

Cattaraugus & Wyoming Counties Project Head Start



*Empowering families' well-being
while nurturing and educating children for school and life."*

2023-24

PARENT HANDBOOK



*Parents are the ultimate role models for children.
Every word, movement and action has an effect.
No other person or outside force has a greater influence on a child
than the parent. -Bob Keeshan*

Your child's Teacher is:

Family Support Assistant is:

Classroom Location:

WE ARE LOCATED

Administrative Offices

101 South 19th Street
Olean, NY 14760
(716) 373-2447 Fax (716) 373-5192

Delevan Head Start Center

11713 Route 16 • POB 515
Delevan, NY 14042
(716) 492-4720 Fax (716) 492-3298

Franklinville Head Start Center

Franklinville School District—UPK Program

Franklinville Elementary School
32 North Main Street
Franklinville, NY 14737
(716) 676-8000 Fax (716) 676-2797

Olean Head Start Locations

Olean & Hinsdale School District—UPK Programs

Olean Center

210 East Elm Street
Olean, NY 14760
(716) 372-5959 Fax (716) 372-3825

East View Elementary School	Washington West Elementary School
690 East Spring Street	1626 Washington Street
Olean, NY 14760	Olean, NY 14760
(716)375-8920	(716) 375-8960
Fax (716)375-8929	Fax (716) 375-8970

Perry Head Start Center

7080 Standpipe Road • POB 63
Perry, NY 14530
(585) 786-2770 Fax (585) 786-5714

Salamanca Head Start Center

Salamanca School District—UPK Program

79 River Street
Salamanca, NY 14779
(716) 945-5281 Fax (716) 945-0588

We are connected!

Visit our webpage! www.headstartnetwork.com



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WELCOME

Dear Head Start Parents,

We hope this letter finds you in good health and high spirits. As the new school year begins, we want to take a moment to express our heartfelt gratitude for choosing Head Start to be a part of your child's educational journey. We are excited to have you and your child with us!

At Head Start, we strongly believe in the power of parental engagement and its positive impact on a child's development. As parents, we recognize and appreciate that you are your child's first and most influential teacher. Therefore, we encourage and value your active involvement in their education.

To facilitate this engagement, we have established a dedicated parent room that is exclusively for your use. This space has a computer, reading materials, and other resources to support and enhance your child's learning experience. We encourage you to take advantage of this room and make it your own. Whether using the computer to explore educational resources or simply finding a quiet corner to enjoy a good book, this room is here to empower you as your child's first teacher.

Furthermore, we are thrilled to announce that, with the easing of Covid19 restrictions, we can again invite you to visit our classrooms and the center. We cannot express enough how eager we are to have you back in person, witnessing the growth and joy that your child experiences every day. Classrooms will have special days and family events where parents and grandparents will be invited to see what the children have learned. You can also volunteer in your child's classroom, partake in parent meetings to plan activities, or join the Policy Council. Your presence truly makes a difference, and we look forward to working as a team to ensure your child's success.

As we embark on this new school year together, let us remember the importance of collaboration and communication. We are here to support you and your child every step of the way. Please do not hesitate to contact us with any questions, concerns, or suggestions. We value your input and believe that open lines of communication are key to fostering a strong partnership between home and school.

Thank you once again for entrusting us with your child's early education. We are honored to be a part of their journey and are excited to witness their growth and achievements. Together, we can create a nurturing and enriching environment that sets the foundation for a bright future.

Sincerely,

Dani Amore
CEO-Head Start Director

Families are the Heart  of Head Start

MISSION STATEMENT Empowering families' well-being while nurturing and educating children for school and life.

STANDARD OF QUALITY POLICY To foster and promote dignity and respect, we must acknowledge that Project Head Start is recognized as much for its image as for its service. Staff, parents, and visitors at all program sites have responsibility for representing Project Head Start. Our conduct while on program sites as well as our communications and actions in the community reflects on Project Head Start. We must show consideration and respect for everyone with whom we have contact. To ensure a safe, healthy environment for Head Start children, families, and staff, appropriate behavior and/or language will be displayed at program sites, on vehicles, on home visits, or while participating in any Head Start activity.

Cattaraugus and Wyoming Counties Project Head Start reserves the right to stop enrollment at any time for reasons that include, but are not limited to: parent/guardian behavior that is deemed threatening, belligerent, and the like; violation of confidentiality by parent/guardian; violation of program policies such as smoking on the premises or carrying a weapon; chronic absenteeism; an inability to contact the parent/guardian on a consistent basis, or a determination that the child's continued enrollment presents a continued serious safety threat to the child or other enrolled children and determines the program is not the most appropriate placement for the child. The program will work with such entities to directly facilitate the transition of the child to a more appropriate placement.

QUALITYstarsNY We participate in QUALITYstarsNY. QUALITYstarsNY is New York's voluntary quality rating and improvement system for early childhood programs serving children birth to age five, which provides coaching, technical assistance and financial support to improve program leadership, administration and teaching staff as well as program and classroom environment.

NAEYC ACCREDITATION All of our locations are accredited through NAEYC (National Association for the Education of Young Children). The NAEYC Early Learning Program Accreditation Standards and Assessment Items aim to ensure the quality of children's daily experiences in early learning programs and to promote positive child outcomes.

PROGRAM OPTIONS

Center Based programs are located in Olean, Salamanca, Delevan, Franklinville and Perry. The teams consist of Teachers and Classroom Assistants, Family Support Assistants, Nutrition/Food Service Workers, and where applicable, Bus Drivers and Bus Monitors. Our Early Head Start (EHS) Program is a Home-Based Program and serves pregnant women and children birth to 3 (before Head Start age). It is a year-round program. EHS provides weekly home visits that are 1½ hours each. Two socialization activities are offered each month. Head Start has partnerships with Olean, Salamanca and Franklinville school districts for NYS Universal Pre-Kindergarten (NYS UPK).



EDUCATION

CURRICULUM

Head Start HighScope Curriculum HighScope is a research based, developmentally appropriate curriculum. In a HighScope preschool program, teachers ignite children's interest in learning by creating an environment that encourages them to explore learning materials and interact with adults and peers. We focus on supporting early learners as they make decisions, build academic skills, develop socially and emotionally, and become part of a classroom community. Active learning is at the center of the HighScope Curriculum. It's the foundation of young children gaining knowledge through their natural play and interactions with the environment, events and other people. HighScope's Child Observation Record (COR) is the observational based assessment that is completed 3 times per year in the classrooms.

Head Start has established school readiness goals that align with the Head Start Child Development and Early Learning Framework, New York State Early Learning Guidelines and the Requirement and expectations of the New York State Education Department Pre-Kindergarten Learning Standards.

Second Step -Social Emotional Skills for Early Learning Curriculum is being implemented at our Centers. Kindergarten Teachers say the skills children need most to succeed in their classrooms are social-emotional skills. In fact, Kindergarten Teachers say kids' ability to make friends, manage strong emotions and communicate effectively are even more important on day one than counting to 20 or knowing the ABCs.

With Second Step, our Teachers use music, activities and stories to build the children's social-emotional skills. The lessons cover a range of topics such as identifying and naming feelings, asking for what you need, caring and helping, fair ways to play and how to make friends in kindergarten. When schools teach social and emotional skills, test scores go up and classrooms run better.

DEVELOPMENTAL ASSESSMENT During the first few weeks of your child's Head Start attendance, we strive to learn to know each child as well as we can. The information we collect about each child from this assessment and from talking with parents, forms the basis for planning as partners for the children according to Early Childhood Development guidelines. Developmental Assessment is ongoing throughout the year.

GUIDELINES AND PLAN FOR BEHAVIOR MANAGEMENT - Head Start follows National Association for the Education of Young Children and Office of Children and Family Services recommendations. These guidelines are based on sound developmentally appropriate principles and follow Head Start Performance Standards. Our goal is to support classroom success for each child.

HOME VISITS Teachers and Family Support Assistants each plan to visit with you at least twice during the year to share information about your child and make plans with you. The visits may not take place in the home depending on the situation of the current health guidelines.

Two parent conferences will be scheduled at school during the year, as well.

OUTDOOR TIME Weather permitting, the children will spend some time each day outdoors. Fresh air and exercise help the children grow and stay healthy.

SUN SAFETY AND SUNSCREEN PROTECTION With the warm weather comes the risk of children being over-exposed to the sun. A FEW SERIOUS SUNBURNS during childhood can cause skin cancers later in life. Head Start uses a sunscreen with a sun protecting factor (SPF) of 30 or greater. Head Start staff apply sunscreen as needed to the children prior to outside activities. Please notify your child's Teacher if you wish to provide sunscreen for your child.

CLOTHING Washable clothes, in which the children can freely play, are best. They should be designed so children can easily care for their own toilet needs. Because children are encouraged to learn self-help skills, boots should be large enough to slip over shoes or sneakers easily and snowsuits or jackets should be large enough to go on easily. Please dress your child warmly in cold weather and send a change of clothes.

REST TIME A short quiet time when the children rest encourages them to relax. Accommodation and flexible timing are important for preschool children. Quiet activities are provided. Children are not made to sleep.

R.E.A.D.Y. Bed Time Routine We teach children and families the importance of sleep and regular bed time routines. Try to help your preschooler to get, on average, 10-13 hours of sleep a day. Your child will do better in school. Healthy sleep also improves health and quality of life in a variety of ways, including increased energy, sharper concentration, better decision-making, improved memory, ability to manage stress, improved physical health and a better immune system.

ClassTag is a free Parent-Teacher Communication App that our program uses to provide *out of school learning* when needed. Teachers use ClassTag to relay messages and to share classroom activities and events.

PRESCHOOL SEPARATION Perfecting the Preschool Separation -Preschool separation anxiety which is par for the classroom course- especially for kids who've never spent time away from home without a parent. Other reasons: Your child may need more time to adjusting, or transitions (like preschool good-bye) are not her thing. Not to stress. With some patience, your little one will get into the swing of school and drop off will become less dramatic. Here are some tips and tricks to help smooth the transition.

Transition Tips

*Go through the steps: Knowing exactly what's coming up helps kids feel more relaxed and prepared. Tell them, "we're getting in the car now. We are about to arrive at preschool. We'll see your friends soon", recommends Joanne Baxter, a psychologist and associate professor in child studies. How one words their good-bye is also important. "Honey, when we get to preschool today, I'm going to hug you and kiss you good-bye, and then you are going to walk like a big girl into your classroom and play with your friends".

*Keep to a schedule: If possible, keep your drop off and pick up times consistent. Your child will find comfort in arriving at the same part of the day each morning (i.e. arrival, for breakfast then pick up same time after snack,). This helps build trust, because they know someone will pick them up after snack.

*Kiss and go: If your child has not started crying yet and is engaged with their teacher or a friend, it can be tempting to tip toe out of there. "your child will not trust you" states Baxter. So, say "I will see you later, after snack" kiss the child and then leave. Make it a point during the exchange, to be on their

level. Re-assure your child that you will see them after (whatever activity education staff has planned for dismissal). Then give your child a hug or kiss and release to staff.

*Stay positive: Don't let on that you are worried or waiting for trouble at the preschool drop off. Instead, appear completely confident that your child will separate easily- say good-bye cheerfully.

*Don't reprimand: Remarks such as "You'd better not cry this time" are pretty much guaranteed to increase their stress. Instead, show empathy and remind them that you know this is hard for them. Try to find some ways to make it easier." Along with this is do not compare them to others. Such as a sibling or classmate. Example: Your brother/sister doesn't cry when I drop them off at school. Or I notice your friends don't cry when they get dropped off. Being sad and crying are normal emotions. It is also age appropriate as well. However, the point is to lessen the crying (to do this, focus on the anxiety, not the crying). Help lessen the anxiety and provide re-assurance.

*Avoid bribes: Offering something such as a treat or gift when you pick them up, creates an expectation. Then they start expecting something daily. Let's be realistic, this can get costly and lead to other unwanted behaviors. The re-assurance of getting picked up at same time, is adequate enough. Along with seeing their friends and their lovey the next day.

*End on a good note: A little positive reinforcement can go a long way. When you pick up your child, acknowledge the morning's challenges and make a good comment about how they handled them. "You were nervous, but you dealt with it and you had a great day".

*Consider a change: If you've tried all tactics and your child keeps crying at drop-off and throughout the day. It might indicate that your child is simply not ready for preschool. They may need some more time with separating from their loved one. During that time at home, some simple suggestions: start with once or twice a week. Running a short errand and leave the child with a caregiver. Re-assure the child you will be back in 1 hour. Then come back exactly one hour. Setting a timer, is appropriate, so they are in control and have a visual reminder as well. Then work your way up to, more days or less days more time away. Again, re-assuring them you will return at the time you stated.

CHILD IDENTIFICATION PROCEDURE/RELEASE OF CHILDREN

Release of Children/Emergency Consents. All outside doors to our centers are kept locked throughout the day. Doors are monitored by members of staff, and all visiting guests must sign in at the time of entry. Children will be brought to you outside of the center entrance or to your vehicle. Please call the center or call/text your Family Support Assistant and let them know you have arrived to pick up your child. All individuals picking up children from Head Start, regardless of where, will be asked to present proper photo identification to staff prior to having the child released to them. The individual picking up the child will also be required to sign their name on a form designated for this purpose which will be provided by staff at the time of the child's release.

Parents or guardians legally responsible for a child or children in Head Start must provide the name, address, telephone numbers and places(s) at which the parents or other persons responsible for the child can be reached in case of an emergency; and the names and addresses of persons authorized to take the child(ren) from the child day care center. A blue NYS Day Care Registration card (OCFS-LDSS-0792) and a separate release form signed and dated by the parent or guardian will be used for this purpose. A copy of this card is kept on file at the center and on any or all buses which provide

transportation for your child/children. Persons listed on the Day Care Registration card will be asked to present proper photo identification prior to having a child or children released into their care.

Other individuals not listed on Emergency Consent. On occasion, parents or guardians may wish to have their child released to an individual whose name is not listed on the NYS Day Care Registration card. Parents or guardians must then call the center bus staff and provide the name to of the person they wish to have their children/children released to.

Emergency consents should be updated regularly. Parents and guardians legally responsible for a child or children in Head Start are asked to please notify staff regularly of any changes that should be made to the NYS Day Care Registration card. This information should be reviewed at least once every six months.

NUTRITION

Nutrition at Head Start includes the child's intake of food, education about food – how it helps the body grow and function – and nutrition assessment partly through completion of growth charts for each child.

- Children are provided with nutritious meals while at Head Start. Meals are served on a schedule which may vary from site to site. Children in full-day programs are served breakfast, lunch and an afternoon snack. Expenses for meals are reimbursed through the Child and Adult Care Food Program which is sponsored by the United States Department of Agriculture.
- Six-week cycle menus are used and are approved by a registered dietitian. Head Start makes every effort to serve heart healthy/nutritious foods, low in sugar, salt, and fat. Special diets are provided for children who need them. In most cases documentation from a doctor is required.
- Food that is served to our children will include a variety of fresh fruits and vegetables in accordance with CACFP regulations. In addition, we will provide foods with reduced artificial dyes and other preservatives, making a conscience effort to avoid over exposure to these additives in the foods served to children.
- Meals are prepared in center kitchens by Nutrition and Food Service Workers at four Head Start sites: Olean, Salamanca, Delevan and Perry. Classes which are held in public schools are served breakfast and lunch meals which are provided by the food service staff at the school district the classroom is located. The afternoon snack is provided by Head Start. Children at all centers eat in the classrooms where meals are served family-style.
- Nutrition activities involving the children are completed in the classrooms on a regular basis. One of the activities is growth measure for each child, three times per year. Growth charts are an ongoing measure of your child's physical development. The information for each growth chart is obtained through the child's required annual physical performed by the child's healthcare professional and provided by the parent/guardian, and individual height and weight measurements recorded by trained Head Start staff.

PLEASE DO NOT SEND IN ANY FOOD. Due to various regulations and to limit exposure to allergens, the **ONLY FOODS** we serve at our Head Start centers are foods which are purchased by Head Start and **PREPARED AT OUR HEAD START CENTERS.** We look forward to introducing your child to new and familiar foods in an effort to keep children healthy through a balanced diet.

HEALTH AND DISABILITY SERVICES

Head Start provides a comprehensive health program to assist the child's physical, emotional, cognitive and social development. This includes many health screenings which are not only required by the program, but also provide valuable insight into your child's development and physical well-being. Parents are asked to take an active part by accompanying your child on these health visits.

Before your child attends Head Start he/she must have a physical examination including blood pressure, iron level and lead test, to ensure that he/she is in good health, free from communicable disease, and that all immunizations are up to date. Your Family Support Assistant will provide you with a schedule of required immunizations and a physical examination record form to take to your doctor on the health intake home visit before your child starts school. Your child will not be able to enter the classroom or attend a group activity until we have received the physical examination and immunization records, which have been brought up-to-date.

The Family Support Assistant will also provide you with a dental health record form for you to take to your dentist so that your child's teeth can be examined, cleaned and appointments set up for any restorative treatment, if needed. Head Start encourages on-going dental care. The child will be provided his/her own toothbrush to use each day at Head Start and will be encouraged to use good personal care and proper diet along with professional care for good oral health. Set up an appointment with your dentist as soon as possible, if you have not yet done so.

No treatment to children, other than first aid in the event of accidents, can be given by Head Start staff. For this reason, it is very important that we have all phone numbers where you can be reached so that your child can be returned home in the case of an emergency. We also need your physician's name and the name of someone to call in case you cannot be located in the event of illness or injuries.

MEDICATIONS No medication can be given to your child by us without written orders from a physician. If your child is taking medication, we need to know this – even if he or she only takes it at home -- as it could explain a change in his/her performance while participating in Head Start activities. Only certain medications can be administered by Head Start staff such as EpiPen's, nebulizers and the equivalent. All medication will be kept in its original labeled container in a clean area that is inaccessible to children.

SCREENINGS PROVIDED BY HEAD START INCLUDE:

AUDIO The initial screening must take place within 45 days of enrollment. Audios are completed by our Head Start nurse at all locations. Those children who score low on the initial screening are referred for a complete audio evaluation, which can more accurately measure a child's hearing or be referred to a physician for evaluation.

IRON LEVEL/LEAD Each child also needs blood work and a lead test within 90 calendar days of enrollment.

DENTAL It is the parent/guardian's responsibility to schedule a dental exam within 90 calendar days of the child's enrollment with Head Start. Gundlah Dental Clinic and Oak Orchard Health provide dental services for Head Start children at their locations.

DEVELOPMENTAL/SOCIAL BEHAVIORAL This screening will take place within 45 days of enrollment. Those children who score low on any screenings may be referred for further testing or to a physician for evaluation.

SPEECH AND LANGUAGE, PHYSICAL AND OCCUPATIONAL THERAPY These initial screenings coincide with the developmental screening – also within 45 days of enrollment. Those children who do not pass the initial screenings are then referred for evaluation after which therapy may be recommended.

VISION The vision screening will also take place onsite when and where screeners are available within 45 days of enrollment. Those children who do not pass the screening satisfactorily are retested or referred to an eye doctor.

The purpose of these screenings is to identify any children with possible or suspected difficulties in the areas of speech (the ability to say specific sounds and combinations), language (concept formation, understanding and use of vocabulary), hearing, vision, social skills, and motor skills (fine motor and gross motor). If your child can't or won't successfully complete a required screening, we may retest the child within a few months. If we still can't get a successful result, we will ask you to follow-up with your child's doctor. If the concern seems to be developmental, your Family Support Assistant will meet with you to talk about a referral to the local Committee for Pre-School Special Education. If you have any questions about what to expect, please contact Ashley Austin at 716-373-2447 ext.506 or ask your Family Support Assistant or Teacher.

MENTAL HEALTH INFORMATION

"Mental health in simplest form is the capacities to love, work, and play. All people need to feel that they have:

- a) The ability to form meaningful relationships and have positive self-esteem.
- b) The ability to be and feel productive and know that they contribute to society.
- c) The ability to play, relax and use leisure time in a manner which renews energy."

"Mental health is the capacity to cope with all of life's circumstances, the highs and the lows, and the joys and the sorrows. We all experience good days and bad days; the difference is how we get through them and our ability to continue building successful life management skills." These passages are taken from the book Mental Health in Head Start: A Wellness Approach.

With the emphasis on prevention, through the cooperation and integration of all components and community resources, we will strive to enhance the self-esteem, self-sufficiency, and independence of each individual. Our aim is to provide a safe, caring, nurturing environment so that each individual may develop mental wellness skills, abilities, and strategies which will sustain him/her throughout life.

Early childhood mental health consultation is an effective strategy for addressing challenging behaviors and will support young children's social-emotional development in the classroom. Our program utilizes these consultants in developing Mental Health supports and planned activities which may include consulting with Head Start staff, classroom observations or requesting further evaluations or treatment. If the Mental Health Consultant recommends further assessments, evaluations or outside

treatment, this will only occur with your written consent. Information collected by the Mental Health Consultant will be kept confidential and can only be released with your written permission.

The goals of the Mental Health aspect of the Head Start Program are:

- a) Provide a comprehensive mental health services program for children, families and staff.
- b) Promote a program whose primary focus is on prevention.
- c) Provide the means for identification, referral, and treatment of mental health concerns.
- d) Provide families and staff with the necessary skills, insight and links to mental health services to ensure comprehensive care after leaving the Head Start program.
- e) Ensure that all aspects of Head Start are appropriately involved in the integration of the holistic approach to mental health.
- f) Your Family Support Assistant, Family Development Specialist will be available to explain the varied services available. Head Start will assist you in accessing them in a confidential, caring and timely manner.

WHEN SHOULD I KEEP MY CHILD HOME? All children will receive a health screening each day prior to entering the center or school district classroom. Children receiving Head Start transportation will be screened by transportation staff prior to boarding the bus.

We care about your child and all of the children in our care. If your child becomes ill while at the center, your child will be isolated in the classroom, while being supervised and away from the other children. You (parent/guardian) will be notified to pick up your child as soon as possible. If your child is ill you may be asked to contact your child's PCP for further guidance.










Observe your child carefully on a daily basis before sending him/her to Head Start. **Please keep children home to rest and recuperate should they show any signs of contagious illness.**

If any communicable disease is diagnosed by your doctor, please let Head Start know about it immediately. Head Start staff will notify parents/guardians immediately should a child develop any of these symptoms at Head Start. Should you have any questions, please contact Head Start staff at any time.

Contagious Illness Any Contagious Illness may need to have a doctor's note to return to school, or in most cases the child can return when they are symptom free without medication for a 24 hour period.

I need to stay home from school if...

I have a fever.	I am vomiting.	I have diarrhea.	I have a rash.	I have an eye infection.	I have been to the doctor/hospital.	I have the flu.
						
Temp. of 100.4 F or higher.	Within past 24 hours.	Within past 24 hours.	Body rash with itching and/or fever.	Redness/itching and/or puss draining from an eye.	Hospital stay/surgery/dental surgery/ER visit.	Achy body pain, tiredness, headache, cough, sore throat, runny nose. (may have fever, diarrhea, vomiting)

I am ready to return to school when I am...

Fever free for 24 hours WITHOUT assistance of Motrin/Tylenol.	Free from vomiting for 24 hours AND can eat 2 solid meals.	Free from diarrhea for at least 24 hours.	Evaluated by doctor or have a note to return to school.	Evaluated by doctor or have a note to return to school.	Released by doctor to return to school with a note listing any reasonable restrictions.	Fever and cough free for 24 hours WITHOUT assistance of Motrin/Tylenol.
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Antibiotics - If your child has strep throat or any other infection requiring antibiotics, he/she should stay home until the antibiotic has been given for at least 24 hours.

Health Care Provider - We encourage you to seek medical attention when your child is sick and to follow your health care provider's recommendations about returning to school and other activities. Please call your FSA with any questions.

KEEPING CHILDREN SAFE

EVACUATION DRILLS Head Start, as you know and expect, places an emphasis on safety. That's why we have regular monthly fire drills and bus evacuation drills. Our NYS Day Care Regulations require that we have **shelter in place** practice drills – at least twice each school year. You should receive a letter with the date of each drill, and Teachers will note this on class calendars.

Head Start has received specific training from law enforcement and emergency preparedness experts with regard to emergency response. In addition to **shelter in place**, Head Start also has lockdown, lockdown, and evacuation procedures.

Shelter in place is a response to an emergency that creates a situation in which it is safer to remain in the building rather than to evacuate. It also is intended to stay put and not move in or out of the center or within the center. Generally, **shelter in place** means simply staying indoors. In some situations, sheltering in place includes additional precautions like locking all doors, closing all window shades, remaining in a room away from large windows or turning off heat and air conditioning systems. Most situations calling for sheltering in place are in response to events that have a relatively short duration of hours, not days or weeks. A **shelter in place** drill does not include an overnight stay and typically requires no more than a half an hour to complete.

Some situations that might require sheltering in place are:

- Severe weather conditions
- Extreme temperatures (cold or hot)
- A public disturbance that escalated to violent acts
- Chemical or biological spill
- Rabid animal sighting
- A scene – such as accident or injury or house fire – that the children shouldn't necessarily see

Local authorities will provide Head Start with information during an actual event and Head Start will follow their instructions during and after emergencies regarding **shelter in place**.

Head Start's plan includes:

- Designating safe locations within the center – classrooms, offices
- The method used to alert children, caregivers and household members of an actual emergency will be via phone calls
- Teachers will ensure everyone is moved to a safe location (using attendance sheets, room searches, head counts, etc.)
- Staff will alert emergency responders
- Attendance records and head counts will be conducted to ensure everyone arrived safely at a safe location
- All staff will engage children in quiet, safe activities while providing competent supervision

Head Start maintains sheltering supplies – including food, water, first aid and other safety equipment. In a real emergency, parents may be unable to pick up their children or buses unable to transport children. For this reason, Head Start's plans consider a child's need for an overnight stay – ready to provide continuous care for the duration of the emergency. *Head Start appreciates your understanding of our need to practice **shelter in place**.*

CHILD ABUSE AND MALTREATMENT Under the NYS Social Services Law Section 413, we must report any case of suspected or actual child abuse, maltreatment and neglect to the Child Protective Services Register in Albany. At the time of enrollment, you signed a statement which explained the law regarding our responsibilities. If you have questions regarding this policy, please discuss it with your Family Support Assistant. If you believe that your child has been abused or maltreated, call the New York State Central Register for Child Abuse and Maltreatment at: 1-800-342-3720. Calls are received at this number 24 hour a day, 7 days a week.

Head Start will cooperate fully with Child Protective Services and will not undertake, on its own, to intervene in cases of suspected abuse. Head Start staff will preserve confidentiality of all records pertaining to child abuse in accordance with state law.

What Is Abuse and Maltreatment?

Child Abuse An "abused child" is a child less than eighteen years of age whose parents or other person legally responsible for his/her care:

1. Inflicts or allows to be inflicted upon the child serious physical injury, or
2. Creates or allows to be created a substantial risk of serious physical injury, or
3. Commits or allows to be committed, against the child an act of sexual abuse as defined in the penal law.

Child Maltreatment or Neglect A "maltreated child" is a child under eighteen years of age who has had serious physical injury inflicted upon him/her by other than accidental means.

A "maltreated child" is a child under eighteen years of age impaired as a result of the failure of his parent or other person legally responsible for his care to exercise a minimum degree of care:

1. In supplying the child with adequate food, clothing, shelter, education, medical or surgical care, though financially able to do so or offered financial or other reasonable means to do so, or
2. In providing the child with proper supervision or guardianship, or
3. By unreasonably inflicting, or allowing to be inflicted, harm or a substantial risk thereof, including the infliction of excessive corporal punishment, or
4. By using a drug or drugs, or
5. By using alcoholic beverages to the extent that he loses self-control of his actions, or
6. By any other acts of a similarly serious nature requiring the aid of Family Court.

A "maltreated child" is also a child under eighteen years of age who has been abandoned by his parents or other person legally responsible for his care.

SEX OFFENDERS It is the policy of Cattaraugus and Wyoming Counties Project Head Start to not allow any level 1, 2 or 3 sex offenders contained on the NYS Office of Sex Offender Management Sex Offender Registry into the Head Start centers and/or at any Head Start or Early Head Start or any other program activity that may be held outside of the Head Start centers.

We may notify law enforcement and request that persons be removed from the site who violate this policy. Parents or legal guardians who are sex offenders may be allowed into the Head Start or Early Head Start activity, but must have a staff escort at all times and only for extenuating circumstances such as child illness or injury or as required by day care regulations.

FAMILY SERVICES

The wonderful and rewarding challenge of raising a family today demands more "know-how", thought, and patience than ever before. Head Start wants to help families grow stronger. Head Start will be offering programs and parent workshops. Stay tuned for more information while we navigate ways to do this safely and successfully.

FAMILY PARTNERSHIP AGREEMENT After the children are recruited and enrolled, your Family Support Assistant or Family Development Specialist and Teacher will arrange to meet with you. At this time, you can talk over your concerns about your family needs and plan to use your family's strengths to meet these needs. A "Family Partnership Agreement" between the Head Start Program and each enrolled family will be formed to assist in achieving self-identified and realistic goals. The information you share is confidential and will never go outside the program without your permission.

POSITIVE SOLUTIONS FOR FAMILIES Positive Solutions for Families is an evidence-based, family-friendly workshop. Positive Solutions provides information for families on how to promote children's social and emotional skills, understand their problem behavior, and use positive approaches to help children learn appropriate behavior. This workshop gives parents opportunities to gain and share their insights and ideas with each other. Be on the lookout for announcements, and be sure to let your Family Support Assistant know that you are interested in enrolling!

COMMUNITY SERVICES Your Family Support Assistant or Family Development Specialist is there to help you to connect to your Head Start family and many of the resources in our community and to provide support, assistance and guidance throughout your Head Start program year. You may also access a list of community resources on our website located at <http://www.headstartnetwork.com>. In addition, you can access **United Way's 2-1-1** to connect the local services you may need. **Just dial 2-1-1 on your phone or search online.**

POLICY COUNCIL The Policy Council meets regularly to help give the program direction, make decisions and evaluate how things are going. The Policy Council is made up of persons from the community who represent agencies serving children and families or who are past parents, and current Head Start parents. You will learn more about becoming a Policy Council representative during sometime in October or November.

CONFIDENTIALITY *What you hear here, let it stay here.* The Head Start Policy ensures the privacy of your family and child during and after his/her enrollment in the program. All information received whether financial, medical, or personal will be held in the strictest confidence. Release forms must be signed by a parent before information is given to or requested from agencies other than that which occurs within the agency or organization. Records are private and staff is bound to uphold this privacy. Parents and Guardians are expected to respect and uphold the privacy of other Head Start children and their families as well.

You may have a time when you feel that your personal affairs need to be discussed with your child's Teacher, or your family support assistant. We are under strict rules that nothing you tell us can be discussed with anyone outside the agency unless we ask your permission. We expect that parents will also respect rights of others in this manner.

PHOTOGRAPHS/VIDEOS/AUDIOS In order that we may protect the privacy of Head Start children and their families, parents/visitors are asked to obtain permission from a Head Start Teacher prior to taking photos/videos/audios of their child or other children.

SMOKE-FREE ENVIRONMENT There is to be no smoking in any building, on any grounds, or in any vehicle, used by Head Start or Early Head Start. **Please refrain from smoking when accompanying the children on field trips or outings.**

UNATTENDED CHILDREN IN VEHICLES Never Leave Children Unattended in or around vehicles! **NOT EVEN FOR A MINUTE.** It is important for you to know that leaving a child unattended in a vehicle is considered maltreatment.

ATTENDANCE We encourage you as parents to maintain regular attendance in Head Start activities. Please notify your Family Support Assistant or classroom staff if your child is going to be absent or miss a home visit. Also call, text or send an excuse for each day that your child cannot attend class and explain the reasons for the absence. If we do not hear from you, a contact will be made by your Family Support Assistant or Teacher to follow-up on the absence. Please keep us informed of illnesses or emergencies that will prevent your child from attending school.

DAY CARE REGULATIONS The Head Start C.E.O., Danielle Amore (716-373-2447), is responsible for the administration and overall operation of Head Start. She may be reached by contacting the administrative office. The Buffalo Regional Office of the New York State Department of Social Services, (716-847-3828) may be contacted about violations of statutory and regulatory day care center requirements. Day care regulations are available at each center and on line. Our day care license is posted.



WHO TO CONTACT WHEN YOU HAVE A QUESTION OR CONCERN

Danielle Amore, C.E.O./Director damore@headstartnetwork.com
 Roberta Shipley-Yax, Assistant Director rshipley@headstartnetwork.com

If your concern is about ...	Consult with the following Center Staff...	Responsible Supervisor Administrative Office 716-373-2447 (see extensions below)
EDUCATION <ul style="list-style-type: none"> Classroom, Curriculum & Assessments Parent Conferences Discipline Activities, Family Nights Release of Children from classroom 	Teacher	Education Coordinator-Olean Area <i>Karen Mann, 716-373-2447, ext. 508</i> kmann@headstartnetwork.com Education Coordinator-All other centers <i>Jeannine Mitchell 716-373-2447, ext. 509</i> jmitchell@headstartnetwork.com
FAMILY & COMMUNITY ENGAGEMENT <ul style="list-style-type: none"> Family Services Parent Education Policy Council/Parent Committee Child Attendance Required Paperwork/Health work Emergency Contacts/Custody Home Visits Resource & Referrals 	Head Start: Family Support Assistant Early Head Start: Family Development Specialist	Head Start: Family & Community Engagement Coordinator <i>Sharon Snyder, ext. 515</i> ssnyder@headstartnetwork.com Early Head Start: Early Head Start Coordinator <i>Kathy MacMurray Taylor, ext. 516</i> kmacmurray@headstartnetwork.com
HEALTH, DISABILITIES & NUTRITION <ul style="list-style-type: none"> Medical and Dental appointments Meals, menus, food allergies Medications Child illness, special conditions, limitations or injuries MENTAL HEALTH <ul style="list-style-type: none"> Service providers Disabilities Social emotional assessments Counseling 	Head Start: Family Support Assistant, Health Services Coordinator or Health Manager/Nurse Early Head Start: Family Development Specialist or Health Manager/Nurse	Head Start: Health Services Coordinator <i>Lisa Kurowski, ext. 505</i> kurowski@headstartnetwork.com Mental Health/Disability Associate Coordinator <i>Ashley Austin, ext. 506</i> aaustin@headstartnetwork.com Early Head Start: Health Manager/Nurse <i>Carol Rusk, ext. 511</i> crusk@headstartnetwork.com
TRANSPORTATION <ul style="list-style-type: none"> Pick-up, Drop-off Information/Changes Release of Children from Bus 	Bus Driver Family Support Assistant	Transportation Coordinator <i>Karen Kirsop, ext. 510</i> kkirsop@headstartnetwork.com

2023 Recommended Immunizations for Children from Birth Through 6 Years Old



FOOTNOTES

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

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

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

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

ADDITIONAL INFORMATION

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

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

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



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

FOR MORE INFORMATION

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



American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN

Diseases and the Vaccines that Prevent Them

BIRTH–6 YEARS OLD

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

DTaP* DTaP combines protection against diphtheria, tetanus, and pertussis. MMR** MMR combines protection against measles, mumps, and rubella.

Last updated December 2022 • CS322257-A



HELPFUL TIPS TO KEEP YOUR CHILD SAFE

Never Leave Children Unattended In or Around Vehicles... NOT EVEN FOR A MINUTE

Each year, hundreds of children are left unattended in motor vehicles. About 75 percent of child deaths in parked cars are due to adults leaving children unattended, either intentionally or unintentionally. Many caring and responsible adults are not aware or underestimate the risks involved when leaving their child alone in a vehicle. These dangers include: heatstroke or *hyperthermia*, body heat loss or *hypothermia*, setting a vehicle in motion, getting trapped in a car or trunk, and abduction.

The following are tips to keep children safe from serious injury or death in or around a parked vehicle.

INFANTS AND YOUNG CHILDREN SHOULD BE SUPERVISED AT ALL TIMES WHILE IN OR AROUND A VEHICLE

- Never leave a child in an unattended vehicle in the warm or cold weather, not even with the windows slightly open or down, due to the risk of *hyperthermia* (heatstroke) or *hypothermia* (body heat loss).
 - Heatstroke can occur when the internal body organs or body core temperature reaches 104 degrees Fahrenheit. Heatstroke symptoms may include: confusion, combativeness, faintness, and bizarre behavior. High body temperature can cause irreversible brain damage.
 - The temperature in an enclosed motor vehicle rises approximately 19 degrees Fahrenheit in minutes, 34 degrees in half an hour, and 43 degrees in one hour. A body temperature of 107 degrees Fahrenheit is considered deadly.
 - *Hypothermia* can occur when the body temperature falls below 95 degrees Fahrenheit. Symptoms in infants may include bright-red, cold skin and low energy; symptoms in older children may include shivering, confusion, slurred speech, drowsiness, or irrational behavior.
- If you see a child in a hot car, call 911 right away and follow instructions. Emergency personnel are trained to respond.
- When outside of your car, keep your vehicle locked at all times and never leave keys within the reach of children.
- Teach children not to play in or around vehicles and to alert an adult when a friend is playing in a vehicle without supervision. Make sure children understand the dangers of trunk entrapment (suffocation, heatstroke, and *hypothermia*).
- Before backing up a motor vehicle, walk around it to make sure there are no children or animals behind the wheels or under the vehicle. It is also important to check your rearview and side mirrors when backing up, especially when children are playing outside.
- Place a stuffed toy in your child's car seat when not in use, and move the toy to the front passenger seat when your child is in his/her car seat as a reminder that your child is in the vehicle.
- When driving with a child in a vehicle, use drive-through services whenever possible.





United States Department of Agriculture



The Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program)



WIC

Since 1974
The Foundation of
Healthy Families

What is WIC? WIC was established as a permanent program in 1974 to safeguard the health of low-income women, infants, and children up to age 5 who are at nutritional risk. This mission is carried out by providing nutritious foods to supplement diets, nutrition education (including breastfeeding promotion and support), and referrals to health and other social services. Find out more: <http://www.fns.usda.gov/wic/about-wic-wic-glance>

Where is WIC available?

The program is available in all 50 States, 34 Indian Tribal Organizations, American Samoa, District of Columbia, Guam, Commonwealth of the Northern Mariana Islands, Puerto Rico, and the Virgin Islands. While funded through grants from the Federal Government, WIC is administered by 90 State agencies, with services provided at a variety of clinic locations including, but not limited to, county health departments, hospitals, schools, and Indian Health Service facilities. To find the WIC offices serving your area go to: <http://www.fns.usda.gov/wic/contacts>

What food benefits do WIC participants receive?

The foods provided through the WIC Program are designed to supplement participants' diets with specific nutrients. WIC authorized foods include infant cereal, baby foods, iron-fortified adult cereal, fruits and vegetables, vitamin C-rich fruit or vegetable juice, eggs, milk, cheese, yogurt, soy-based beverages, tofu, peanut butter, dried and canned beans/peas, canned fish, whole wheat bread and other whole-grain options. For infants of women who do not fully breastfeed, WIC provides iron-fortified infant formula. Spe-

cial infant formulas and medical foods may also be provided if medically indicated. Learn more about food benefits here: <http://www.fns.usda.gov/wic/wic-food-packages>

Program benefits include more than food.

WIC benefits are not limited only to food. Participants have access to a number of resources, including health screening, nutrition and breastfeeding counseling, immunization screening and referral, substance abuse referral, and more. Find out more: <http://www.fns.usda.gov/wic/wic-benefits-and-services>

Am I eligible?

Pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who meet certain requirements are eligible. These requirements include income eligibility and State residency. Additionally, the applicant must be individually determined to be at "nutrition risk" by a health professional or a trained health official. To find out if you might be income eligible for WIC benefits go to: <http://wic.fns.usda.gov/wps/pages/start.jsf>

Shaken Baby Syndrome: Facts and Figures

What is Shaken Baby Syndrome (SBS)?

- SBS is a form of child abuse that occurs when an adult or older child violently shakes a baby or young child.
- It only takes a few seconds of violent shaking to cause permanent damage.

What causes Shaken Baby Syndrome?

- SBS is usually caused by a frustrated parent or caregiver who shakes a baby when it will not stop crying, or because of some other personal stress like money or relationship problems.
- Everyday play, like bouncing a baby on your knee or gently tossing a baby in the air, cannot cause SBS.

What are the results of SBS?

- Immediate symptoms of SBS include tiredness, not eating, no smiling, talking or laughing, difficulty swallowing, sucking, or breathing, vomiting, difficulty staying awake, or the baby is very stiff or like a rag doll.
- Shaking can cause brain injury, cerebral palsy, blindness, hearing loss, learning and behavior problems, seizures, paralysis, and death.
- It is estimated that 1,000–3,000 children in the United States suffer from SBS each year.
- One fourth of victims of SBS die, and 80 percent of survivors suffer from permanent damage.
- In the United States, the costs of hospitalization and continuing care for SBS victims can total \$1.2 to \$16 billion dollars each year.

How serious is SBS in New York State?

- An average of 33 children under the age of 4 years old are hospitalized each year for SBS.
- The average charge for each hospitalization is \$65,000.

What can we do to prevent SBS?

- It is important to educate parents and caregivers about the dangers of SBS. Anyone caring for a child should know that if a baby is not uncomfortable or sick but will not stop crying, it is okay to put the baby down in a safe place (like a crib) and take a short break to relax.
- New parents should know that it is common for babies to cry for up to three hours a day – some cry even more than this.
- NYS legislation requires that hospital maternity wards offer to show new parents a video on shaken baby syndrome before they leave the hospital.
- If you suspect a baby has been shaken, you should call 911 or take the baby to the closest hospital emergency room.



Perinatal depression

is a mood disorder
that can happen
during pregnancy
and after childbirth.

**Know the signs
and symptoms.**



nimh.nih.gov/perinataldepression

Depression: What You Need to Know



**Depression
is serious.**

**Depression can
affect anyone.**

**Depression
doesn't just
go away.**

**Talk to
a provider.**

Find help—and give treatment time to work nimh.nih.gov/findhelp.

Call or text the **988 Suicide & Crisis Lifeline** at **988** or chat at **988lifeline.org**,
or text the **Crisis Text Line** (text **HELLO** to **741741**).



nimh.nih.gov/depression



United States Department of Agriculture

MYPLATE GROCERY STORE BINGO

Circle foods you see in the grocery store. If you find 5 in a row, yell MyPlate Bingo!

Fruits	Vegetables	Grains	Protein	Dairy
Apple 	Avocado 	Bread 	Beans 	Milk 
Blueberries 	Broccoli 	Cereal 	Chicken 	Cottage Cheese 
Cantaloupe 	Corn 	Free Space 	Eggs 	Soy Milk 
Grapes 	Sweet Potato 	Popcorn 	Peanut Butter 	Cheese 
Orange 	Tomatoes 	Rice 	Tuna Fish 	Yogurt 

ChooseMyPlate.gov/Families

August 2016

USDA is an equal opportunity provider and employer.



INFORMATION FOR ADULTS

With a variety of sights and smells, grocery shopping can be an exciting activity for kids. It can also be a little stressful for adults trying to buy groceries while keeping children entertained. MyPlate Grocery Store Bingo is a fun and educational activity that will focus the attention of your little ones while also allowing you to get your shopping done. That's what we like to call a **"MyPlate, MyWin!"**

AGES: 5 & UP

While most appropriate for elementary school-aged children, this activity can be modified for other ages.

- For older children, consider giving them their own shopping list so they can help you shop.
- For younger children, ask them to find foods of various colors and shapes.

INSTRUCTIONS:

- Print off the bingo cards for kids accompanying you on a grocery shopping trip.
- Give them a pen or pencil and let them circle foods they see in the store while you shop.
- Explain that we need foods from all five food groups.
- Explain that fresh, frozen, and canned varieties all count.



TIPS:

- You can use this bingo card multiple times. In addition to the traditional style of bingo where you try to get five across, five vertical, or five diagonal, kids can also play picture frame where they try to find all of the foods on the perimeter of the card or black out where they try to find every food on the card.



- If you have more than one child with you, kids can either compete against one another— whoever finds five in a row first wins—or work together as a team. This can be especially helpful if you have an older child that can help a younger child.
- Consider offering a prize for completing the bingo sheet. For example, take a family trip to the park or go for a bike ride together.

Eat Smart To Play Hard

Use *MyPlate* to help you fuel up with foods from each food group.

Choose **MyPlate**.gov

Keep on Moving!

You need at least 60 minutes of physical activity each day. Whether that's skateboarding, kicking a ball, or playing tag, every little bit counts!

FRUITS Fuel Up With Fruits at Meals or Snacks

Oranges, pears, berries, watermelon, peaches, apples, and applesauce (without extra sugar) are just a few of the great choices. Pick a new fruit every day. It's 100% fruit juice.

VEGETABLES Color Your Plate With Great-Tasting Veggies

Try to eat more dark-green, red, and orange vegetables, and beans and peas.

GRAINS Make at Least Half Your Grains Whole Grains

Choose whole-grain foods, such as whole-wheat bread, oatmeal, whole-wheat tortillas, brown rice, and light popcorn. More grains.

PROTEIN Vary Your Protein Foods

Try fish, seafood, beans, and peas more often. Some tasty ways include a bean burrito, hummus, veggie chili, fish taco, shrimp or pork stir-fry, or grilled salmon.

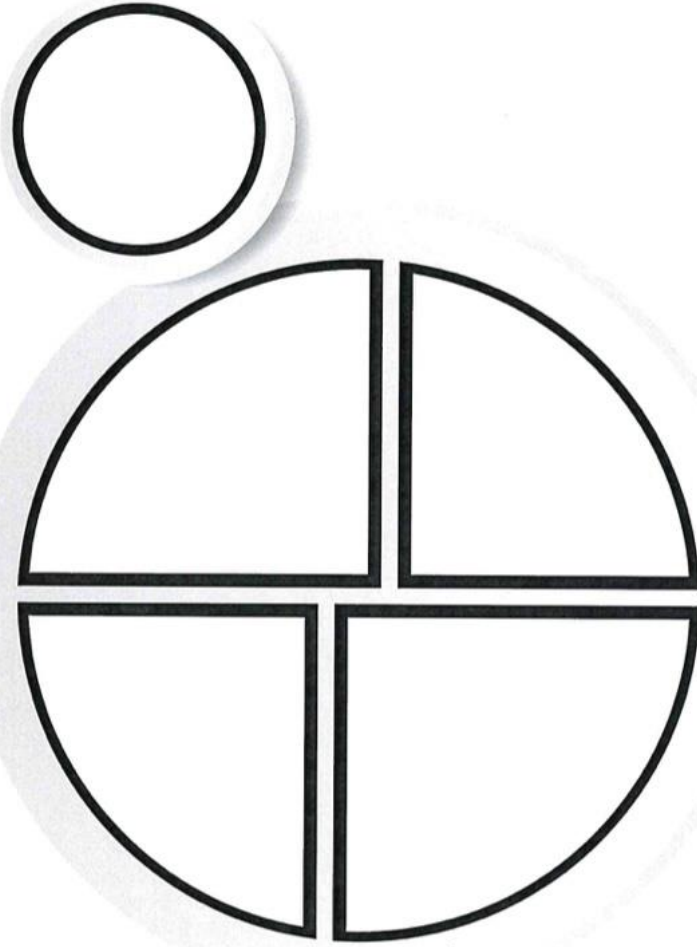
DAIRY Get Your Calcium-Rich Foods

Choose fat-free or low-fat milk, yogurt, and cheese at meals or snacks. Dairy foods contain calcium for strong bones and healthy teeth.

Know Your "Sometimes" Foods

Look out for foods with added sugars or solid fats. They fill you up so that you don't have room for the foods that help you eat smart and play hard.

Eat Smart To Play Hard



Choose**MyPlate**.gov

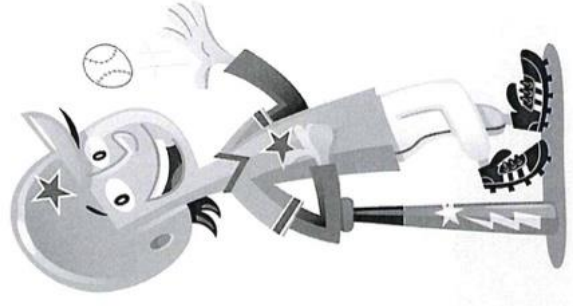


Keep on Moving!

You need at least 60 minutes of physical activity each day. Whether that's skateboarding, tossing a ball, or playing tag, every little bit counts!

Know Your "Sometimes" Foods

Look out for foods with added sugars or solid fats. They fill you up so that you don't have room for the foods that help you eat smart and play hard.



Good nutrition today means a stronger tomorrow!

Building for the Future with CACFP

This day care
receives support
from the Child and
Adult Care Food
Program to serve
healthy meals to your children.



**Meals served here must meet USDA's
nutrition standards.**

Questions? Concerns?

*[Here is space for the State agency and sponsoring organization to add
contact information]*

Learn more about CACFP at USDA's website:

<https://www.fns.usda.gov/>

USDA is an equal opportunity provider, employer and lender.

United States Department of Agriculture
Food and Nutrition Service FNS-317
November 2019

Smoking in Cars with Children: The Facts



Opening the windows or running the fan in vehicles while smoking does not protect people from exposure to harmful second hand smoke.

Second hand smoke in vehicles can be a much bigger danger than in smokers' homes and smoke-filled bars - **even with a vehicle's windows open** and the fan set on high.

Second hand smoke in vehicles contains very small particles that are breathed deeply into the lungs. These particles cause many harmful health effects, especially to children riding in a vehicle.

The 2014 Surgeon General report stated that **5.6 million children alive today will die early as a result of SHS exposure**. Two-thirds of children ages 3-11 are still exposed to SHS.

Young lungs let more of the poisons in the air into the bloodstream. There the poisons cause more damage because children's immune systems aren't completely developed.

Some of the illnesses caused by second hand smoke in children are; Sudden Infant Death Syndrome (SIDS), Respiratory infections, Decreased lung function, Meningitis, Attention Deficit Disorder, Tooth Decay, and Asthma, to name a few.



CATTARAUGUS & WYOMING COUNTIES PROJECT HEAD START 2023 – 2024

SEPTEMBER

M	T	W	TH	F
<u>4</u>	*5	6	7	*8
11	12	13	14	*15
18	19	20	21	*22
25	26	27	28	*29

OCTOBER

M	T	W	TH	F
2	3	4	5	* <u>6</u>
<u>9</u>	10	11	12	*13
16	17	18	19	*20
23	24	25	26	*27
30	31			

NOVEMBER

M	T	W	TH	F
		1	2	*3
6	7	8	9	<u>10</u>
13	14	15	16	*17
*20	<u>21</u>	<u>22</u>	<u>23</u>	<u>24</u>
27	28	29	30	

DECEMBER

M	T	W	TH	F
				*1
4	5	6	7	*8
11	12	13	14	*15
18	19	20	21	*22
<u>25</u>	<u>26</u>	<u>27</u>	<u>28</u>	<u>29</u>

JANUARY

M	T	W	TH	F
<u>1</u>	2	3	4	*5
8	9	10	11	*12
<u>15</u>	16	17	18	*19
22	23	24	25	*26
29	30	31		

Days not in session:

8/31 Employee Development Day
 9/1 Welcome Day
 9/4 Labor Day
 10/6 Employee Development Day (P.M. only)
 10/9 Columbus Day
 11/10 Veterans Day
 11/21 Parent-Teacher Conferences
 11/22-24 Thanksgiving Recess
 12/25 -1/1 Winter Recess
 1/15 Martin Luther King Day
 2/19-2/23 Mid-Winter Break
 3/15 Employee Development Day (P.M. only)
 4/1 -4/5 Spring Recess
 5/24-5/27 Memorial Day
 5/31 Employee Development Day
 6/19 Juneteenth

* ½ day- children A.M. only

Parent-Teacher Conferences:

11/20-11/21
 3/21-3/22

5-Day Program: (Duration Hours)
 Attend: Monday – Thursday; ½ day Friday

Program Dates: Start 9/5; End 6/20
 Full days: 141 @ 6.5 hr- 916.5 hr
 ½ days: 40 @ 3.5 hr- 140 hr
 Total Hours: 1,056.5 hr
 (hours do not reflect Employee Dev Day hours)

Days in session: 181 child days
 Employee Development Days: 4
 Total: 185 days

Start and End Dates:
 Start 9/5/23 – End 6/21/24

FEBRUARY

M	T	W	TH	F
			1	* 2
5	6	7	8	* 9
12	13	14	15	*16
<u>19</u>	<u>20</u>	<u>21</u>	<u>22</u>	<u>23</u>
26	27	28	29	

MARCH

M	T	W	TH	F
				*1
4	5	6	7	*8
11	12	13	14	* <u>15</u>
18	19	20	*21	*22
25	26	27	28	*29

APRIL

M	T	W	TH	F
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
8	9	10	11	*12
15	16	17	18	*19
22	23	24	25	*26
29	30			

MAY

M	T	W	TH	F
		1	2	*3
6	7	8	9	*10
13	14	15	16	*17
20	21	22	23	<u>24</u>
<u>27</u>	28	29	30	<u>31</u>

JUNE

M	T	W	TH	F
3	4	5	6	*7
10	11	12	13	*14
*17	*18	<u>19</u>	*20	21
24	25	26	27	28

05/08/23 DA