a current physical.**

### **COMMUNITY RESOURCE LIST**

The NCCAA Health Department has compiled a list of local/community resources to assist parents with their health care needs. The list includes names and locations of area Medical Care Clinics, Pediatric Offices, Family Practice Offices, Dental Care Offices, Medical and Dental Insurance Offices, Mental Health Providers, COVID-19 Testing sites, how to obtain free COVID-19 testing kits, and many more resources.

The Community Resources List can be found on the Parent Bulletin Board at Centers and online at <https://www.nccaatx.org/news.html>

(RESOURCE LINKS FOR FAMILIES)

\*\*\*\* Parent may request a copy from the Family Advocate\*\*\*\*

### **COVID-19 PROTOCOL**


Our Birth-to-Five Program will continue to operate under the same COVID-19 Protocol as the previous school year. The Agency will follow COVID-19 Guidelines as directed by the Office of Head Start.

# INFANT SLEEP EXCEPTION

## §746.2426

### Subchapter H, Basic Care Requirements for Infants April 2017

NCCAA Birth to Five Head Start Program does not allow infants to sleep in a restrictive device. If an infant falls asleep in a restrictive device, the infant must be removed from the device and placed in a crib as soon as possible. Infants may sleep in a restrictive device if parents have a completed **Sleep Exception Form** that includes a signed statement from a health-care professional stating that the child sleeping in a restrictive device is medically necessary.



Form 3019  
April 2018-E

### Infant Sleep Exception/Health Care Professional Recommendation

When a health care professional determines that it is medically necessary for an infant to sleep in an alternative position (other than sleeping on the infant's back), sleep in a restrictive device (such as a bouncer seat or swing), or needs to be swaddled to sleep, use this form to ensure that a licensed child care center, licensed child care home, or registered child care home that cares for the infant meets the minimum standards required by Texas Human Resources Code §42.042(e)(8)(A) and (B). The standards for these operations require the operation to:

- follow the directions of an infant's health care professional to provide specialized medical assistance to the infant (746.3815 and 747.3615); and
- maintain, while active, this form and any other directions from the health care professional that the parent provides to the operation [See §746.603(a)(10) or §747.603(a)(9)]. Keep the exception form in the infant's classroom, so that a caregiver may refer to the health care professional's instructions.

**Directions:** This exception will not be effective until all sections and signatures are complete. Once completed, the exception is acceptable for use by the child care operation.



Infant's Information			
Infant's Name	Date of Birth	Infant's Age	Parent/Guardian's Name
Address			
Home Phone	Work Phone	Fax	Email

The infant's health care professional must complete the following section.

Health Care Professional Information	
Name of Infant's Health Care Professional	Name of Practice
Address	
Fax number	
Work Phone	Email

The Texas child care minimum standards (§§746.2426, 746.2427 and 746.2428 for child care centers or §§747.2326, 747.2327 and 747.2328 for licensed or registered child care homes) require child care operations to place all infants on their backs to sleep in a crib and to ensure that infants do not sleep in restrictive devices and are not laid down to sleep swaddled. But, based on the advice of the infant's health care professional, when medically necessary, the center may be authorized to use an alternative sleep position, restrictive device, or swaddle for the infant due to medical reasons.


The above named infant has the following medical condition that necessitates an alternative sleep position, allow for sleep in a restrictive device, or requires swaddling for sleeping:


Health Care Professional Information	
Please describe the appropriate sleep position/restrictive device/swaddling technique to be used for the above named infant and include the effective dates for the exception.	
Effective Dates of Exception	From <input type="text"/> To <input type="text"/>
 Health Care Professional's Signature	 Date

Form 3019  
Page 2 / 04-2018-E

### Waiver of Liability

- I affirm and acknowledge that the below named child care operation has provided me with the operation's safe sleep policy.
- I further authorize the child care operation and its caregivers to place my infant in an alternative sleep position, restrictive device, or swaddling at the recommendation of my infant's health care professional, as described above.
- I, as the parent or guardian of the above mentioned infant, release and hold harmless the below named child care operation, its officers, directors, caregivers, and employees from any and all liability whatsoever associated with harm to my infant due to Sudden Infant Death Syndrome (SIDS).


  
 Parent or Guardian's Signature


  
 Date Signed

An authorized official with the child care operation must complete the following section.

### Child Care Operation Information and Signature

Name of Child Care Operation	Operation Number

  
 Operation Representative's Signature

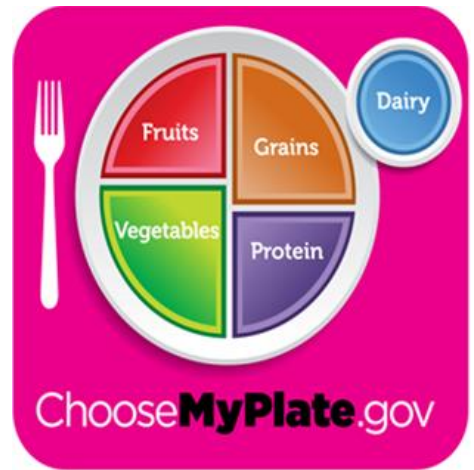
  
 Date Signed

### Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>.

## MEALS AND FOOD SERVICE PRACTICES

- ❖ We are regulated by the Child and Adult Care Food Program (CACFP) to serve only nutritious foods
- ❖ Our program offers hot, nutritious meals to our children
- ❖ We are a strong supporter of healthy eating habits
- ❖ Infants receive formula and baby food according to the CACFP meal patterns
- ❖ Infants are fed upon demand, and toddlers/preschool children receive breakfast, lunch and snacks
- ❖ Toddlers are not served foods that are considered a choking hazard
- ❖ Effective as of 10/01/2017, menus comply with new meal patterns as required by USDA
- ❖ Menus provide 2/3's of your child's daily recommended allowance
- ❖ Children are offered whole grain-rich products served once/twice daily
- ❖ Children are offered a Vitamin C source daily and a Vitamin A source three times a week
- ❖ Head Start also offers a variety of foods, including cultural and ethnic menus
- ❖ Foods served to our children provide high nutritional value
- ❖ The Meal requirements are food-based and specify kinds and amounts of food for the five food components required for lunch. Meal Patterns meet the requirements for both daily and weekly servings for the different ages.
  - The meal pattern is food-based and consists of five components:
    - Fruit
    - Vegetables (with **Five vegetables** subgroups)
    - Grains
    - Meat/Meat alternates
    - Milk



### What if a child has a food allergy or needs special foods because of medical reasons?

Head Start provides food substitutions if a child has a food allergy or for medical reasons at no cost to Parents/Primary Caregivers. We do require an **Allergy and Anaphylaxis Emergency Plan** before substitutions can be sent. Nutrition Services has 24 hours to make accommodations for a child's dietary need. If a child outgrows an allergy, an **Individualized Health Care Plan for Special Dietary Needs** is needed to discontinue the food substitutions. The Individualized Health Care Plan for Dietary Needs must be updated each program year. If the child can not have a food due to religious reasons, a note from Parent/Primary Caregiver is required with signature.

*"In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).*

*Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."*

# WIC: The Special Supplemental Nutrition Program for Women, Infants, and Children

## 1. What is WIC?

WIC provides nutritious foods, nutrition education (including breastfeeding promotion and support), and referrals to health and other social services to participants at no charge. WIC serves low-income pregnant, postpartum and breastfeeding women, and infants and children up to age 5 who are at nutrition risk.

The Texas Department of State Health Services (DSHS) administers this Federal program in Texas, to pay for WIC foods, nutrition education, breastfeeding promotion and support, and administrative costs.

## 2. Who is eligible?

Pregnant women, women who are breastfeeding a baby under 1 year of age, women who have had a baby in the past six months, and parents, step-parents, guardians, and foster parents of infants and children under the age 5 can apply for their children. To be eligible on the basis of income, applicants' income must fall at or below 185% of the U.S. Poverty Income Guidelines (see below).

A person who participates or has family members who participate in certain other benefit programs, such as the Supplemental Nutrition Assistance Program, Medicaid, or Temporary Assistance for Needy Families, automatically meets the income eligibility requirement.

## WIC INCOME GUIDELINES

### Join Texas WIC

We're here for you

"Thanks to WIC, I now have the tools I need to make sure my family stays on the path to a healthy lifestyle."  
—Rosie, WIC Client

**As a WIC Client, you'll get:**

- Delicious food
- One-on-one counseling with nutritionists
- Easy recipes
- Nutrition classes
- Breastfeeding support
- Health and immunization screenings
- Cooking demonstrations
- Personalized support
- Children's activities



**Are you eligible?**  
Eight million women, infants, and children get WIC benefits. WIC is for pregnant women, new parents, infants, and children under five. If you are on Medicaid, TANF, or SNAP you already qualify.

**Texas WIC Income Guidelines**

Number of people in the home*	Monthly Income	Annual Income
2	\$2,656	\$32,227
3	\$3,356	\$40,626
4	\$4,056	\$49,025
5	\$4,756	\$57,424
6	\$5,456	\$65,823

\* A pregnant woman's household is increased by the number of infants she is expecting. If you have any income questions, call 1-800-942-3678.

Start now. Call 1-800-942-3678 or visit [TexasWIC.org](http://TexasWIC.org)

  This institution is an equal opportunity provider. © 2020 All rights reserved. Stock no. 13-06-9123 Rev. 3/21

### Ven a WIC de Texas

Estamos aquí para servirte

"Gracias a WIC, ahora tengo las herramientas que necesito para asegurar que mi familia siga el camino hacia un estilo de vida saludable."  
—Rosie, cliente de WIC

**Como cliente de WIC, recibirás:**

- Alimentos deliciosos
- Asesoramiento individualizado con nutricionistas
- Recetas sencillas de preparar
- Clases sobre nutrición
- Apoyo para la lactancia
- Evaluaciones médicas y sobre las vacunas
- Demostraciones de cocina
- Apoyo personalizado
- Actividades para niños



**¿Calificas?**  
Ocho millones de mujeres, bebés y niños reciben beneficios de WIC. El Programa WIC va dirigido a mujeres embarazadas, nuevos padres, bebés y niños menores de cinco años. Si ya recibes Medicaid, TANF o SNAP, es posible que califiques.

**Requisitos de ingresos de WIC de Texas**

Número de personas en el hogar*	Ingresos mensuales	Ingresos anuales
2	\$2,656	\$32,227
3	\$3,356	\$40,626
4	\$4,056	\$49,025
5	\$4,756	\$57,424
6	\$5,456	\$65,823

\* El número de personas en el hogar de una mujer embarazada aumenta de acuerdo con el número de bebés que espera. Si tienes alguna pregunta relacionada con los ingresos, llama al 1-800-942-3678.

Empieza hoy mismo. Llama al 1-800-942-3678 o visita [TexasWIC.org](http://TexasWIC.org)

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## 3. What is “nutrition risk?”

Two major types of nutrition risk are recognized for WIC eligibility:

- ❖ Medically-based risks such as a history of poor pregnancy outcome, underweight status, or iron-deficiency anemia, and
- ❖ Diet based risks, such as poor eating habits that can lead to poor nutritional and health status.

Nutrition risk is determined through an initial health and diet screening at the WIC clinic.

#### 4. What are the Health Benefits of WIC?

Studies show that WIC plays an important role in improving birth outcomes and containing health-care costs. WIC has a positive impact on children’s diets. WIC improves infant-feeding practices by actively promoting breastfeeding as the best method of feeding infants. WIC clients have improved rates of childhood immunizations and a regular source of health care.

- ✓ Improved infant-feeding practices
- ✓ Premature births reduced
- ✓ Fetal death rate reduced
- ✓ Low birth weight reduced
- ✓ Long-term medical expenses reduced
- ✓ Improved dietary intake
- ✓ Improved cognitive development
- ✓ Fewer premature births

#### 5. How do I contact WIC?

Call 1-800-942-3678 or visit <https://texaswic.org/>



This child care receives Federal cash assistance to serve healthy meals to your children. Good nutrition today means a stronger tomorrow!

Meals served here must meet nutrition requirements established by USDA's Child and Adult Care Food Program.

Este cuidado infantil recibe asistencia federal en efectivo para servir comidas saludables a sus hijos. Una Buena nutrición hoy en día significa una mañana mas fuerte.

Las comidas servidas aquí cumplen con los requisitos de nutrición establecidos por el Programa de Alimentos para el Cuidado de Niños y Adultos (Child and Adult Care Food Program) de USDA.

**Questions? Concerns?**

Call USDA at 1-866-873-2263 **OR** Food and Nutrition Division at 1-800-TELL-TDA (835-5832)

Your child care at

Contact Information: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Other Necessary Information: \_\_\_\_\_

**¿Preguntas? ¿Preocupaciones?**

Lláme gratuitamente a USDA al 1-866-873-2263 **OR** División de Alimentos y Nutrición al 1-800-TELL-TDA (835-5832)

Centro de cuidado de niños de su hijo al

Contact Information: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Other Necessary Information: \_\_\_\_\_

TEXAS DEPARTMENT OF AGRICULTURE  
**COMMISSIONER SID MILLER**

Food and Nutrition Division  
 Child and Adult Care Food Program

This product was funded by USDA.  
 This institution is an equal opportunity provider.

Updated 11/17/2021  
[www.SusanMeals.org](http://www.SusanMeals.org)

DEPARTAMENTO DE AGRICULTURA DE TEXAS  
**COMISIONADO SID MILLER**

Food and Nutrition Division  
 Nutrition Assistance Programs

Este producto fue financiado por el USDA.  
 Esta institución proporciona igualdad de oportunidades.

Updated 11/17/2021  
[www.SusanMeals.org](http://www.SusanMeals.org)

**\*\* Posted in all Facilities \*\***

## BIRTHDAYS AND HOLIDAY CELEBRATIONS IN THE CLASSROOMS

**Performance Standard:** 1302.44 (a)(1)(2)(iii)(iv)- Child Nutrition- Nutritional Services

**Reference:** CACFP-

### **Purpose:**

The Birth-to-Five Head Start Program promotes child wellness by providing nutrition services that supplement and complement those of the home and the community. Preventive dental services and treatment are designed to ensure that a child's teeth and gums are healthy and that dental health problems do not affect a child's overall health. It allows the primary caregivers to celebrate the child's birthday to promote mental health and their individual self-esteem.

### **Procedure:**

#### Infants

1. For infants turning one-year old, primary care givers may bring store bought plain small cookies to celebrate the infant's birthday. There must be enough cookies provided to all infant's age 8 months and older. Infants under the age of 8 months may not have cookies; however, they may participate in the celebration.

#### Toddlers/Preschoolers:

1. This may consist of 100 % juice, fruit muffin, and animal cookies. A Fresh fruit cup will be allowed to include any of the following: apples, bananas, melon, watermelon, and pineapple. If there is a child in the classroom with a food allergy to an ingredient in the muffin (dairy, egg, wheat, soy, peanut oil, etc.), then a substitution must be provided. Nutrition Services can provide food substitutions when given a one-week notice.
2. All foods must be approved by the Food Production Specialist, and/or Nutrition Coordinator. Goody bags may include but are not limited to fresh fruit, individually wrapped crackers & cheese, animal crackers, and party favors (age appropriate) upon approval from the Nutrition Department.
3. Goody bags are only allowed for Valentine's, Halloween, Christmas Day, Easter and the END of the Year Celebration.
4. NO CANDY IS ALLOWED, however, toys and individually packaged allowable snack foods may be used. Be careful of choking hazards.
2. Pizza or chicken nuggets (not both) will be allowed for Christmas, Easter and end of the year celebration after snack.
3. Only during end of the year celebration is Cake allowed

#### Infants/Toddlers/Preschooler:

The birthday celebrations will be on the last Thursday of every month for all children celebrating that given month. Requests must be submitted 2 weeks before the event.

**All approved celebrations will be served after snack and will be served the last twenty (20) minutes of class time.**

## MENTAL HEALTH

Mental Health is a state of well-being. The objective of the Birth-to-Five Head Start Mental Health services is to focus on building healthy relationships among children, families, and staff. The areas of mental wellness consist of social-emotional, intellectual, and physical well-being. Social-emotional wellness is the ability to make friends, to cooperate with others, and acceptance of feelings and self-image. Intellectual wellness is having the ability to gather knowledge through stimulating learning experiences. Physical wellness refers to the health of your body which is achieved through exercise and proper nutrition.

- ✓ Initial Mental Health Screening – Staff and parents conduct an initial mental health screening on all children utilizing the ASQ-SE2 Tool. The results of the screening will determine the child's social emotional needs and will be shared with the parents.
- ✓ On-Going Developmental Assessment – Staff will conduct on-going mental health assessments on all children to further determine each child's social emotional progress and ensure individualization.

**When a child's behavior is of concern in the classroom or at home, a child staffing may be called to meet with the parents/guardians and staff to discuss such concerns.**

**The following steps will be applied to foster the child's social emotional skills.**

1. Teaching staff documents and implements Conscious Discipline strategies and/or mental health strategies issued by Disability/Mental Health Services or the Education Department on the lesson plan for at least 4 weeks. Teaching staff will document the child's behavior and strategies implemented and results of the strategies into the agency database.
2. Teaching staff initiates the Disability/Mental Health Services ABC Data Log for at least 2 weeks.
3. SBM conducts a classroom observation, evaluates the classroom set up, and makes changes accordingly. *\*The observation is on the teaching staff, not the child(ren) who are being referred.*
4. SBM, Family Service Advocate and Teaching Staff conduct a child staffing with the parent/guardian to discuss child concerns. Child Staffing form must be completed in ChildPlus. At this child staffing, recommendation for a mental health referral can be discussed with the parent/guardian.
5. Submit a referral for Mental Health Services. SBM will submit the completed ABC Data Log(s) along with the observation forms to the DMHS Department after referral has been submitted.
6. The Mental Health Services Department conducts a child observation. The DMHS Coordinator and/or DMHS Specialist will indicate the recommendation(s) accordingly, such as implementation of the ABC Behavior Support Plan or changed classroom assignment if possible.
7. A Child Staffing is conducted with content coordinators, parent/guardian and mental health consultant. The FCP Coordinator will provide information on parenting curriculum offered by the agency and other parenting resources in the community. Parents will be encouraged to participate in the parenting classes/empowerment groups offered by the agency and the community.
8. Submit a child referral to Disability Services, if necessary or requested by parent/guardian.
9. The Site Base Manager must obtain authorization from the Disability/Mental Health Coordinator or Head Start Director prior to contacting the parent/primary caregiver at home or work to pick up the child, if the incident is severe enough to place the safety and welfare of the child and/or others at risk.
10. After all efforts have been exhausted, the Center Variance Policy will be initiated for 30 business days. The child will be escorted by the parent/primary caregiver daily in order for the child to attend school during the Center Variance Plan hours. Parent/guardian or designated adult must not use electronic devices, such as cellphones, earbuds, tablets, video games or use FaceTime, Snapchat or social media while participating in the classroom. Center Variance Plan is contingent upon clearance of the background check of the parent/primary caregiver or designated adult.
11. The parent/primary caregiver will be encouraged to participate in the parenting classes/empowerment groups offered by the agency and the community.



12. If the child's behavior improves, his/her progress will be reviewed and changes will be made accordingly. If the behavior continues, the modified schedule will be extended and gradually increased accordingly.
13. The Center Variance Plan will be monitored by a child staffing committee and re-evaluated. If the child's behavior continues to be a concern, further action will be considered.

### **Center Variance Policy**

The Center Variance Policy is a modified schedule developed by a child staffing committee to continue to provide Head Start services, to minimize scheduled time in the classroom, and to provide an individualized plan of action. In unusual circumstances, when, despite the provision of a well-managed classroom, supplemented by well-implemented behavioral and mental health interventions, a child's behavior presents a significant threat to his/her safety or the safety of others, the program may have to consider alternative means of serving the child and family. The purpose of Center Variance is to ensure the parent/primary caregiver is continuously engaged and works together with the Nueces County Community Action Agency Birth to Five Head Start Program staff. The FCP Coordinator will provide information on parenting curriculum offered by the agency and other parenting resources in the community. Parents will be encouraged to participate in the parenting classes/empowerment groups offered by the agency and the community. The child staffing committee and parent/primary caregiver will work together to create a Center Variance Plan. Center variance will be monitored by the child staffing committee and re-evaluated as needed. Center Variance is approved only by the HS Director and Disability/Mental Health Coordinator.

In exceptional cases, when a child exhibits persistent and serious challenging behaviors, in consultation with the parents, the child's teacher and a mental health consultant, transitioning to a more intensive program than Head Start may be necessary. The program will work closely with the family to support this transition.

***NOTE: All action, interventions, documentation will be completed according to the established Birth-to-Five Head Start Procedures.***

## **Suspension and Expulsion Policy**

### **Performance Standards: 1302.17 (a&b)**

#### **Limitations on suspension**

**Policy:** Nueces County Community Action Agency Birth to Five Head Start Program must prohibit or severely limit the use of suspension due to a child's behavior. Such suspensions may only be temporary in nature. A temporary suspension must be used only as a last resort in extraordinary circumstances where there is a serious threat that cannot be reduced or eliminated by the provision of reasonable modifications.

#### **Procedure:**

- (1) Before NCCAA determines whether a temporary suspension is necessary, NCCAA will engage with a mental health consultant, collaborate with the parents, and utilize appropriate community resources
- (2) If a temporary suspension is deemed necessary, NCCAA must help the child return to full participation in all program activities as quickly as possible while ensuring child safety by:
  - 1) Continuing to engage with the parents and mental health consultant, and continue to utilize appropriate community resources;
  - 2) Developing a written plan to document the action and supports
  - 3) Providing services that include home visits
  - 4) Determining whether a referral to LEA is appropriate
  - 5) The Site Based Manager must obtain authorization from the Disability/Mental Health Coordinator or Head Start Director prior to contacting the parent/primary caregiver at home or work to pick the child, if the incident is severe enough to place the safety and welfare of the child and/or others at risk.

#### **Prohibition on Expulsion**

**Policy:** Nueces County Community Action Agency Birth to Five Head Start Program cannot expel or unenroll a child from Head Start because of a child's behavior.

**Procedure:** If, after Nueces County Community Action Agency Birth to Five Head Start Program has explored all possible steps and documented all steps taken and in consultation with the parents, mental health consultant and committee determines that the child's continued enrollment presents a continued serious safety threat to the child or other enrolled children and determines the program is not the most appropriate placement for the child Nueces County Community Action Agency Birth to Five Head Start Program will facilitate the transition of the child to a more appropriate placement and supports under Section 504 of the Rehabilitation Act to ensure that the child who satisfies the definition of disability in 29 U.S.C. 705(9)(B) of the Rehabilitation Act is not excluded from the program on the basis of disability.

## Nueces County Community Action Agency Birth-to-Five Head Start Child Maltreatment Reporting Policy and Procedures

**Performance Standard:** 1302.92(b)(2), 1303.20, 1302.90(c)(1)(i-v), 1302.90(c)(2), 1302.47(a)(b)(4)(F)(K)(5)(7)(v), 1302.102(d)(1)(ii)

**Minimum Standards:** 746.1311(c)(1-4), 746.1309 (c)(1-4), 746.501 (a)(7)(23)(26)(A-E), 746.1303 (3)(A-D)

**Purpose:** To establish a method of reporting suspected or known child maltreatment in compliance with applicable Federal, State –Texas Family Code Section 261.101, or Tribal laws.

**Policy:** Any individual having cause to believe that a child’s physical, mental health or welfare has been or may be adversely affected by abuse or neglect by any person is obligated to report it no later than the 48th hour the person suspects the child has been or may be abused or neglected, in accordance with Section 261.101 of the Texas Family Code. All Head Start and Early Head Start staff are mandated reporters and are legally obligated to report any suspected or known child required by law to the Texas Department of Family and Protective Services. By law, professionals may not delegate the duty to report to another person or entity or rely on another person or entity to make the report. You are protected by law from liability when you make a report or provide information in good faith during a CPS investigation. (Texas Family Code, Section 261.106). However, you are not protected from civil or criminal liability if you report your own abuse or neglect of a child *or* intentionally file a false report against someone else. (Texas Family Code, Section 261.106). Failure to report suspected child maltreatment (abuse and neglect) is a criminal offense (Texas Family Code, Section 261.109). Punishable by either a fine or imprisonment or both. Nueces County Community Action Agency Birth-to-Five Head Start (NCCAA) Head Start Director will immediately notify the assigned Office of Head Start program specialist or regional program manager when a staff, consultant or volunteer causes an incident or suspected incident of child abuse and neglect, an incident that affects the health and safety of children or violates the Standards of Conduct and Discipline and Guidance Policy.

During New Staff Orientation and annually thereafter, Early Head Start and Head Start staff, volunteers and consultants will receive one hour training focusing on prevention, recognition, and reporting of child maltreatment. The Early Head Start and Head Start staff, volunteers and consultants will be fully trained, understand and receive a copy of the Child Maltreatment Reporting Policy and Procedures including factors indicating a child is at risk of abuse or neglect; warning signs indicating a child may be a victim of abuse or neglect; procedures for reporting child abuse or neglect; and community organizations that have training programs available to staff, children and parents.

### Procedures

1. During the health check and throughout events of the day, if you observe any indicators of abuse or neglect, you are required to document such observations on the Daily Health Check.
2. If the child makes an outcry of child maltreatment or if the child has visible bruises or physical trauma to his/her body do not show others. Having the child repeat or displaying the bruises/physical trauma can further stress and humiliate the child. Be mindful and sensitive to the child’s wellbeing. NCCAA staff must adhere to protecting the privacy of the child.
3. Call the Texas Abuse Hotline at 1-800-252-5400 for situations including but not limited to:
  - Serious injuries
  - Any injury to a child 5 years or younger
  - Immediate need for medical treatment (including suicidal thoughts)
  - Sexual abuse where the abuser has or will have access to the victim within the next 24 hours
  - Children age five and under are alone or are likely to be left alone within the next 24 hours
  - Anytime you believe your situation requires action in less than 24 hours

Call 911 or the local law enforcement agency if you have an emergency or life-threatening situation that must be dealt with immediately. You may remain anonymous or identify yourself when reporting a suspected case of child maltreatment.

Report Abuse By Phone: 1-800-252-5400

Online: Texas Abuse Hotline [www.txabusehotline.org](http://www.txabusehotline.org)

Call our Abuse Hotline toll-free 24 hours a day, 7 days a week, nationwide, or report with our secure website and get a response within 24 hours.

*We cannot accept email reports of suspected abuse or neglect.*

[https://www.dfps.texas.gov/Contact\\_Us/report\\_abuse.asp](https://www.dfps.texas.gov/Contact_Us/report_abuse.asp)

4. Do not try to conduct an investigation, do not take photos or video of the child and do not confront the suspected abuser.
5. The following information should be provided to the DFPS (Department of Family and Protective Services) Intake Specialist: child's name, date of birth, name of center, date and time when suspected abuse or neglect was observed, name of parent/guardian, parent/guardian date of birth, family address, family phone number, names of siblings, your name /title and description of specific details of the incident or observation of suspected abuse or neglect and include any information of the alleged perpetrator(s).
6. In the event, a CPS worker visits your center, please verify the worker's identity with the CPS name badge, have the CPS caseworker sign in and out on the Visitors Sign in Log and make yourself available to answer any questions. Make a copy of the CPS name badge if possible and notify your immediate supervisor that a CPS caseworker is on the premises.
7. Information must remain confidential however you may choose to discuss your report with your immediate supervisor. If a person retaliates due to a reported suspected child abuse case inform your immediate supervisor immediately.
8. NCCAA Birth-to-Five Head Start will offer support and mental health services to EHS and HS families where child maltreatment is or may be a concern. NCCAA staff will submit a mental health referral through ChildPlus. The Disability/Mental Health Services Coordinator will schedule a child staffing meeting with the parent. Content Coordinators, Site Base Manager, Family Advocate, Mental Health Consultant and the child's teacher will be in attendance. During the child staffing the FCP Coordinator will provide information on parenting curriculum offered by the agency, other parenting resources in the community and the Disability/Mental Health Services Coordinator will provide information on prevention of child abuse and neglect. The Mental Health Consultant will provide services with parental consent. NCCAA staff can request mental health services for themselves by contacting the Disability/Mental Health Services Coordinator via email or phone call.

### **Reporting Procedures for Suspected Child Maltreatment Involving NCCAA Staff, Consultants and Volunteers:**

Maltreatment is considered to be corporal punishment, emotional or physical abuse or humiliation of children at any time. Violation of this Child Maltreatment policy will result in disciplinary action up to termination and possible legal ramifications. Staff who have knowledge of abuse and fail to follow reporting procedures, will also be considered liable.

1. Staff, consultants or volunteers suspecting a staff member, consultant or volunteer of child maltreatment of a child in his/her care must report it immediately to the Texas Abuse Hotline at 1-800-252-5400.

2. Staff, consultants or volunteers are required to notify the center supervisor of the allegation. The center supervisor will immediately notify the HS Director and the Director of HR of the allegation.
3. The Head Start Director will immediately notify the assigned Office of Head Start program specialist or regional program manager when a staff, consultant or volunteer causes an incident or suspected incident of child abuse and neglect, an incident that affects the health and safety of children or violates the Standards of Conduct and Discipline and Guidance Policy. OHS (Office of Head Start) interprets “immediately or as soon as practicable” to mean without delay, but no later than seven calendar days following an incident. NCCAA should not wait for adjudication through local or state officials. Incidents must be reported to OHS (Office of Head Start) staff within seven days of the incident, regardless of investigations by relevant local, state, tribal, or federal law enforcement.
4. As per, policy 402 and 403 found in the NCCAA Employee Handbook all staff, consultants and volunteers must abide by workplace standards, therefore precautions will be taken to ensure that children are safe, which may include removing the alleged perpetrator from his/her designated position pending the investigation by Child Care Licensing. Suspension pending investigation, as per policy 404 found in the NCCAA Employee Handbook, if an investigation by the Texas Department of Protective and Regulatory Services or any other State Agency or any State or Federal licensing Agency, the employee may be suspended with or without pay pending the final report of the investigating authority. Page 134 Non-exempt and Exempt employees may be suspended pending investigation with or without pay depending on severity and situation. Depending on the findings of the investigation, further disciplinary action up to and including termination may result. Disciplinary action up to termination will be taken against an employee if he/she intentionally files a false report against another employee, consultant or volunteer.

***\*\*If OHS (Office of Head Start) discovers NCCAA failed to report a significant incident within seven calendar days from the time of the incident, the program will receive a monitoring finding, which may include a deficiency determination.***

### **Family Support**

Staff are available to support you and your family. If you are in need of guidance and support the Disability/Mental Health Coordinator will provide referrals to families requesting information on prevention of child abuse and neglect and/or counseling services. All personal information is kept strictly confidential and will not be shared inappropriately.

If you are working with Child Protective Services (CPS) and you want to share your family plan with someone at your center, we can help you reach any goals you have set for your family.

### **Prevention**

Prevention involves education and raising public awareness of child abuse and neglect.

The Prevention and Early Intervention (PEI) division of the TDFPS has several local agencies under contract that offer services to parents and children to strengthen families and prevent child abuse and neglect.

### **Helpful tips to prevent child maltreatment**

- Never discipline your child when your anger is out of control.
- Never leave your child unattended, especially in the car.
- When your child tells you, he or she doesn't want to be with someone, this could be a red flag.
- Listen to them and believe what they say.

- Be aware of changes in your child’s behavior or attitude
- Raise public awareness of child abuse and neglect
- Connect families with community-based resources
- Child abuse is everyone’s business. If you see something, say something.

## **Recognition of Child Maltreatment**

### **What is Child Abuse?**

To help prevent child abuse, you need to understand what it is. It's any mistreatment of a child that results in harm or injury. There are four basic types of child abuse, though children often experience more than one kind of abuse.

#### **Physical abuse**

Physical abuse is physical injury resulting in substantial harm to the child. Genuine threat of substantial harm from physical injury to a child.

#### **Emotional abuse**

Emotional abuse is mental or emotional injury that results in an observable and material impairment in a child’s growth, development, or psychological functioning. It includes extreme forms of punishment such as confining a child in a dark closet, habitual scapegoating, belittling, and rejecting treatment for a child.

#### **Sexual abuse**

Sexual abuse is any inappropriate sexual exposure or touch by an adult to a child or an older child to a younger child. Sexual abuse includes: sexual indecency, sexual assault, or aggravated sexual assault. Failing to make a reasonable effort to prevent sexual conduct to a child. Using the child for the creation of obscene or pornographic material.

#### **Neglect**

Neglect is failure to provide for a child’s basic needs necessary to sustain the life or health of the child, such as, food, clothing, shelter, protection from harm, hygiene, and medical care, excludes financial inability unless services offered and aid refused.

#### **Know the signs of abuse**

Children who are abused may show physical and behavioral signs, or they may show sudden changes in their behavior or school performance. These signs don't prove that children are being abused, but they could be a signal that the children or their families need help.

***When children talk about being abused, take them seriously. Take steps to get help!***

General Signs of Abuse	Signs of Physical abuse	Signs of Sexual abuse
<p>Abused children may seem:</p> <ul style="list-style-type: none"> <li>Nervous around adults or afraid of certain adults</li> <li>Reluctant to go home (coming to school early or staying late, for example)</li> <li>Very passive and withdrawn-or aggressive and disruptive</li> <li>Tired a lot, or they may complain of nightmares or not sleeping well</li> <li>Fearful and anxious</li> </ul>	<ul style="list-style-type: none"> <li>Unexplained burns, bruises, black eyes or other injuries</li> <li>Apparent fear of a parent or caretaker</li> <li>Faded bruises or healing injuries after missing school</li> </ul>	<ul style="list-style-type: none"> <li>Difficulty walking or sitting, or other indications of injury in the genital area</li> <li>Sexual knowledge or behavior beyond what is normal for the child's age</li> <li>Running away from home</li> </ul>
<p><b>How Do You Report?</b>            If you suspect a child is being harmed, contact by phone  <b>1-800-252-5400</b>            or online at <a href="http://www.txabusehotline.org">www.txabusehotline.org</a>  <b>Call 911</b>            or your local law enforcement agency if you have an emergency or life-threatening situation that must be dealt with immediately.</p>	<p><b>Signs of Emotional abuse</b></p> <ul style="list-style-type: none"> <li>Acting overly mature or immature for the child's age</li> <li>Extreme changes in behavior</li> <li>Delays in physical or emotional development</li> <li>Attempted suicide</li> <li>Lack of emotional attachment to the parent</li> </ul>	<p><b>Signs of Neglect</b></p> <ul style="list-style-type: none"> <li>Missing school a lot</li> <li>Begging for or stealing money or food</li> <li>Lacking needed medical or dental care</li> <li>Being frequently dirty</li> <li>Using alcohol or other drugs</li> <li>Saying there is no one at home to take care of him or her</li> </ul>
<p><b>Taken from</b>  <a href="https://www.dfps.texas.gov/Child_Protection/Child_Safety/recognize_abuse.asp">https://www.dfps.texas.gov/Child_Protection/Child_Safety/recognize_abuse.asp</a></p>		

**April is National Child Abuse Prevention Month**

Our agency will be joining forces and promoting the well-being of all children by wearing a Superhero shirt every Friday in the month of April. At the end of the month each center will have a Superhero Parade to show off their child created superhero gear and spread child abuse awareness to all.



# DISABILITY SERVICES

## **What is the goal of Disability Services?**

The basic goal of Disability Services is to provide a full range of services and activities to all Head Start children with disabilities. Any modifications, if necessary, will be made to meet the individual needs of children with disabilities in the Least Restrictive Environment (LRE).

## **What are the criteria to enroll a child with a disability?**

For a child to qualify as having a disability in the Birth to Five Head Start Program, the child **must** be evaluated and qualified through one of the following:

- ✓ Early Childhood Intervention (ECI), if the child is in Early Head Start or
- ✓ Local Education Agency (ISD's), if the child is in Head Start.

## **What is IDEA (Individuals with Disabilities Education Act)?**

Individuals with Disabilities Education Act (2004) clearly define and protect the rights of parents of children with disabilities to participate in the decisions made about their children's education. These rights include informed consent, which means that parents must clearly understand and agree to the evaluation of their children and program decisions made for them.

## **Special Education IDEA Parent Rights:**

- ✓ Prior notice of meetings and proposed decisions
- ✓ Reviewing student records
- ✓ The functions of the Individualized Education Program (IEP) team
- ✓ Assessment and Independent evaluations
- ✓ Parent participation in Admission, Review and Dismissal (ARD) meetings and parent consent
- ✓ Filing formal complaint, mediations, due process hearings, and appeals
- ✓ Interim alternative educational settings
- ✓ Discipline
- ✓ Parent placement of their children in private schools
- ✓ Civil court actions
- ✓ Development of Individualized Education Programs (IEP's)
- ✓ Placement decisions and least restrictive environment (LRE)
- ✓ Specially designed instructions and related services

Individualization for children with disabilities will be planned and implemented on lesson plans according to their Individualized Family Service Plan (IFSP) or Individual Education Plan (IEP). Goals and activities will be documented in the Specialized Individualization (agency database). This form will be printed and attached to the lesson plan in 4-week intervals.

Progress will be shared with parents/guardians Teaching Strategies Gold, during the First Parent Conference, Second Parent Conference, and Second Home Visit (Fall, Winter, Spring) via email or a hard copy at parent's request.



**Lesson Plans:**

**EHS**

- ❖ Teaching staff will document one goal and one activity as per the IFSP. Specialized Individualization will be printed and attached to the lesson plan.

**HS**

- ❖ Teaching staff will document one goal and activity per service area on the Specialized Individualization (agency database) as per the IEP. Specialized Individualization will be printed and attached to the lesson plan.

***NOTE: All action, interventions, documentation will be completed according to the established Birth-to-Five Head Start Procedures.***

## ENROLLMENT PRACTICES AND PARENTS NOTIFICATIONS ABOUT POLICY CHANGES

<b>Eligibility</b>	<ol style="list-style-type: none"> <li>1. <b>Age</b> <ol style="list-style-type: none"> <li>a. To be eligible for Early Head Start services, a child must be <b>at least 6 weeks old</b> but younger than 3 years of age or pregnant.</li> <li>b. To be eligible for Head Start services, a child must be at least three years old by September 1, the date used to determine eligibility for public school in Nueces County.</li> <li>c. Preschool division may fill a Mid-Year vacancy with children who are three after September 1<sup>st</sup> but before January 1<sup>st</sup></li> <li>d. Exceptions: Children of migrant families, children with qualifying disabilities, and children enrolled in Early Head Start will be age eligible on the child’s 3<sup>rd</sup> birthday.</li> </ol> </li> <li>2. <b>Income</b> <ol style="list-style-type: none"> <li>a. At least 90% of the children who are enrolled in Head Start must meet the Federal Poverty Income Guidelines, which are revised annually by the federal government.               <ul style="list-style-type: none"> <li>○ Children from families that are receiving TANF, SNAP, SSI, and are homeless or in foster care are eligible even if the family income exceeds Federal Poverty Income Guidelines.</li> </ul> </li> <li>b. Families who are over-income may still apply, but must meet the Selection &amp; Prioritization Criteria established for selecting children that will benefit the most from Head Start services. The following policies apply to serving over-income families:               <ul style="list-style-type: none"> <li>○ Must not exceed 10% of total enrollment.</li> <li>○ Early Head Start/Head Start Director’s review applications for approval.</li> </ul> </li> </ol> <p style="text-align: center;"><b>❖ <i>All applications are placed on the Birth-to-Five Head Start Active Waitlist and processed for Eligibility Criteria</i></b></p> </li> </ol>
<b>Recruitment</b>	<ol style="list-style-type: none"> <li>1. News releases, social media, advertising, flyers, annual recruitment rally, referrals from community resources, community events and word-of-mouth referrals to inform families of the availability of services and encourage them to apply for admission to the program.</li> <li>2. Looks for applications from as many eligible families within the recruitment area to select those with the greatest need for services.</li> </ol>
<b>Selection</b>	<ol style="list-style-type: none"> <li>1. Children are selected by the Selection &amp; Prioritization Criteria that involves the following:       <ol style="list-style-type: none"> <li>a. Income of eligible families, Foster Care, and Homelessness</li> <li>b. Age of the child</li> <li>c. 10% of total enrollment is available to children with qualifying disabilities.</li> <li>d. Other factors based on the Community Needs Assessment</li> </ol> </li> </ol>

<b>Enrollment</b>	<ol style="list-style-type: none"> <li>1. When a child has been enrolled, they remain eligible that year and the following enrollment year. After two enrollment years in the Preschool Division, the child’s family income must be verified again.</li> <li>2. Early Head Start children remain eligible until they reach their 3<sup>rd</sup> birthday.</li> <li>3. When a child transitions from the Early Head Start to the Head Start, the family must apply and re-qualify for services.</li> <li>4. Head Start Program may choose not to re-enroll a child when there has been a change in the child’s family income and there is a child with a greater need for Head Start services.</li> <li>5. If a child drops during a school year and wants to return the following school year then the family must reapply and meet eligibility requirements.</li> </ol>
<b>Attendance</b>	<ol style="list-style-type: none"> <li>1. Every child is strongly encouraged to maintain a 95% monthly average daily attendance, which is no more than three (3) absences per month. Children enrolled in collaborative classrooms are expected to follow the attendance standards at that location</li> <li>2. If a child is unexpectedly absent and a parent has not contacted the program within one (1) hour of program start time, the program must attempt to contact the parent to ensure the child’s well-being.</li> <li>3. Appropriate family support procedures are started for all children with three or more consecutive unexcused absences (i.e., telephone contact, home visit, emergency contact, text, email etc.).</li> <li>4. Staff will emphasize regular attendance but remain sensitive to any special family circumstances that may be affecting attendance patterns.</li> <li>5. In circumstances where chronic absenteeism persists, the child may be dropped from the program after 5 unexcused days (exceptions must be approved on a case by case basis).</li> </ol>
<b>Policy Changes</b>	<ol style="list-style-type: none"> <li>1. When Policy Changes are made, the following will occur: <ul style="list-style-type: none"> <li>○ You will be issued an immediate update version of the Policy Change(s).</li> <li>○ You will also sign &amp; date the bottom of the Policy Change and return it to the Family Advocate who will place it in your child’s record.</li> </ul> </li> </ol>

**PII PARENT POLICY**  
**NOTIFICATION AND CONSENT**

**Performance Standard 1303.20**

This notice describes how Personally Identifiable Information about your child may be used and disclosed, and how you can access this information.

By law, Nueces County Community Action Agency (NCCAA) must protect the privacy of your child's/parent's Personally Identifiable Information. Information that could be used to identify your child (known as "Personally Identifiable Information" or "PII") includes your 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. NCCAA retains PII because your child receives Head Start/Early Head Start services, and it is a part of each child's record. We take our obligation to protect the privacy of your child's PII data very seriously. This notice explains your rights and our legal duties and privacy practices.

Annually, we are required to provide a copy of *PII Parent Policy Notification and Consent*, including definitions (which cover descriptions of the types of PII that may be disclosed), to whom we can disclose, and list when we do not need to receive your consent to disclose PII from your child's record.

NCCAA will abide by the terms of this notice. Should our data and child record practices change, NCCAA reserves the right to change the terms of this notice. Any new provisions added will affect all PII maintained from the time the new provisions go into effect, as well as any PII that we may receive in the future. If we revise our practices substantially, we will provide a revised notice mailed to the current address that you have supplied.

The NCCAA PII policies are aligned with the Family Educational Rights and Privacy Act (FERPA). Head Start Campuses that are in collaboration with any school district is subject to FERPA. If a child record is subject to the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) NCCAA follows the requirements for that child record and not those of NCCAA.

**Performance Standard 1305**

**Definitions**

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 anyway, such as print, electronic, or digital means, including media, video, image, or audio format.

Confidential means: To be kept private with certain Specific protections.

Consent means: Written approval or authorization that is Signed and dated. It may include a record and signature in electronic form that: (1) identifies and authenticates a particular person as The Source of the electronic consent; and, (2) indicates the same person's approval of the information. Consent can be revoked going forward.

Disclosure means: To permit access to or the release, transfer, or other communication of Personally Identifiable Information contained in child records by any means, including oral, written, or electronic means, to any party except the party identified as the party that provided or created the record.

Party means: An entity or individual.

Parent means: A head start child's mother or father, other family member who is a primary caregiver, foster parent or authorized caregiver, guardian or the person with whom the child has been placed for purposes of adoption pending a final adoption decree.

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.

### **Performance Standard 1303.22**

#### **Required uses and disclosures of PII**

We must use and disclose information contained in child records considered to be PII in a number of ways to carry out our responsibilities. The following list describes the types of uses and disclosures of PII that federal law requires NCCAA to make and allows us to do so without your consent:

- ❖ Within this organization for Head Start purposes;
- ❖ To other organizations for Head Start purposes (including but not limited to contractors or delegates/sub-recipients that help us provide services to your child);
- ❖ In connection with an audit or evaluation of education or child development programs or for enforcement or compliance with federal legal requirements (such as to the U.S. Department of Health and Human Services that funds our work);
- ❖ For studies to improve child or family outcomes or quality of services;
- ❖ During disasters or health/safety emergencies to appropriate parties (including but Not limited to local health departments, police, fire, ems, etc.);
- ❖ Pursuant to court orders or subpoenas (so long as we try to notify you in advance unless(1) a court has ordered that neither the subpoena, its contents, nor the information provided in response be disclosed; (2) the disclosure is in compliance with an ex parte court order obtained by the United States Attorney General or his/her delegate 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; (3) a parent is a party to a court proceeding directly involving child abuse and neglect or dependency matters, and the order is issued in the context of that proceeding; or (4) if there is legal action between NCCAA and a parent);
- ❖ For Child and Adult Care Food Program (CACFP) monitoring if the results will be reported in an aggregate form that does not identify any individual;
- ❖ To foster care caseworkers who have the right to access a case plan for a child who is in foster care placement; and,
- ❖ To appropriate parties in cases of suspected or known child maltreatment (such as Child Protective Services).

#### **Other permitted uses and disclosures**

NCCAA will not use or disclose your PII without your written consent, except as described above. You may give us written consent to use or disclose your PII to anyone for any purpose that you choose. You may revoke your authorized consent so long as you do so in writing; however, NCCAA will not be able to retract any PII we have already used or shared based on your prior permission. Written consent from the parent/primary caregiver will be provided to NCCAA by completion of the agency form, *Release and Exchange of Information*. This form can be completed with any agency staff.

## **Performance Standard 1303.23**

### **Parental rights**

You have the right to:

- ❖ Ask to inspect your child’s record on-site containing PII that NCCAA maintains. NCCAA will create an opportunity for you to inspect your child’s record on-site within 5 business days. You do not have the right to remove the original record from on-site nor to take any parts of the original record with you.
- ❖ Ask for a copy of child records disclosed to third parties with parental consent, free of charge.
- ❖ Ask NCCAA to amend your child’s record if you believe that it is inaccurate, misleading, or violates your child’s privacy. You must ask for this by notifying in writing, along with a reason for your request. NCCAA will review your request and decide on it within 10 business days. If NCCAA denies your request to amend your PII, we will issue you a written statement explaining why and explain your right to a hearing.
- ❖ Ask for a hearing if your request to amend the child record is denied. If the issue is not decided in your favor at the hearing, you have the right to place a statement in the child record that either comments on the contested information or that states why the parent disagrees with the program’s decision, or both.
- ❖ Ask to inspect written agreements involving disclosure of PII. If a parent requests, you can come on-site and review a redacted written agreement with a third party that involves disclosure of their child’s PII. This right does not allow you to take any photos of it or make, nor have copies made of the agreement.

## **Performance Standard 1303.24**

### **Maintaining Records**

Location of PII: NCCAA maintains PII from child records in the following places: Secured online databases (Child Plus, Teaching Strategies Gold, and Ages and Stages ASQ online), and in locked filing cabinets at each center.

Need to Know Basis: All disclosures of PII from child records are on a need to know basis or otherwise “deemed necessary” for the purpose of disclosure. We do not disclose PII without there being a specific reason as it relates to provision of child/family services.

Record Retention: NCCAA Birth to Five Head Start retains records for three years after the last year of services provided.

In the case of the following the record will be maintained until the child’s age of 21:

- ❖ child has received specialized services (disability and/or mental health)
- ❖ child had experienced an injury requiring medical attention.

Verification of Receipt  
PII Parent Policy Notification and Consent

Performance Standard: 1303.22

Date: \_\_\_\_\_

I have received and understand the Nueces County Community Action Agency Birth-to-Five Head Start Personally Identifiable Information Policy.

I understand that any Personally Identifiable Information that I provide will be protected and shared based on the agency policies.

\_\_\_\_\_  
Parent / Primary Caregiver Signature

\_\_\_\_\_  
Family Advocate Signature

## SAFE SLEEP

At time of enrollment, parents are informed of NCCAA Safe Sleep Policy and have the opportunity to revise and sign the Safe Sleep Policy Form.

### Safe Sleep Policy

All staff, substitute staff, and volunteers at will follow these safe sleep recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission (CPSC) for infants to reduce the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death Syndrome (SIDS/SUIDS):

- ❖ Always put infants to sleep on their backs unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [§746.2427 and §747.2327].
- ❖ Place infants on a firm mattress, with a tight-fitting sheet, in a crib that meets the CPSC federal requirements for full-size cribs and for non-full-size cribs [§746.2409 and §747.2309].
- ❖ For infants who are younger than 12 months of age, cribs should be bare except for a tight fitting sheet and a mattress cover or protector.
- ❖ Items that should not be placed in a crib include: soft or loose bedding, such as blankets, quilts, or comforters; pillows; stuffed toys/animals; soft objects; bumper pads; liners; or sleep positioning devices [§746.2415(b) and §747.2315(b)]. Also, infants must not have their heads, faces, or cribs covered at any time by items such as blankets, linens, or clothing [§746.2429 and §747.2329].
- ❖ Do not use sleep positioning devices, such as wedges or infant positioners. The AAP has found no evidence that these devices are safe. Their use may increase the risk of suffocation [§746.2415(b) and §747.2315(b)].
- ❖ Ensure that sleeping areas are ventilated and at a temperature that is comfortable for a lightly clothed adult [§746.3407(10) and §747.3203(10)].
- ❖ If an infant needs extra warmth, use sleep clothing, as an alternative to blankets [§746.2415(b) and §747.2315(b)], that MUST be specified on the form.
- ❖ Place only one infant in a crib to sleep [§746.2405 and §747.2305].
- ❖ Infants may use a pacifier during sleep. But the pacifier must not be attached to a stuffed animal [§746.2415(b) and §747.2315(b)] or the infant's clothing by a string, cord, or other attaching mechanism that might be a suffocation or strangulation risk [§746.2401(6) and §747.2315(b)].
- ❖ If the infant falls asleep in a restrictive device other than a crib (such as a bouncy chair or swing, or arrives to care asleep in a car seat), move the infant to a crib immediately, unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health-care professional [§746.2426 and §747.2326].
- ❖ Our child care program is smoke-free. Smoking is not allowed in Texas child care operations (this includes e-cigarettes and any type of vaporizers) [§746.3703(d) and §747.3503(d)].
- ❖ Actively observe sleeping infants by sight and sound [§746.2403 and §747.2303].
- ❖ If an infant is able to roll back and forth from front to back, place the infant on the infant's back for sleep and allow the infant to assume a preferred sleep position [§746.2427 and §747.2327].
- ❖ Awake infants will have supervised "tummy time" several times daily. This will help them strengthen their muscles and develop normally [§746.2427 and §747.2327].
- ❖ Do not swaddle an infant for sleep or rest unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [§746.2428 and §747.2328].





### Operational Policy on Infant Safe Sleep

This form provides the required information per minimum standards §746.501(9) and §747.501(6) for the safe sleep policy.

**Directions:** Parents will review this policy upon enrolling their infant at [redacted] and a copy of the policy is provided in the parent handbook. Parents can review information on safe sleep and reducing the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUIDS) at: [http://www.healthychildren.org/English/ages\\_stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx](http://www.healthychildren.org/English/ages_stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx)

#### Safe Sleep Policy

All staff, substitute staff, and volunteers at [redacted] will follow these safe sleep recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission (CPSC) for infants to reduce the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death Syndrome (SIDS/SUIDS):

- Always put infants to sleep on their backs unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [§746.2427 and §747.2327].
- Place infants on a firm mattress, with a tight fitting sheet, in a crib that meets the CPSC federal requirements for full-size cribs and for non-full size cribs [§746.2409 and §747.2309].
- For infants who are younger than 12 months of age, cribs should be bare except for a tight fitting sheet and a mattress cover or protector. Items that should not be placed in a crib include: soft or loose bedding, such as blankets, quilts, or comforters; pillows; stuffed toys/ animals; soft objects; bumper pads; liners; or sleep positioning devices [§746.2415(b) and §747.2315(b)]. Also, infants must not have their heads, faces, or cribs covered at any time by items such as blankets, linens, or clothing [§746.2429 and §747.2329].
- Do not use sleep positioning devices, such as wedges or infant positioners. The AAP has found no evidence that these devices are safe. Their use may increase the risk of suffocation [§746.2415(b) and §747.2315(b)].
- Ensure that sleeping areas are ventilated and at a temperature that is comfortable for a lightly clothed adult [§746.3407(10) and §747.3203(10)].
- If an infant needs extra warmth, use sleep clothing [redacted] (insert type of sleep clothing that will be used, such as sleepers or footed pajamas) as an alternative to blankets [§746.2415(b) and §747.2315(b)].
- Place only one infant in a crib to sleep [§746.2405 and §747.2305].
- Infants may use a pacifier during sleep. But the pacifier must not be attached to a stuffed animal [§746.2415(b) and §747.2315(b)] or the infant's clothing by a string, cord, or other attaching mechanism that might be a suffocation or strangulation risk [§746.2401(6) and §747.2315(b)].
- If the infant falls asleep in a restrictive device other than a crib (such as a bouncy chair or swing, or arrives to care asleep in a car seat), move the infant to a crib immediately, unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health-care professional [§746.2426 and §747.2326].
- Our child care program is smoke-free. Smoking is not allowed in Texas child care operations (this includes e-cigarettes and any type of vaporizers) [§746.3703(d) and §747.3503(d)].
- Actively observe sleeping infants by sight and sound [§746.2403 and §747.2303].
- If an infant is able to roll back and forth from front to back, place the infant on the infant's back for sleep and allow the infant to assume a preferred sleep position [§746.2427 and §747.2327].
- Awake infants will have supervised "tummy time" several times daily. This will help them strengthen their muscles and develop normally [§746.2427 and §747.2327].
- Do not swaddle an infant for sleep or rest unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [§746.2428 and §747.2328].

#### Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>.

#### Signatures

This policy is effective on: [redacted] Child's name: [redacted]

[redacted] Signature — Director/Owner	[redacted] Date Signed
[redacted] Signature — Staff member	[redacted] Date Signed
[redacted] Signature — Parent	[redacted] Date Signed

# ATTENDANCE PRACTICES

## Attendance & Tardy Policy

The Birth-to-Five Head Start Program adheres to the following Attendance and Tardiness Policy:

1. Children must be dropped off and picked up based on the hours of service the family is approved for.
2. You must notify your child's teacher if your child will be absent.
3. You must notify your child's teacher if your child will arrive after 8:30 in the morning or after their pick up time in the afternoon.
4. Any child being dropped off after **8:30 a.m** is considered tardy and you will be given a Tardiness Notice.
  - a. There will be a 15-minute grace period for each of the assigned child pick up times. However, this is on a case by case need. This **is not** a daily grace period. If the grace period is abused or an attempt is made to use on a daily basis, then a staffing will be held to resolve the barriers to picking up at your assigned time.
5. If you are unable to meet your hours of services, please plan to meet with the Family Advocate at your center to discuss your situation.
  - a. When three (3) tardy notices within a one-month period occur, a Tardiness Letter will be given to you.
  - b. When five (5) Tardiness Notices have been issued within a two (2) month period, a staffing will be scheduled with you, the Site Base Manager, and Family Advocate to determine if an Attendance/Tardy Contract needs to be put into place.
  - c. The Attendance/Tardy Contract will be valid for 60 days.
6. If you are unable to bring your child to school, please plan to meet with your Family Advocate at your center to discuss your situation.
  - a. When attendance drops below 85% within a one (1) month period, an Attendance Letter will be given to you.
  - b. When attendance drops below 85% more than one month, a staffing will be scheduled with you, the Site Base Manager, and Family Advocate to determine if an Attendance/Tardy Contract needs to be put into place.
  - c. The Attendance/Tardy Contract will be valid for 60 days.
7. The program reserves the right to terminate services for excessive tardiness and/or absenteeism if it continues within the 60-day period.

**If you choose not to meet with center staff concerning any issues (example: attendance, tardiness, medication issues, etc.) the program reserves the right to not accept your child into the classroom until a meeting is held.**

## PROCEDURE FOR ATTENDANCE PROCESS 1302.16

1. Staff will document attendance on the Daily Meal Count & Attendance Record and in Database (See ChildPlus Procedures)
2. Staff must document in the database communication log all absences and tardiness and every effort they made to contact the family.
3. NCCAA Birth –to-Five Head Start will encourage regular attendance. When a child is absent without contact, the following steps are initiated within **1 hour** of the start of services:
  - a. 1<sup>st</sup> & 2<sup>nd</sup> day – the classroom staff will notify the Family Advocate/Site Base Manager to contact the family
  - b. 3<sup>rd</sup> day – the Family Advocate/Site Base Manager **MUST** make a home visit to assess the family’s situation and provide any necessary referrals (leave door hanger if family is not home).
  - c. 5<sup>th</sup> day – Child is in jeopardy of losing services; however, the program must make appropriate efforts to re-engage the family to resume attendance before dropping
4. If chronic tardiness the following steps are initiated:
  - a. 1<sup>st</sup> step – Tardy letter will be issued on the 3<sup>rd</sup> tardy within one month
  - b. 2<sup>nd</sup> step – If the tardies have not improved in the consecutive month a staffing is held and the Attendance/Tardy Contract will be implemented after 2 additional tardies for a total of 5 tardies
5. If child’s attendance fall below 85% the following steps are initiated:
  - a. Attendance Letter is given
  - b. Second Month of low attendance – Attendance/Tardy Contract given
6. If a family breaks the Attendance/Tardy Contract, staff will review and analyze the documents and make a recommendation to the ERSEA Coordinator/FCP Coordinator before further action is taken.
7. If a child is out 3 days or more “**under doctor’s care**” then the child must be accompanied with a doctor’s excuse upon return; however, if a child did not go to the doctor they are to return without an excuse.

***For special circumstances such as extended vacation days or family emergencies that may lead to a prolonged absence will require approval from the Head Start Director in writing. Please provide any type of documentation that may be available due to the circumstance if applicable. The Head Start Director has the authority to deny any requests based upon attendance history.***

# BUILD THE HABIT OF GOOD ATTENDANCE NOW!

## DID YOU KNOW???

Over 8 million U.S. students miss nearly a month of school each year.

Children living in poverty are two to three times more likely to be chronically absent—and face the most harm because their community lacks the resources to make up for the lost learning in school.

Absenteeism in the first month of school can predict poor attendance throughout the school year.

Poor attendance can influence whether children read proficiently by the end of third grade or be held back. Missing 10 percent of the school, or about 18 days in most school districts, negatively affects a student's academic performance.

["https://www.attendanceworks.org/chronic-absence/the-problem/10-facts-about-school-attendance/"](https://www.attendanceworks.org/chronic-absence/the-problem/10-facts-about-school-attendance/)

## ATTEND TODAY, ACHIEVE TOMORROW

### GOOD SCHOOL ATTENDANCE MEANS...



**PRESCHOOLERS**  
build skills and develop  
good habits for showing  
up on time



**ELEMENTARY  
STUDENTS**  
read well by the  
end of third grade



**HIGH SCHOOLERS**  
stay on track for  
graduation

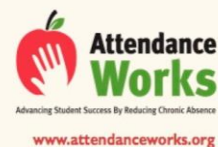


**COLLEGE  
STUDENTS**  
earn their degrees



**WORKERS**  
succeed in  
their jobs

Too many absences—excused or unexcused—can keep students from succeeding in school and in life. How many are too many? 10% of the school year—that's 18 missed days or 2 days a month—can knock students off track.



# FIRST DAY OF SCHOOL

## §746.2901

NCCAA Birth to Five Head Start Program provides supervised sleep or rest period after the noon meal for all children 18 months of age or older who are in care five or more consecutive hours, or according to the child's individual physical needs.

- ✓ *Toddlers and HS children* are suggested to bring a small blanket or beach towel for nap/rest time.
- ✓ *Pillows are not allowed* due to Health and Safety regulations.

## §746.2409, §746.2415, §746.2423

Each infant must have a supervised nap period that allows the infant to maintain his or her own pattern of sleeping and waking periods. To ensure infants safety:

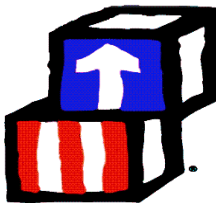
- ✓ *Absolutely no blankets and/or pillows for infants sleeping in cribs.*

### Other things to remember

- ✓ NCCAA Birth to Five **does not require** parents to bring school supplies.
- ✓ Parents are recommended to provide a change of clothes labeled with the child's name in a plastic zipper seal bag.

**The Birth-To-Five Head Start Program ensures that no child is denied placement based on a disability or its severity**

❖ *All applications are placed on the Birth-to-Five Head Start Active Waitlist and processed for Eligibility Criteria*



# PROTOCOL FOR QUESTIONS AND CONCERNS

## Questions or Concerns

Any questions or concerns about a child's classroom or center should be directed to the Site-Base Manager of that center. The Grievance Policy below should be followed when there is a concern in the center/ classroom:

### *Grievance Policy for Parents, Staff and General Public*

1. Birth-To-Five Head Start Program does not discriminate against individuals because of race, color, national origin, sex, age, disability, religion, and/or political belief.
2. As parents, staff and members of the community, you have the right to know about the Birth-To-Five Head Start Program policies and procedures. **Only** parents/primary caregivers may request information on their child. Written parent permission is required prior to releasing information to a third party.
3. Parents, staff and members of the community have the right to appeal any decision made by the Birth-To-Five Head Start staff.
4. You are encouraged to observe the following NCCAA Birth-To-Five Head Start procedures. ***Appeals will not go to the Policy Council until it has been established that it cannot be resolved by the NCCAA Birth-To-Five Head Start staff.***
  - a) Concerns will first be discussed with the staff in question.
  - b) If an agreement is not reached, concerns are directed to that staff's immediate supervisor.
  - c) If a solution has not been reached, the concern should be brought before the appropriate Content Area Coordinator (C&I, Education Coach, Health, Mental Health and Disabilities, Family Services, Nutrition, Site Based Management and Facilities, On-going Monitoring, T/TA).
  - d) If the concern is not resolved, it is brought before the Birth-to-Five Head Start Director and finally to the NCCAA Chief Executive Officer (CEO).
  - e) If the concern is not resolved by Program staff, it will be referred to the Policy Council for review.
  - f) When you appeal a concern to the Policy Council, you must provide written notice to the Birth-To-Five Head Start Program Director, with a courtesy copy to the NCCAA CEO ten (10) working days before the next scheduled Policy Council meeting to allow placement on the meeting's Agenda.
  - g) You will be notified when your appeal is placed on the Policy Council's agenda.
  - h) If you are not satisfied with the Policy Council's decision, you may write an appeal to the NCCAA Board of Directors. The NCCAA Board's decision will be final.
1. Parents, staff or community members who do not follow these Grievance Policies will be referred back to the appropriate level, which may further delay the appeal process.
2. It is in violation of the NCCAA policies for any parent, staff, Policy Council member or Board of Director to interfere with, threaten, coerce, retaliate or otherwise discriminate against anyone because they filed a complaint, gave testimony or appeared before the Policy Council or committee(s) in connection with a grievance or appeal. Appropriate disciplinary action will be taken against such individuals.

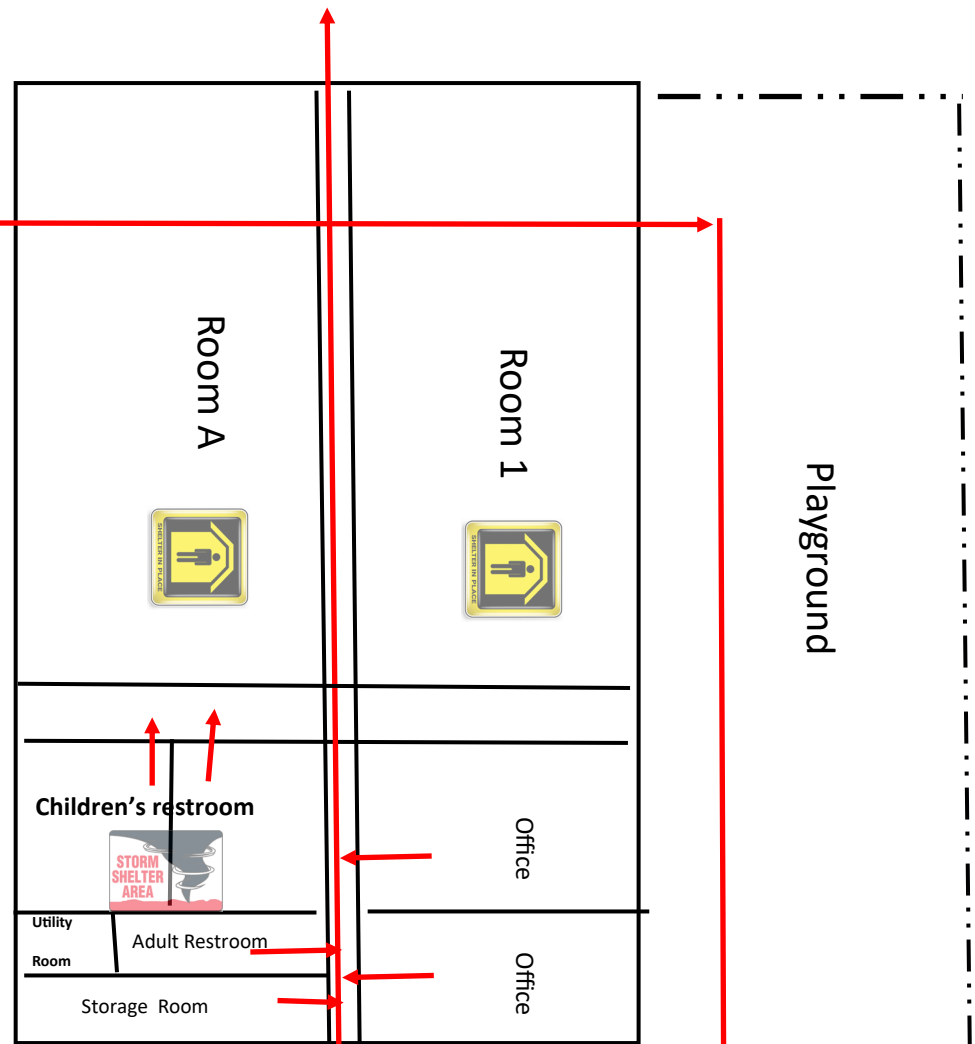
**“In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.”**

## APPENDIX

<https://www.nccaatx.org/btfive.html>

# Austin Birth to Five Head Start

Gathering Site: will be in the park next to the cen-



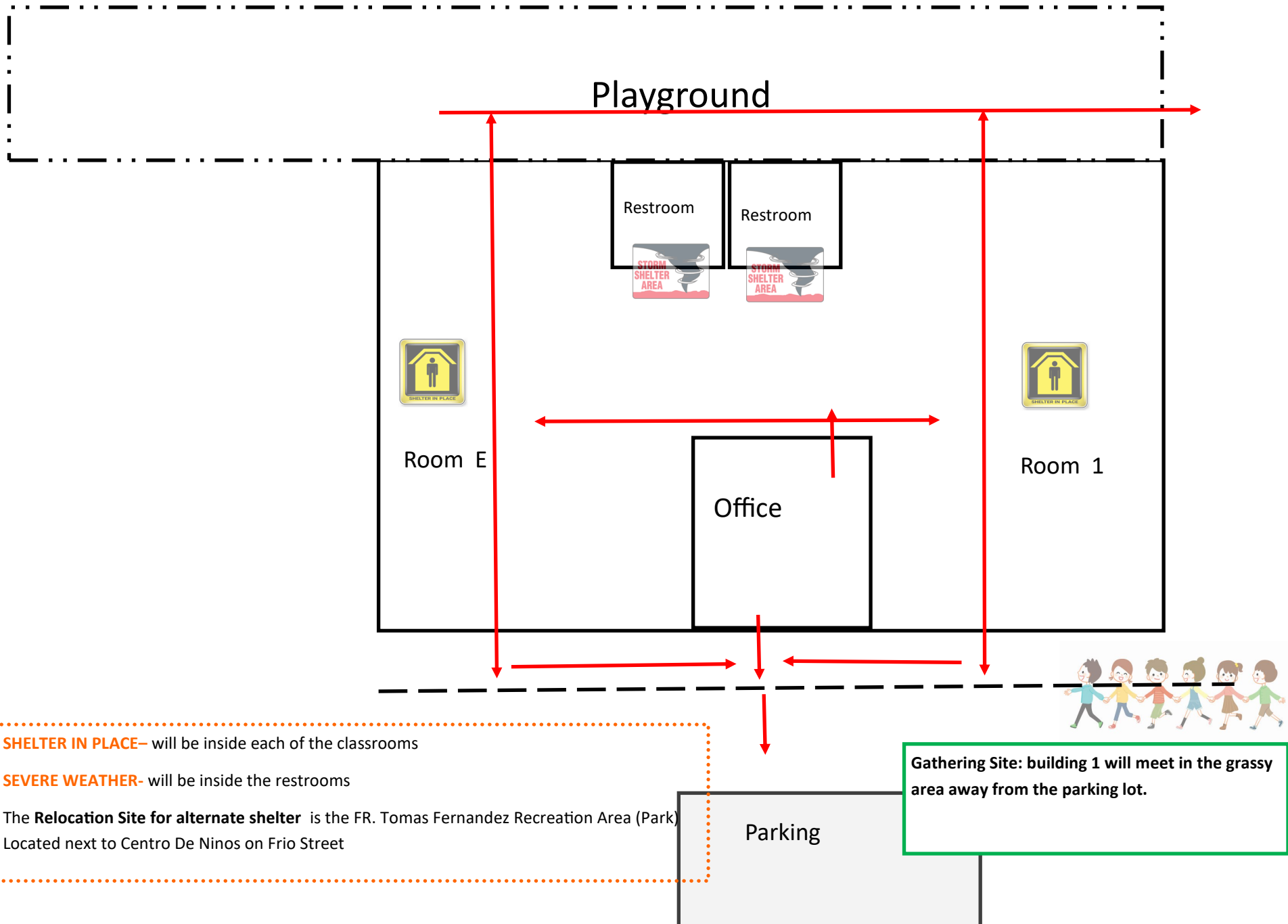
**SHELTER IN PLACE**— will be inside each of the classrooms

**SEVERE WEATHER**- will be inside the restrooms

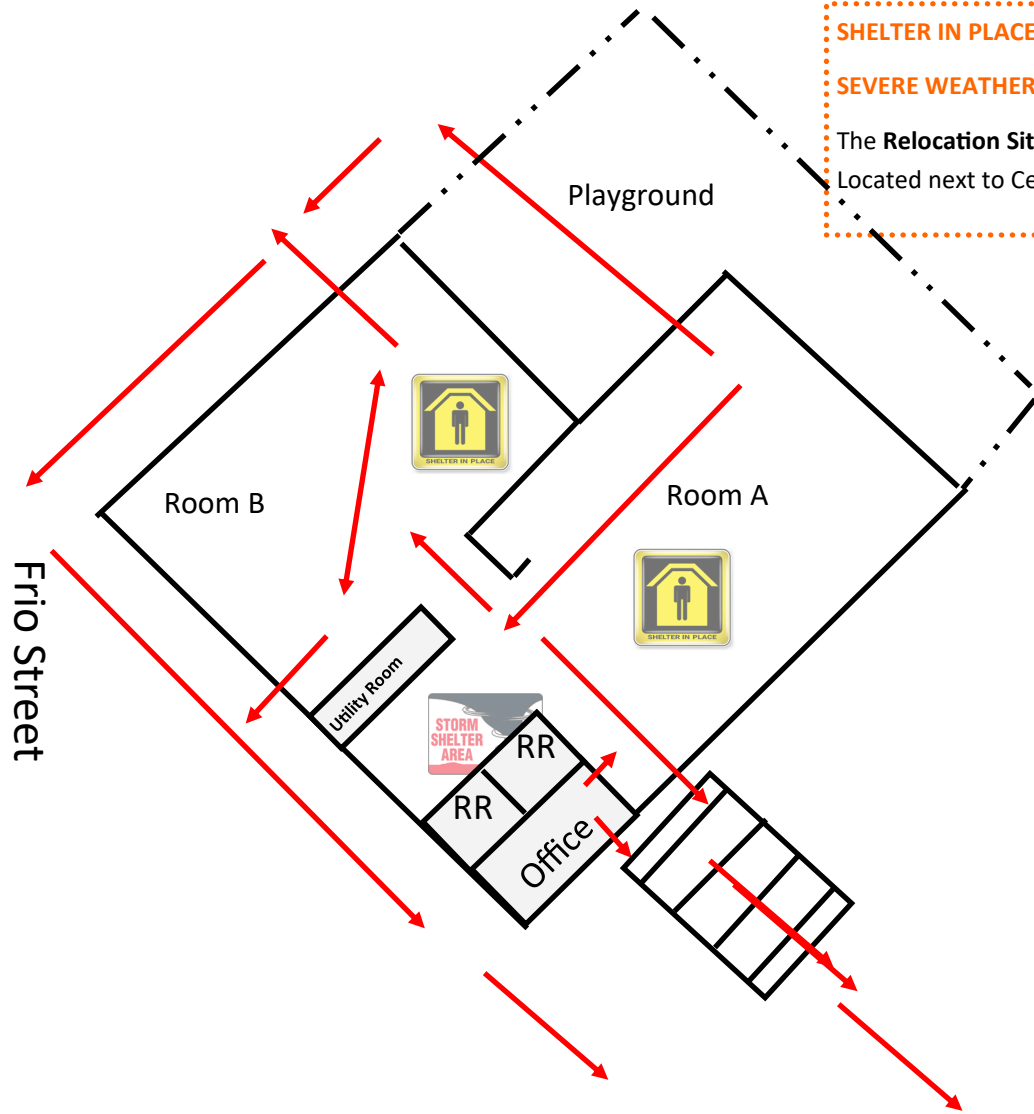
Sidewalk



# Centro De Ninos Building 1 Head Start



# Centro De Ninos Building 2 Early Head Start

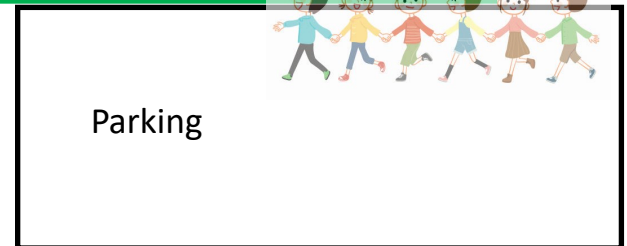


**SHELTER IN PLACE**– will be inside each of the classrooms

**SEVERE WEATHER**- will be inside the restrooms

The **Relocation Site for alternate shelter** is the FR. Tomas Fernandez Recreation Area (Park)  
Located next to Centro De Ninos on Frio Street

Gathering Site: Building 2 will meet in the parking lot.



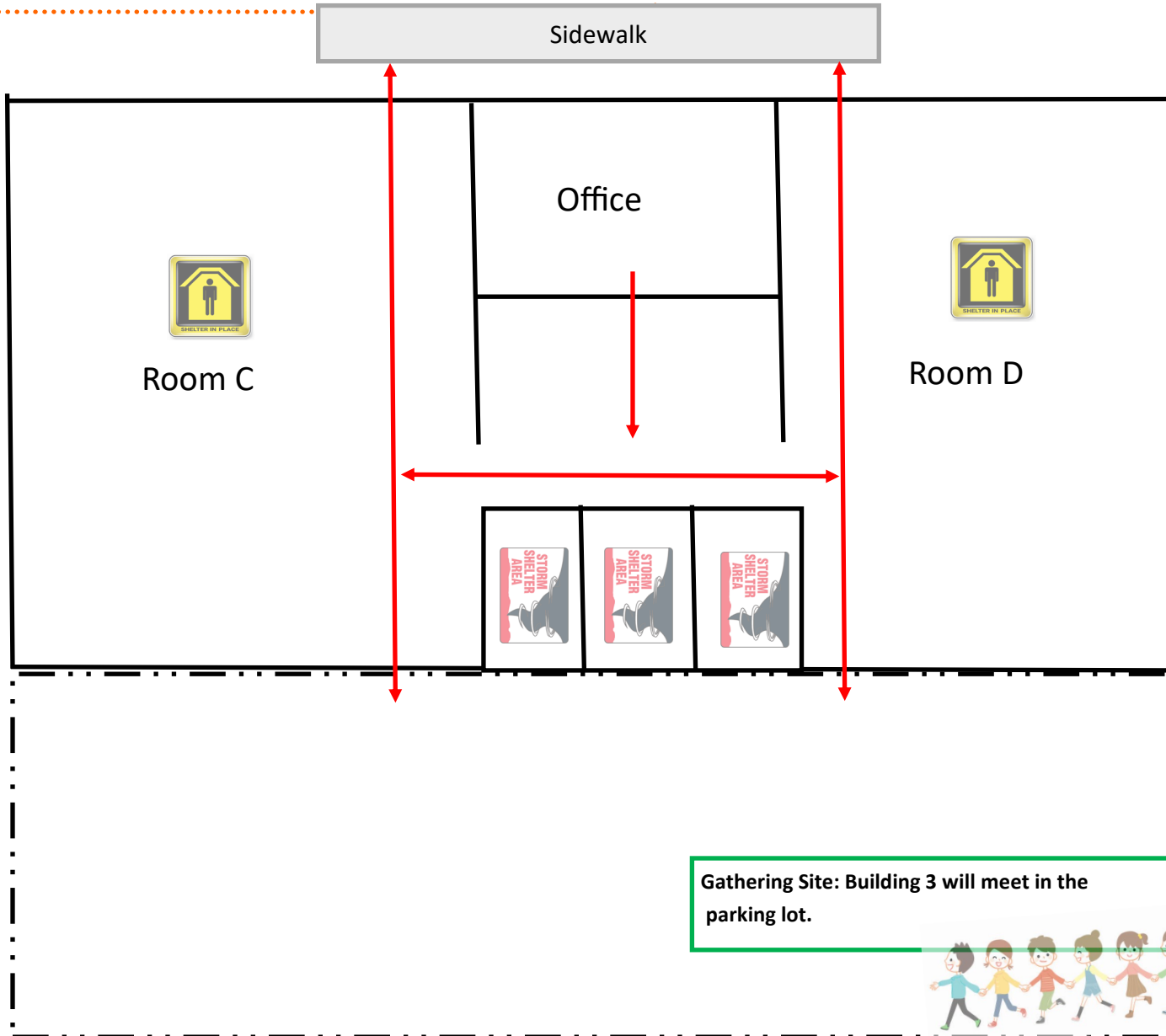
# Centro De Ninos Building 3 Early Head Start

**SHELTER IN PLACE**— will be inside each of the classrooms

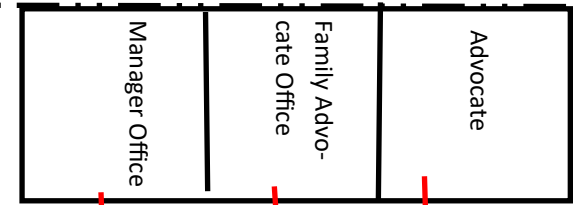
**SEVERE WEATHER**- will be inside the restrooms

The **Relocation Site for alternate shelter** is the FR. Tomas Fernandez Recreation Area (Park)

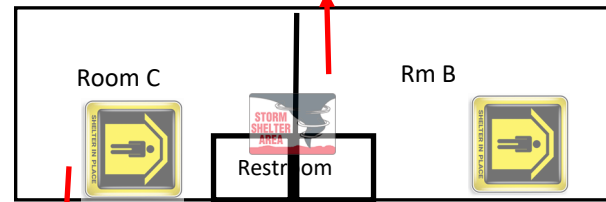
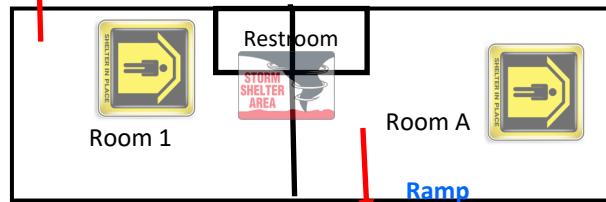
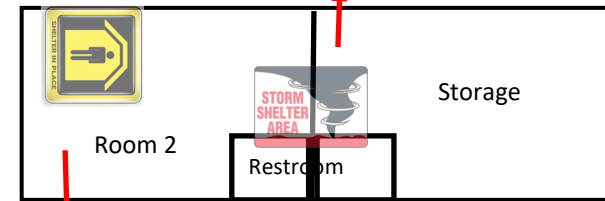
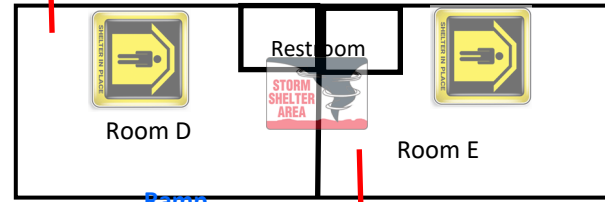
Located next to Centro De Ninos on Frio Street



# Cliff Maus Birth-to-Five Head Start



Playground



Playground

Sidewalk

Ramp

Ramp

Sidewalk



**SHELTER IN PLACE**- will be inside the classroom

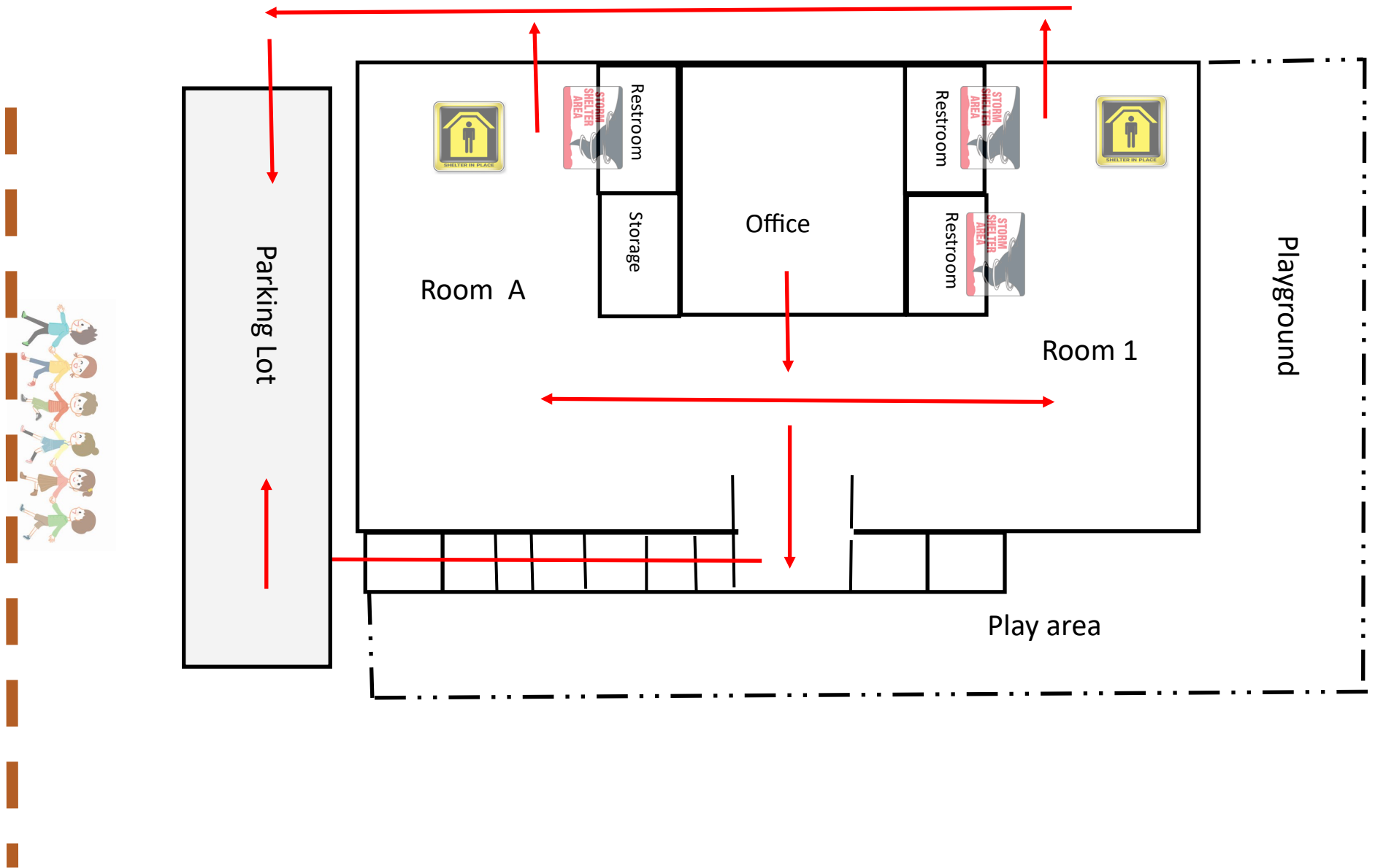
**SEVERE WEATHER**- will be inside the classroom restrooms

The **Relocation Site** for alternate shelter is Whispering Winds Apartments

1458 W Point Rd, Corpus Christi, TX 78416

**Gathering Site:** All classrooms will gather on the sidewalk out of the path of any danger

# Gulfway Head Start



**SHELTER IN PLACE**– will be inside each of the classrooms

**SEVERE WEATHER**- will be inside the restrooms

The **Relocation Site for alternate shelter** is the Arrowsmith Community Room,  
5701 Williams Dr Corpus Christi TX 78412

**Gathering Site: Grassy Area across from the building by the apartment fence line**

# Kids of the Neighborhood Birth-to-Five Head Start

**SHELTER IN PLACE**— will be inside each of the classrooms

**SEVERE WEATHER**- will be inside the restrooms

The **Relocation Site** for alternate shelter is the Primera Day School 1509 Tarlton Corpus Christi 78415

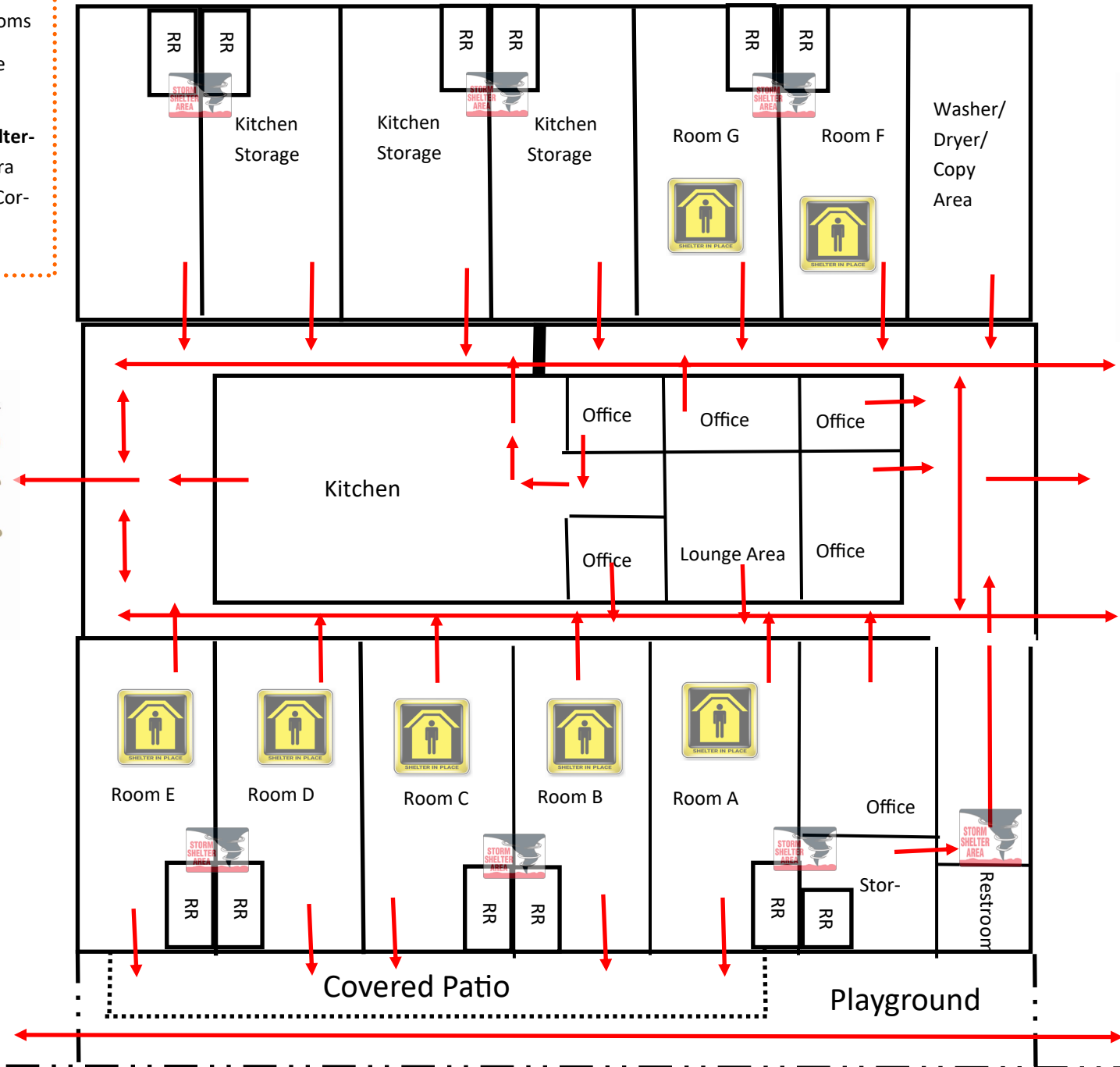
Watson Street



Clemmer Street

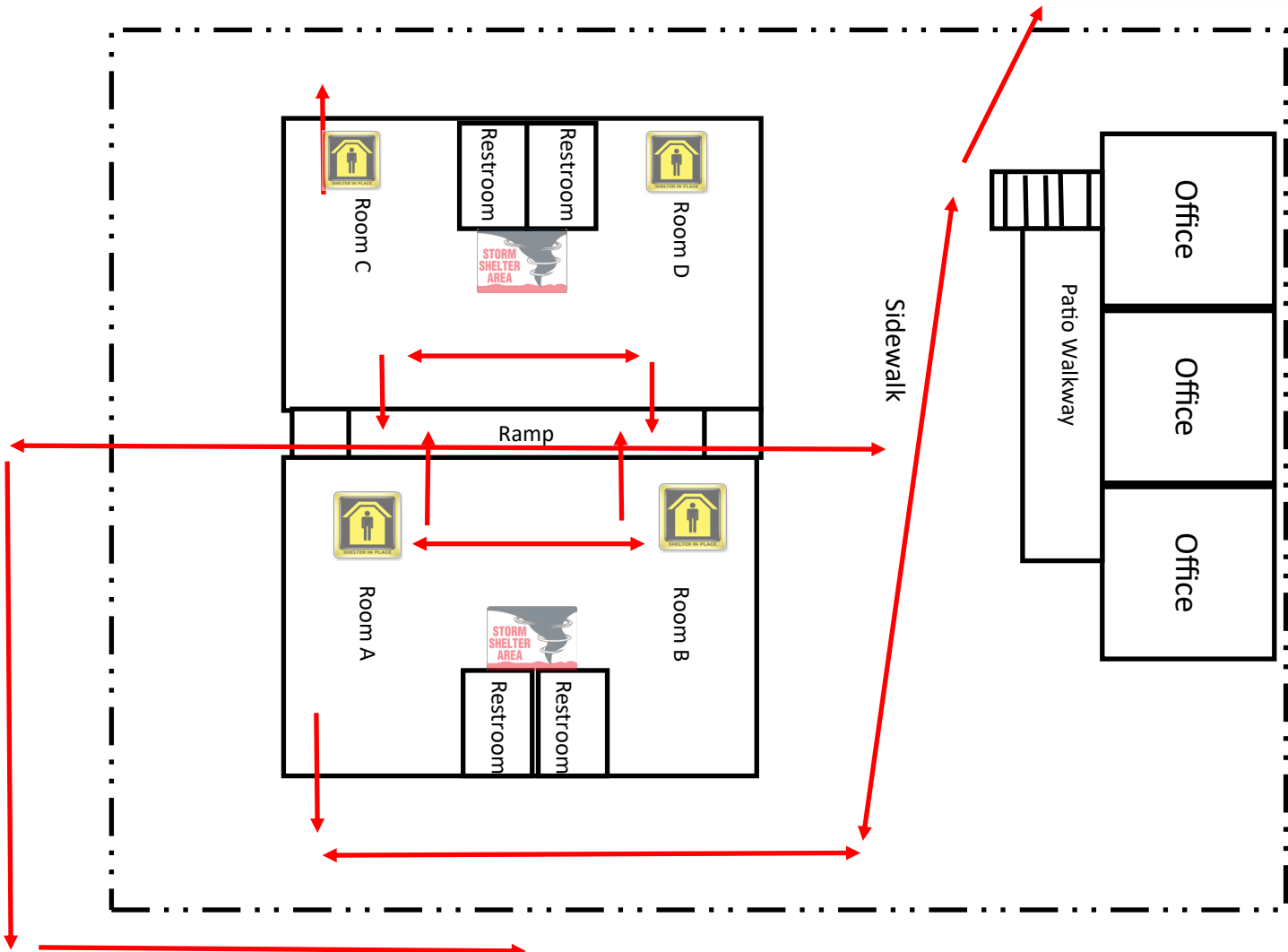
Gathering Site: Rooms D&E will meet at the back of the building on Watson Street.

Gathering Site: Rooms A,B,&C will meet in the parking lot on the front side of Clemmer St.



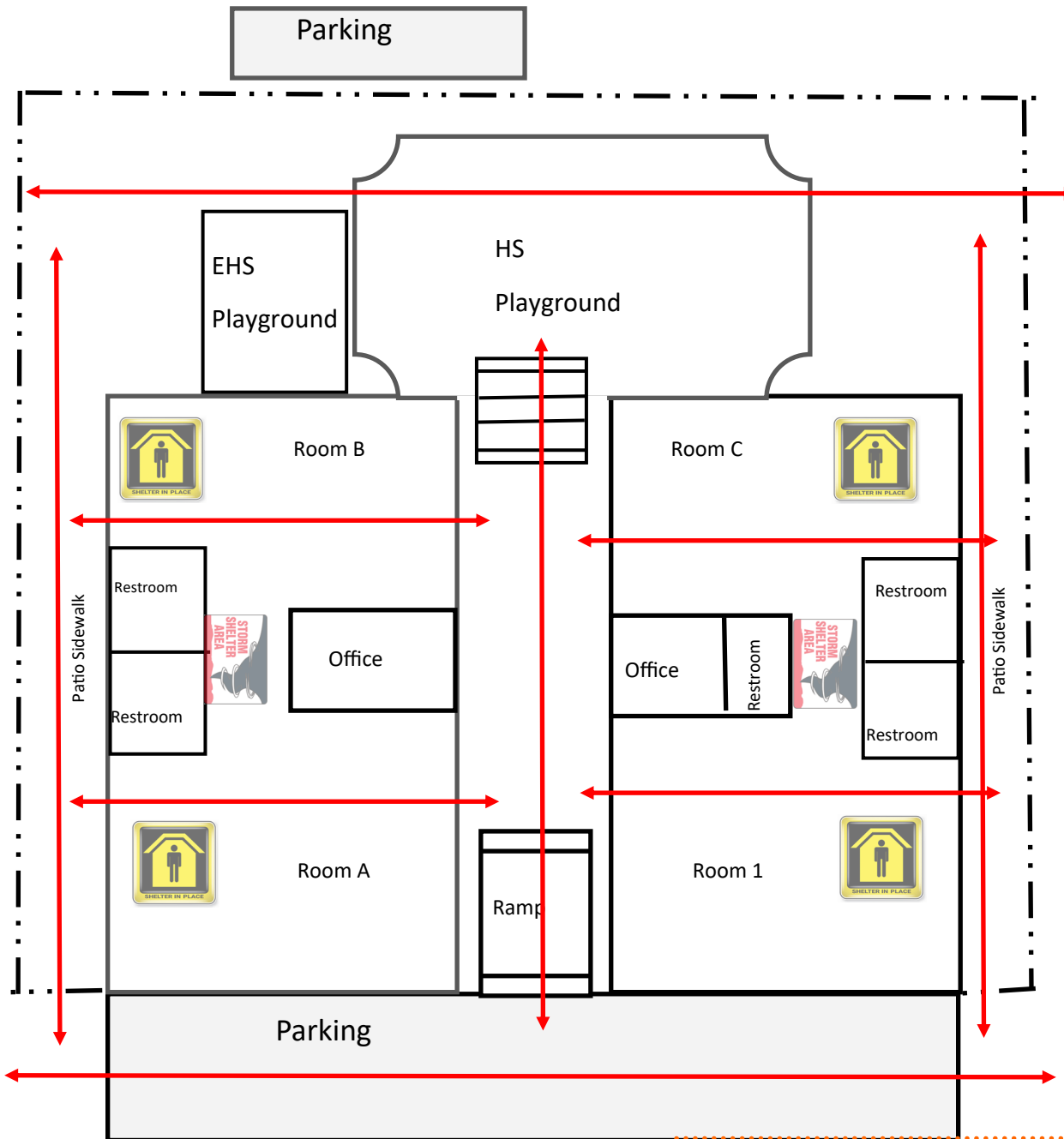
# La Armada Birth-to-Five Head Start

Gathering Site: The grassy area by the offices



- **SHELTER IN PLACE**— will be inside each of the classrooms
- **SEVERE WEATHER**- will be inside the classroom restrooms
- The **Relocation Site for alternate shelter** is the Maintenance Office
- C.C. Training Room 3740 So. Port Ave Corpus Christi TX 78415

# Little Hornet Birth-to-Five Head Start



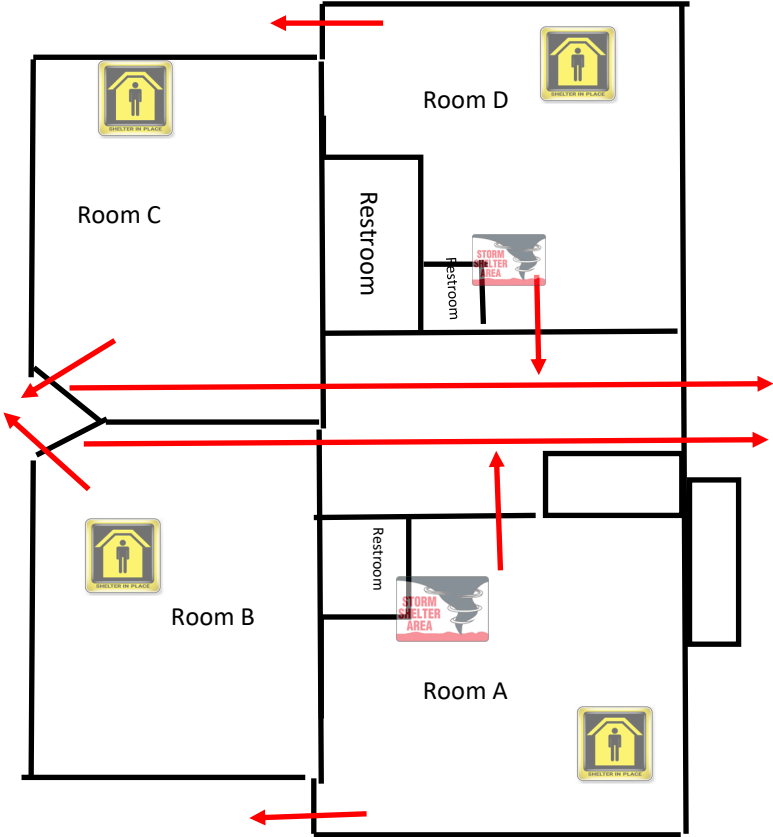
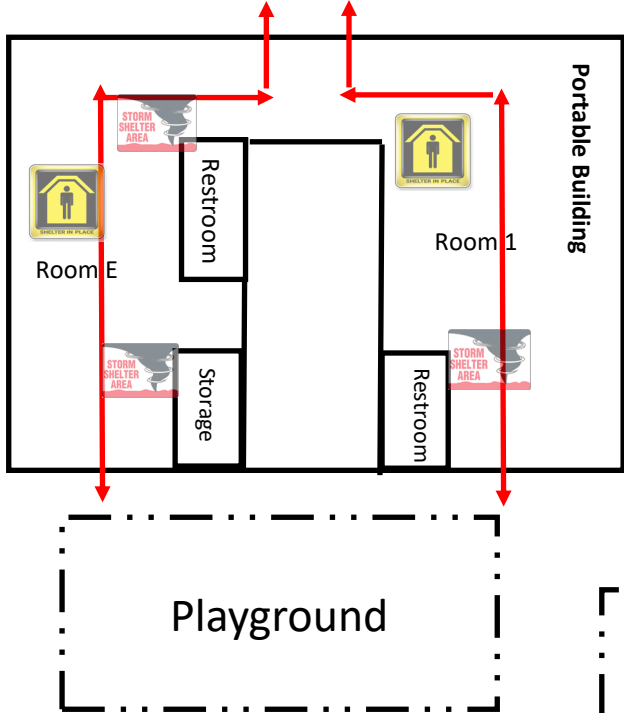
**Gathering Site:** The grassy area by the baseball fields

**SHELTER IN PLACE**— will be inside each of the classrooms  
**SEVERE WEATHER**- will be inside the interior hallways  
 The **Relocation Site for alternate shelter** is the Flour Bluff High School Auditorium 2505 Waldron Rd. Corpus Christi TX 78418





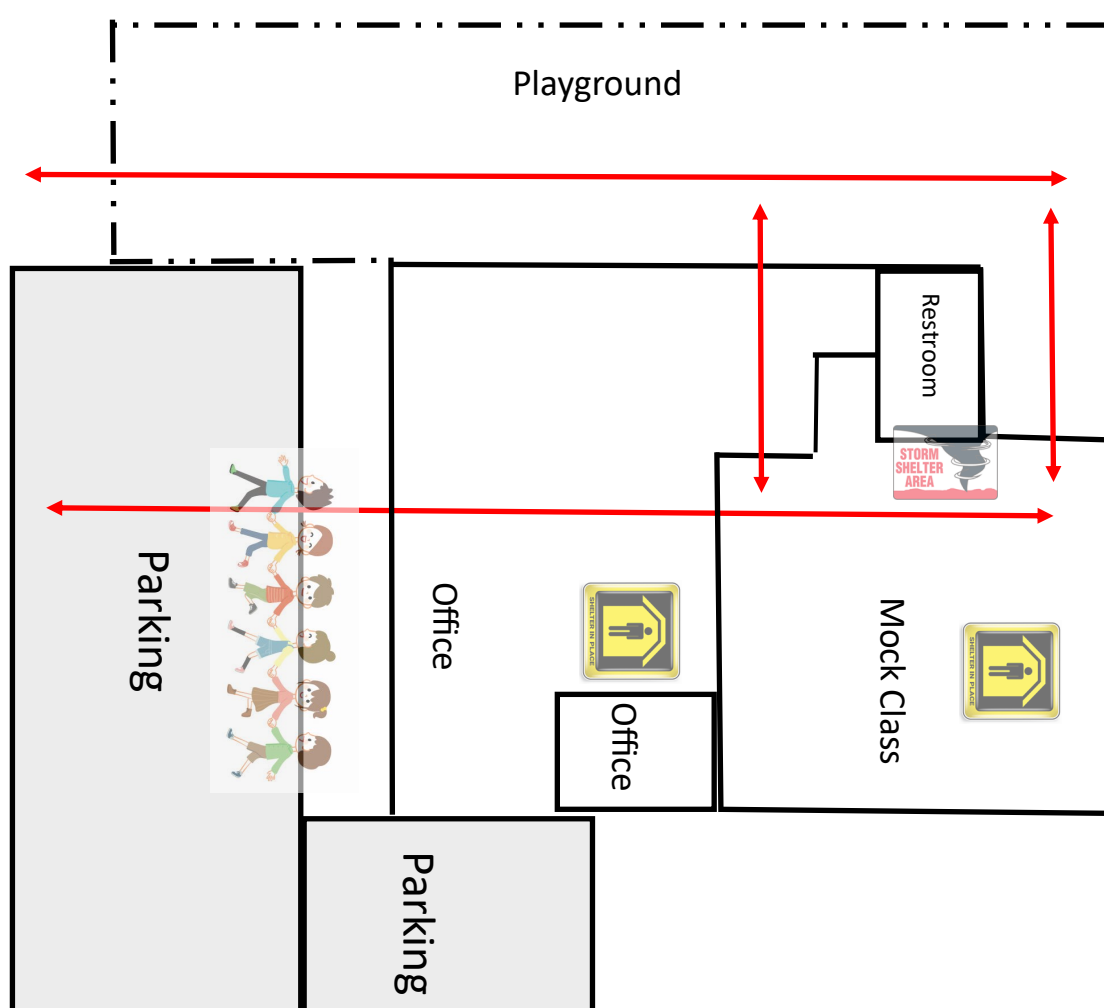
# Los Pequeños Birth-to-Five Head Start



**Gathering Site:** All classrooms will gather on the sidewalk in front of the portable building

- SHELTER IN PLACE**– will be inside the classroom
- SEVERE WEATHER**- will be inside the classroom restrooms
- The **Relocation Site for alternate shelter** is Spirit of Hope  
442 Mohawk St, Corpus Christi, TX 78405

# Miramar Education Resource Center

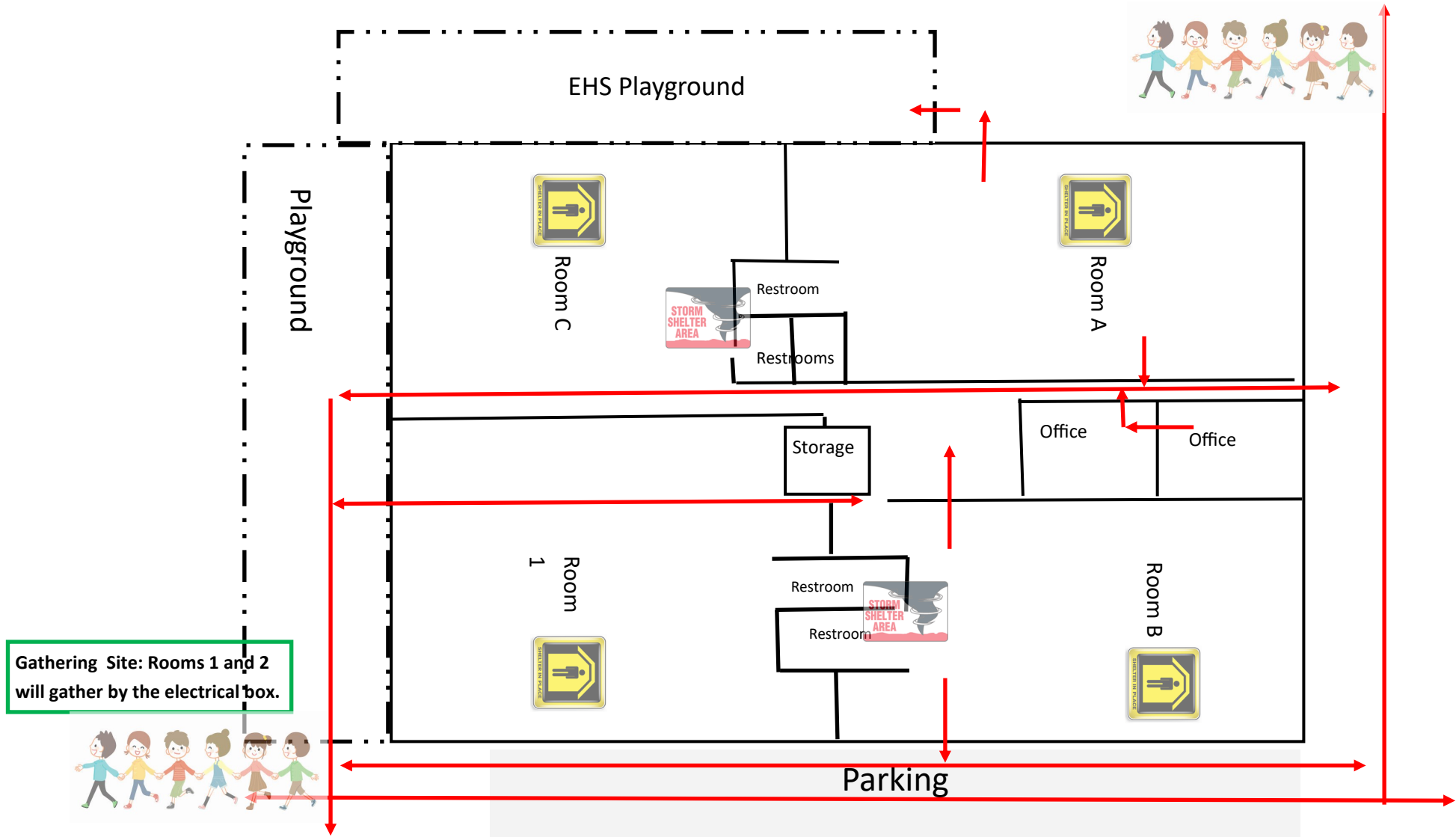


**Gathering Site:** On the sidewalk in the front of the building

**SHELTER IN PLACE**– will be inside each of the classrooms  
**SEVERE WEATHER**- will be inside the restrooms  
The **Relocation Site for alternate shelter** is the Nueces County Medical Society 1000 Morgan Ave Corpus Christi TX 78404

# Navarro Birth-to-Five Head Start

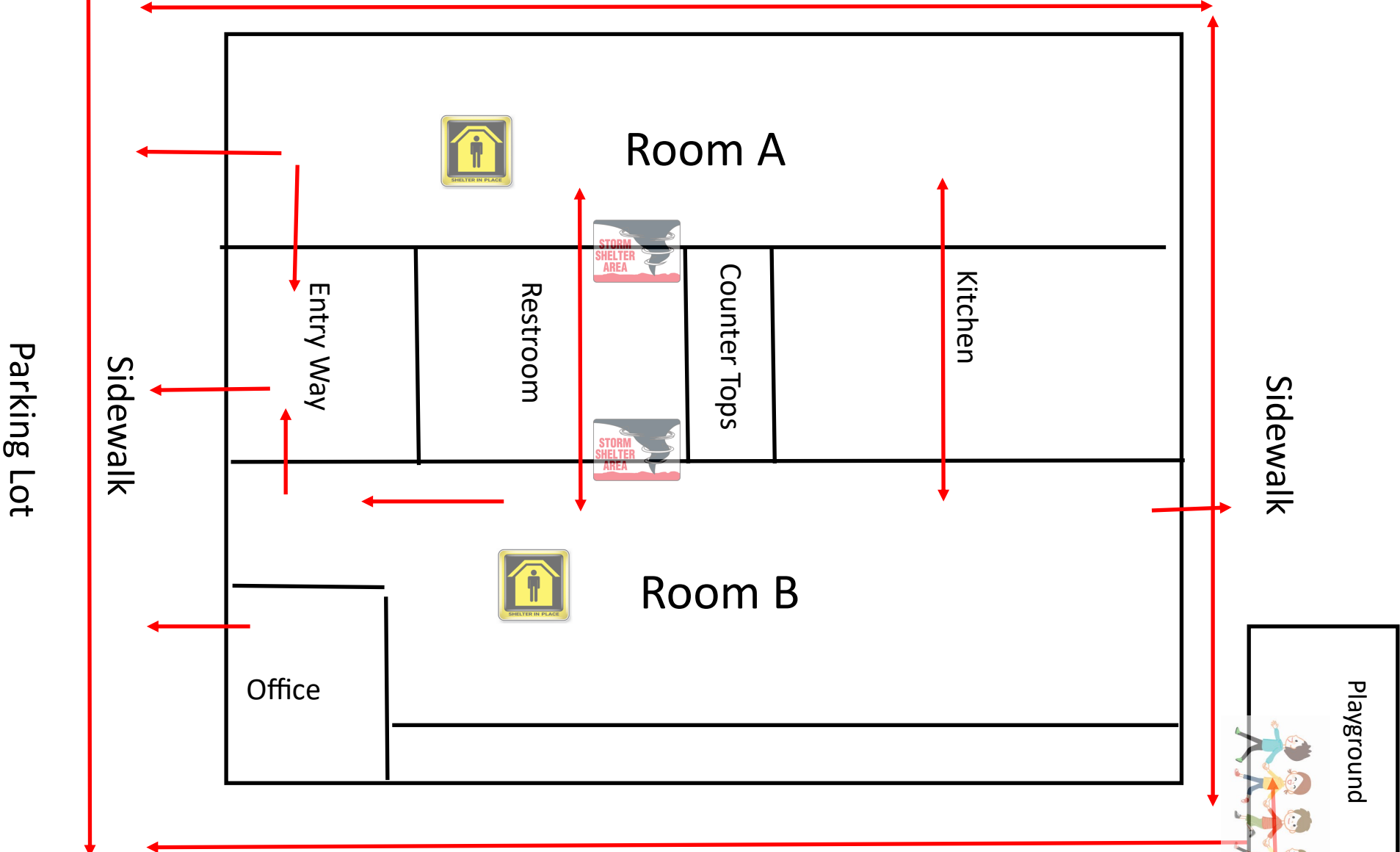
Gathering Site: Rooms A and B will gather past the swings and the sidewalk.



Gathering Site: Rooms 1 and 2 will gather by the electrical box.

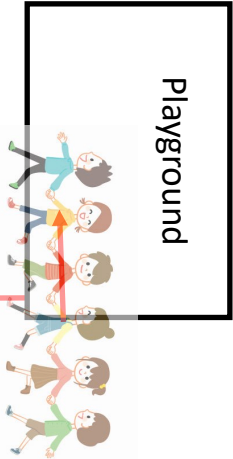
- SHELTER IN PLACE**– will be inside each of the classrooms
  - SEVERE WEATHER**- will be inside the restroom
- The **Relocation Site for alternate shelter** is Navarro Recreational Center  
180 N 19th St, Corpus Christi, TX 78408

# Navigation Early Head Start

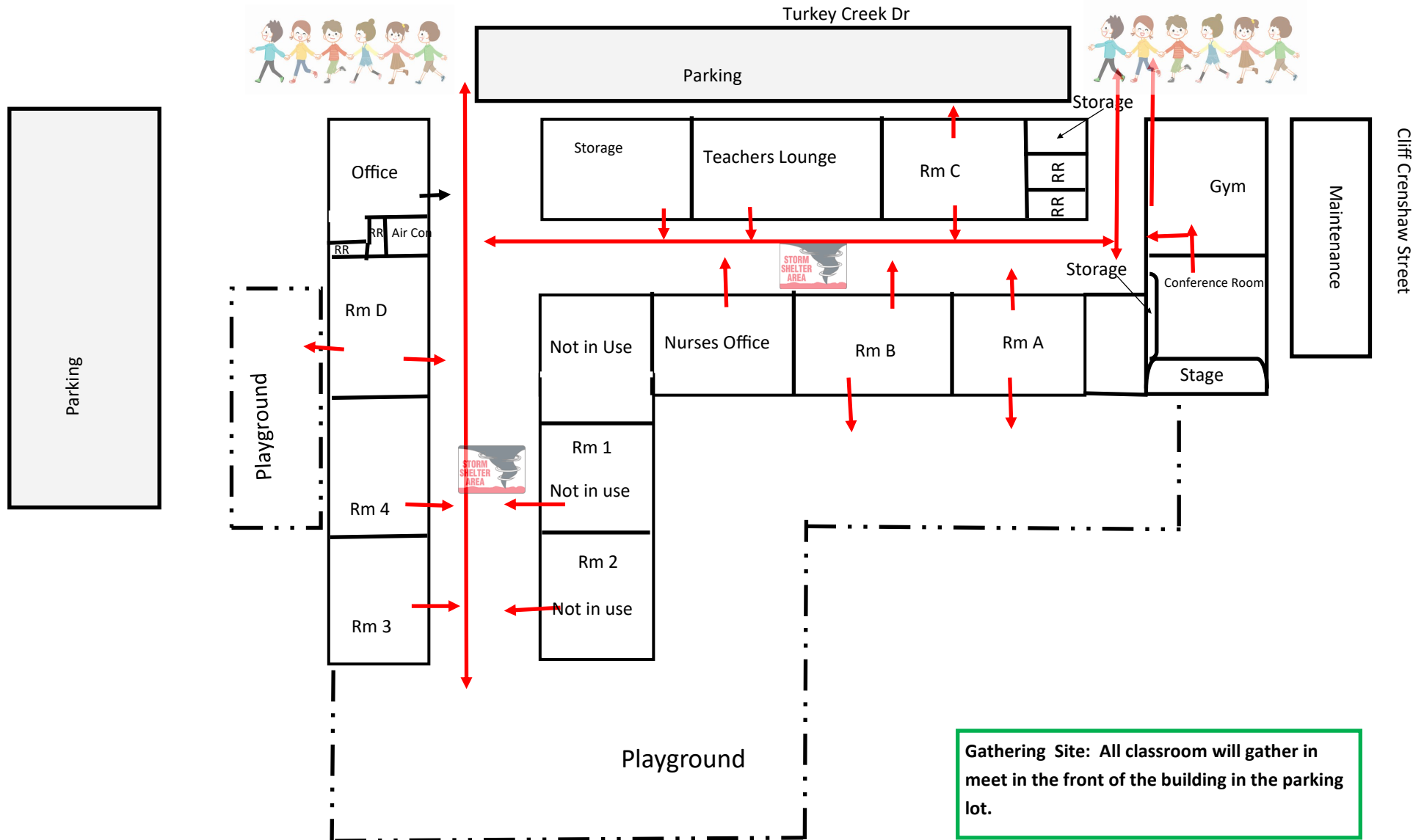


**SHELTER IN PLACE**— will be inside each of the classrooms  
**SEVERE WEATHER**- will be inside each of the restrooms  
The **Relocation Site for alternate shelter** is Navigation Pointe  
Community Room 901 S. Navigation Blvd. Corpus Christi Tx 78405

**Gathering Site: The playground**



# Northwest Birth-to-Five Head Start



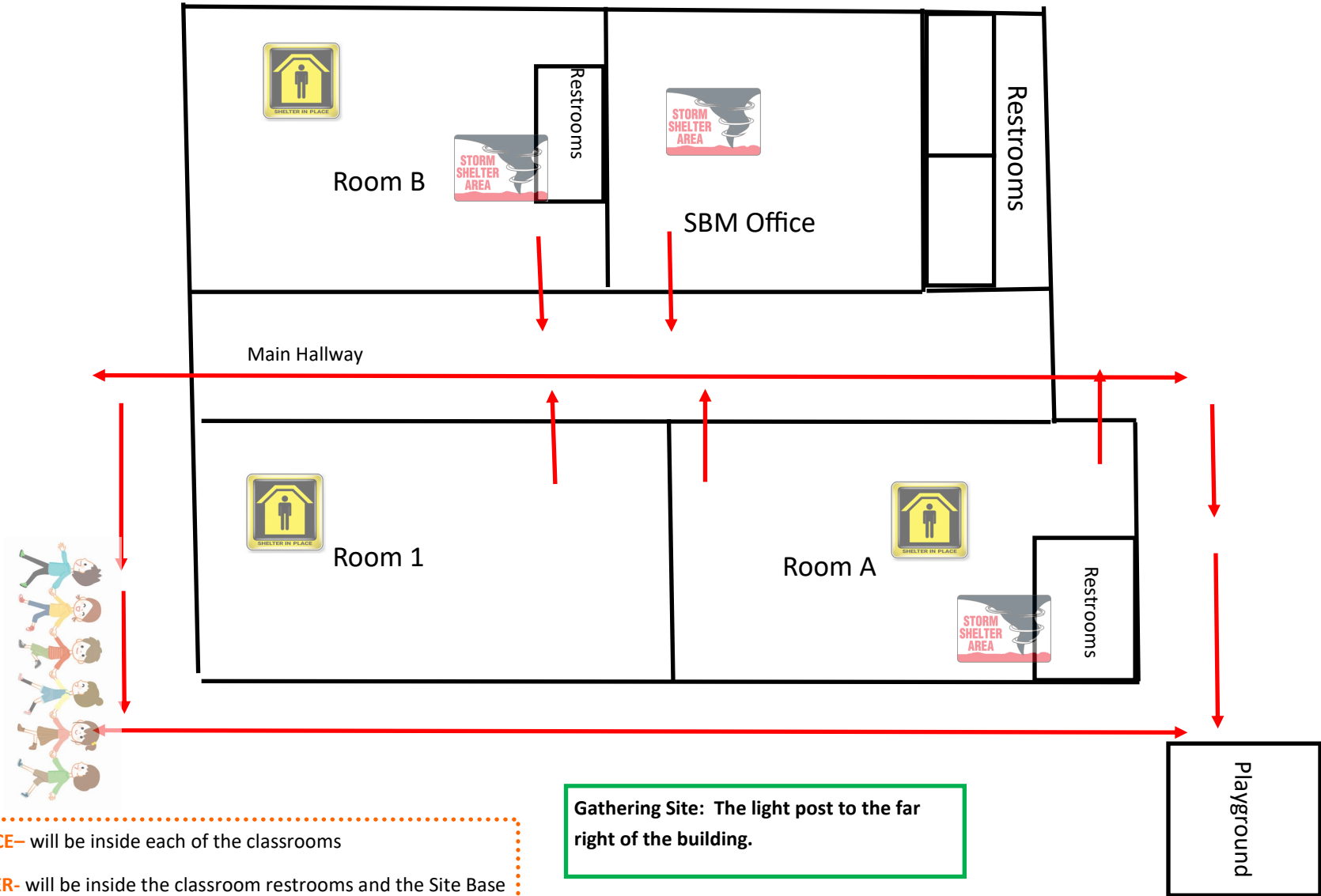
**SHELTER IN PLACE**— will be inside each of the classrooms

**SEVERE WEATHER**- will be in the interior hallway s

The **Relocation Site for alternate shelter** is St. Peter The Apostle Hall 3901 Violet Corpus Christi Tx 78410

**Gathering Site:** All classroom will gather in meet in the front of the building in the parking lot.

# Riversquare Birth-to-Five Head Start



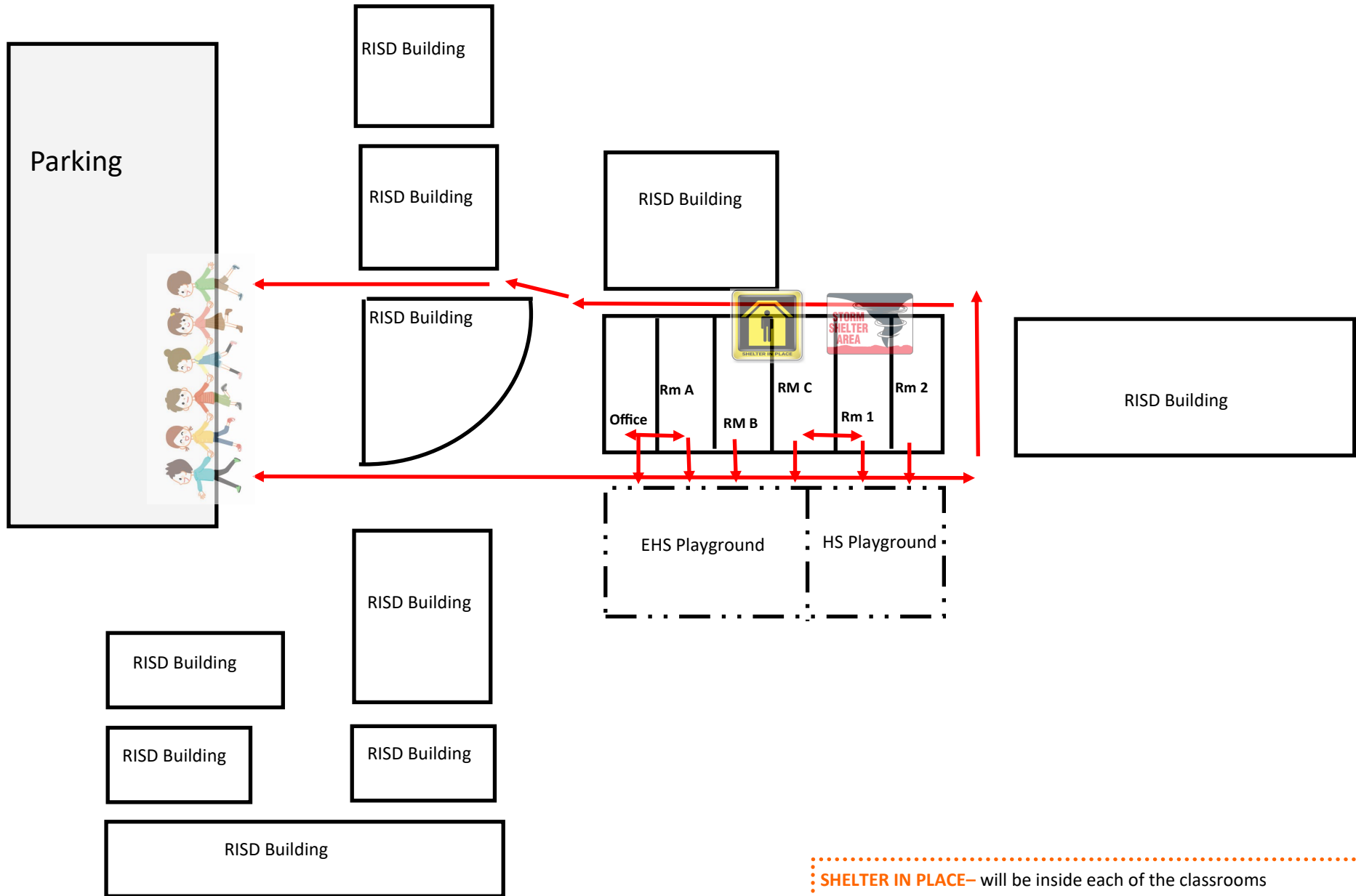
**SHELTER IN PLACE**— will be inside each of the classrooms

**SEVERE WEATHER**- will be inside the classroom restrooms and the Site Base Manager Office

The **Relocation Site for alternate shelter** is the Hayden & Co. Fire & Safety 10328 I-37, Access Corpus Christi, TX 78410

**Gathering Site:** The light post to the far right of the building.

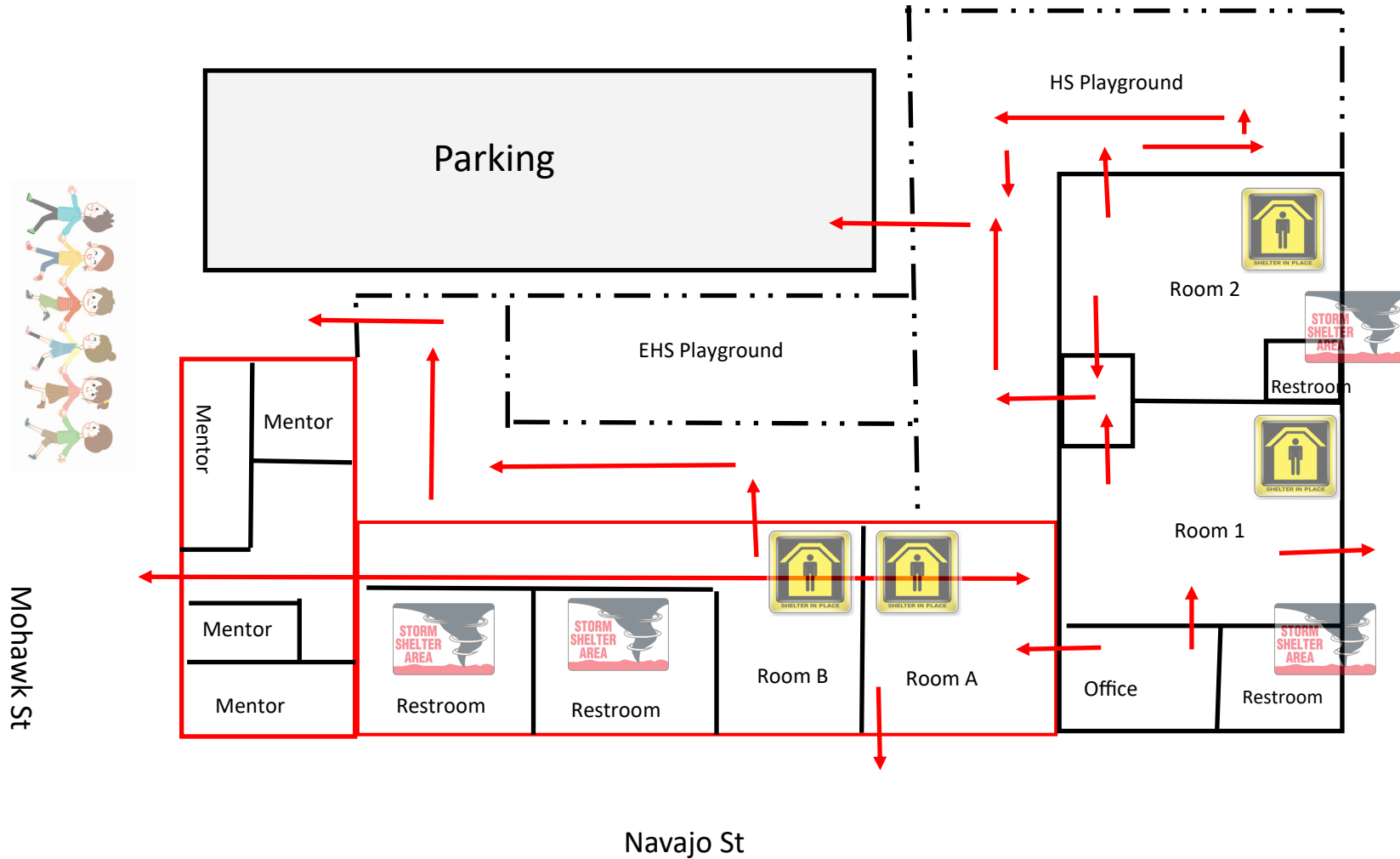
# Salazar Birth-to-Five Head Start



**Gathering Site:** the farthest grass area located on the right side of the office past the patio covered area

- SHELTER IN PLACE**— will be inside each of the classrooms
- SEVERE WEATHER**- will be inside the storage closets that are between the classrooms.
- The **Relocation Site for alternate shelter** is the RObet Driscoll Elementary 10122 W. Avenue H Robstown TX 78380

# Spirit of Hope Birth-to-Five Head Start



**Gathering Site: All classroom will meet on the sidewalk in the front of the building.**

**SHELTER IN PLACE**– will be inside each of the classrooms

**SEVERE WEATHER**- will be inside the classroom restrooms and the Site Base Manager Office

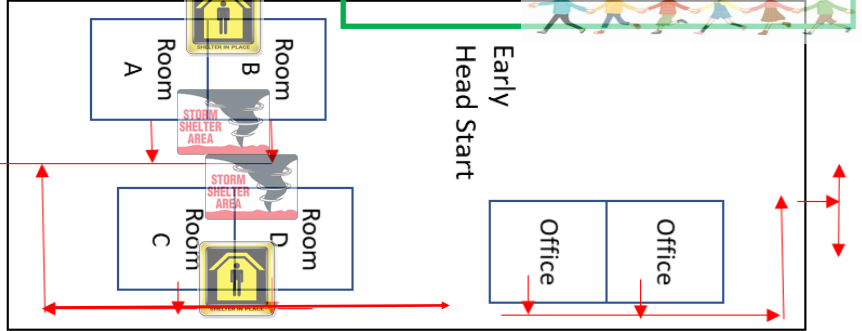
The **Relocation Site for alternate shelter** is the Christian Family Center  
502 Mohawk St Corpus Christi TX 78405



# Soledad Birth-to-Five Head Start

MCARTHUR STREET

Gathering Site: EHS rooms A&C will meet by the fence in the front of the school. EHS rooms B&D will meet by the fence in the back



PRESA STREET

SOLEDDAD STREET

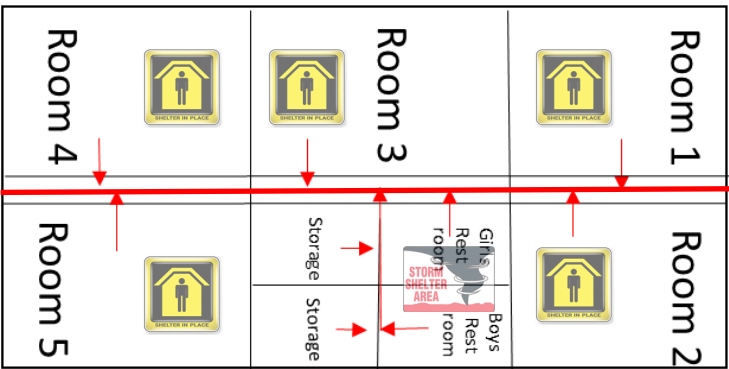
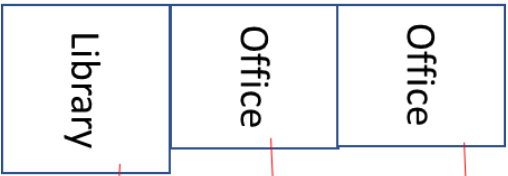
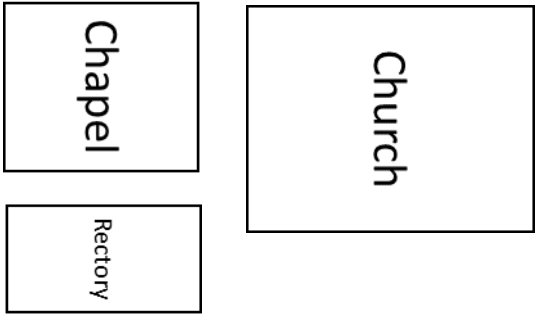
FENCE LINE



**SHELTER IN PLACE**— will be inside each of the classrooms

**SEVERE WEATHER**- will be inside the restrooms

The **Relocation Site for alternate shelter** is the Holy Family Catholic Church 2509 Nogales St, Corpus Christi, TX 78416



Gathering Site: HS Room 1,2,&3 will meet by the fence in the front of the school. Rooms 4&5 will meet by the fence in the back.

NOGALES STREET



# Stepping Stone Birth-to-Five Head Start



Gathering Site : Room 1, 2, and 3 will go to the parking lot

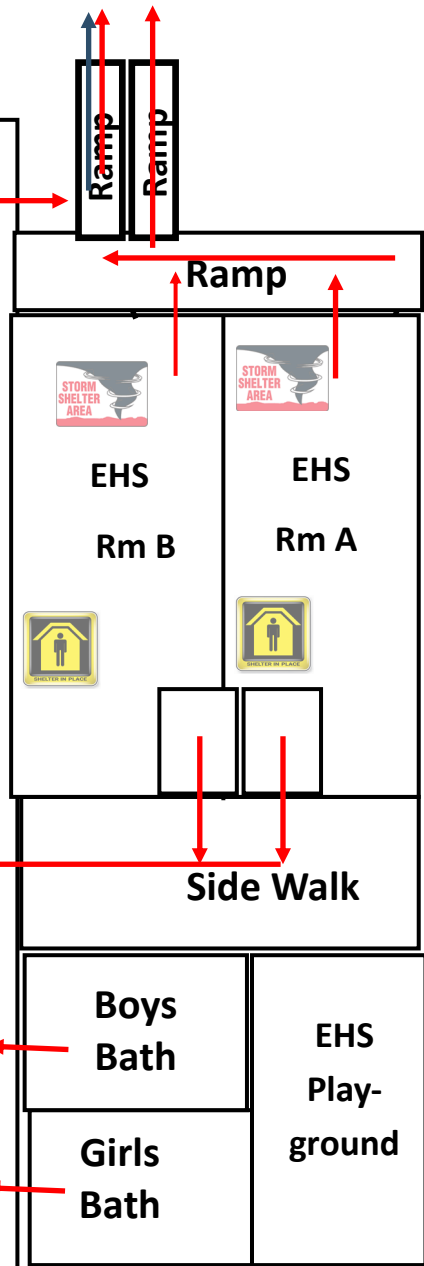
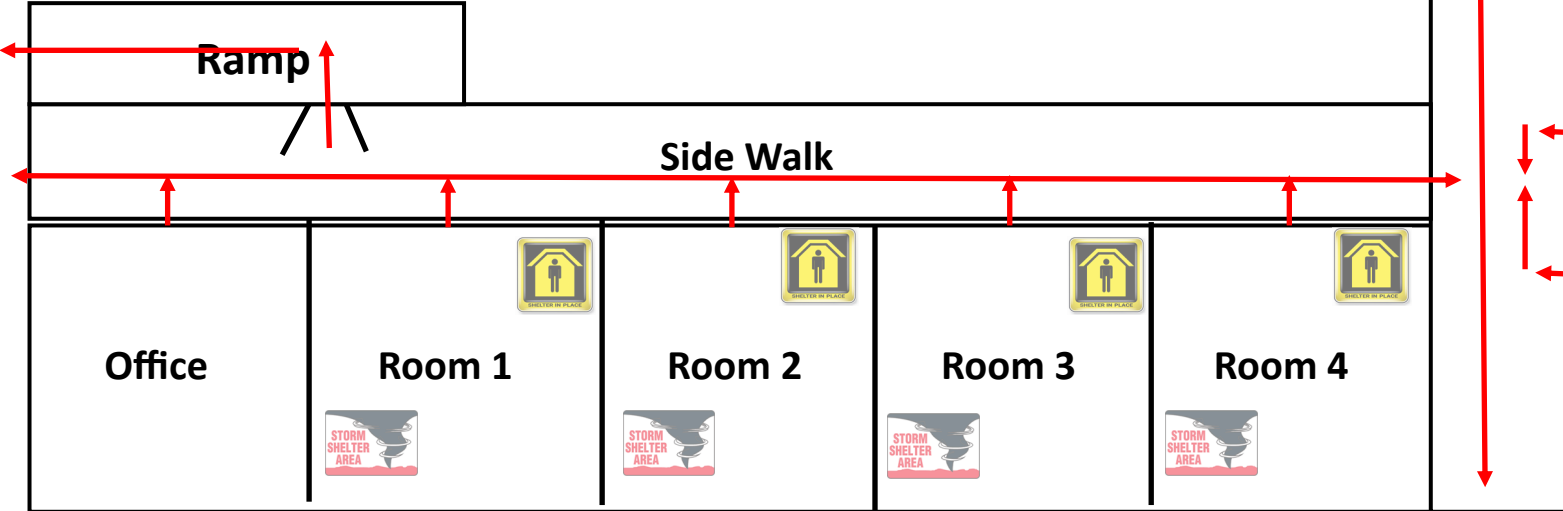


Head Start  
Playground

Gathering Site: Room 4, A and B will go to the field past the playground area.

**SHELTER IN PLACE**— will be inside each of the classrooms  
**SEVERE WEATHER**- will be inside the interior classroom closets  
 The **Relocation Site for alternate shelter** is Christ the King Catholic Church  
 3423 Rojo St, Corpus Christi, TX 78415

Parking Lot



Alley Way

Alley Way

Alley Way

Alley Way

Side Walk

Side Walk

Ramp

Side Walk

Office

Room 1

Room 2

Room 3

Room 4

Boys Bath

Girls Bath

EHS Play-ground

STORM SHELTER AREA

STORM SHELTER AREA

EHS Rm B

EHS Rm A



Ramp

Ramp

Ramp