

# Head Start/Early Head Start/Child Development Center Parent Resource Book

Welcome to our high-quality, comprehensive program. This book is dedicated to parents and community members as a guide of information to which you can refer to when you have any questions regarding our program. You as a parent are the most important part of your child's education so please take the time to familiarize yourself with this handbook. We look forward to working with you and your family.

## Parent Information (pg. 1-5)

- Information regarding our program, your rights and roles as a parent

## Parent Involvement (pg. 5-9)

- Information on being involved as a parent and job descriptions

## Education (pg. 9-13)

- Information on your child's education

## Policies and Procedures (pg. 14-20)

- Policies and procedures for our programs

## Health/Nutrition (pg. 21-37)

- Health and nutrition (meals, breastfeeding, allergies and fact sheets on illnesses)

## Resources (pg. 38-47)

- Resources available in your community.

## Contact Information

Center Address & Phone Number: \_\_\_\_\_

Center Days, Hours & E-mail: \_\_\_\_\_

Family Service Worker/Family Advocate & E-mail: \_\_\_\_\_

Teacher/Assistant Teacher: \_\_\_\_\_

Center Nurse & E-mail: \_\_\_\_\_

Bus Driver & Phone Number: \_\_\_\_\_

If no one is visibly at home when your child arrives, your child will be taken to: \_\_\_\_\_

Central Office Contact Information: 800-859-2025 or 712-786-2001

Director: 712-786-3425

Education Specialist: 712-786-3484 or 712-786-3495

Administrative Assistant: 712-786-3423

Family Service/Transportation Specialist: 712-786-3477

Enrollment/Recruitment Specialist: 712-786-3422

Human Resources Specialist: 712-786-3478

Secretary: 712-786-3496

Nutrition Specialist: 712-786-3476

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*The mission of Mid-Sioux Opportunity Head Start/Early Head Start/Child Development Center is to partner with children and families through quality education, health care and social services.*

## **Philosophy of Head Start/Early Head Start/Child Development Center**

We believe that families are the primary educators of their children and have the right and responsibility to be involved in their child's educational experience. Therefore, we provide families with appropriate resources and information to assist them in providing a positive learning environment for their child. We provide opportunities and encourage families to be actively involved in the program.

We believe each child has the right to develop to their fullest potential socially, emotionally and educationally. Therefore, we provide a positive atmosphere of active learning where children learn through their play.

We believe children with special needs have the right to receive necessary services. Therefore, we provide screening and referral services, coordination of support services for children and families and implementation of the child's IEP in the Head Start classroom.

We believe a healthy child will gain the most benefit from their learning experience. Therefore, we offer physical and dental exams, and nutritious meals. We offer children the opportunity to develop self-help skills in all health areas.

We believe the community plays a vital part in the support of families. Therefore, we will help to create a community environment that shares responsibility for the healthy development of all its children and families.

We believe that HS/EHS/CDC provides a foundation for further learning through development of problem solving skills, social skills and self-help skills and that the parent is the most important person in the growth and development of their child.

## **Mid-Sioux Opportunity Mission Statement**

The mission of Mid-Sioux Opportunity, Inc. is to meet the needs of the communities and families through the provision of services which will enhance the well-being of all people in need.

## **Head Start/Early Head Start/Child Development Center Mission Statement**

The Mission of Head Start, Early Head Start & Child Development Center is to partner through quality education, health care and social services by empowering children and families to achieve success and maximize their full potential now and in the future.

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## Head Start/Early Head Start/Child Development Program Options

**Head Start & Child Development Center** is a free preschool program for children ages 3 & 4. It provides children with activities that help them grow mentally, socially, emotionally & physically. These programs are offered Monday – Thursday, September-May. Teachers and Family Advocates (FA) offer a minimum of 2 home visits per year as well as Teachers completing 2 Parent Teacher conferences. A Nurse is available to follow up with each child's health and is available for questions or concerns. HS & CDC centers are located in the following five counties:

**Cherokee County:**

HS – Cherokee

**Lyon County:**

HS – Rock Rapids

**Sioux County:**

HS – Orange City, Rock Valley & Sioux Center

CDC – Hawarden

**Ida County:**

HS – Ida Grove (**Home Based**)

**Plymouth County:**

HS – Akron & Le Mars

**Early Head Start** is a free program designed to serve pregnant women, newborns to three year old children and their families. Early Head Start has both toddler centers & home-base program and is a full year program.

Toddler Centers are open five days a week during the school year, and as a home based option in the summer. We have two centers offered in LeMars. Teachers and a Family Advocate will work with each family enrolled. They will assist with referrals and have resources available to the parents. A Nurse will follow up with your child's health and is available for questions or concerns.

Home-base services focus on parent Education. An EHS Family Advocate works with families and supports parents in identifying and meeting the needs of their young children on weekly home visits, lasting 1 ½ hours each visit. A Nurse visits the home of enrolled pregnant women and is available for questions or concerns. Early Head Start also provides visits to pregnant women. A Nurse and Family Advocate provide visits 1 to 2 times per month depending on the gestational age. Information on everything from prenatal care to infant care is provided. The home visitors also assist the mother in receiving appropriate health care and referrals to agencies such as WIC.

The EHS centers and home-base program are located in following three counties:

**Cherokee County:**

EHS – Home-base

**Plymouth County:**

EHS – Le Mars Toddler Center & Home-base

**Sioux County:**

EHS – Sioux Center Toddler Center & Home-base

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## Parents in our Program

### My Rights as a Parent:

- To always be treated with respect and dignity.
- To always be welcomed in the classroom.
- To be informed regularly of my child's performance in Head Start.
- To expect guidance for my child from teachers and staff, which will help his/her total individual development.
- To help develop adult programs which will improve daily living for me and my family.
- To be able to learn about the program and its operation, including the budget and the level of education and experience required to fill various staff positions.
- To be informed about all community resources concerned with health, education and family life.

### My Role as a Parent:

- To accept the program as an opportunity through which I can improve my life and my children's lives.
- To work with the teacher, staff, and other parents in a cooperative way.
- To welcome teachers and staff into my home to discuss ways in which I can help my child's development at home in relation to school experiences.
- To take part in the classroom as an observer, a volunteer worker, or as a paid employee, and to contribute my services in whatever way I can toward the enrichment of the total program.
- To become involved in community programs which help to improve health, education, and recreation.
- To take responsibility for ensuring my children receive regular medical and dental care.
- To attend parent meetings.
- To provide parent leadership by taking part in elections, to explain the program to other parents, and to encourage their full participation.
- To take advantage of programs designed to increase my knowledge about child development and my skills in the areas of possible employment.
- To offer constructive criticism of the program, to defend it against unfair criticism and to share in evaluating it.

## Family Advocates

Each child/family enrolled in our Home-based or Center-based program has been assigned a Family Advocate (FA). Family Advocates are an additional resource for families and can be of assistance to set and reach family goals, be a source of information on a wide variety of topics and/or assist you in finding needed resources for your family. They provide support including transportation to assist in meeting the needs of families.

Center-based Family Advocates are required to make a minimum of 2 Home Visits with each family and are available for additional home visits. They can accompany you to other agencies as you seek resources and are able to assist you and your family if a crisis occurs. Family Advocates may provide transportation if the transportation is required to meet immediate basic needs including health needs. Family Advocates can be reached directly, through your Center Teacher, or by calling the number located on the front of this book.

Home-based Family Advocates complete weekly home visits and works with families by supporting parents in identifying and meeting the needs of their young children on weekly home visits, lasting 1 ½ hours each visit. They utilize the Parents As Teachers (PAT) curriculum which individualizes activities to all children and families based on their growth and development.

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## **Socializations**

Socializations are held at a time and place arranged by Family Advocates. The purpose of these socializations is to encourage parent participation in your area. At these socials the parents will be given a chance to provide input into home based activities and to plan special speakers on topics such as parenting skills, health, nutrition, and activities. Parents are encouraged to suggest activities for the entire family as well.

## **Parent Meetings/Committee**

Parent Meetings are held at each HS/CDC center on a monthly basis during the school year. Parents and Family Advocates plan each family night based on needs and interest of the current families. Programs on education, health, mental health, nutrition, and social services may be included throughout the year.

## **Elected Parent Committee**

Each Center has the following volunteer positions available. This is accomplished through elections held in the fall at the Parent Meetings/Committee.

### **President:**

- Lead Parent Committee Meetings

### **Vice President:**

- Assist the President whenever necessary, and leads the meetings when the President is absent.

### **Secretary:**

- Read minutes from previous meeting.
- Take minutes at meeting and submits them to staff to post on the parent bulletin board, place in the newsletter and sent to Central Office.

### **Policy Council Representative:**

- Attend monthly Policy Council meetings.
- Report back to parents the activities and decisions of the Policy Council.

### **Policy Council Alternate:**

- Attend the meetings when the Representative is unable to attend.

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## **Policy Council**

The Policy Council meets regularly and is the method for input from the parents and the community. Policy Council members serve as a non-paid position and can be reimbursed for travel and daycare expenses. The Policy Council serves as the link between our HS/EHS/CDC programs and community organizations. The local Mid-Sioux Opportunity Policy Council has the responsibility to review and approve all proposed actions affecting the program. Policy Council recommendations can be presented to the MSO Board of Directors in a timely manner. Policy Council members include:

- One elected Parent Representative from each Center/Home-base program and must be elected of currently enrolled children.
- One elected Alternate Parent Representative to attend meetings when the first parent representative cannot attend.
- Community Representatives who are approved by the Parent Meeting/Committee. The community representative is a member of the community or a professional organization in the community. Policy Council Community Representatives will be less than 50% of the total council.

Some of the responsibilities of the Policy Council which includes approval or disapproval of the program include but not limited to:

- Programs Long & Short term Goals
- Program comprehensive Training Plan
- Grants and budget changes
- Recruitment & Selection process for programs
- Personnel Policies and Procedures
- Staffing of program (new hires & resignations)
- Calendars
- Major program changes
- Assessment outcomes

## **Volunteers**

Head Start/Early Head Start/Child Development Center encourages parents and community members to become involved in the program by volunteering whenever possible. Volunteering is a win-win situation for both parties.

HS/EHS/CDC receives a helping hand, and volunteers get experience in child development as well as the benefits from watching the children grow emotionally and socially. The children also benefit from the knowledge you may bring to the classroom, kitchen, bus, socializations/parent committee meetings, etc.

When you volunteer, your time is considered as a donation to our program, and we receive volunteerism "In-Kind" credit for the hours spent. Contact your Teacher or Family Advocate for ways you can help.

Before you volunteer your Team Leader, FA will go through a "Volunteer Packet" at the Center and have you sign required forms. If you are receiving chemotherapy, check with your doctor if it is permissible for you to do volunteer work in the preschool. Our children receive immunizations and this could cause a problem with some chemotherapy.

The following are job descriptions and responsibilities for the volunteer positions we have available. We would like to thank you for your interest and participation in the lives of our children.

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## **Policy Council Representative**

**Purpose:** A Policy Council Representative assists the Policy Council to make decisions in the best interest of children, families and program. The Representative also assists the group to brainstorm ideas for the future, approve budget, grants and program decisions.

**Time Commitment:** 1 to 2 ½ hours per meeting.

**Duty of Job:** See above responsibilities of Policy Council & Parent Meeting/Committee Officers. Policy Council Secretary reviews the minutes.

- Attend Policy Council Meetings and Trainings
- Contact Family Service Worker/Family Advocate if unable to attend meeting.
- Serve as communication link between your child's program and other centers.
- Assist in recruiting Community Representatives for possible election to Policy Council.
- Service on sub-committees for special issues as available.

### **Background/Qualifications:**

- Desire to play leadership role in the Head Start/Early Head Start program
- Ability to spend a maximum of one evening per month at meetings
- Decision making qualities
- Maintain confidentially
- Positive communication skills
- Have served on Policy Council for a total of no more than three years

### **Training:**

Policy Council training to all members provided in September or by your FA. Training is approximately 2 hours.

## **Parent Meeting/Committee Officers**

**Purpose:** To keep open communications between parents and staff. To promote leadership in the center and in the community. To strengthen the Head Start program by enhancing problem solving skills.

### **President/Vice President:**

- Attend meetings
- Call meetings to order
- Open communication to all members
- Organize Parent Group Meetings
- Contact the Vice-President in advance if the President is unable to attend a meeting
- Time commitment of one meeting per month (1-2 hours)
- Contact Center Teacher/Family Service Worker/Family Advocate to determine agenda and/or set up agenda for upcoming meeting.

### **Background/Qualifications:**

- Commitment to participate as a leader of a parent group
- Positive interpersonal/communication skills
- Desire to assist in decision-making
- Ability to keep on task during meeting
- Promote and model problem solving skills-encourage brainstorming

### **Secretary:**

- Confirm parent meetings by phone or note with participants

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- Complete minutes from meetings (written form) and provide a report at the following meeting. Give copy of minutes to Family Advocate

**Background/Qualifications:**

- Well organized
- Ability to coordinate with others
- Effective communication skills (verbal and written)
- Ability to summarize and document information for program records
- Commitment to attend parent group meetings

**Volunteer Classroom/Kitchen/Bus Aide**

**Purpose:** To provide interaction with children and adults so all can learn and grow together to enhance and develop skills of volunteers.

**Time Commitment:** Varies upon each volunteer’s schedule.

**Responsibilities:** (One or more of the following apply)

- Participate with children’s activities (small and large group, outside time, meal and work time)
- Read or tell stories to the children
- Assist Team Leader with activities and help clean up before or after the school day
- Know how to handle with situations as they arise
- Assist with meal time supervision and encourage all children to participate in conversation
- Assist with food preparation
- Serve as a Bus Monitor on the children’s route

**Background/Qualifications:**

- Enjoys working with children, Patience
- Positive Approach to Discipline
- Desire to serve as a positive role model
- Maintain confidentiality
- Background check required before volunteering in classroom

**In-Kind**

Each time you volunteer in the classroom or at home, you will be asked to document your time on an “IN-KIND” sheet. You will be asked to record the time and dates on a daily basis. HS/EHS/CDC is a federally funded program, we are required to receive in-kind. In-kind is a way of donating time, supplies, services, money, etc., by parents, businesses, and the community. A dollar amount is set for these donated items and time and calculated into the dollar amount of in-kind the government requires. This is an opportunity to show that our parents, businesses, and community support our program and are willing to participate in different ways to continue its services.

Teachers will review the GOLD items at your 1<sup>st</sup> Home Visit and discuss how you can contribute to the HS/EHS/CDC In-kind requirements with a commitment of one-on-one time spent working on these curriculum-based goals with your child.

You can record your volunteer time, materials, and other allowable items on in-kind sheets that are provided by staff. Once your in-kind sheet is filled in, then you may give it to your FA or Teacher.

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### **What can be recorded as In-Kind:**

- One on one time with your child set as goals with your child's teacher (Curriculum Based)
- Policy Council Meeting (PC) time & Miles
- Parent Meeting time (HS) or miles (EHS)
- Assisting with field trips
- Time and miles for enrolled child's physicals, Immunizations, lead draw, and dental appointments
- All items necessary and that HS/EHS/CDC would pay for in a classroom setting (Kleenex, paper towels, soft soap, napkins, etc)
- Supplies for classroom use, etc.
- Space donated for parent meetings, centers, etc., if a charge is normally made for general public.

### **Child Care**

As parents in the program, you are supported in your selection of a childcare provider through use of Child Care Resource and Referral (CCR&R) services. Believing in your role as primary caregiver, teacher and decision-maker on behalf of your children, the FSW or FA will assist you in your effort to choose a safe and nurturing place for your child. For more information on Child Care Resource & Referral, contact 1-800-586-2025.

Child Care Services available to Parents:

- Information about how to choose child care to their needs
- Information about types of child care
- Information on available child care
- Education on parenting and child care
- Support in working with child care providers
- Information available on child care subsidy

### **Classroom Routine**

#### **Arrival and Departure**

Carry out greetings and goodbyes calmly to reassure children and parents. Acknowledge parent's feelings about separation and reunion. Follow children's signals in entering and leaving activities in the center. Communicate openly with children about when parents are coming and going. Exchange information and child observations with their parent.

#### **Meal Time**

Meal time is an opportunity for children to learn social, nutrition, and hygiene skills. Healthy meals are provided to the children for breakfast, lunch and snack. Daily food served meets 1/3 of the child's daily nutrition needs. Children help in setting tables, cleaning up, making healthy food choices, and learn the importance of washing hands. Children gain math skills when measuring ingredients, literacy skills when reading a recipe and following directions, and nutritional education when making healthy snack choices. During meal time children learn the social aspects of food-the sharing of food and pleasant talk of the day's activities.

#### **Brush Teeth**

Children brush their teeth with toothpaste daily after breakfast, and rinse their mouth after lunch.

## **Large Group/Group Time**

Large group time involves the entire group of children and the teaching team. Everyone sings, makes up action songs, plays musical instruments, moves to music, plays games, shares important information, checks today's weather and enjoys doing things as a community.

## **Planning Time**

Children decide for themselves what they are going to do during work time. Children are guided through their planning and assisted in getting started.

## **Work Time (HS/CDC)/Choice Time (EHS)**

Children can carry out the activities they have planned. In EHS (as developmentally appropriate), older toddlers are given opportunities to plan and recall. During Work/Choice Time staff moves among children tailoring their actions and responses to support and extend children's ideas. Staff engages in give and take communication with children and support children's interactions with peers. Staff also utilizes a problem solving approach to solve social conflicts between children. Both Head Start and Early Head Start children are encouraged to put materials away after work/choice time.

## **Clean up Time**

Children sort and put away materials they have used during work time.

## **Small Group**

Small group is a group of 7-10 children who meet together with an adult to recall work time activities. During small group time, children work with materials chosen by adults. Although adults choose materials, children have choices in how to use them. A small group activity is a way to present new materials for children to explore the different ways objects can be used.

## **Outside Time**

Children and adults are involved in physical activity-running, climbing, throwing, swinging, rolling, etc. As in all activities, adults encourage the children to talk about what they are doing and to solve their own problems.

## **Story Time**

Story time involves children and adults reading, telling, and writing stories, and re-enacting nursery rhymes, and finger plays. Children use materials such as flannel board characters, puppets, and other story telling props. Occasionally, the children visit the library. Community volunteers may read to the children as well.

## **Nap Time**

Help children settle down to nap, reading a story. Provide for children's various styles of waking-up.

## **Hand washing**

Many diseases are spread by "direct contact". This means touching someone who has the disease, or touching an object that the ill person touched. The germs can get on your hands and then enter your body when you touch your nose, mouth, or eyes. Hand washing is done before eating, after using the toilet, after playtime and as needed. Soap and running water are best for washing hands.

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## **Sunscreen**

At times teachers will apply sunscreen lotion to the children. If your child has an allergy to a specific sunscreen lotion please let your teachers know as soon as possible.

## **Pets in the Classroom**

Some Teachers have pets in the classroom or at times a pet may visit the classroom. Please be aware that there may be children in the classroom with allergies to animals and this will be taken into consideration with pets. Due to licensing regulations, pets in the classroom **MUST** be in good health with no evidence of disease, be friendly companions, and be maintained in a clean and sanitary manner. One specific adult will be responsible for the animal, especially with control over its handling. Children will be given specific instructions before handling the pet to prevent unnecessary distress and possible injury to the children or pet.

## **Extra-Curricular Activities/Field Trips**

One way for family members to have input into their HS/EHS/CDC team activities is to suggest and help plan trips. Trips should be planned so they are a meaningful part of the curriculum, and are developmentally appropriate for the age of the child.

The proper adult/child ratio for trips is one extra staff person. A signed permission slip for each child needs to be returned to the center before the trip. Permission slips other than the multi-permission form used for routine walks are not needed for trips within walking distance provided they do not exceed one hour in length.

Any field trip must be within normal scheduled hours and include healthy meals or snacks. Proper toileting and hand-washing arrangements must be included in the field trip plans.

## **Fire/Tornado Drill**

Fire and tornado drills are conducted monthly. Everyone must participate (this includes staff members and volunteers). Procedures are posted in the room. We encourage parents to establish home fire safety plans and to practice frequently.

## **Discipline**

HS/EHS/CDC center teams and management teams are not allowed to spank, shake, or ridicule a child at school. When a child's behavior creates conflict or disruption in the classroom, our teachers strive to actively involve the child in expressing feelings, understanding the problem, and searching for solutions. Children are not allowed to hurt themselves, other children, staff, or property.

If our staff has a specific concern about your child, we will arrange a meeting with the parent to discuss our concerns and work together to develop a plan of action to deal with the concerns or determine if Head Start/Early Head Start is the most appropriate placement.

## **Area Education Agency (AEA)**

All children are screened for hearing by AEA professionals. This is usually completed within 45 days of the first day of school. You will be notified of the results of the screening. If you have questions about the results or would like to talk to the AEA professionals about your child's speech, hearing, or development we will help make arrangements for you to visit with the AEA staff. Our goal is to work with parents to help their child be successful in a safe environment while attending Head Start. Our Head Start staff may request a parent to come to the Head Start center to assist their child or to take their child home until a meeting is held and a plan of action is developed.

**\*\*Speech screenings will be provided by Head Start staff on all children.**

### **Mental Health**

A classroom observation by a Mental Health professional is another health service provided by our program. Since a major focus of our program is on children's social/emotional/development we contract with Plains Area Mental Health/Seasons Center to observe in our classroom and our Socializations to give staff and parents information regarding the children. The Mental Health Consultants are available to the parents if the parent would like to discuss a concern they have about their child or themselves. In addition to mental health professional observations, staff will be completing the Devereux Early Childhood Assessment (DECA) on every child to determine the social/emotional development level of each child. If you would like to contact the Mental Health consultant ask your Teacher, FSW/FA for information.

### **Health and/or Safety Needs**

We ask all parents to inform staff of any health or safety needs of their child that the program may be required to address. This will prepare the staff to provide better care for the child and to help protect the health of other children and staff, and it will facilitate the appropriate and prompt reporting of diseases.

Parents are reassured that disclosing such information is voluntary and that parents only need to share sufficient information to accommodate the child.

### **Children's Clothing**

Children's clothing should be clean and comfortable. Play clothes are acceptable and are most welcomed by the staff. Jackets, snowsuits or snow pants, sweaters, mittens, boots and caps should be worn as appropriate for the current weather conditions. Children will go outside to play every day, except in the most extreme weather. Please label all outdoor clothing with your child's name. There are many children with the same coat and mittens. This will make it easier for your child(ren) to keep track of their individual clothing articles.

Please do not ask to keep your child inside while the others go on walks or to the park. If your child is well enough to attend school, he/she is well enough to participate in all classroom activities. If your child is unable to go outdoors due to illness, keep him/her home until he/she is fully recovered.

Children need to have shoes on at all times, even when in the classroom. We do not allow children to be barefooted or only wear socks.

The staff will make every effort to keep track of your child's outerwear; however, they will not be responsible for lost or damaged clothing. A small amount of "loaner" clothing is available at the center. If your child comes home wearing any of these loaners, please wash and return to the center as quickly as possible.

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## **Diapers & Wipes**

HS/EHS/CDC will have disposable diapers and wipes available for children's use. If cloth diapers are required, they will also be available, along with a waterproof covering (vinyl pants) to be changed as one unit. Cloth diapers, and any soiled clothing are immediately placed in a plastic bag (without rinsing or avoidable handling) and sent home that day for laundering.

## **School Readiness**

In the new Reauthorization Proposals for Head Start, the statement of purpose was changed to promote school readiness for our Head Start children. Here are some suggestions for you as parents and caregivers to do to help your children become school ready:

- Children should be able to take care of their basic needs.
- Children should be able to sit still for a short period of time.
- Children should be able to follow simple directions
- Children should have some proficiency in self-help skills to dress themselves
- Parents should establish routines to help children prepare (bedtime, mealtime, bathing, teeth brushing)
- Before entering kindergarten children should know their full name, address and telephone number.
- Before leaving Head Start, children should be able to identify at least 10 letters of the alphabet (preferably the letters in their name) and count to 10.
- The most important thing parents and caregivers can do for your child is to read to them.
- This is the best way to prepare them for school.

## **Emergency Information**

We provide a safe place for children and families. Each center has an Emergency Information area that includes medical, dental and fire plans along with other emergency information.

We also have plans "in place" for incidents such as:

- Abducted Child
- Chemical Spill
- Bus Evacuation Plan
- Intruder in the Building
- Dealing With Intoxicated Adult
- Adverse Weather
- Structural Damage
- Weapons Policy
- Bomb Threat
- Lost Child
- Power Outage

All of these plans are for the safety of the children, staff, and volunteers. If you would like to see a specific emergency plan, ask your Teacher/FA.

## Policies & Procedures

### Smoke-Free Environment

Smoking is prohibited at all times in all spaces utilized by the HS/EHS/CDC program center based sites. This includes classrooms, staff offices, kitchens, restrooms, parent and staff meeting rooms (used in the evenings as well as during the day), hallways, outdoor play areas, and vehicles used for transporting children. Any designated smoking area will be outdoors. Under no circumstances is smoking allowed in the presence of children. If centers are sharing a building with other occupants, steps will be taken to reduce children's exposure to smoke from other sources in the building.

### Alcohol/Drug Free Environment

No alcoholic beverages or controlled substances will be allowed on the HS/EHS/CDC premises or at a HS/EHS/CDC sponsored functions (such as field trips, picnics, etc.)

### CACFP Nondiscrimination Statement:

"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 Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

If the material is too small to permit the full statement to be included, the materials will at a minimum include the following statement, in print size no smaller than the text: "This institution is an equal opportunity provider."

### Iowa Nondiscrimination Statement:

"It is the policy of the Iowa Department of Education not to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, gender, disability, religion, age, political party affiliation, or actual or potential parental, family or marital status in its programs, activities, or employment practices as required by the Iowa Code sections 216.9 and 256.10(2), Titles VI and VII of the Civil Rights Act of 1964, the Equal Pay Act of 1973, Title IX, Section 504 (Rehabilitation Act of 1973), and the Americans with Disabilities Act."

### Sack Lunch Policy

Because of Head Start and CACFP (Child and Adult Care Food Program) regulations, a child enrolled and attending the Head Start program will eat the meals and snacks prepared at the Head Start Center. Children cannot bring sack lunches or snacks from home to eat at the Head Start Center. If a child has a special diet or nutritional needs, the Head Start Nutrition Specialist will work with the parents to individualize for that child.

### Food Donation Policy

Due to Head Start sanitation regulations and Child and Adult Care Food Program requirements, foods prepared or preserved at an individual's home cannot be accepted by the Head Start center. Foods prepared at the center and raw produce brought to the center can be accepted. Examples are shown below:

**Acceptable:** Raw produce, store bought bakery items (low sugar), store bought canned products, frozen meat processed at an approved site (inspected locker plant, grocery store.

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**Not Acceptable:** Previously opened cartons or boxes, homemade products, home canned products, non-graded eggs, raw milk products, home frozen fish, raw meat products and any meat or poultry not prepared at the center.

### **Potluck Policy**

- Pot-luck meals using foods prepared at home and transported to the center are not acceptable.
- Meals or specific foods delivered or catered from a restaurant or grocery store are acceptable.
- Meals prepared at the center from food purchased from a grocery store or donated by a vendor are acceptable.

### **No Weapons**

Due to the importance of standards of safety in the maintenance of a safe environment for the children, parents, volunteers, and staff, our program has a **NO WEAPONS** policy in effect. Please monitor what your child brings to HS/EHS/CDC **no toy or real** guns, knives or other toys that could be used to create injury.

Weapons will be discussed during safety lessons and at teachable moments. Classroom play involving children using props and materials as weapons such as “cops and robbers”, “deer hunters”, “soldiers”, etc. will be discouraged and children will be redirected to use those props or materials in other (non-violent, constructive) ways. Teachers will be asking member(s) of their local police department to partner with Head Start to visit the Centers. The teachers will work with the police to present to the children safety lessons regarding firearms and/or weapons.

### **Emergency Transportation**

All centers have emergency transportation arranged in case an emergency would happen requiring evacuation of the HS/EHS/CDC building. If the children were moved to a different location, you would receive a phone call telling you where to pick up your child.

### **Transportation**

Children and adults should remain buckled in snugly AT ALL TIMES. Any discipline problems will be addressed by the Teacher or the Family Advocate. Parents will be contacted to discuss possible solutions

- All toys or extra items brought into the vehicle by the children will be kept in a book bag or sack for everyone’s safety. Each book bag should be clearly labeled.
- Volunteers may ride to the center in the vehicle if there is a seat available.
- It is the parent’s responsibility to get their child out to the vehicle on time! If the child misses the bus three times in one month, the parents will be sent a written warning. If the problem still exists, a second warning will be given after which time the child will be given a one week suspension from riding the bus. The child may still come to the center, but the parent is responsible for transporting the child. If a parent wishes to challenge this policy, he/she must contact the Policy Council review committee within that first week.

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## **Staff Responsibility for Transportation**

- To set up routes to fit the needs of the families, taking into consideration safety and budget.
- Inform parents of changes in routes, early or late dismissal, and No School days.
- Inform parents if the child has missed the bus 3 times in one month, they will be issued a warning, followed by a second warning, after which the child will be given a one week suspension from riding the bus.
- Keep drivers up-to-date on any emergency information for the children.
- Teach children bus and pedestrian safety.
- Conduct monthly evacuation drills and bus checklist.
- To ensure that children are only released to a parent or legal guardian, or other individual identified in writing by the parent or legal guardian.

## **Parent Responsibility for Transportation**

- Have the child ready for the bus 10 minutes before expected arrival time. Driver will honk, wait one minute, honk again, wait one more minute and move on to the next pick-up.
- To inform the staff (signed note) of any changes in drop off or pick up location. In case of an emergency, call staff.
- Be present and visible at all times when the bus arrives to drop off your child. The bus cannot leave the child without an approved adult visible. If no one is present to accept the child, your child will be taken to a specific location (i.e. day care) as arranged by the center staff.
- Will be provided pedestrian safety training at the September parent meeting.
- Report any safety issues to the teacher.

## **Center Closed (EHS)**

If in the event that an EHS center needs to close for a period of time due to non-weather related incidents the Teachers will notify parents with a form explaining the closure. This form will include the dates, times, and reasons for closure. Parents need to sign and return completed form to the center within 3 days. Teachers will remind parents one week prior to closure. If parents need assistance with finding childcare during the time of center closure Teachers will provide parents with information/referrals of agencies that can help such as CCR&R.

## **Attendance**

During childhood, children are learning numerous skills that will serve them for a lifetime. Each center day offers many learning opportunities for children including opportunities for positive interaction with other children, an established routine supporting a feeling of security, and reinforcing the message that learning is important. As a federally funded program, we are required to track attendance, and therefore must have an attendance policy (as do public schools). Our policy and procedures are as follows:

### **Unexcused Absences – Center Based**

Children are considered “unexcused” when the parent or guardian has not contacted the center staff regarding the reason for the child’s absence for the day.

- Phone contact required following the first unexcused absence as a reminder (Center Team Leader is responsible for this call). The reason for the absence needs to be documented on the attendance roster. Once a reason is known, the unexcused absence becomes an excused absence.

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- If a child has missed three consecutive days or has a pattern of numerous absences, then it is the Teachers responsibility to contact the Family Advocate to inform them of the absences. A home visit by Center Team Leader or Family Advocate is required following the third consecutive unexcused absence or three unexcused absences in two weeks, to discuss ways to partner with the family in resolving barriers that interfere with the child's attendance. The Team Leader/Family Advocate have 24 hours to contact the family. **Assistance needs to be given to the family in removing barriers that are affecting the child's attendance. This contact needs to be completed within 24 hours of the 3 unexcused absences. Documentation of the visit and the plan of action needs to be done.**
- The ERSEA Specialist will be contacted concerning attendance issues, at this time documentation of support offered to families will be reviewed. Some special circumstances may require individualization.
- If the family does not respond to efforts in getting the child back in school, or have continued home visits by home base advocates, a referral made by Family Advocate, or Team Leader to ERSEA Specialist to notify the family by letter to insure that the family is still interested in attending the Head Start/EHS program and establish ways that the program can be supportive of the child's attendance.
- If the ERSEA Specialist is unable to contact the family by phone, and the family does not respond to our letter by the deadline, we will assume that the family is no longer interested in participating in the Head Start/EHS program and the child's name will be removed from enrollment and the slot will be opened up for another child on the waiting list.
- Those parents contacting the office after the deadline to express interest in having their child participate in the Head Start/EHS program will be required to have a written plan in place addressing the attendance concern. Parents should be aware that once a child's name is removed from enrollment, the next child on the waiting list will be enrolled in his/her place. There is no guarantee that the center will have another available opening at the time that the request is made.

### **Unexcused Absence – EHS Home-base Services**

If a parent misses a home visit, the Family Advocate will contact the family by phone or letter in order to reschedule the visit.

After the second missed visit with no contact from the family, the Family Advocate will send a letter stating that they have been trying to complete a home visit with them, and asking the family if they are still interested in our services. Make sure to contact the Family Services Specialist about the steps being taken with the family.

If the family does not respond and a third consecutive absence occurs and numerous attempts of trying to contact the family by the "trying to reach you" letter, phone calls, and/or home visits, the Family Advocate will consult with the ERSEA Specialist and discuss whether or not it is appropriate to continue services for this child and family.

If the decision was made that it is not appropriate to continue services the ERSEA Specialist will send a "termination of services" to the family. If the family does not reply to the termination of Services letter within 1 week of the date sent, Family Advocate will send a Change of Status report, along with the family files to Central Office. If the family should call the Family Advocate or the ERSEA Specialist then they must communicate with each other to avoid confusion.

### **Excused Absences: Center & Home-base**

When a parent calls and tells why their child is not attending, the Teacher or Family Advocate is to document the reason for the absences on the attendance sheet.

If there is a trend of excused absences in the classroom and it is due to health or family needs, the center nurse or FA are to be notified and involved in the situation. This could include a home visit by the nurse or FA to offer assistance.

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If a home-based parent has missed two consecutive weeks in a row due to excused absences, then the FA is to contact the Family Services Specialist to discuss plans to get a visit done within a week of the last excused visit.

If a child is on vacation or needs to be away for an extended time, they will be allowed a two week absence with the understanding that the slot may be opened after the two week hiatus. The family needs to discuss this with the teacher/family advocate before the absence occurs in order to continue services.

### **Late Drop off Attendance**

If a child is consistently late (three late drop offs within a two week period) at the beginning of class time, the classroom teacher/FA will assist the parent in developing a plan to resolve problems preventing regular attendance or to support the parent in complying with the classroom schedule.

If a child continues to be consistently late and the parent has not followed through with the developed plan, then the child may be removed from the program.

### **Late Pick Up Attendance**

Staff will speak with the parent after the first late pick up. When a parent is late to pick up a child the second time, the staff is to develop a plan to resolve problems preventing late pick up in the classroom OR in the wrap program. The parent needs to be aware that DHS or the police may be called if this continues and/or the child may be removed from the program.

### **Child Abuse Procedure**

Mid-Sioux Opportunity HS/EHS/CDC staff partners with all parents in the prevention of child abuse and neglect. Because of that it is necessary to inform you of the State and Local laws, and how our program carries out these laws. If you have any questions regarding the laws and procedures, or if you would like more training on being a Mandatory Reporter, contact the Head Start Director or Central Office Staff at 1-800-859-2025.

- Head Start agencies must report child abuse and neglect in accordance with the State or local law and Head Start Performance Standards.
- According to Iowa Law all employees of a licensed child care center (HS/EHS/CEC) are mandatory reporters.
  - Types of Child Abuse include:
    - Physical Abuse
    - Mental Injury
    - Sexual Abuse
    - Denial of Critical Care
- Mandatory Reporters are required to make an oral report within 24 hours, and submit a written report within 48 hours to the Department of Human Services.
- The Department of Human Services may request information from any person believed to have knowledge of a case of child abuse. The person including but not limited to a county attorney, a law enforcement agency, a multidisciplinary team, or a social services agency in the state, and any mandatory reporter shall cooperate and assist in the evaluation, assessment or investigation upon request.
- HS/EHS/CDC staff will discuss the report with the family if it appears desirable or necessary to do so.
- HS/EHS/CDC will foster a helpful, rather than a punitive attitude toward abusing or neglecting parents and other caretakers.

**To make a report or suspected Child Abuse after normal working hours, weekends or holidays, the following toll-free number is maintained: 1-800-362-2178**

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## Complaint Procedure

Right to file a complaint:

- Any person, who feels that he/she or any child has been subject to unfair treatment, has a right to present their written complaint for prompt consideration and a fair decision.
- Any person has the right to express his/her concerns and/or request a hearing without fear of retaliation.

Types of Complaints:

- Determinations concerning the enrollment status of a child, which the person may feel has been unfair such as drugs, transfers, or denials (i.e. over-income classification) will be referred to the Head Start Director.
- Conflicts with staff or coordinators/specialists will be referred to the Head Start Director.
- Complaints filed against the Head Start Director will be referred to the Mid-Sioux Executive Director.

**NOTE:** Persons should make an honest effort to solve problems, concerns, or conflicts at the lowest possible level.

Submitting a Complaint:

- Complaints must be placed in writing within seven (7) days of the occurrence to the Head Start Director including the following details:
  - The specific incident
  - Individuals involved
  - Date(s) of the incident
  - A brief summary of the attempt made by the person(s) to resolve the situation.
  - If the complaint cannot be resolved at the lowest possible level, it will be forwarded to the Head Start Director. A hearing will be conducted with the parties involved within 10 working days; at which time a decision will be given by the Head Start Director.

Right to Appeal the Head Start Director's Decision:

In the event that the person is not satisfied with the decision rendered by the Head Start Director, the right to an appeal may be exercised using the following procedure:

- The person may submit a written appeal to the Head Start Director within 10 working days so that it may be forwarded to a Complaint Committee for a prompt review and decision. The Complaint Committee shall consist of three (3) members of the Policy Council outside in the complainant's community. The committee will be appointed as needed by the Chairperson of the Policy Council, with the Chairperson attending all Complaint-Committee meetings, but with no voting rights. If the Chairperson is filing a complaint, then the Vice-Chair will appoint the committee.
- The complaint committee will conduct a meeting within 5 calendar days to review, discuss and give their decision on the issue(s) in question. The responsibility of the Committee is to promptly, confidentially, and courteously review all unresolved complaints registered by community members, taking all facts into consideration, and assuring that a fair and unbiased decision is given.
  - If the decision of the Committee is in agreement with that of the Head Start Director, the decision will be final.
  - If the Committee's decision differs with that of the Head Start Director, an appeal may be made to the Policy Council Executive Committee. The decision of the Executive Committee, which must be given within ten (10) working days, will be final.

**If you would like a copy of the Parent Complaint Form; please contact your Teacher, FA or call Mid-Sioux at 800-859-2025.**

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## Confidentiality

The HS/EHS/CDC programs require many records and files to be completed for your families. The Confidentiality Policy will be explained in detail to every parent/guardian. Every effort is made to ensure confidentiality to our families. Families have the right to see their child's file at any time. To review our programs confidentiality policy and procedures, please contact your Teacher, FA or Central Office.

## Head Start Multi Cultural

Head Start recognizes and respects the right of individuals and families to their beliefs, values, and lifestyles. In order to honor this right, we will implement a curriculum that deals with:

- Gender identity
- Children with disabilities
- Individual and cultural differences and similarities

What children learn in the preschool years greatly influences whether they will grow up to value, accept and comfortably interact with diverse people or whether they will succumb to the biases that result in or help to justify unfair treatment of an individual because of his/her identity.

Preschool age children are naturally curious and full of questions. It is our responsibility as parents and teachers to honestly answer their questions so that the child does not develop misconceptions, fear and rejections of differences. We must give children the opportunity to sort through many experiences so that they can become aware of who they are.

Head Start's approach to curriculum will allow children to learn that:

- Everyone is worthy
- Everyone is lovable and capable
- Everyone is important
- Everyone has feelings
- People are similar
- People are different
- It is important to try new experiences
- Culture comes from parents and family
- There are different kinds of families
- Families live in different ways
- Many different people live in our community
- People work together and help one another
- Some things are fair and some are unfair
- People have different points of view

Families should provide opportunities for their children to experience other topics that will not be taught in the classroom. These can include such things as:

- Family beliefs and values
- Family values
- Holiday celebrations

Therefore, our policy will be to have no holiday celebrations or any other celebrations that are in conflict with the beliefs and values of any of our families. This will include, but not be limited to, no Santa Claus, Easter Bunny, Halloween, or birthday parties.

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## Nutrition

Pleasant encounters with food help set the stage for sensible eating habits. Meal time is an important learning opportunity for children. Healthy breakfast, lunch and snack are provided to the children. Menu and meals include:

- Food from the food guide pyramid, menus are planned to include a low fat, low salt and low sugar diet and to introduce the children to a wide variety of foods.
- Meals are served at regularly scheduled times with 2 ½ to 3 hours between meals and 1 ½ to 2 hours between snacks and meals.
- Children, staff and volunteers eat together family style.
- Hand-washing is done before meals.
- At least 20 minutes is allowed for breakfast and at least 30 minutes for lunch.
- Children help with table setting.
- Children learn self-help and socializing skills through family style meal service.
- Each child serves their own food, pours their own drink and passes it to others. An adult may give reminders of how to handle utensils if necessary, but do not dish food up for them.
- Children are given the opportunity to try a variety of food, but are not forced to eat.
- Food is not used as a reward or withheld as a punishment.
- Conversations are about topics of interest to children.
- Children are encouraged to develop appropriate table manners.
- Adults set a good example by a pleasant, positive attitude; trying new foods; using appropriate table manners and conversing pleasantly about topics of interest to children.

A Registered Dietician works with our programs to review and approve healthy menus, review your child's height, weight and hematocrit/hemoglobin (level of iron in the blood) and complete a nutrition assessment for those children who don't participate in WIC. You will be notified with the assessment results. If you have any questions or concerns on your child's assessment or if you would like additional resources on eating behaviors, developmental eating skills or food safety please contact your Nurse, FSW, FA or Teacher.

## Breastfeeding

Your baby will benefit in many ways when you breastfeed. Breast milk is the ideal food for an infant, easy to digest and full of antibodies to prevent illness. Breast-feeding creates an opportunity for you and your baby to bond and a special time for you to be together.

While it is the natural way to feed your baby, breastfeeding will be a new skill for you. You will need information before your baby arrives and support after you deliver. Find out as much as you can about breastfeeding through these sources:

- Consult with your obstetrician and pediatrician.
- Call La Leche League at 1-800-LALECHE or check its website: [www.lalecheleague.org/](http://www.lalecheleague.org/)
- Talk to women who are having success with breastfeeding for tips and techniques.
- Check out books and video tapes on breastfeeding.

Contact your center Nurse, FSW and/or FA as they have many resources and can assist you with the following information regarding breastfeeding:

- Taking care of yourself during your pregnancy and while you nurse your baby
- What to expect in the beginning
- Ensure an adequate supply of milk for your baby
- Expressing milk for bottles
- Tips for weaning your child

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## Health

Even though you give your child good care, they may be ill sometimes. Most illnesses will be minor, however some could be serious. All illnesses will require you to observe your child carefully, have lots of patience, and perhaps lose a night's sleep. When a child is not feeling well it is difficult for them to participate in the school day. A sick child needs to be home where they can receive an extra hug and lots of T.L.C. - Tender Loving Care. By sending the child to school more children are exposed to the illness. If you send your child to school ill, your teacher will call you to come and take them home.

Our staff will not deny admission to or send home a child because of illness unless the following conditions exist:

- The illness prevents the child from participating comfortably in center activities
- The illness results in greater care need than the center staff can provide without compromising the health and safety of other children.
- The child has any of the following conditions:
  - Symptoms and signs of possible severe illness such as unusual lethargy (extreme tiredness and lack of energy), uncontrolled coughing, irritability, persistent crying, difficult breathing, wheezing, or other unusual signs, until they have been evaluated by a physician.
  - Uncontrolled diarrhea, that is increased number of stools or increased water in stools that is not contained by the diaper-until diarrhea stops. A child who has been diagnosed with a specific bacterial cause of illness should be excluded according to the guidelines for the specific illness.
  - Vomiting illness (two or more episodes of vomiting in the past 24 hours) until vomiting resolves or the doctor says the illness is not contagious, and the child is not in danger of dehydration
  - Fevers, child is excluded until they are 24 hours fever free without fever reducing medication.
  - Mouth sores with drooling, unless a doctor has determined the sores are not contagious
  - Rash with fever, or behavioral changes, until evaluated by a doctor.
  - Purulent Conjunctivitis (pink or red eyes with white or yellow eye discharge) after evaluated by a physician. If treatment needed, 24 hours after treatment.
  - Scabies, head lice, or other infestation, until 24 hours after treatment has begun. Note- a child with head lice does not need to be sent home early, and can usually return to the center as soon as treatment has begun at home. Nits should be combed out at home every day for 2 weeks.
  - Tuberculosis-until the doctor states that the child can return to the center
  - Impetigo-until 24 hours after treatment has begun
  - Strep Throat-until 24 hours after antibiotics are started, and there is no longer a fever.
  - Chicken Pox- until 6 days after onset of rash or until all sores have dried and crusted
  - A child without a fever who has symptoms of mild or moderate symptoms of a respiratory illness, such as a sore throat, croup, bronchitis, pneumonia or ear infection should NOT be excluded or separated from other children unless the illness has been diagnosed as one of the illnesses listed above, which calls for exclusion, the illness limits the child's comfortable participation in child care activities, or the child needs greater care than can be given without compromising the health and safety of the other children.
  - A child with uncontrollable vomiting or diarrhea shall be provided separate care apart from other children, with extra attention given to hygiene and sanitation, until the child's parent arrives to remove the child.

During the course of an identified outbreak of any communicable illness at the center, a child shall be excluded if staff determines that the child is contributing to the transmission of the illness center. The child shall be readmitted when the local health office or HS/EHS Nurse decides that the risk of transmission is no longer present.

## Vomiting & Diarrhea in Infants 6 months or older

First Day	Second Day	Third Day	Fourth Day
<ul style="list-style-type: none"><li>• Take away all solid foods and formula or milk</li><li>• Give only clear liquids. Infants need at least 18-24 ounces of liquid per day. <b>Examples:</b> water, clear juices or non-cola carbonated beverages (allow to become bubble free)</li><li>• Boil all nipples and bottles for 5 minutes</li></ul>	<ul style="list-style-type: none"><li>• In addition to clear liquids, add (1) or (2):<ol style="list-style-type: none"><li>1. Applesauce, Bananas, Cereal</li><li>2. Bananas, Rice, Applesauce, Tea</li></ol></li></ul>	<ul style="list-style-type: none"><li>• Add milk or formula to the diet</li></ul>	<ul style="list-style-type: none"><li>• Child can be placed on regular diet</li><li>• If there is no improvement after 48 hours or child's condition should worsen, call your family doctor.</li></ul>

### Allergies

If your child has an allergy to a specific medication or food let your teachers and center nurse know as soon as possible.

### Contagious Illnesses

Children share germs as well as toys while in pre-school. Sometimes the germs they share will cause a contagious illness such as chicken pox, head lice, impetigo, etc.. When your child's classroom has an exposure to an illness you will receive a notice. Refer to the following information to find out what signs and symptoms to watch for. If you have questions, call your center staff.

If your child has a contagious illness, inform the teacher. Other parents are then notified to watch for signs and symptoms of the illness in their child. We do not tell the parent who is ill, only what illness to watch for in their child. By notifying your teacher of a contagious illness you are showing care and consideration for all parents, children and staff.

### Ill Staff

When our staff is ill, parents may be asked to help out by volunteering in the classroom. If we cannot staff a center with the required adult/child ratio, the center will cancel classes for the day and make it up on another day. If you are ill on a day you planned to volunteer in the classroom call your center teacher and tell her you are ill.

### Safety

Our staff always has your child's safety as a priority throughout the school day. Staff members are certified yearly in CPR. They also receive Red Cross First Aid training. Each center has various emergency plans to follow.

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## **What happens if there is an injury at school**

If a child is injured at Teachers or other staff members will treat the injury according to its severity. Family members will be notified by phone or an "owie note" will be sent home regarding the nature of the injury.

If a child is seriously injured and needs to go to the hospital, the child will be taken to the nearest hospital, where a staff member will stay with the child until a family member arrives.

## **Immunizations**

Protect your child – Protect your neighbor's children – Immunize

When your child receives an immunization, notify your center nurse by phone or a note so she can add the following information to your child's immunization card:

- Type of Immunization
- Date of Immunization
- Where immunization was received (doctor's office, community health, WIC, etc)

When your child leaves Head Start to attend kindergarten the immunization card will be transferred to your child's kindergarten school nurse with your permission.

If you have questions about immunizations for your other children, feel free to check with your center nurse or your local community health nurse.

## **Cradle Cap**

Cradle cap is a yellowish, crusty, scaly patch on infant/child's scalp. It is caused by normal seborrheic secretion of the scalp glands. Combined with sweat this secretion provides protection against drying of the scalp.

If the scalp is not cleansed regularly with a soap this protective secretion can over build to form these scaly patches. In some instances these patches can be found on the forehead and eyebrows.

### **These scaly patches can be removed by following these steps:**

1. Apply baby oil to soften these scales. (Baby oil should not be used in place of baby shampoo or Dial soap to clean the scalp on a regular basis)
2. Cleanse the scalp by applying baby shampoo such as Johnson & Johnson, or lather using deodorant bar soap, such as Dial. Massage scalp using finger tips, being careful not to use finger nails that may irritate the scalp.
3. Rinse lather from hair and scalp thoroughly.
4. To help remove the remaining scales, a fine tooth comb or gentle brush may be used to free scales from child's scalp. For the infant the finger tips or the gentle scrubbing action with wash cloth provides enough abrasive action to remove oil and scales.
5. After repeating the above steps for three or four days the scales should be gone. To prevent these scales from re-appearing shampoo scalp regularly (3 or 4 times per week), with one of these soaps to eliminate this oily build up.



## Communicable Disease Fact Sheet

### Streptococcal Infections (“Strep” Throat, Scarlet Fever)

**What are streptococcal infections?** Strep is a very common bacterial infection in children. It can cause strep throat and scarlet fever. Symptoms include:

- Sore and red throat, red tongue
- Bright red skin rash, which:
  - is on the cheeks, neck, chest, back, and skin folds
  - may feel rough, like sandpaper
- Fever, headache, and swollen lymph nodes (“glands”) in the neck

**Although strep infection is usually mild, it can cause severe illness including pneumonia, meningitis, rheumatic fever (heart), bone/joint infections, and kidney disease.**

#### How does strep spread?

- Being in a room together, coughing and sneezing
- Touching mucus from the nose or saliva
- Kissing on the lips
- Sharing food, eating utensils, and mouthed toys

#### When is strep contagious?

- From the day before the start of symptoms and during the period of illness, until 24 hours after the start of an effective antibiotic treatment.
- After exposure, it takes two to five days to develop symptoms.

#### How do I know if my child has strep?

**Treatment:** Follow the treatment prescribed by your doctor:

- Take the antibiotic medication for as long as the medication is ordered.
- For sore throat, try cool drinks, popsicles, teas, salt water gargles.
- The doctor might recommend acetaminophen for fever.

**When symptoms of strep infection are severe, further medical tests, hospitalization, and intravenous treatment may be necessary.**

**Keep your child home:** until 24 hours after the start of antibiotic treatment and until the fever is gone and the child feels well enough to participate. Notify your Head Start/Early Head Start program.

#### To limit the spread:

- Wipe noses with clean tissues, throw them away, and wash your hands.
- Cough and sneeze into your elbow and away from people.
- Don't share food, pacifiers, bottles, or toothbrushes. Wash eating utensils, drinking cups, and mouthed toys well between uses.
- Don't kiss children on the mouth.
- Open windows indoors and maximize outdoor play.

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## Communicable Disease Fact Sheet

### Scabies

#### What is scabies?

It is a skin infection caused by a microscopic bug called a mite. The mite lives on the surface and burrows down into the skin causing:

- Skin rash which:
  - Starts as red bumps and white thread-like lines
  - Appears between fingers, around wrists, elbows, underarms, nipples, abdomen, waist, buttocks, penis, feet. In infants-head, neck, palms, and soles.
  - Itches intensely, especially at night
  - Is often covered with scratch marks and bruises

#### How do scabies spread?

- Touching or scratching the sores on the skin
- Sharing towels, clothes, bedding, and furniture

#### When are scabies contagious?

- From *weeks before* the symptoms until treatment is completed
- When the mites are off the body (eg., on clothes, furniture), they die within four days.
- After exposure, it can take four to six weeks to develop symptoms. For people who have been previously exposed to scabies, symptoms can start in one to four days.

#### How do I know if my child has scabies?

If your child has the symptoms, see your doctor. Scabies are diagnosed by the signs and symptoms. Sometimes, a skin scraping may be examined under the microscope.

#### What should I do if my child has scabies?

##### Treatment:

Follow the treatment prescribed by your doctor. Some scabies medications are dangerous for infants and women who are pregnant or nursing.

- Apply the medicated body lotion, leave on, rinse off according to instructions.
- Repeat treatment after seven to ten days to kill newly-hatched mites.
- Calamine lotion or antihistamine medications might reduce itching.

**Keep your child home until:** after the treatment is completed. Notify your Head Start/ Early Head Start Program.

##### To limit the spread:

- Check everyone at home and at school for signs of scabies. Refer for medical evaluation and treatment if necessary.
- Don't share hats and jackets. Keep personal bedding and clothes separate in individual cubbies for each child.
- Launder clothes, bedding, stuffed animals, and small carpets in a machine with detergent and hot water. Dry in a hot dryer or press with a hot iron. For non-washable items (eg, hats, pillows), dry-clean or seal in a plastic bag for four to seven days.
- Vacuum carpets, upholstered furniture, and car seats.

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## Communicable Disease Fact Sheet

### Ringworm

It is a common fungus infection of the skin, scalp, nails and feet. Symptoms include:

- Skin lesions
  - Ring-shaped, raised and scaly around the border
  - May be pinkish or light-colored and may be itchy
- Scalp lesions: pink, swollen patches that can lead to hair loss
- Nails: discolored (white, yellow, or black), thickened, and cracking
- Feet (“athlete’s foot”): cracking of skin between toes

#### How does ringworm spread?

Touching and scratching the sores on the skin or scalp

- Sharing combs, brushes, hats, towels, clothes, and bedding
- Hugging cats and dogs
- Walking barefoot in showers and pools

#### When is ringworm contagious?

As long as the rash or lesions are present. Not contagious after treatment.

- After exposure, it can take four days to two weeks to develop symptoms.

#### How do I know if my child has ringworm?

If you see the symptoms, see your doctor. Ringworm is diagnosed by the symptoms, exam with a special light, cultures, microscopic exam of skin/scalp scrapings.

#### What should I do if my child has ringworm?

Follow the treatment prescribed by your doctor:

- For skin and feet infections: antifungal cream, powder, or lotion.
- For infections of the scalp and nails: oral medication for at least one to two months.
- For feet infections: keep clean and dry.

#### Should my child stay home?

The child can return to school after treatment is started. Notify your Head Start/Early Head Start Program.

#### To limit the spread:

- Check other children, adults and pets at home. Get medical/veterinary evaluation and treatment if needed.
- For ringworm of the scalp, clean and disinfect combs and brushes.
- For fungal infection of the feet, clean and disinfect showers and baths.
- Keep lesions covered if possible and wash hands after contact.
- Do not share combs, brushes, clothes, towels, or bedding. Separate personal clothes and bedding in individual cubbies for each child.

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## Communicable Disease Fact Sheet

### Impetigo

It is a mild skin infection caused by bacteria. It is common in children around the nose and mouth after a cold, in the diaper area, and on cuts and insect bites. It usually lasts one to three weeks with:

- Reddish sores that become oozing and crusty
- May be itchy

#### How does impetigo spread?

- Touching or scratching the sores on the skin
- Sharing clothes, towels, or bedding

#### When is impetigo contagious?

- As long as the sores are oozing and moist and until 24 hours after antibiotic treatment is started.
- After exposure, it takes four to ten days to develop the infection

#### How do I know if my child has impetigo?

If you see the rash, take the child to the doctor. Impetigo is diagnosed by how the rash looks.

#### What should I do if my child has impetigo?

**Treatment:** The doctor may prescribe:

- Washing sores with soap and water.
- Antibiotic medication to take by mouth and/or ointment for the sores.

**Keep your child home:** until 24 hours after the start of antibiotic treatment. Notify your Head Start/Early Head Start Program.

#### To limit the spread:

- Keep the lesions clean and dry.
- Wash hands after touching the lesions.
- Do not share clothes, towels, or bedding. Separate personal clothes and bedding in individual cubbies for each child.

## Communicable Disease Fact Sheet

### Hepatitis A

#### What is hepatitis A?

It is an infection of the liver caused by a virus. It can last from one week to several months with:

- No symptoms at all, especially in young children –OR-
- Jaundice or yellowing of the skin and whites of the eyes
- Abdominal pain, nausea, loss of appetite
- Dark urine and pale colored stool
- Low-grade fever, fatigue

#### How does hepatitis A spread?

- Touching stool when diapering and toileting
- Not washing hands before handling food
- Not cleaning and disinfecting toys and diapering, toileting and hand-washing areas
- Playing in wading pools and water-play tables
- Drinking contaminated water and eating shellfish in areas with inadequate sewage treatment

#### When is hepatitis A contagious?

- From two weeks *before* until one week *after* the start of jaundice
- After the exposure to hepatitis A, it can take two to eight weeks (typically four weeks) to get sick.

#### How do I know if my child has hepatitis A?

If anyone in the family has symptoms, see your doctor immediately.

Hepatitis A is diagnosed by special blood tests.

#### What should I do if my child has hepatitis A?

**Treatment:** Follow your doctor's recommendations:

- Help your child recover by encouraging rest, food, and plenty of liquids to drink.

**If children or adults at home or school were exposed to hepatitis A within the previous two weeks and haven't gotten sick yet, they can get a special injection to prevent them from getting sick or make their illness milder.**

**Keep your child home:** until one week after the start of jaundice and until the child feels well enough to participate in activities. *Notify your child's Head Start/Early Head Start Program immediately.*

#### To limit the spread:

- Report the illness to the local health department.
- Ask your doctor about getting hepatitis A vaccine.
- Wash hands after diapering and toileting and before handling food.
- Clean and disinfect diapering areas, mouthed toys, and dining tables after each use; clean and disinfect toileting areas and hand-washing sinks daily.
- Use sprinklers instead of wading pools. Use individual water-play basins instead of water-play tables.

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## Communicable Disease Fact Sheet

### Chicken Pox

#### What is chicken pox?

It is a common illness that usually lasts five to seven days with:

- Mild fever
- Itchy skin rash, which:
  - Starts as small red spots that blister and scab over
  - Can be anywhere on the body and scalp

Although chicken pox is usually a mild illness, it can be dangerous for:

- Pregnant women because it can cause birth defects or severe illness in the baby.
- Newborns, teens, adults, and people with immune problems (eg., HIV/AIDS, chemotherapy, organ transplant, steroid medications).

#### How does chicken pox spread?

- It is very contagious
- Being in a room together, coughing and sneezing
- Sharing food, eating utensils, mouthed toys, and tissues
- Touching the nose, mouth, and the rash

Once you have had the chicken pox or have gotten the vaccine, you usually won't catch it again.

#### When is chicken pox contagious?

- From two days *before* until five days *after* the rash appears.
- After exposure, it usually takes 11 to 14 (up to 21) days to get sick.

#### How do I know if my child has chicken pox?

By how the rash looks. Doctors usually advise not to bring the child to their offices because the illness could spread to others.

#### What should I do if my child has chicken pox?

**Treatment:** Follow your doctor's recommendations:

- Baking soda/oatmeal baths, calamine lotion and antihistamines for itchiness.
- Giving acetaminophen for fever. **Never give aspirin**-it can cause a fatal condition called Reye's Syndrome.

If your child or anyone at home has immune problems or is pregnant and has never had chicken pox, call your doctor immediately. Keep your child home until six days after the start of the rash or when all the lesions are scabbed over.

#### To limit the spread:

Get the new chicken pox vaccine for children over 12 months and adults who never had the disease.

- Don't expose newborns, pregnant women, or people with immune problems.
- Wipe noses with clean tissues, throw them away, and wash your hands.
- Cough and sneeze into your elbow and away from people.
- Don't share food, pacifiers, bottles, or toothbrushes. Wash eating utensils, drinking cups, and mouthed toys well between uses.
- Don't kiss children on the mouth.
- Open windows indoors and maximize outdoor play.

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## Communicable Disease Fact Sheet

### Colds and Flu

#### What are “colds” and “flu”?

They are common infections of the head and chest caused by viruses. Colds cause mild illness for five-seven days with:

- Stuffy and runny nose (clear or greenish mucus)
- Headache and sore throat
- Sneezing and coughing

#### The flu makes you a little sicker for a longer while with:

- Fever and chills
- Muscle aches and fatigue

#### How do colds and flu spread?

- They are very contagious.
- Touch infected mucus from the nose or saliva
- Cough and sneeze
- Share food, eating utensils, and mouthed toys

#### When are colds and flu contagious?

- From one to two days before the symptoms start and the first few days of the illness.
- It usually takes several days after exposure to colds or flu to become ill.

#### How do I know if my child has a cold or the flu?

By the typical symptoms.

#### What should I do if my child has a cold or the flu?

**Treatment:** Follow your doctor’s recommendations:

- Help your child recover by providing:
  - Rest, food, and plenty of liquids to drink.
  - A cool mist vaporizer
- For fever, the doctor might recommend acetaminophen. ***Never give aspirin-it can cause a fatal condition called Reye’s Syndrome.***

#### You do not need to:

- Give antihistamine or decongestant medications
- Bundle children up or keep them indoors.

**Should my child stay home?** Children with colds or flu can attend school as long as they feel well enough to participate.

#### To limit the spread:

- Wipe noses with clean tissues, throw them away, and wash your hands.
- Cough and sneeze into your elbow and away from people.
- Don’t share food, pacifiers, bottles, or toothbrushes. Wash eating utensils, drinking cups, and mouthed toys well between uses.
- Don’t kiss children on the mouth.
- Open windows indoors and maximize outdoor play.

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## Communicable Disease Fact Sheet

### Fifth Disease (“Slap Cheek”)

#### What is fifth disease?

It is typically a mild illness caused by a virus called parvovirus. It can last from one to three weeks with:

- Runny nose or mild fever
- Blotchy red rash, which:
  - Starts on the cheeks (like slapped cheeks) and can be all over body
  - May be itchy
  - May come and go, especially after exercise or sun exposure

#### Although fifth disease is usually mild, it can be dangerous for:

- Pregnant women because it can cause miscarriage or stillbirth
- People with sickle cell anemia and immune problems (eg., HIV/AIDS, cancer, chemotherapy, organ transplant, taking steroid medication).

#### How does fifth disease spread?

- Being in a room together, coughing and sneezing
- Touching mucus from the nose or saliva
- Kissing on the lips
- Sharing food, eating utensils, and mouthed toys

#### When is fifth disease contagious?

- One to two weeks before the rash appears. After the rash, it is usually not contagious.
- After exposure, it typically takes two to three weeks to get sick.

#### How do I know if my child has fifth disease?

A doctor can tell by the signs and symptoms.

#### What should I do if my child has fifth disease?

##### Treatment:

Follow your doctor’s recommendations:

- Help your child recover by encouraging rest, food, and plenty of liquids to drink.

**If your child or anyone at home has a blood disorder, immune problems, or is pregnant, contact your doctor immediately.**

#### Should my child stay home?

Children with fifth disease do not need to stay home as long as they feel well enough to participate. Notify your program.

#### To limit the spread:

- Wipe noses with a clean tissue, throw away, and wash your hands
- Cough and sneeze into your elbow and away from people
- Don’t share food, pacifiers, bottles, or toothbrushes. Wash eating utensils, drinking cups, and mouthed toys well between uses.
- Open windows and maximize outdoor play.

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## Communicable Disease Fact Sheet

### Giardiasis

#### What is Giardiasis?

It is an intestinal infection caused by a parasite, *Giardia lamblia*. It can last for weeks or months with:

- No symptoms at all -OR-
- Persistent diarrhea (with mucus and foul smell)
- Gas, bloating, abdominal pain, nausea
- Weight loss

#### How does giardiasis spread?

- Touching stool when diapering and toileting
- Not washing hands before handling food
- Not cleaning/disinfecting toys and diapering, toileting, and hand-washing areas
- Playing in wading pools and water-play tables
- Drinking contaminated water in areas with inadequate sewage treatment or from lakes, rivers, and pools

#### When is giardiasis contagious?

- As long as the parasite is present in the stool, whether or not the person has symptoms. It spreads more easily when the person has diarrhea.
- After exposure, it usually takes one to two weeks to develop the illness.

#### How do I know if my child has giardiasis?

If anyone in the family has symptoms, see your doctor. Giardiasis is diagnosed by tests of the stool, usually three samples.

#### What should I do if my child had giardiasis?

##### Treatment:

Follow your doctor's recommendations:

- If the child has symptoms, a medication might be prescribed.
- If the child has no symptoms, it is usually not treated. Often, the infection resolves on its own within four to six weeks.

**If other family members have symptoms, see your doctor.**

##### Keep your child home:

If she has diarrhea. He can return to the program after treatment when the diarrhea is resolved. Notify your Head Start/Early Head Start Program.

##### To limit the spread:

- Wash hands after diapering and toileting and before handling food
- Clean and disinfect diapering areas, mouthed toys, and dining tables after each use; clean and disinfect toileting areas and hand-washing sinks daily.
- Use sprinklers instead of wading pools. Use individual water-play basins instead of water-play tables.
- Do not drink water from lakes, rivers, or pools.

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## Communicable Disease Fact Sheet

### Pinworms

#### What are pinworms?

- They are tiny worms that commonly infect children's intestines. The worm crawls out of the child anus at night and lays microscopic eggs around the opening.
- No symptoms at all –OR–
- Scratching around anal area or vulva (in girls), especially at night
- A white, thread-like worm, about ½" long
- Seen at night
- Found in the stools

#### How are pinworms spread?

- Children scratching their bottoms
- Touching stool during diapering and toileting
- Not washing hands before handling food
- Not cleaning/disinfecting toys, diapering, toileting, and hand-washing areas
- Playing in wading pools and water-play tables
- Sharing contaminated clothes, towels, and bedding

#### When are pinworms contagious?

- As long as the worms are present. Not contagious after treatment
- After exposure, it can take three weeks to three months to develop symptoms

#### How do I know if my child has pinworms?

- If you see symptoms, see the doctor. Pinworms can be diagnosed by observing worms or using clear tape to pick up the eggs around the anus in the morning and sending it to the lab.

#### What should I do if my child has pinworms?

##### Treatment:

The doctor will prescribe oral antiparasitic medication.

#### Should my child stay home?

Your child can return to school after treatment is started. Notify your Head Start program.

#### To limit the spread:

- Check other children at home and at school. Get treatment if needed.
- Launder clothes, towels, and bedding. Clean/disinfect cribs and mats.
- Wash hands after diapering and toileting and before handling food.
- Clean and disinfect diapering areas, mouthed toys, and dining tables after each use; clean and disinfect toileting areas and hand-washing sinks daily.
- Use sprinklers instead of wading pools. Use individual water-play basins instead of water-play tables.

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## Communicable Disease Fact Sheet

### Hand, Foot, and Mouth Syndrome (Coxsackie Virus)

#### What is hand, foot and mouth syndrome?

It is a common childhood illness caused by the Coxsackie virus. It is usually a mild illness that lasts for one to three weeks with:

- Sores in the mouth, sore throat
- Blisters on the hands and feet
- Mild fever

#### How does hand, foot and mouth syndrome spread?

- Touching stool when diapering and toileting
- Not washing hands before handling food
- Not cleaning/disinfecting toys and diapering, toileting, and hand-washing areas
- Playing in wading pools and water-play tables

#### When is hand, foot, and mouth syndrome contagious?

- Mostly in the first week during the mouth sores. By the time the hand and foot rash appears, it is less contagious.
- After exposure, it takes three to six days to get sick.

#### How do I know if my child has hand, foot, and mouth syndrome?

A doctor can diagnose it by the symptoms.

#### What should I do if my child has hand, foot, and mouth syndrome?

##### Treatment:

Follow your doctor's recommendations:

- Help your child recover by encouraging food, rest, and plenty of liquids to drink.

#### Should my child stay home?

Children can attend school as long as they feel well enough to participate. Notify your Head Start program.

#### To limit the spread:

- Wash hands after diapering and toileting and before handling food.
- Clean and disinfect diapering areas, mouthed toys, and dining tables after each use; clean and disinfect toileting areas and hand-washing sinks daily.
- Use sprinklers instead of wading pools. Use individual water-play basins instead of water-play tables.
- Don't kiss children on the mouth.

## Communicable Disease Fact Sheet

### Head Lice

#### What are head lice?

They are tiny bugs that live on the scalp and hair. You may see:

- Small grayish eggs (“nits”) about the size of a sesame seed
- attached firmly to the base of hairs
- often behind the ears and neck
- Tiny bugs (“lice”) crawling in hair, bite marks on scalp
- Scratching at scalp

#### How do head lice spread?

They are very contagious. They spread by:

- Touching hair
- Sharing combs/brushes, hats, clothes, stuffed animals, towels, pillows, bedding, furniture, and carpets

#### When are head lice contagious?

- As long as the bugs and nits are alive. Nits hatch in 7 to 10 days, and lice can live on the scalp for 20-30 days.
- When lice and nits are off the body (e.g., on clothes), they die within 7 days.

#### How do I know if my child has head lice?

By seeing the nits or lice in the hair. Sometimes children may complain of “feeling” something crawling in their hair or complain of an itchy head.

#### What should I do if my child has head lice?

##### Treatment:

The Iowa Department of Public Health recommends a 14-day treatment process. You may use over-the-counter products. They are both safe and NOT costly. Mark your calendar to help you keep track of the treatment. Head Start staff will give you a handout from the Iowa Department of Public Health. Follow the directions on the handout for the 14 day treatment process.

##### To limit the spread:

Give each child his or her own comb or brush. Teach your child NOT to share hats, scarves, brushes, combs or hair fasteners with other children. Look for lice on all heads of siblings as well as other members of your household. Remember, early treatment is the key to getting rid of head lice.

##### Additional Tips:

Treat all family members who have lice. Use the 14 day treatment process. Rinse combs and brushes and VERY hot tap water. Only ordinary housecleaning, vacuuming, and laundry are needed to clean your home. Only dead or dying lice are found on clothing, bedding, or furniture.

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## Communicable Disease Fact Sheet

### Conjunctivitis (Pink Eye)

#### What is conjunctivitis?

It is a common eye infection or irritation. It can be caused by germs (“infectious conjunctivitis”) and often occurs with a cold or ear infection. It can be caused by allergies (e.g. pollen), chemicals, or irritants (e.g., smoke, make-up, dust). It involves one or both eyes and usually lasts three to five days with:

- Red eyes
- Clear, white, yellow, or green drainage from the eyes
- Crusty eyelashes when the child wakes up
- Itchy, sore or burning eyes
- Sensitivity to light

#### How does conjunctivitis spread?

Conjunctivitis is contagious only when it is caused by germs (“infectious conjunctivitis”), not by allergies, chemicals, or irritants. It spreads when people:

- Touch infected drainage from the eye, mucus from the nose, or saliva
- Share tissues, towels, and make-up
- Cough and sneeze

#### When is conjunctivitis contagious?

- From one to two days before the symptoms appear until:
  - 24 hours after antibiotic treatment is started (for bacterial conjunctivitis)
  - The end of drainage from the eyes (for viral conjunctivitis)
- After exposure to conjunctivitis, it usually takes two to three days to develop the infection

#### How do I know if my child has conjunctivitis?

If you see the symptoms, take your child to the doctor. Conjunctivitis is diagnosed by the signs and symptoms.

#### What should I do if my child has conjunctivitis?

##### Treatment:

Follow your doctor’s recommendations for antibiotic eye drops or ointment. Be sure to use it in both eyes.

##### Keep your child home:

Until 24 hours after the start of antibiotic treatment, and until there is no discharge from the eyes.

##### To limit the spread:

- Encourage you child not to rub his eyes
- Have children wash their hands after touching the child’s eyes, applying eye medication, or blowing noses.
- Throw out tissues after use. Don’t share tissues or towels.

## Area, State & National Resources

### **AIDS**

National AIDS Hotline: 800-232-4636

### **ALCOHOL**

National Alcohol Hotline: 800-252-6465

### **CANCER**

American Cancer Society: 800-227-2345

### **CHILD ABUSE**

Iowa Child Abuse & Neglect Reporting/Hotline: 800-362-2178

National Child Abuse or Neglect Hotline: 800-4-A-CHILD

### **CHILD CARE**

Child Care Resource & Referral, 418 S. Marion Street, Remsen IA 51050

800-859-2025

Child Care Assistance Program (DHS)

712-957-5135

### **CHILD SUPPORT RECOVERY:**

Cherokee, Ida, Plymouth Counties – Sioux City Office, 520 Nebraska, Sioux City, IA 51101 712-255-2749

Lyon & Sioux Counties – Spencer Office 20 W. 6<sup>th</sup> Street, Ste. 200, Spencer, IA 51301 712-262-1412

**CHILD HEALTH SPECIALTY CLINICS (CHSC)** - provides evaluation and treatment for children and youth (UNDER AGE 22) with special health concerns; chronic health problems; growth or weight concerns; anemia; coronary heart disease; eating problems/disorders; nutrition; and special health care needs. Charges are based on family income.

Iowa City (Central Office) 8-4:30 Weekdays: 319-356-1118

St. Luke's Regional Medical Center: 1-800-352-4660 Ext. 3411 or 712-279-3411

2720 Stone Park Blvd. W 37 Sioux City, IA 51104

Spencer Child Health Specialty Clinic: 712-264-6362

Spencer Municipal Hospital

1200 1<sup>st</sup> Ave. Spencer, IA

### **CHILDREN & FAMILIES OF IOWA:** 515-288-1981

Includes programs and services for family and individual counseling; family crisis intervention; family violence; domestic abuse intervention. 8:30AM-5:00PM Weekdays

### **COUNCIL AGAINST DOMESTIC VIOLENCE/SEXUAL ASSAULT:** 800-982-7233

**FaDDS (Family Development & Self Sufficiency):** Mid Sioux Opportunity, Inc

800-859-2025

**FAMILY PLANNING:** 515-281-4907

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**FAMILY VIOLENCE CENTER:** 515-243-6147

Daily/24 Hours Safe shelter and crisis counseling, emotional and physical abuse. Shelter accepts all women over 18 or independent teens. No victims of stranger assaults or rape unless referred by Victims Services.

**HEALTHY FAMILIES:** 800-369-2229

8:00 AM-4:30 PM Weekdays

Health information and referral to local publicly funded health clinics for: prenatal health care; family planning; pregnancy prevention; sexually transmitted diseases (STDs); preventive child health care.

**HEALTH INSURANCE**

HAWK-I Healthy Kids in Iowa - No cost or low cost health care coverage for children up to the age of 19. Call 1-800-257-8563 if you have questions.

**HOMELESS**

Nineline (Shelters for Homeless): 800-999-9999

**HOUSING**

Siouxland Regional Housing 712-252-4520

Northwest Iowa Regional Housing Authority (NWIRHA) 2016 Hwy. Blvd. Suite N, Spencer, IA 51301 712-262-7460

**INTERNAL REVENUE SERVICE:** 800-829-1040

**IOWA DOMESTIC ABUSE:** 800-942-0333

**IOWA'S MISSING PERSON CLERINGHOUSE** (sighting): 800-346-5507

**IOWA PROTECTION AND ADVOCACY:** 515-278-2502

To defend and promote the rights of individuals with developmental disabilities.

**IOWA COMPASS:** 800-779-2001

Information & referral for Iowans with disabilities and their families, regardless of age or type of disability.  
8:00 AM - 8:00PM

**IOWA REHABILITATION EDUCATION:** 425 Badgerow Building, Sioux City, IA 712-255-8871

Vocational rehabilitation for physical, mental, emotional or behavioral handicapped - training, guidance and placement services.

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**IOWA DEPARTMENT OF HUMAN SERVICES (DHS):**

Early and periodic screening, diagnosis and treatment; state child care assistance; aid to dependent children; family support subsidy program; home and community based services program; food care stamp program; foster care; child protective services; medically needy.

**Cherokee County**

Social Worker: 160 Second St. SE, PO Box 400, Primghar, IA 51245 712-957-5135  
 Income Maintenance Worker: 311 E 5<sup>th</sup> Street, Storm Lake, IA 50588 712-249-2536 (800-205-8893)

**Ida County**

Social Worker: 160 Second St. SE, PO Box 400, Primghar, IA 51245 712-957-5135  
 Income Maintenance: 311 E 5<sup>th</sup> Street, Storm Lake, IA 50588 712-249-2536 (800-205-8893)

**Lyon County**

Social Worker: 215 Central Ave SE, Orange City, IA 51041 712-737-2943 (800-337-2943)  
 Income Maintenance: 215 Central Ave SE, Orange City, IA 51041 712-737-2943 (800-337-2943)

**Plymouth County**

Social Worker: 215 Central Ave SE, Orange City, IA 51041 712-737-2943 (800-337-2943)  
 Income Maintenance: 215 Central Ave SE, Orange City, IA 51041 712-737-2943 (800-337-2943)

**Sioux County**

Social Worker: 215 Central Ave SE, Orange City, IA 51041 712-737-2943 (800-337-2943)  
 Income Maintenance: 215 Central Ave SE, Orange City, IA 51041 712-737-2943 (800-337-2943)

**ISU EXTENSION SERVICES:**

An Extension Field Specialist is available to answer questions on nutrition, child development and child care, money management, family life, and many other topics.

**ISU EXTENSION OFFICES:**

Woodbury County Extension Office: 712-276-2157  
 Crawford County Extension Office: 712-263-4697  
 Ida County Extension Office: 712-364-3003  
 Plymouth County Extension Office: 712-546-7835  
 Cherokee County Extension Office: 712-225-6196  
 Lyon County Extension Office: 712-472-2576

**LEGAL AIDE**

Legal Services Corporation: 520 Nebraska, Sioux City, IA 712-277-8686

**MID SIOUX OUTREACH OFFICES**

Cherokee: 921 South Second Street, Cherokee, IA 51012 712-225-3322  
 Ida: 401 Moorehead, Ida Grove, IA 51445 712-364-2175  
 Lyon: 302 S. Lincoln, Rock Rapids, IA 51246 712-472-3746  
 Plymouth: 180 10<sup>th</sup> SE, LeMars, IA 51031 712-546-6603  
 Sioux: 313 N. Main Ave, Sioux Center, IA 51250 712-722-3611

**NATIONAL SAFETY COUNCIL:** 800-621-7619

**PARTNERSHIP FOR PRESCRIPTION ASSISTANCE:** 800-762-4636

Free medicine to economically stressed families who do not have health insurance and do not receive Medicare or Medicaid.

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**PLANNED PARENTHOOD** - Offers annual exams, pregnancy tests, birth control services, reproductive health care, educational programs, counseling and referrals.  
4409 Stone Ave, Sioux City, IA: 712-276-6290  
3217 S. Carolyn Ave., Sioux Falls, SD: 800-230-7526

**POISON CONTROL CENTER**  
National: 800-222-1222

**SEXUALLY TRANSMITTED DISEASES (IDPH):** 515-281-4936

**SIOUXLAND EASTER SEALS** (orthopedic services): 515-289-1933

**SOCIAL SECURITY ADMINISTRATION:** Sioux City 320 6th St. (Toll-free number): 800-772-1213  
Security Income makes cash payments to aged, blind and disabled persons who meet income and resource requirements, handles claims for retirement, disability, survivors and Medicare benefits, Medicare is a Federal health insurance program for the aged (over 65) and persons who have received Social Security disability benefits for 2 years.

**SUBSTANCE ABUSE**  
Iowa Substance Abuse Information Center: 866-242-4111  
Information about alcohol, other drug use and abuse, and related topics, plus referrals to local treatment centers, support groups, and prevention programs.

**SUICIDE**  
National Suicide Hotline/... Runaway Hotline: 1-800-SUICIDE 1-800-273-8255

**TEEN LINE:** 800-443-TEEN 800-443-8336  
Personal and confidential information and referral; AIDS/HIV; alcohol/drug use; anorexia/bulimia; birth control/pregnancy; health concerns; nutrition; relationships; runaway services; sexuality; sexually transmitted diseases(STDs).

**VOACATIONAL REHABILITATION:** Sheldon, Iowa 712-324-4864

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**WIC & MATERNAL CHILD HEALTH CLINIC SITES:** All locations: cell # 712-539-0869

**Cherokee County**

Cherokee Community Center  
530 W. Bluff  
Cherokee, IA 51012

**Ida County**

Community Center  
403 W. 3rd  
Ida Grove, IA 51445

**Lyon County**

Forster Comm. Center  
404 1<sup>st</sup> Ave  
Rock Rapids, IA 51246

**Plymouth County (LeMars)**

Floyd Valley Hospital  
Highway 3 East  
LeMars, IA 51031

**Sioux County**

St. Mary's Catholic Church  
1121 Ave L  
Hawarden, IA 51023

Orange City Hospital  
400 Central Ave. NW  
Orange City, IA 51041

United Methodist Church  
1030 18<sup>th</sup> Ave.  
Rock Valley, IA 51247

Central Reformed Church  
113 N. Main  
Sioux Center, IA 51250

**YOUTH EMERGENCY SERVICES CENTER :** 1231 W. Cedar, Suite 110 Cherokee, IA 51012 712-225-5777  
Juvenile detention center for court-ordered placement serving the entire state of Iowa.

**YOUTH RUNAWAY HOTLINE :** 1-800-RUNAWAY

**AREA EDUCATION RESOURCES**

**AEA - AREA EDUCATION AGENCY** - Services include evaluations and assessment services in areas of hearing, speech/language, psychological, social work, vision, nursing services and occupational/physical therapy.  
1520 Morningside Ave. Sioux City, IA 51106

NW Area Education Agency, 2020 Hwy. 3, Box 202, Cherokee 51012: 712-225-2568

NW Area Education Agency. 12, 301 Moorehead, Ida Grove 51445: 712-364-2627

NW Area Education Agency. 12, 406 4th St. SW, Le Mars: 712-546-4192

NW Area Education Agency 1382 4th Ave., N.E.Sioux Center, Iowa 51250: 712-722-4378

**DORDT COLLEGE:** 712-722-6000

498 4th Ave. N.E., Sioux Center, IA 51250

**NORTHWEST IOWA COMMUNITY COLLEGE:** 800-352-4907

603 West Park Street, Sheldon 51201

**NORTHWESTERN COLLEGE:** 712-707-7000

101 7th St. SW, Orange City, IA 51041

**WESTERN IOWA TECH. (W.I.T.):** 4647 Stone Avenue., Sioux City, IA 51105 800-352-4649

Cherokee Campus: 800 Sioux Valley Drive, Cherokee, IA 51012 712-225-0238

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## CHEROKEE COUNTY HEALTH SERVICES

### HOSPITALS

Cherokee Regional Medical Center: 712-225-5101  
300 Sioux Valley Dr., Cherokee, IA 51012

### MENTAL HEALTH

Cherokee Mental Health Institute: 712-225-2594  
1200 W. Cedar, Cherokee, IA 51012  
Plains Area Mental Health: 712-225-2575  
900 N. 2<sup>nd</sup> Street PO Box 972 Cherokee, IA 51012  
Pathways-Center for Emotional Well-Being  
213 N. 2<sup>nd</sup> Street  
Cherokee, IA 51012: 712-225-2811

### OPTOMETRISTS

Dr. Feser, Robert, 208 W. Bluff, Cherokee: 712-225-6151  
Dr. Stoelting, Wendall, 215 W. Willow, Cherokee: 712-225-3822

### PUBLIC HEALTH SERVICES: 712-225-6459

Home care nursing, homemaker home health aide, maternal/child health, immunization clinics, adult health screenings, blood pressure screenings, cholesterol screenings, school health program, community programs, information and referral services.

## CHEROKEE COUNTY SOCIAL SERVICES

**JACKSON RECOVERY CENTER:** 712-225-5856  
(Alcoholism & Chemical Dependency, Family Services Center)

**WORKFORCE DEVELOPMENT CENTER:** 923 S. Second, Cherokee IA 51012                      712-225-2274  
Job placement, counseling, testing, unemployment insurance.

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## IDA COUNTY OTHER HEALTH SERVICES

### HOSPITALS

Horn Memorial Hospital: 712-364-3311  
701 E. 2nd St.  
Ida Grove, IA

### MENTAL HEALTH

Plains Area Mental Health: 712-364-3500  
Ida County Courthouse  
401 Moorehead Street, Box 168  
Ida Grove, IA 51445

### OPTOMETRISTS

Vision Care Clinic, 201 N. Main, Denison IA 51442: 712-263-2020  
Family Eye Care of Ida Grove: 712-364-3118  
415 2nd Street,  
Ida Grove, IA 51445

### PUBLIC HEALTH

Ida Grove, 51445: 712-364-3311 ext. 3100  
Services available; maternal and child health, immunization clinics, screenings, school health program, community programs, information and referral services.

## IDA COUNTY SOCIAL SERVICES

**FARMERS HOME ADMINISTRATION (FHA):** 712-364-3144  
104 Taylor Ida Grove, IA

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## LYON COUNTY OTHER HEALTH SERVICES

**ATLAS:** 712-472-9016  
Rock Rapids, IA 51246

**FAMILY CRISIS CENTER OF NW IOWA:** 712-472-9626  
315 1<sup>st</sup> Ave  
Rock Rapids, IA 51246

### HOSPITALS

Canton –Inwood Memorial Hospital, Canton, SD: 605-987-2621  
Merrill Pioneer Community Hospital: 712-472-2591  
801 S. Greene  
Rock Rapids IA 51246  
Avera McKennan Hospital: 605-322-8000  
800 E. 21 St., Sioux Falls, SD

### MENTAL HEALTH

Seasons Center for Community Mental Health. 712-262-2922 OR 800-242-5101  
201 11<sup>th</sup> Street  
Spencer, IA 51301

**COMPASS POINT (Alcohol & Drug Treatment):** 712-472-3442  
315 1<sup>ST</sup> Ave  
Rock Rapids, IA 51246

**OPTOMETRISTS:** 712-472-3464  
Family Vision, 502 1<sup>st</sup> Ave., Rock Rapids IA 51246

### HEALTH SERVICES OF LYON COUNTY (Public Health)

Rock Rapids: 712-.472-4081  
Emergency number for Spencer: 800-242-5101  
Maternal/child health, immunization clinics, blood pressure/cholesterol screenings, school health program, community programs, information and referral services.

## LYON COUNTY SOCIAL SERVICES

**BETHESDA CHRISTIAN COUNSELING:** 209 1st St. N.E Suite 103., Orange City, IA 712-737-2635

**FAMILY CRISIS CENTER OF NW IOWA:** PO Box 295., Sioux Center 712-722-4404

**HOPE HAVEN :** 1800 19th, Rock Valley, IA 51247 712-476-2737

**LOVE, INC. OF SIOUXLAND:** 1313 Golf Course Road, Rock Valley, IA 51247 712-476-5990

**NORTH IOWA ALCOHOL DRUG TREATMENT CENTER:** Rock Rapids, IA 51246 712-472-3442

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## PLYMOUTH COUNTY OTHER HEALTH SERVICES

**LIVING CENTER:** 112 Central Avenue N.E., LeMars 712-546-7544

### HOSPITALS

Floyd Valley Hospital, Highway 3 E., LeMars IA 51031 712-546-7871

### MENTAL HEALTH:

Plains Area Mental Health Center 712-546-4624 or 800-325-1192  
180 10<sup>th</sup> Street SE, Le Mars, IA 51031

### OPTOMETRISTS

Groetken Family Eye Care LeMars: 712-546-8998  
LeMars Optometric, LeMars

### COMMUNITY HEALTH: 712-546-3335

Floyd Valley Community Health Services  
Highway 3 East LeMars, IA 51031

Maternal/child health, immunization clinics, blood pressure screenings, cholesterol screenings, school health program, community programs, information and referral services.

## PLYMOUTH COUNTY SOCIAL SERVICES

**JACKSON RECOVERY CENTER:** 22 1<sup>st</sup> Street NE., LeMars IA 5103 712-546-7868  
Alcoholism & Chemical Dependency, Family Services Center

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## SIoux COUNTY OTHER HEALTH SERVICES

### HOSPITALS

Hawarden Hospital, 1111 11th St., Hawarden: 712-551-3100

Hegg Memorial Hospital, 1200 21st Ave., Rock Valley: 712-476-8000

Orange City Memorial, 1000 Lincoln Circle SE., Orange City: 712-737-4984

Sioux Center Health, 1101 9<sup>th</sup> Street SE, Sioux Center: 712-722-1271

### MENTAL HEALTH:

Creative Living Center: 1905 10<sup>TH</sup> Street PO Box 163, Rock Valley, IA 51247 712-476-5245

Orange City Municipal Hospital: 1000 Lincoln Circle SE, Orange City, IA 51041 712-737-4984

### OPTOMETRISTS

Dr. Beaver, Paul W. 105 S. Main Ave., Sioux Center: 712-722-1270

Exact Eye Care 1529 Main, Rock Valley: 712-476-2692

Dr. Gohman, 110 2nd St. N.W., Orange City: 712-737-2126

Family Eye Care, 114 Central Ave NW., Orange City: 712-737-4246

Dr. Keltz, Kathy, 605 9th St., Hawarden: 712-551-1603

Dreesen, Eyecare, 318 N. Main, Sioux Center, IA 51250: 712-722-2051

### PUBLIC HEALTH

Community Health Partners: 211 Central Ave. SE, Orange City, IA 51041 712-737-2971

Maternal/child health, immunization clinics, adult health screenings, blood pressure screenings, school health program, community programs, information and referral services.

## SIoux COUNTY SOCIAL SERVICES

**NORTHWEST IOWA ALCOHOLISM AND DRUG ABUSE CENTER:** 712-439-1170

**AMERICAN REFORMED CHURCH FOOD PANTRY:** 712-737-4430

**BETHANY CHRISTIAN SERVICE:** 712-737-4831

County mental health provider, adoption services, parenting classes

**BETHESDA MIDWEST.** (counseling): 712-737-2635

**FAMILY CRISIS CENTER OF NWIA:** 712-722-4404

Offering emergency shelter, supportive counseling, agency referral, advocacy

**WORKFORCE DEVELOPMENT CENTER:** 712-707-9870

**JUSTICE FOR ALL:** 712-476-2804

**ZESTOS:** [www.zestosinc.com/#!/ministires](http://www.zestosinc.com/#!/ministires)

Offer services including community meals, clothing and food boxes

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