2026-
2027

PARENT HANDBOOK

Head Start
Early Head Start
New Opportunities

Services provided in:

Audubon, Calhoun, Carroll, Greene, Guthrie, Dallas, & Sac counties

TABLE OF CONTENTS
PARENT HANDBOOK

Page	What is on this page
1	Greetings
2	Head Start/Early Head Start – Mission Statement, Vision, History
3	Head Start/Early Head Start Program Options, Hours of Operation
4	Civil Rights Statement
5	Head Start Overview; What is Head Start?
6	Get Involved!
7	Get Involved Continued, Early Head Start Overview
8	Parent Activities, Parent Access to Records
9	Accessibility Of Program Services And Activities, Parent Involvement
10	InKind, Fundraising, Literacy, Social Services
11	Child Attendance
12	Excused Absences, Unexcused Absences, Chronic Absenteeism
13	Chronic Absenteeism Continued
14	Attendance – Early Head Start Home Based
15	Attendance – Early Head Start Home Based Continued
16	Welcome to Head Start/Early Head Start, Slander
17	Slander Continued
18	Weather, Policy Council Responsibilities
19	Policy Council Responsibilities Continued, Parent & Community Concerns
20	Parent Complaint Concern Form
21	Policy Council
22	Policy Council Continued
23	Parent And Community Concerns
24	Content on this page
25	Content on this page
26	Parent/Community Complaint Concern Form
27	Head Start/Early Head Start Terms
28	New Opportunities, Inc. Mission Statement; Programs and Services
29	County Outreach Offices
30	Energy Assistance Programs; Weatherization Program; Food Pantry
31	FaDSS; Child and Adult Care Food Program; Health Services; Community Adolescent Pregnancy Prevention Program
32	Community Adolescent Pregnancy Prevention Program; 1st Five; Maternal Health Program
33	Women, Infants and Children (WIC) Program
34	USDA Nondiscrimination Statement; Civil Rights Statement
35	USDA Nondiscrimination Statement; Iowa Nondiscrimination Statement

Greetings Parents / Guardians:

Welcome to the New Opportunities, Inc. Head Start/Early Head Start program.

New Opportunities, Inc. has provided Head Start services in the counties of Audubon, Calhoun, Carroll, Dallas, Greene, Guthrie, and Sac since 1967. Head Start serves pre-school aged children who are 3-4 years of age. Children enrolled with disabilities are mainstreamed into the classroom.

Early Head Start services began in 1999 in the counties of Carroll, Dallas, Greene, and Guthrie. Early Head Start serves 26 infants and toddlers, birth to three, and pregnant women in a home based program. In 2020, Early Head Start Center Based was added to our suite of programs. Sites located in Carroll, Waukee, and Perry serve 72 children aged birth to three.

Head Start's philosophy is to provide a safe and healthy environment for your child. Staff will provide a variety of developmentally appropriate individualized activities for each child enrolled in our program. Parents will support these activities by reinforcing them at home.

We encourage the entire family to become involved in the Head Start program. Parents are viewed as the first and primary educator of their children and therefore should be integrally involved in the education of their child by volunteering in the classroom, attending parent committee meetings, and assisting with special activities at the center.

We hope that this handbook will guide you through the many opportunities you will experience with your child in Head Start. We anticipate that all your child's and your experiences will be good ones.

ENJOY YOUR YEAR!

Tonya Weber
Head Start/Early Head Start Direct

WELCOME TO NEW OPPORTUNITIES, INC.
HEAD START / EARLY HEAD START

Head Start/Early Head Start is a federally funded program which provides comprehensive developmental services for eligible families who have young children from birth to kindergarten entry age. Head Start/Early Head Start provides comprehensive services to meet goals for child development and health, family and community partnerships and services to children with disabilities. Services are also available for expectant families.

MISSION STATEMENT

New Opportunities, Inc. Head Start/Early Head Start is dedicated to providing comprehensive services for children and families through respect, compassion, empowerment, and inclusivity.

VISION

The vision of New Opportunities, Inc. Head Start/Early Head Start is to cultivate a community in which each individual has the opportunity to learn, grow, and be inspired.

HISTORY

Head Start has been in operation in seven counties for 50 years. Early Head Start began operation in May 1999. The administrative offices are located in Carroll with Head Start site locations in Audubon, Calhoun, Carroll, Dallas, Greene, and Sac counties. Early Head Start offers a home-based program which is located in four counties: Carroll, Dallas, Greene, and Guthrie. Also a center-based program which is located in two counties; Carroll and Dallas. The program consists of two components: Head Start for families with preschool aged children (3-4) and Early Head Start for families who are expecting or who have an infant to age three (0-3).

PROGRAM OPTIONS

There are several developmentally appropriate options for income eligible families who are interested in New Opportunities, Inc. Head Start / Early Head Start. All options serve children who have a disability. Nutritious meals are provided in center based programs. Program options include:

Half-Day Program: Offered during the morning or afternoon. Children attend a minimum of 128 days.

Morning programs are offered at the Carroll, Coon Rapids, Jefferson, Lake City, Rockwell City, Sac City, and Waukee locations.

Morning sessions vary between: 7:45 am – 12:30 pm

Half-day afternoon programs are offered at the Carroll, Waukee, and Jefferson locations.

Afternoon sessions vary between: 11:30 pm – 4:00 pm

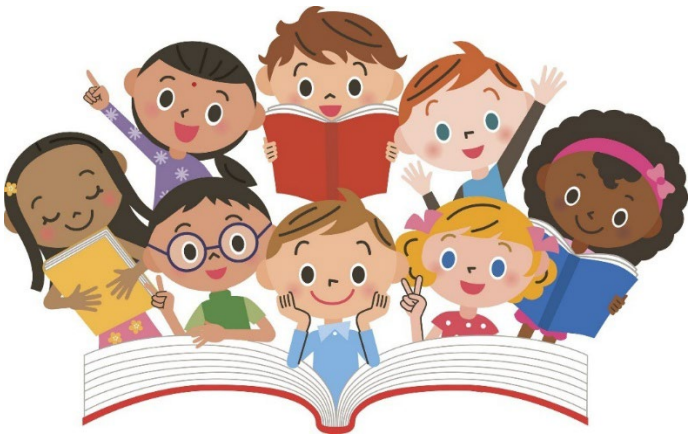
Full-Day, 4days/Week: Four Jefferson classrooms.

Full-Day, Full Week: Three Perry classrooms, one Carroll classroom, one Waukee classroom, one Audubon classroom meet full day 5 days a week for a minimum of 1,020 hours per year.

★**Early Head Start:** Children in our Home-based option receive weekly home visits and participate in bi-monthly group activities for children and parents called socializations.

★**Early Head Start Center Based:** Children in our center based Early Head Start receive 1,380 hours of services per year. Classrooms in Carroll, Waukee, and Perry meet full days, five days per week for 12 months per year.

Some Locations that offer ALL day programming are made possible through partnerships with appropriate school districts.



Civil Rights Statement

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

Iowa Nondiscrimination Statement (Revised 7-1-25)
It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, disability, age, or religion in its programs, activities, or employment practices as required by the Iowa Code 216.6, 216.7, and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, contact the Iowa Civil Rights Commission, 6200 Park Ave, Suite 100, Des Moines, IA 50321; phone number 515-281-4121 or 800-457-4416; website: https://icrc.iowa.gov/.

HEAD START OVERVIEW

Head Start has served more than 30 million children since 1965, growing from an eight-week demonstration project to include full day/year services and many program options. Currently, Head Start is administered by the Administration for Children and Families (ACF) in the Department of Health and Human Services. Head Start programs serve children from birth to age 5 and pregnant women in urban and rural areas in all 50 states, the District of Columbia, Puerto Rico and the U.S. territories, including American Indian, Alaska Native, and Migrant and Seasonal communities.

What is Head Start?

Head Start is a comprehensive preschool program for low-income three-and-four year-olds. Head Start is unique in its comprehensive approach to the needs of children and families. In Head Start, teachers work with children and their parents to ensure that children gain the skills needed to succeed in school – both academically and socially. The program also offers health, nutrition, and other family support services, including opportunities to learn parenting skills.

Head Start helps all children succeed. Services are offered to meet the special needs of children with disabilities. Children participate in a variety of educational activities such as fine motor, gross motor, cognitive, language, math, discovery, social emotional, and self-help skills. They also receive select medical and dental services, have healthy meals and snacks, and enjoy playing indoors and outdoors in a safe setting.

What can Head Start offer your child?

Head Start provides children with activities that help them grow mentally, socially, emotionally, and physically. The Head Start staff recognizes that as parents, you are the first and most important teachers of your child. They welcome your involvement in Head Start activities and will work as partners with you to help your child progress.

Head Start staff members offer your child love, acceptance, understanding, and the opportunity to learn and experience success. Head Start children socialize with others, solve problems, and have other experiences that help them become self-confident. Children are also given opportunities to develop communication skills.

The children spend time in a stimulating setting where they form good habits and enjoy playing with toys and working on tasks with classmates.

Your child will leave Head Start more prepared for kindergarten, excited about learning and ready to succeed.

GET INVOLVED! For your child! For you!

You are your child's first and most important teacher!
There are many ways for you to share your child's Head Start experience:
Parenting: Teachers and other staff can help you learn about child development and parenting – how to set up rules and routines that will make your home more peaceful. You can help teachers learn more about your family background, cultures, and goals for your child.

Communicating: Communication goes both ways. Teachers want to share information with you at Home Visits and Conferences, through newsletters, phone calls or notes home. Never hesitate to call or ask to visit.

Volunteering: We need you! We need volunteers to help children, to help at mealtimes, to read to the children, to stuff take-home folders, to share a special skill or to share a cultural experience. The more parent volunteers we have, the richer the children's classroom experience. You will have many wonderful opportunities this year!

Learning at Home: You and your child have homework to do together! It is important to spend time looking at and reading books every day. By talking together and sharing household jobs with your child you are helping him or her learn. All you have to do is TAKE TIME—we will offer lots of ideas!

Both **volunteering** and time spent **learning at home** help the program meet its non-federal match. What is non-federal match? Head Start is funded primarily through federal funding, but the program is also required to show that the community is contributing to the program. This is called non-federal match or non-federal share. It does not mean families have to pay money. Things like donated supplies, donated services, volunteer time, or other contributions from families, community members, and organizations can count toward our required match.

Decision Making: We expect parents to attend monthly parent meetings to hear about what is happening in the Head Start classroom and to help teachers plan experiences for the children. Parents are elected to serve on our monthly Policy Council to share decisions on how the money is spent, who is hired to work in the program, and what the goals are for the program. You know your family best, partner with us to do the best. Parents may also be involved in our Health/Mental Health Services Advisory Committee (HMHSAC).

Collaborating With the Community: "It takes a village to raise a child." Join us as we get out in the community to let others know more about our program –

about Early Childhood and what all families need to be successful. Together we will find places to make our voices known.

The greatest predictor of student achievement is family involvement! Research says that to help children be successful in school the family must…

1) Have HIGH EXPECTATIONS for their child's future.
2) Offer opportunities to LEARN AT HOME.
3) BECOME INVOLVED in their child's education.

EARLY HEAD START OVERVIEW

Early Head Start began in 1995 providing comprehensive and intensive services to pregnant women and children through age 3. In 1999, N.O.I. Head Start received federal funding to develop an Early Head Start Program. The N.O.I. Early Head Start program serves eligible pregnant clients, infants, and toddlers and their families in Carroll, Dallas, Greene and Guthrie Counties.

What is Early Head Start?

Early Head Start is a federally funded community based program for eligible families with infants and toddlers and pregnant clients. Early Head Start is unique in its comprehensive approach to the needs of families with children birth to 3. In Early Head Start, Home Based Educators work with families to promote healthy prenatal outcomes for pregnant women, to enhance the development of very young children and promote healthy family functioning.

What can Early Head Start offer your family?

The N.O.I. Early Head Start Home Based program provides a weekly home visit where experienced and qualified staff work with each family in identifying goals for both the child and whole family. The Early Head Start Center Based program provides high-quality classroom based learning environments for enrolled children. EHS staff provides children and families activities that enhance children's physical, social, emotional, and intellectual development. The Early Head Start staff recognizes parents are the first and most important teachers of your child.

Socializations are provided in Early Head Start two times per month to further encourage the child's and families development.

For enrolled pregnant clients, Early Head Start staff members offer prenatal (before birth) support to ensure the health of the client and their baby. Staff help parents, siblings, and other family members prepare for the birth and care of the new baby as well and help the bond between child and family that ensures happy and healthy development.

Early Head Start is a positive way to ensure that children get a healthy beginning – even before birth.



PARENT ACTIVITIES

Head Start and Early Head Start Classrooms

Each month a calendar will be sent home with classroom activities, field trips, programs, parent meetings, trainings, and various other activities. We need and welcome your participation in your child's Head Start experiences. Families are encouraged to volunteer in the classroom.

Early Head Start Home Based

Twice a month, Socialization activities will occur in the centers or other community locations. Early Head Start children & families are invited to join activities and parent education.

Parents will decide on parent meeting schedules, activities, and programs.

Information about community education activities is distributed and support will be given to parents who are interested in participating.

PARENT ACCESS TO CHILD'S RECORDS

New Opportunities, Inc., Head Start/Early Head Start will give full rights to either parent to access their child's records, unless the program has been provided with evidence that there is a court order, state statute or legally binding document relating to such matters as divorce, separation, or custody that specifically revokes these rights. Parents have the right to access the records of their minor children; records are retained by the program for as long as required by the Head Start Program Performance Standards.

ACCESSIBILITY OF PROGRAM SERVICES AND ACTIVITIES

New Opportunities, Inc., Head Start/Early Head Start will ensure that all eligible individuals will have access to the full range of program services and activities. This policy covers individuals with limited English Proficiency and individuals with disabilities including persons with impaired hearing, vision, and speech.



PARENT UNLIMITED ACCESS POLICY

New Opportunities, Inc., Head Start has an "ACCESS Policy" for parents who want to visit the Head Start classroom. Parents are welcome in the classroom at any time unless restricted by a court order.

PARENT INVOLVEMENT

Head Start/Early Head Start provides parents with many opportunities to:

- strengthen parenting skills
- learn more about child development
- be informed about Head Start/Early Head Start and community agencies and activities
- make decisions about the Head Start/Early Head Start program (Policy Council, Health & Mental Health Services Advisory Committee (HMHSAC), Parent Committees, Special Committees)
- plan and develop activities for parents and children
- work with children in cooperation with staff
- be involved in literacy activities with their children and for themselves
- volunteer time and talents (see volunteer handbook)
- build a strong relationship with their child and the community.
- attend socializations with their children two times a month in Early Head Start.
- learn with their child through activities shared within the home in Early Head Start.

INKIND

In order to receive Federal funds to operate, one fourth of HS/EHS program funds must be matched by local resources (inkind donations) also called non-federal match.

Examples are:

- volunteering in the classroom
- equipment and supplies donations
- space for Head Start or Early Head Start socializations
- assisting teachers in the preparation of classroom and classroom materials

Donations of time, mileage, space, and supplies are recorded on In-Kind sheets located in your child's classroom.

FUNDRAISING POLICY

Fundraising is discouraged. Funds are budgeted in the grant application for parent activities, classroom equipment and supplies. Parents and other volunteers could better serve the program through other volunteer opportunities in Head Start/Early Head Start.

FAMILY LITERACY

Parents are encouraged to read and share books with their children by using local libraries, reading at home, or reading in the classroom. Parents are encouraged to come to the classroom and read to children. Family literacy activities & Parent Nights are offered during the year.

Any parents interested in Adult Basic Education, High School Equivalency (GED), or English as a second language may contact their Family Advocate, Home Based Educator or Teacher for information on classes or tutoring.

SOCIAL SERVICES

Head Start/Early Head Start provides support to families as they work to strengthen their family units and improve the quality of their daily lives. Information will be supplied to families (as needed), empowering them to act as an advocate for themselves and serving as a link between the family, Head Start/Early Head Start, and the local community.

The Family Advocate and Home Based Educators serve as support and advocate for the families. They help families identify strengths and eliminate barriers

through their knowledge about resources in the communities and assist with referrals the families may be able to use, based on the assessment. They also:

- Coordinate community services and resources
- Provide emergency or crisis assistance
- Recruit children and complete enrollment forms

If you need to cancel a scheduled visit with the Family Advocate or Home Based Educator, please call the Family Development Center, the Head Start Center, the Family Advocate or Home Based Educators cell phone.



CHILD ATTENDANCE POLICY – CENTER (Policy 310)

CHILD ATTENDANCE – HEAD START/EARLY HEAD START CENTER BASED

The program monitors classroom and program attendance monthly. The program goal is to maintain an average daily attendance of 85% or greater. Additionally, the program monitors individual child attendance to identify children with patterns of absence that put them at risk of missing ten percent of program days per year.

PROCEDURE:

Daily attendance will be taken online through the PIMS (**Program Information Management System).** Attendance records will be reviewed by classroom staff daily to ensure attendance requirements are met.

- If no contact from parent by beginning of class time, Head Start staff will contact parent within ½ hour of class time.
    - If the parent is contacted and provides a reason for absence a note will be entered in the PIMS, and it will be noted as an excused absence.
    - If the parent cannot be reached and a message must be left, a note will be entered in the PIMS, and the absence will be entered as unexcused.
- If unable to contact parents, staff will call emergency contact numbers.

- On day 2, if not able to contact, the Family Advocate will conduct a home visit or make other direct contact, providing assistance and support as needed.

All communication with the family will be documented in PIMS.

Excused Absences – Head Start/Early Head Start
Head Start/Early Head Start stresses the importance of regular attendance and provides parents with information regarding the benefits. This develops a positive attitude toward attendance when your child starts a school-age program.

If a child cannot be at Head Start/Early Head Start for some reason, parents are to call the center before classes begin, stating the reason for the absence and the date the child(ren) can be expected to return. Staff will collaborate with parents when they need help in maintaining a child's regular attendance.

Absence due to Illness
It is strongly recommended that a doctor see any child who is absent for three or more days due to an illness or a child who is frequently ill for the same reason.

Unexcused Absences
An unexcused absence signifies that the family did not inform Head Start/Early Head Start staff that the child would be absent prior to the absence and the program was unable to reach the parent or emergency contact to verify the absence.

Chronic Absenteeism
The Head Start/Early Head Start program stresses the importance of regular attendance. Consecutive unexcused absences can be reason for dropping the child from the program. Chronic absenteeism for center based is defined as any child who is absent, that is at risk of being absent for 10% or more days of the program year.

The following is the chronic absenteeism policy/procedure:

1) Teacher documents attendance in the PIMS daily. If a child is absent and the parent has not called in, the teacher will call the family. If the teacher is unable to reach the family (including leaving a message), they will document the absence as an unexcused absence. When the parent calls back in, the unexcused will be changed to excused absence, along with documentation.

2) An automatic notification is generated by the PIMS to the Family Advocate and Center Supervisor when a child has been marked absent for more than two consecutive days or when a child has been marked unexcused absent.

- A home visit must occur between the family and the family advocate when a child has 2 unexcused absences. This visit will be used to ensure the child's wellbeing and problem solve to attempt to find a resolution that leads to regular attendance.

- In an effort to encourage regular child attendance when a child reaches 8% absence in a year, the Family Advocate will create an attendance plan with the family to solve problems and attempt to find a resolution that leads to regular attendance.
- The Center Supervisor will monitor to ensure Family Advocates are following up on patterns of absenteeism.

3) Any documentation must be entered as case notes in the PIMS. If a pattern of absenteeism continues, a letter may be sent from the program director explaining the need for regular attendance at school/home visits. This letter will explain that if the child is unable to begin home visits or to attend in the classroom by a specified date (providing 7 days), the child will be dropped from the program and put back on the waiting list. The family will need to contact a teacher or Family Advocate to ensure attendance and if no contact is made, a formal letter of termination of services will be sent.

4) If a child is on extended leave (vacation, illness, etc.), Teacher/Home Based educators must be notified in advance, or children will be dropped from the program, as this constitutes unexcused absences. Should a child be on extended leave for more than 3 weeks, the program may consider the spot vacant and refill the opening.

5) Classroom and program monthly attendance reports will be shared with the Director and leadership team monthly. If the average daily attendance rate falls below 85%, the leadership team (including ERSEA Coordinators) will analyze the chronic absenteeism and work with FA/EHS HBE staff to problem solve strategies to improve attendance.

6) Family Advocate staff will discuss barriers to ensure homeless children attend class regularly as well as the need for transportation. Family Advocates will educate the families on community resources as well as provide necessary assistance in ensuring the proper agencies are contacted.

7) Children living in shared custody situations may be enrolled if a family has a shared custody situation in the program. The program will collect documentation on the living arrangement of the child. This could include formal custody papers or a signed statement from the parent. The program can enroll a child in a shared custody situation, even if the child will knowingly be unable to attend 100% of the time. (For example, the

child is scheduled to alternate weeks between mom and dad). The enrollment of a shared custody child must be approved by an ERSEA supervisor. To show the child's attendance schedule in PIMS, the child will be marked as "not scheduled to attend" during the times they are not living in the area.

Notes: For purposes of consistency, the following attendance codes with definitions are provided.

Code	Definition
Late - Tardy	Child is more than 30 minutes late to start of scheduled classroom start time.
Left Early	Child is picked up more than 30 minutes prior to scheduled classroom end time.



ATTENDANCE – EARLY HEAD START HOME BASED (Policy 311)

The program will provide a minimum of 46 home visits per program year and 2 socializations per month to enrolled expectant clients and children. The program will make every reasonable effort to complete all required services. Home Visits or Socializations cancelled by the Home Based Educator must be rescheduled to ensure required services are provided. Home Visits cancelled by the parents will be documented and reasonable attempts will be made with the family to reschedule.

PROCEDURE:

Three unexcused missed visits may result in the child or expectant mother being dropped from the program. The following process will be followed in this situation:

1. Home Based Educator will contact the family to reschedule all missed visits. Visits should be rescheduled for the same week they were originally scheduled. (Reminder: visits cancelled by the Home-Based Educator MUST be made up, visits cancelled by the parent must be attempted to be made up)

2. After three unexcused missed visits, the Home-Based Educator will contact the parents to see if there is a scheduling problem and try to help the family resolve the problem, they will continue to attempt to schedule make up visits.

3. After the contact, if the next scheduled home visit is missed unexcused and the Home-Based Educator has made numerous documented attempts to contact the family, within one week, a letter will be sent by the Head Start Director to the family stating that they must contact the Home-Based Educator or ERSEA Coordinator within 7 days, or risk being dropped from the program.

4. If the family does not make contact within the 7 days, they may be dropped from the program or moved to the wait list, depending on the family's circumstances.

5. If a family is on an extended leave, the Home-Based Educator must be notified in advance, or the child risks being dropped from the program. If a family/child is on extended leave for longer than 3 weeks, the program may consider the spot vacant and fill the opening.

Notes:

- If socialization is cancelled by the Home-Based Educator for any reason, it must be made up. (EHS Home Based must offer a minimum of 2 socializations per month).
- Make up visits have the same requirements as original visits and must be 1.5 hours in length.

No Show: A no show occurs when the HBE arrives for a scheduled home visit and the parent is unavailable to participate without notifying the staff member in advance.



WELCOME TO HEAD START

- Name of child is given to Family Advocate. Family Advocate then calls parents and verifies they are still interested and lines up a home visit.

- Family Advocate and classroom teacher make home visits together. Items on home visit check sheet are completed.

- Beginning of Year Orientation/Meet-The-Teacher is arranged by teachers and Family Advocates based on the location. During the year, it will be done at the home visit. Items on the parent orientation check sheet must be completed.

- Transition activities for the year are on the transition suggestion sheet. These are suggestions and not meant to be all-inclusive. Each classroom is different, depending on individual need.

SLANDER (Policy 113)

Head Start/Early Head Start will strive to maintain positive, respectful, and professional relationships with children, parents, families, community partners, and the community as a whole. Staff are expected to conduct themselves in a manner that supports the program's mission, maintains public trust, and reflects positively on New Opportunities, Inc. and the Head Start/Early Head Start program.

PROCEDURE FOR IMPLEMENTATION

The program will address participant conduct that negatively impacts the safety, well-being, dignity, or effective operation of the Head Start/Early Head Start program. Examples of prohibited conduct may include, but are not limited to:

A. Knowingly spreading false information or malicious rumors concerning children, families, staff, or the Head Start/Early Head Start program.

B. Making defamatory, threatening, harassing, or otherwise inappropriate statements concerning children, families, staff, or the Head Start/Early Head Start program, including through social media or other electronic communication.

C. Knowingly providing false information to the program or misrepresenting information related to program participation.

D. Theft, attempted theft, or unauthorized removal of property belonging to the program, staff, children, families, or other participants.

E. Other conduct that violates New Opportunities, Inc. policies, Head Start/Early Head Start requirements, or applicable laws.

Response to Violations

1. The Center Supervisor and/or Head Start/Early Head Start Director will review the concern and, when appropriate, discuss the issue with the participant.
2. When a violation is substantiated, the program will determine appropriate corrective action based on the nature and severity of the violation. Corrective action may include a verbal or written warning, meeting with program administration, a written agreement outlining expectations, temporary suspension of participation, or termination of program participation.
3. Before suspension or termination is imposed, the participant will be informed of the concern and provided an opportunity to respond, consistent with applicable New Opportunities, Inc. policies and procedures.
4. When suspension or termination is being considered, the participant will receive written notification of the decision, the reason for the action, the effective date, and any applicable opportunity to appeal or request review.
5. Serious violations, including theft, threats, violence, harassment, or conduct that places children, families, staff, or others at risk, may result in immediate action, including suspension or termination, as permitted by applicable policy and program requirements.
6. Documentation of significant conduct concerns and actions taken will be maintained in accordance with agency recordkeeping requirements.
7. Policy Council will be informed of significant participant conduct matters and program actions as required by applicable policy, while maintaining appropriate confidentiality regarding individual families and participants.



WEATHER (Policy 101)

Head Start Center- When the schools in the town where the center is located are closed to due to inclement weather, Head Start will also be closed.

Early Head Start- Early Head Start home based educators will call families to cancel if weather does not permit a visit. This will be determined on a case by case basis and is not dictated by the closure of Head Start or Early Head Start centers.

Early Head Start Center- Early Head Start staff will notify families in the event the center is closed/closing due to inclement weather. Closure of the Early Head Start centers is not dictated by the closure of Head Start/School District and will be determined on a case-by-case basis.

PROCEDURE FOR IMPLEMENTATION

In times of questionable weather, buses may or may not run routes, depending on road conditions (even though centers may be operating). Information about Head Start/Early Head Start center closings can be found on your local radio & TV stations and/or websites.

CLASSROOM/HOME BASED STAFF POLICY COUNCIL RESPONSIBILITIES

The Family Advocate or Home Based staff are responsible for the following as related to the Policy Council:

1. In August/September with the assistance of the Family Advocates and Home Based Educators, centers and home-based parent committees are to elect Policy Council representative(s). Home Based Educators and Family Advocates will visit with parents of enrolled children about becoming involved in Policy Council. Once a list of those interested parents has been compiled in each center, a vote of all parents will be conducted at parent orientation or by ballot.

2. Once the Policy Council members approve the meeting minutes, the minutes will be posed on the New Opportunities website for families to access. A QR code will also be posted in the parent areas at all Head Start and Early Head Start locations; Families can scan the QR code to access the meeting minutes. The minutes will remain available on the website for families to view at any time.

3. The Family Advocate/Home Based Educators are responsible for assisting, if necessary, the parent in attending the Policy Council meeting. Centers who are geographically close are encouraged to rotate this responsibility.

PARENT AND COMMUNITY CONCERNS

"Community" in the context of this process is defined as families of enrolled children and other local residents. Complaints about the Head Start program will be approached in an orderly, objective manner that follows logical steps.

A. A person, either parent or community member with a complaint, should first talk with the Head Start staff person most directly involved with the problem in an attempt to satisfy the complaint and avoid future problems. Persons with complaints about the Head Start program will be asked to complete the New Opportunities, Inc., Head Start Parent/Community Issues or Concerns Form (see attached). The complaint or concern may be made by phone, in which case the Head Start staff person will complete the form and read it back to the person complaining to ensure its accuracy. The first Head Start staff member to hear a complaint will respond to the complaint within **five (5)** working days.

B. If complainant is not satisfied with the response of the Head Start staff person, s/he may talk with the Center Supervisor or the appropriate Component Coordinator for the issue. A written issue/concern form should be given to the Center Supervisor or Component Coordinator, along with a brief description of the meeting by the Head Start staff person involved. This next level staff person will respond to the complaint within **five (5)** working days.

C. If satisfaction is not obtained, the person may take the complaint to the Head Start Director, who will schedule a meeting with the Policy Council Chairperson and the person with the complaint.

   Again, the issue/concern form and description of what has happened so far should accompany the transfer of the issue/concern to central office. The Head Start Director will respond to the complaint within **three (3)** working days.

D. If the issue is not resolved at this level, the person may request a meeting with the Executive Director. All information pertaining to the complaint will be given to the Head Start Director. The Executive Director will respond in writing within **two (2)** weeks.

At each level, alternatives for resolving the problem and who would be the most appropriate person(s) for implementing the suggestions will be determined and agreed upon. Actions decided on to resolve the complaint may go to Center Supervisor, the Component Coordinator, the Parent Center Committee, or to the full Policy Council, if the issue is a program-wide concern.

NOI HEAD START
PARENT/COMMUNITY COMPLAINT CONCERN FORM

Complaint/Concern:

Signature

Date

Address

Telephone Number

Center/Option Child Attends

Please mail or bring to a Head Start staff person, Head Start Education Coordinator, Early Head Start Coordinator, Center Supervisor, Nutrition Coordinator, or Health Coordinator:

Head Start Director
23751 Hwy. 30 E.
Carroll, IA 51401

Office Use Only:

Date Received

Follow up staff signature and date

Follow Up:

Approved by the Policy Council July 10, 2006 Reviewed 8/2026.



POLICY COUNCIL

Q: **What is Policy Council?**
A shared decision-making body of the Head Start Program in accordance with the Federal Performance Standards. The Policy Council works in partnership with key leadership staff and the governing body to develop, review, and approve or disapprove certain policies and procedures; serve as a link to the Parent Committee, governing and community and assist Parent Committees.

Q: **Who may sit on the Policy Council?**
Parents and legal guardians of children are currently enrolled in Head Start or Early Head Start, former Head Start parents and community agency representatives.

Q: **I have children enrolled at a Head Start center. How can I be elected?**
Express your interest in the position to parents at your center. Ask them to vote for you. If you receive the majority votes, you are elected.

Q: **How long may I serve on the Policy Council?**
Five (5) year's total. You must be re-elected each year.

Q: **How often does the Policy Council meet?**
Once per month. With the exception of June, July, and November. Special meetings may be called to address urgent business.

Q: **Will I receive training?**
Absolutely. In addition to written materials, the Head Start Director conducts or arranges trainings to help you carry out your role as a Policy Council member.

Q: **I have a child younger than my Head Start child. Is childcare available when I attend meetings? Do you provide mileage reimbursement?**
The agency generally does not provide childcare at the meeting. If you secure your childcare provider offsite, the agency will reimburse the cost

not to exceed a certain amount. The Agency does provide mileage reimbursement at the approved Agency rate.

Q: **When will I receive the reimbursement?**
The Policy Council Coordinator will submit a request for a check to be issued in your name. The amount is based on the approved expenses you incurred during the month. You should receive a check in the full amount no later than 10 working days after the end of that month.

Q: **Will I travel?**
Perhaps, the Policy Council may travel to Des Moines; usually in November to the Iowa Head Start Parent Leadership Conference. Other opportunities are available if you are selected by the members to attend. All expenses are paid including transportation, meals, lodging and childcare.

Q: **This sounds exciting - when does the work begin?**
There is a lot of serious and worthy work in making major decisions about the program.

- You must talk regularly with the parents at your center to hear their viewpoints and concerns.
- You must attend your Policy Council meetings and review and discuss information to make informed decisions.
- You must actively participate by asking questions, sharing your opinion, and making recommendations.
- You must be prepared to cast your vote.

Q: **Will my participation on the Policy Council open the door to other opportunities?**
Your involvement in the Policy Council gives you the opportunity to meet new people, experience new places, learn about your community, and use your skills in meaningful ways. These experiences can open the door to new opportunities for both personal and professional growth.
JOIN THE POLICY COUNCIL AND SEE WHERE IT CAN TAKE YOU!



HEALTH AND MENTAL HEALTH SERVICES ADVISORY COMMITTEE (HMHSAC)

Q: **What is the Health and Mental Health Services Advisory Committee?**
The Health and Mental Health Services Advisory Committee is an advisory group that brings together staff, parents, and local health care providers to talk about the planning, operation, and evaluation of the health services in each Head Start program.

Q: **Who may sit on the Health and Mental Health Services Advisory Committee?**
Parents, Head Start Staff, Nutritionists, Dental Hygienists, Dentists, Doctor, AEA Staff, Public Health Staff, Mental Health Staff, Child Health Staff, Chiropractors, and any other representatives interested in the successes of children's health.

Q: **How can I join?**
Express your interest in joining the Health and Mental Health Services Advisory Committee to your assigned Family Advocate or Home Based Educator.

Q: **How often does the Health and Mental Health Services Advisory Committee meet?**
The level of commitment you have is based on your comfort level and availability. There is no minimum level of commitment assigned by Head Start. You will receive an email at least twice a year in the summer and in the fall. The summer email will include our policies and procedures should you choose to read and offer suggestions. Our Fall email will include our Annual Report for you to review should you wish to. We will meet in person or via zoom annually.

Q: **Will my participation on the Health and Mental Health Services Advisory Committee open the door to other opportunities?**
Your involvement gives you the opportunity to learn new information, meet a variety of people, visit new places, and use your skills in meaningful ways. These experiences can open your eyes—and doors—to

many opportunities for personal and professional growth. Plus, serving on the committee is a great addition to your resume!



TRANSPORTATION

New Opportunities, Inc. Head Start/Early Head Start is committed to providing safe and reliable transportation for children at designated centers. Transportation may be provided through contracted school districts, area transit systems, or other approved transportation providers. Transportation is not required or available for all children, and families may choose to self-transport when transportation is not provided.

Transportation – Parent Responsibilities and Safety

Parents/guardians of children receiving Head Start transportation are responsible for following all transportation policies and procedures to help ensure the safety of all children.

- **Supervision and Pick-Up:** A parent/guardian or authorized adult must accompany the child to and from the bus. Children must be ready at their scheduled pick-up and drop-off times. The bus will wait no more than **three minutes** at each stop.

- **Authorized Adults:** Children will only be released to adults listed on the child's Head Start Pick-Up Permission Form or Emergency Contact Form. The authorized adult must present **photo identification** and sign for the child when required.

- **Current Information:** Parents/guardians must keep emergency contact and pick-up information current. Changes can be made through the Family Advocate or teacher.

- **Bus Safety:** Children must remain seated, properly buckled, and follow the directions of the bus driver and bus monitor. Dangerous or disruptive items are not permitted on the bus. Eating and drinking are not allowed.

- **Attendance and Absences:** Parents/guardians must notify the bus driver or bus monitor when their child will not be riding the bus, including planned absences. If a child misses the bus, the parent/guardian is responsible for transportation to the classroom. Transportation may be discontinued after **three consecutive days without notification**.

- **Behavior:** Children are expected to follow bus safety rules. Continued unsafe or inappropriate behavior may result in temporary or long-term suspension of transportation services. Parents/guardians will be notified when transportation concerns arise.

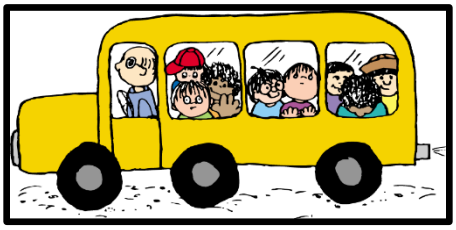
- **Transportation Changes or Cancellations:** Transportation may be delayed, limited, or cancelled due to severe weather, unsafe conditions, or other unforeseen circumstances. Families will be notified when possible.

- **Child Care Providers:** If a child is being received by a childcare provider, the provider must be listed on the child's Head Start Pick-Up Permission Form and provide photo identification when receiving the child.

- **School Transportation:** When school district transportation is used, families and children must follow the applicable school district transportation policies and procedures.

Head Start transportation is not available to all children. Transportation services vary by location and may be provided through school districts or contracted transit systems. Families may also be responsible for providing transportation when Head Start transportation is unavailable or not provided. For more information refer to policies 401-403 in New Opportunities Head Start Policies and Pro

School district policy and procedure will be utilized for all Head Start classrooms residing within that district.



PARENTS SELF-TRANSPORTING POLICY

The Head Start/Early Head Start program will not and is not required to transport any children within the program. In town parents are encouraged to set up carpooling with other parents on their own. If busing is not available in out-of-town areas, parents may be asked to consider self-transportation of their child to

and from the classroom.

TRANSPORTATION AND PEDESTRIAN SAFETY

The safety of all Head Start children and families are of the utmost importance.

Head Start provides training for parents and children in transportation and pedestrian safety throughout the school year.

All Head Start children will receive transportation and pedestrian safety education in the following areas:

1. Safe riding practices.
2. Safety procedures for boarding and leaving the vehicle
3. Safety procedures in crossing the street to and from the vehicle at stops.
4. Recognition of the danger zones around the vehicle; and
5. Emergency evacuation procedures, including participating in an emergency evaluation drill conducted on the vehicle the child will be riding. A total of two evacuation practices will take place during the school year. The first of these are completed within the first thirty days of school.

The agency will also provide training to the parents:

1. Understanding the importance of escorting their children to the vehicle stop and the importance of reinforcing the safety rules to children regarding vehicle safety; and
2. Compliments the training provided to their children so that safety practices can be reinforced both in Head Start and at home by the parent.

Protect yourself and your family by doing these things:

Walk on the Sidewalk

- Stay on the sidewalk and crosswalks. Avoid walking in traffic where there are no sidewalks or crosswalks.
- If you must walk on a road that does not have sidewalks, walk facing traffic.

Cross at Intersections

- Most people are hit by cars when they cross the road at places other than intersections.

Look left, right, and left for traffic

- Stop at the curb and look left, right, and left again for traffic. Stopping at the curb signals drivers that you intend to cross. Cross in marked crosswalks and obey the signal.

See and Be Seen

- Drivers need to see you to avoid you.
- Stay out of the driver's blind spot.
- Make eye contact with drivers when crossing busy streets.
- Wear bright colors or reflective clothing if you are walking near traffic at night.
- Carry a flashlight when walking in the dark.
- Do not let kids play near traffic or cross the street by themselves.
- Kids are small, and drivers may not see them if they run into the street.

Watch the kids

- Children should not cross streets by themselves or be allowed to play or walk near traffic.
- Kids are small, unpredictable, and cannot judge vehicle distances and speeds.
- When kids get older, teach them three things to do before they cross the street:
- Try to cross at a corner with a traffic light.
- Stop at the curb.
- Look left, right, and then left again to make sure no cars are coming.



Employee Record Checks and Evaluations (Policy 124)

For all potential employees, Head Start will conduct a pre-employment background check, including state criminal history and child abuse/dependent adult abuse according to the Iowa Department of Health and Human Services Child Care Licensing rules. A Federal background check will be completed on all new hires according to the licensing rules. The child abuse and state criminal record check shall be repeated at a minimum of every two years or when the center becomes aware of any transgressions. Federal background check will be

completed at a minimum of every 4 years. Each employee will sign an employee statement regarding criminal activity and child/dependent adult abuse yearly.

PROCEDURE:

State and Federal background checks are required prior to hire. A state and federal background check will be conducted on all regular volunteers. Volunteers are never to be left alone with children. Individuals are prohibited from involvement with childcare when they have the following convictions or founded abuse reports:

- Founded child or dependent abuse that was determined to be sexual abuse.
- Placement on the sex offender registry.
- Felony child endangerment or neglect or abandonment of a dependent person.
- Felony domestic abuse.
- Felony crime against a child including by not limited to sexual exploitation of a minor.
- Forcible felony.

Reporting of Child Abuse (Policy 213)

All Head Start/Early Head Start employees are mandatory reporters of child abuse and will adhere to Iowa Law. To report child abuse, call 1-800-362-2178. If you believe a child is in imminent danger, call 911 immediately.

PROCEDURE:

If field staff observes injuries or behaviors that may indicate child abuse of any category (Physical Abuse, Mental Injury, Sexual Abuse, Child Prostitution, Allows Access to a Registered Sex Offender, Beastiality in the Presence of a Minor, Dental of Critical Care, Presence of Illegal Drugs, Manufacturing or Possession of a Dangerous Substance, and/or Allows Access to Obscene Material) it is the personal responsibility of the person with the closest involvement to report the incident to the Department of Human Services. If they have questions about options or need help in making the determination, they are to contact the Center/Site Supervisor for clarification. All observations which may lead to reporting of child abuse should be documented in a confidential case note.

Oral Report:

- First responsibility is to the child; parents may be called for additional information after the report is made.

- Call Health and Human Services (HHS) as soon as abuse is suspected. The law states oral reports to HHS must be made **within 24 hours.** Oral reports shall contain the following information, or as much thereof as the person making the report is able to furnish.
    - The names and home address of the child and the child's parents or other persons believed to be responsible for the child's care.
    - The child's present whereabouts, if not the same as the parent's or other persons home address.
    - The child's age.
    - The nature and extent of the child's injuries, including any evidence of previous injuries.
    - The name, age, and condition of other children in the same home.
    - Any other information which the person making the report believes might be helpful in establishing the cause of the injury to the child, the identity of the person or persons responsible for the injury, or in aiding the child. (This includes the identities of other mandatory reporters having relevant information).
    - The name and address of the person making the report.

- Call your supervisor immediately upon report of abuse to Health and Human Services (HHS).

- Although no longer required by Health and Human Services (HHS), a written report will be completed by staff as documentation for our program and turned into their supervisor. The written report will be sent to central office and filed in the Confidential Lock Box. A confidential case note in the PIMS (Program Information Management System) or on a contact sheet may also be written as applicable.

- Send a copy of the mailed Notice of Intake Decision and/or results of the investigation to your supervisor. The report will be filed in the confidential lock box.

- If staff have any questions regarding abuse reporting, call Central Office.

When in doubt…

If you are unsure whether or not to report the incident, contact Health and Human Services (HHS), describe what you have seen or heard, and let them determine whether or not you need to make a formal report. Document your call, including the name of the Case Worker at Health and Human Services (HHS), and their recommendation. You can also contact your supervisor for help.



ACCESS POLICY (Policy 126)

Access to Head Start/Early Head Start children will be limited to authorized individuals who have completed required background checks and approvals. Visitors, contractors, volunteers, and other unauthorized individuals must be supervised by program staff and may not provide childcare or be left alone with children.

PROCEDURE:

1. Any person in the classroom/center who is not an owner, staff member, substitute, or contracted staff or volunteer who has had a record check and approval to be involved with childcare shall not have "unrestricted access" to children for whom that person is not the parent or guardian nor is counted in the staff to child ratio.
    - "Unrestricted access" means a person who has contact with a child alone or is directly responsible for childcare.
    - It is imperative that classrooms not allow people who have not had a record check assume childcare responsibilities or be alone with children. This directly relates to both child safety and liability to the program.

2. Persons who do not have unrestricted access will be under the direct supervision and monitoring of a paid staff member at all times and will not be allowed to assume any childcare responsibilities. The primary responsibility of supervision and monitoring will be assumed by the teacher unless he/she delegates it to the teacher assistant or program aide.

3. Classroom staff will approach anyone who is on the property of the center/facility without their knowledge and ask what their purpose is. If staff is unsure about the reason, they will contact their supervisor or another leadership staff to get approval for the person to be on site. If it becomes a dangerous situation, staff will follow the "If Stranger/Intruder enters your classroom" procedure. Non-agency persons who are on the property for other reasons such as maintenance, repairs, etc. will be monitored by paid staff and will not be allowed to interact with the children on the premise.

   ***Please note- Head Start classrooms that have shared programs with school districts will follow the School District's Access Policy.

ACCESS POLICY FOR SEX OFFENDERS (Policy 127)

According to Iowa law, Sex Offenders with a sex offence against a minor who are required to register on the Iowa Sex Offender Registry (From Iowa Code 692A), shall not operate, manage, be employed by or act as a contractor, or volunteer at a childcare center. Under Iowa law and DHS Licensing Regulations, Head Start/EHS Classroom/Centers are considered to be a childcare center.

PROCEDURE:

Sex offenders who have been convicted of a sex offense against a minor shall NOT be on the property of the Head Start/EHS Classroom/Center without the written permission of the Head Start Director, except for the time reasonably necessary to transport the offender's own minor child or ward to and from the center. This also applies to parents in relation to their own children. The Head Start Director will consult with the DHS license consultant when considering granting written permission. Written permission must include the following elements:

1. The precise location in the classroom/center where the sex offender may be present.
2. The reason for the sex offender's presence at the facility.

3. The duration of the sex offender's presence.
4. Description of the supervision that the classroom/center staff will provide the sex offender to ensure that no child is alone with the sex offender.

The written permission will be signed and dated by the Head Start Director and sex offender. A copy will be kept in the Center Licensing file

HEAD START/EARLY HEAD START ENROLLMENT POLICY

Head Start/Early Head Start programs make every attempt to enroll children who and families that are at the 100% poverty income guidelines or below. Electronic applications can be started online on the New Opportunities website (www.newopp.org). Once submitted a family advocate will reach out to the family to complete the rest of the electronic application. Income verification is necessary. No fees are charged to enter the Head Start/Early Head Start program. Center based - preference is given to a child who will be four by September 15th of that year. Children with disabilities are welcomed in the NOI Head Start/Early Head Start program and at least 10% of the program's enrollment is available to children with disabilities. Children are selected based off specific criteria. The children not enrolled are placed on a waiting list. Federal guidelines allow us to accept some children who are above the Federal poverty guidelines. A current physical, immunization record (Documentation of a valid Certificate of Immunization Exemption (Religious or Medical) or Provisional Certificate of Immunization may be submitted in lieu of a Certificate of Immunization.), emergency release/pick-up permission form must be maintained on each child accepted into the program.

FIELD TRIPS

To enrich our curriculum, spark the child's interest, and provide an opportunity for children to practice and develop social skills in a variety of settings, field trips may be included in our program. All parents will be notified of each scheduled field trip. Written permission using the Head Start Field Trip Permission Form will be obtained from the parent/guardian for each trip. Parents are encouraged to attend with their child; however, they may need to provide their own transportation due to limited seating on the bus. Private vehicles can only be used by parent or authorized people to transport their own children. No other Head Start children may ride in that private car. To ensure safety a minimum of three adults will be required to meet staff ratio requirements. Refer to Policy 502 in the Handbook for more information.

EMERGENCY PLANS

Each center has their own plan in the event of an emergency (i.e., fire, tornado, etc.). These individual plans will be reviewed with each parent during the first two days of class or enrollment orientation. Families that enroll during the school year will be given this information at the first home visit prior to the child's first day of class. All emergency plans are posted in the center. Refer to Policy 229 in the Handbook for more information.

New Opportunities, Inc., Head Start/Early Head Start
The Involvement and Rights of the Noncustodial Parent

At enrollment or the first home visit, single parents will be asked about the child's relationship with the noncustodial parent. Explanation of legal status (joint or shared custody, termination of parental rights, or restraining orders) through placement of a copy of the legal document in the file. Staff should note on the document if the parent provided it and have them sign their name. Other means of obtaining the document require a release.

Parents are to be reminded that Head Start/Early Head Start will only refuse to release the child to the noncustodial parent or designee if there is a copy of a current restraining order or termination of parental rights on file at the center.

If the noncustodial parents is, or has the potential to be, involved with the child, the other parent and his or her designees should automatically be put on an emergency release form unless we have legal documentation prohibiting such involvement. One parent does not have the right to determine whether Head Start/Early Head Start staff may list the other parent and his or her designees on the emergency release form.

The other custodial parent will be contacted to encourage participation with their child in the Head Start/Early Head Start program and ask if they want to receive information or services.



Tobacco Free and Nicotine Free (Policy 224)

In order to maintain a safe and healthy environment for children, families, and staff, all properties of New Opportunities Head Start as well as vehicles used to transport children are tobacco free and nicotine free. Smoking or other use of tobacco/nicotine or other tobacco-like products is strictly prohibited at any time on Head Start property (inside or outside any Head Start facility) as well as in any vehicle while on Head Start property. Examples include but are not limited to the following: Cigarettes, electronic cigarettes, cigars, pipes, chewing tobacco, vapes and any new/emerging tobacco/nicotine product or simulated smoking device. Nicotine replacement therapies approved by FDA are not prohibited. All employees, students, visitors, vendors, contract workers, volunteers or any person coming on Head Start property must comply with this policy. All staff and volunteers are prohibited from wearing clothing that smells of smoke when working. For more information view New Opportunities Tobacco/Nicotine Free policy maintained in the Human Resources Policies and Procedure Manual.

CONFIDENTIALITY (Policy 115)

Employees will protect the confidentiality and privacy of children, families, staff, and other individuals served by New Opportunities, Inc. Information contained in records, obtained through program activities, or shared through discussions will be accessed, used, and disclosed only as authorized by law, regulation, agency policy, or applicable consent requirements.

PROCEDURE:

1. The fact that an individual or family is or has been served by New Opportunities, Inc. is confidential information. Staff will not disclose whether an individual or family is receiving or has received services unless the disclosure is authorized.
2. Staff will not disclose confidential or personal identifiable information (PII) to unauthorized individuals, whether inside or outside the agency.
3. Information may be disclosed when authorized by the individual or parent/guardian, when permitted or required by applicable law or regulation, or when necessary to carry out an authorized program or agency function.
4. Staff receiving requests for confidential information from individuals or organizations outside the agency will refer the request to their supervisor or other designated authorized personnel. Staff will not independently confirm or deny whether an individual or family is or has been served by the agency.
5. Information requested by telephone will not be released unless the caller's identity and authorization to receive the information have been appropriately verified.

6. When a written release of information is required, the release will be explained to the individual or parent/guardian and completed and documented before information is disclosed, consistent with applicable requirements.
7. Staff will discuss participant information only with individuals who have a legitimate need to know the information for the purpose of carrying out their assigned responsibilities.
8. Staff will maintain confidentiality both during and after their employment with New Opportunities, Inc. All employees will complete and sign the agency's confidentiality acknowledgment as required.
9. Records containing confidential or sensitive information will be stored and maintained in a secure manner that prevents unauthorized access, use, disclosure, alteration, or loss.
10. Records related to suspected child abuse or neglect will be maintained securely and handled in accordance with applicable laws, regulations, and New Opportunities, Inc. policies and procedures.
11. Individuals requesting access to their records will follow the applicable New Opportunities, Inc. Head Start/Early Head Start Confidentiality Policy and Procedures.
12. When PII is disclosed under circumstances permitted by applicable requirements, the disclosure will be documented as required, including the information disclosed, the individual or entity receiving the information, the date of disclosure, and the purpose or basis for the disclosure. Required documentation will be maintained in accordance with applicable record-retention requirements.
13. Outside agencies or individuals authorized to inspect records must comply with applicable confidentiality, privacy, and record-access requirements. Any copying, note-taking, photography, or removal of records must be authorized and conducted in accordance with agency policy and applicable law.
14. Staff will immediately report suspected unauthorized access, use, or disclosure of confidential information to their supervisor or designated agency personnel.



EARLY HEAD START POSITIVE GUIDANCE AND BEHAVIOR POLICY (Policy 523)

POLICY 523

New Opportunities, Inc. Head Start is committed to using the Positive Behavior Intervention and Support (PBIS) system when teaching young children how to

manage their own behavior. Child guidance and classroom management decisions will promote positive social skills, foster mutual respect, strengthen self-esteem, and support a safe environment.

PROCEDURE:

Staff may only use positive methods of discipline that encourage self-esteem, self-control, and self-direction. The Positive Behavior Intervention and Support System (PBIS) will be implemented into each classroom. It will be discussed with each family at the first home visit and/or parent orientation and parent meeting. Staff will be expected to follow the Positive Behavior Intervention Support System (PBIS) philosophy and tier intervention model.

1. Tier 1 Interventions are large group strategies and include but are not limited to:

a. Consistently teaching and enforcing classroom rules and expectations along with posting visuals of those expectations. The posted rules will also be consistent with New Opportunities, Inc. (N.O.I.) Head Start policies and procedures including health and safety policies.

b. Creating opportunities to build relationships with children, families, and staff.

c. Providing a social emotional literacy curriculum. The curriculum will be taught in a structured environment, and children will be given ample opportunity to practice skills they are being taught.

d. Establishing classroom preventative practice in order to establish safe traffic patterns and boundaries within the classroom.

e. Communication and visuals of the daily routine and creating structured transitions.

f. Staff have self-awareness of their response to challenging behaviors from students as well as the ability to work effectively with co-workers.

2. Tier 2 Interventions are small group strategies, and include but are not limited to:

a. Providing a social emotional literacy curriculum and giving the opportunity to practice skills in a smaller group setting.

b. Designating a "safe spot" or "calm down corner" in all classrooms in order to aid with self-regulation. Students will be instructed and routinely reminded on how to utilize this spot effectively. This spot can include calming activities and a

comfortable place for the student to sit. This spot does not serve as "time out."
c. Equipping all classrooms with a "solutions kit." This kit offers visuals providing options of how to solve a problem. Students will be instructed on how to utilize problem solving skills and given opportunities to practice solving problems. Students will initially be guided through these steps and staff will continue to encourage independent problem solving.
d. Directing students through social skills including but not limited to problem solving, peer relationships, and communication skills.
3. Tier 3 Interventions are individualized strategies that include but are not limited to:

a. Behavior that is chronically unacceptable and assessment is needed. This support includes a referral process for further assessment and additional services through AEA. (See Referral Policy 544).

b. All behaviors have a reason, working to find the reason for a behavior helps us to be proactive with individualized strategies.
Individual strategies begin with data collection. Data collection begins with Behavior Incident Report (BIR). These are completed on the occasion a student presents serious disruptive behavior in the classroom with potential to injure themselves or others. (See appendix A for BIR form and additional instructions.)

Once approximately 5-10 BIR's are collected on a student and sent to the Mental Health Coordinator, the child will be staffed by the student success team who will work with the classroom staff to implement new strategies for the child.

In order to reinforce high quality practices, a trained individual will use the "Teaching Pyramid Observation Tool for Preschool Classrooms" (TPOT) throughout the school year to measure how well teachers are implementing the 3 Tiers (source: TPOT Brookes Publishing).

A complete list of skills and indicators is found in the "Inventory of Practices for Promoting Social Competence." PBIS will be supplemented within the classroom by the Social Emotional Curriculum.

Immediate Response to Serious Disruptive Behavior

Occasionally a child may exhibit behavior that has the potential to injure her/himself, or others. All Head Start classrooms will have a plan for Serious Disruptive Behaviors that will include the following:
- Ensure the classroom has a safe, quiet place for self-regulation with adult supervision. If a child is exhibiting behaviors that are calling for help, a staff

member will need to help the child enter the safe place with structure.

- Utilize the classroom PBIS tool kit provided. Tools from the kit that can be used with children exhibiting serious disruptive behavior include self-regulation books, breathing exercises, Tucker the Turtle, emotions cube, stop/go signs, social stories, etc.

- Provide, at child level, one on one positive emotional support. Examples include a hug, hand on shoulders, reading a social story, etc.

- Once the child has calmed down, discuss with the child appropriate ways to respond to emotions.

When a child displays serious disruptive behavior in the classroom, in addition to using the above strategies, the staff will:

- Notify the Center Site Supervisor

- Complete a BIR

- Make every possible effort to notify the child's parents of the incident by a home visit or phone call at the end of the day.

- Submit completed BIR to central office.

** There will be no harsh, cruel, or unusual treatment of any child in the N.O.I. Head Start/Early Head Start program. The following types of discipline and guidance are **PROHIBITED**:

- Corporal punishment, emotional or physical abuse, humiliation, or any discipline that involves isolation or denial of a child's basic needs. This includes public or private humiliation, rejecting, ridiculing, terrorizing, extended ignoring, corrupting, or yelling at a child.

- Binding or tying a child to restrict movement or taping a child's mouth.

- Using food as a reward or punishment.

- Using toilet learning/training methods that punish, demean, or humiliate a child.

- Using any form of verbal abuse, including profane, sarcastic language, threats or derogatory remarks about the child or child's family.

- Using outdoor time or physical activity as a punishment or reward.

- Any punishment associated with food, naps, or toileting.

- Pinching, shaking, or biting a child.

- Hitting a child with a hand or instrument.

- Putting anything in or on a child's mouth.

- Placing a child in a locked or dark room, bathroom, or closet with the door closed.

- Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

- Restraining a child into a chair by the use of scarves, belts, etc.

Handle with Care (Policy 556)
The safety and well-being of children and staff is our highest priority. Our program uses a positive, supportive approach to help children manage challenging behaviors and emotions. Staff members have received training in Handle with Care, a safety-based approach that includes strategies for preventing and responding to situations in which a child may be at risk of harming themselves or others. Whenever possible, staff will first use prevention, redirection, calming strategies, verbal support, and other positive approaches. Following an emergency situation, staff will provide appropriate support to the child and follow program procedures for documentation, communication, and follow-up. Families can be assured that Handle with Care training is intended to help our staff respond calmly, safely, respectfully, and appropriately during rare situations when immediate action is necessary.

The purpose of this policy is to ensure the safety, dignity, and emotional well-being of all children, staff, and families by establishing clear expectations regarding the use of intervention with children. This policy aligns with the Handle with Care philosophy, emphasizing prevention, de-escalation, and trauma-informed practices. Physical intervention is considered a last resort and must always be used in the least restrictive, safest manner possible. Our program is committed to:

- Building trusting, nurturing relationships with children
- Recognizing behavior as a form of communication
- Understanding the impact of trauma on behavior and development
- Using proactive, preventative strategies to reduce escalation
- Maintaining a safe and supportive learning environment for all

PROCEDURE

We believe that all children deserve to be treated with respect and compassion, even during moments of distress. Staff will not use physical intervention except in situations where a child's behavior poses an **immediate risk of serious physical harm** to themselves or others and all less restrictive interventions have been attempted and failed.

Prohibited Practices

All staff will abide by the program's Code of Conduct. Under no circumstances will staff:

- Use corporal punishment (e.g., hitting, spanking, shaking)
- Use physical intervention as discipline, punishment, or retaliation
- Use restraint for staff convenience or due to lack of staffing
- Use any technique that restricts breathing, circulation, or communication
- Use seclusion or isolate a child in a locked or confined space
- Use humiliation, threats, or verbal aggression

Prevention and De-escalation Requirements

Prior to the use of any physical intervention all staff are expected to:

- Use positive behavior supports and PBIS strategies
- Recognize early signs of escalation
- Implement calming strategies (e.g., redirection, sensory support, offering choices)
- Maintain a calm, non-threatening presence
- Utilize relationship-based approaches to support regulation

Permissible Use of Physical Intervention

Physical intervention may only be used when:

1. A child is at imminent risk of harming themselves or others AND
2. All preventative and de-escalation strategies have been attempted or are not feasible.

When physical intervention is necessary:

- Only trained staff may implement approved techniques
- The least amount of force necessary must be used
- The intervention must last only as long as necessary to ensure safety
- The child must be continuously monitored for physical and emotional well-being
- Only staff with a direct relationship with the child may implement Handle with Care techniques.

Approved Techniques

Staff trained in physical interventions aligned with Handle With Care may use:

- Protective holds designed to prevent injury without causing pain
- Blocking or guiding movements to maintain safety
- Escorting a child to a safer location when appropriate

At no time should a child be placed in a prone (face-down) or supine (face-up) restraint.

Post-Incident Procedures

Following any use of physical intervention:

1. **Ensure Safety and Recovery**
    - Check for injuries (child and staff)
    - Provide emotional support and reassurance to the child
2. **Notification**
    - Notify Center Supervisor immediately.
    - Center Supervisor will contact Mental Health Coordinator or Education/Disabilities Coordinator by phone as soon as possible.
    - Verbally inform parents/guardians the same day. Exceptions may be made by Center Supervisor and program Director.
3. **Documentation**
    - Complete an incident report by end of day
4. **Debriefing**
    - Conduct a debrief with staff, Center Supervisor, Mental Health Coordinator, and Education/Disabilities Coordinator to review the incident within one week of the event
    - Identify preventative strategies for the future
5. **Follow-Up Planning**
    - Update or create behavior support plans as needed

Training Requirements

- Staff certified in approved intervention techniques will receive annual training in:
    - Handle With Care techniques
    - Positive behavior support strategies

Accountability and Monitoring

- All incidents involving physical intervention will be reviewed by administration
- Patterns of use will be monitored to ensure compliance and identify training needs
- Failure to adhere to this policy may result in disciplinary action

Family Communication

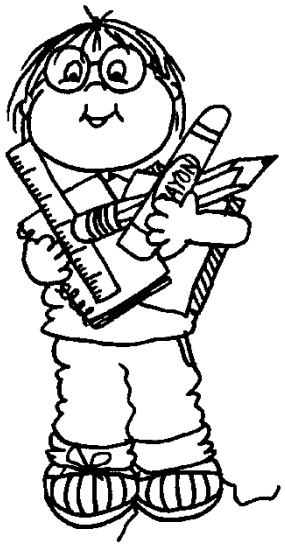
Families will be:

- Informed of this policy upon enrollment
- Notified promptly of any incident involving their child
- Included in planning for behavioral supports when needed

Commitment to Continuous Improvement

This program is committed to reducing and eliminating the need for physical intervention through:

- Ongoing staff development
- Reflective supervision
- Data-driven decision-making
- Strong family partnerships



POLICY 544

EARLY HEAD START HOME BASED REFERRAL POLICY FOR IDENTIFICATION OF CHILDREN WITH POTENTIAL DISABILITIES

New Opportunities, Inc Early Head Start will give immediate attention to the developmental and behavioral concerns of children. Early Head Start along with the Area Education Agency and Early ACCESS will provide early intervention and comprehensive services to all children including children with special needs. Early Head Start will work collaboratively through Interagency Agreements with the AEA/Early ACCESS to identify children with potential disabilities in accordance with Head Start Performance Standards. Early Head Start staff will refer children to AEA/Early ACCESS for evaluation and determination for special education services.

PROCEDURE:

It is important that children are identified with potential disabilities early in the program year to ensure children are referred and evaluated and if needed receive services at the earliest time possible. Referrals for children with a suspected delay or disability will be completed in the follow way:

EHS Home Based Educator

1. Complete the "Ages and Stages" Developmental Screening on each child within 45 days of enrollment to help identify concerns.

2. Complete child observations and record any concerns.

3. Review child's recruitment notes, developmental history, health history, and other screenings (hearing, vision, behavior, etc.) and implement behavioral and instructional modifications for the child and record any concerns because of ongoing assessments in observations and progress notes.

4. If concerns continue the EHS Home Based Educator will speak to the parents about their concerns and ask the parents for permission to place a referral to AEA/Early ACCESS.

5. After parental permission is given, the EHS Home Based Educator will contact the EHS Disabilities Coordinator of the need for referral to Early ACCESS.

6. The EHS Home Based Educator will complete the Head Start/Early Head Start Referral form and submit it to the Disability Services Coordinator as soon as possible.

7. The Disabilities Coordinator will contact the appropriate Early ACCESS Consultant to place the referral.

8. Follow up to referrals will be a 'team effort' with communication of progress

through classroom staff, EHS Home Based Educator, Disabilities Coordinator, supervisor, parents, and Early ACCESS staff.

Parent Participation

1. Early Head Start staff will involve all parents of children with a potential disability of special needs in the decision to refer to AEA/Early ACCESS.

2. Appropriate Early Head Start staff will work with the child's parents in assisting them to understand and participate in the evaluation and IFSP eligibility process, including the need for further evaluations.

3. Parents will sign the "Release of Information" form before staff can contact the AEA/Early ACCESS. This release can be found with the application in the child's file



CENTER BASED REFERRAL FOR IDENTIFICATION OF CHILDREN WITH POTENTIAL DISABILITIES (Policy 543)

Head Start/Early Head Start will give immediate attention to the developmental and behavioral concerns of children. Head Start /Early Head Start along with the Area Education Agency (AEA), and local school district (LEA) or Early Access, will provide early intervention and comprehensive services to all children including children with special needs. Head Start/Early Head Start will work collaboratively through Interagency Agreements with the AEA and local school districts or Early Access to identify children with potential disabilities in accordance with Head Start Performance Standards. Head Start/Early Head Start staff will refer children to AEA Early Access for evaluation and determination for special education services.

PROCEDURE:

It is important that children with potential disabilities are identified early to ensure children are referred and evaluated and if needed receive services at the earliest time possible. Referrals for children with a suspected delay or disability will be completed in the following way:

1. Teacher completes the "Ages and Stages" Developmental Screening on all children within 45 days of enrollment to help identify concerns.

2. Complete child observations and record any concerns on observation notes (these observations may be those of the classroom staff or of other classroom support, i.e., Mental Health Coordinator)

3. Review child's recruitment notes, developmental history, health history, and other screenings (hearing, vision, behavior, etc.) and implement behavioral and instructional modifications for the child. Record any concerns in observations and progress notes.

4. In the case of behavioral concerns, the teacher will complete and submit a Behavior Incident Report (BIR) form to the Mental Health Coordinator. This form is to be submitted each time a child exhibits a concerning behavior.

5. For non-behavioral concerns, the classroom teacher will notify the parents and ask for permission to make an AEA referral for the child. All AEA referral forms will come from the teacher. If another staff member recognizes the need to complete an AEA referral form, they will discuss it with the teacher and/or disabilities coordinator who will complete the form with input from said staff member.

Parent Participation

1. Staff will involve all parents of children with a potential disability or special
   needs in the decision to refer to the AEA.

2. Appropriate classroom staff will work with the child's parents in assisting them to understand and participate in the evaluation and IEP eligibility process, including the need for further evaluations.

3. Parents will sign the "Release of Information" form before staff can contact the AEA. This release can be found with the application in the child's file.



HEAD START TRANSITION ACTION PLAN

Transitions are important times in the life of your child. The transition from Head Start to Kindergarten or from Early Head Start to Head Start or other preschool program are no exception. During a period of transition children can feel excitement and fear among other emotions. The New Opportunities, Inc. Head Start teacher and Early Head Start Home Based Educator will work with both you and your child to prepare them for this great milestone. The transition process begins at the moment your child enrolls into the program. The teacher or home based educator begins collecting information that will, with your permission, be passed along to the next educational placement by our program. This is done in an effort to help your child's next teacher get to know your wonderful child! In addition to information collection, your child's teacher or home based educator will work with you to set goals for your child, help you explore the educational options for your child, plan and provide activities for your child to prepare them for their next educational placement, and assist you with completing any necessary paperwork.

CURRICULUM

Curriculum is a written plan that includes:

- Goals for children's development and learning
- Experiences through which they will achieve these goals
- What staff and parents do to help children achieve these goals.

In Head Start the program uses the Creative Curriculum for Preschool, in Early Head Start we use Creative Curriculum for Infants, Toddlers, and Two's is used and in Infant rooms, the Creative Curriculum for Infants is used. These curriculums are a blueprint for planning and implementing a developmentally appropriate classrooms and are effective in helping children acquire social competence and the skills they need to succeed as learners. The Creative Curriculum framework is divided into five parts.

1. How Children Develop and Learn – what preschool children are like in terms of their social/emotional, physical, cognitive, and language development, characteristics, and experiences.
2. The Learning Environment – the structure of the classroom that makes it possible for teachers to teach and children to learn.
3. What Children Learn – the body of knowledge included in national and state standards and research reports for six content areas and the process skills children use to learn that content.
4. The Teachers Role – how careful observations of children lead to a variety of instructional strategies to guide children's learning. The program uses a systematic approach to assessment that enables teachers to learn about and plan for each child and the group.
5. The Family's Role – the benefits of developing a partnership with every family and working together to support children's optimal development and learning. The program works to build relationships with families, welcome them, and communicate with them regularly.

New Opportunities, Inc., Head Start implements the Creative Curriculum for Preschool along with well-planned experiences that promote language, literacy, math, creative art, social emotional development, approaches to learning, physical health, and development. Development of good health and nutritional habits, personal safety habits and self-help skills are also individualized. Head start classroom curriculum is designed to meet the child's individual needs. Children receive a variety of learning experiences that foster their intellectual, social emotional and physical growth.

Children are free to choose activities from a variety of learning centers located in each classroom. Some of these centers included in the classrooms are:

Block Center	Book Center	Sensory Center
Dramatic Play Center	Art Center	Music and Movement
Science Math Center		Writing Center

The Head Start Early Learning Outcomes Framework and the Iowa Early Learning standards guide the curriculum planning to ensure future school success. A variety of activities are planned, and assessments are aligned with the curriculum to gather information on each child's progress in the 8 domains of learning. Results from all assessments will be shared with parents through the year and are also used to plan educational experiences based on children's strengths, needs, and interest.



CREATIVE CURRICULUM
TEACHING STRATEGIES GOLD
Objectives for Development & Learning

Social–Emotional

1. Regulates own emotions and behaviors
    a. Manages feelings
    b. Follows limits and expectations
    c. Takes care of own needs appropriately
2. Establishes and sustains positive relationships
    a. Forms relationships with adults
    b. Responds to emotional cues
    c. Interacts with peers
    d. Makes friends
3. Participates cooperatively and constructively in group situations
    a. Balances needs and rights of self and others
    b. Solves social problems

Physical

4. Demonstrates traveling skills
5. Demonstrates balancing skills
6. Demonstrates gross-motor manipulative skills
7. Demonstrates fine-motor strength and coordination
    a. Uses fingers and hands
    b. Uses writing and drawing tools

Language

8. Listens to and understands increasingly complex language
    a. Comprehends language
    b. Follows directions
9. Uses language to express thoughts and needs
    a. Uses an expanding expressive vocabulary
    b. Speaks clearly
    c. Uses conventional grammar
    d. Tells about another time or place
10. Uses appropriate conversational and other communication skills
    a. Engages in conversations

b. Uses social rules of language

Cognitive

11. Demonstrates positive approaches to learning
    a. Attends and engages
    b. Persists
    c. Solves problems
    d. Shows curiosity and motivation
    e. Shows flexibility and inventiveness in thinking
12. Remembers and connects experiences
    a. Recognizes and recalls
    b. Makes connections
13. Uses classification skills
14. Uses symbols and images to represent something not present
    a. Thinks symbolically
    b. Engages in sociodramatic play

Literacy

15. Demonstrates phonological awareness
    a. Notices and discriminates rhyme
    b. Notices and discriminates alliteration
    c. Notices and discriminates smaller and smaller units of sound
16. Demonstrates knowledge of the alphabet
    a. Identifies and names letters
    b. Uses letter–sound knowledge
17. Demonstrates knowledge of print and its uses
    a. Uses and appreciates books
    b. Uses print concepts
18. Comprehends and responds to books and other texts
    a. Interacts during read-aloud and book conversations
    b. Uses emergent reading skills
    c. Retells stories
19. Demonstrates emergent writing skills
    a. Writes name
    b. Writes to convey meaning

Mathematics

20. Uses number concepts and operations
    a. Counts
    b. Quantifies
    c. Connects numerals with their quantities
21. Explores and describes spatial relationships and shapes
    a. Understands spatial relationships
    b. Understands shapes

22. Compares and measures
23. Demonstrates knowledge of patterns

Science and Technology

24. Uses scientific inquiry skills
25. Demonstrates knowledge of the characteristics of living things
26. Demonstrates knowledge of the physical properties of objects and materials
27. Demonstrates knowledge of Earth's environment
28. Uses tools and other technology to perform tasks

Social Studies

29. Demonstrates knowledge about self
30. Shows basic understanding of people and how they live
31. Explores change related to familiar people or places
32. Demonstrates simple geographic knowledge

The Arts

33. Explores the visual arts
34. Explores musical concepts and expression
35. Explores dance and movement concepts
36. Explores drama through actions and language

English Language Acquisition

37. Demonstrates progress in listening to and understanding English
38. Demonstrates progress in speaking English

EDUCATION



The Head Start/Early Head Start Program is designed to meet each individual child's needs. The program strives to provide children with a variety of learning experiences which will help them develop socially, intellectually, physically, and emotionally in a manner appropriate to their age and stage of development toward the overall goal of social competence and kindergarten readiness. The education component also provides experiences for children to develop an appreciation for ethnic and cultural diversity and to meet the needs of children with disabilities. Children participate in indoor and outdoor play, in field trips around the community and in music, art and language activities. They are encouraged to

express their feelings, to develop a good feeling about themselves, and to get along with other children.

The following are example schedules. Please see your classroom teacher for schedule specific to your child's classroom:

HALF DAY CLASSROOM SCHEDULE:
8:30 A.M.

- Arrivals, opening activities, washing hands
- Breakfast, toothbrushing, toileting/washing hands and face (nutrition, hygiene, self-help skills)
- Outdoor break (large muscle development)
- Circle time (large group, language experiences & development, mental health)
- Learning centers (small/individual groups, concept development)
- Music/gym time (large group, language)
- Hand washing, setting tables (hygiene, self-help skills)
- Lunch (nutrition, social, and emotional)
- Brushing/clean up (hygiene)
- Story-time – Show-n-tell (large group)

12:30 P.M

- Prepare for dismissal (self-help skills)

FULL DAY CLASSROOM SCHEDULE:
8:00 – 1:00

- Same as half day

1:00 – 3:00

- Rest time
- Individual/small group time, activity centers (concepts development)
- Snack-large group, washing hands (hygiene, nutrition)
- Outdoor time, large group activity (mental health, language development)

3:00 – 3:15

- Prepare for dismissal (self-help, social, emotional)

DEVELOPMENTAL ASSESSMENT During the first few weeks of your child's Head Start attendance, classroom staff will get to know your child. The program has developed an assessment process and we encourage you to assist in this activity when you visit the classroom. The information we collect about each child from the assessment and from talking with parent's forms the basis for planning as partners for the children according to Early Childhood Development guidelines. Developmental assessment is ongoing throughout the year.



LANGUAGE DEVELOPMENT POLICY

N.O.I. Head Start/Early Head Start respects the language and cultures of all children and families.

1. Head Start and Early Head Start staff recognize and support parents as the child's first and primary teacher.

2. Every attempt will be made to have a person available to interact with children and families in their primary language.

3. In all program options, parents will be encouraged and guided in ways to support their child's language skills.

4. Human Resources will be involved with staffing patterns, including recruiting and the hiring of qualified staff, especially staff that speak the child's primary language.

5. Head Start/Early Head Start staff will provide developmentally appropriate language activities to support all children in the development of language skills. This will include monolingual English language learners and dual language learners.

6. Language strategies and activities will be based on sound research based curriculum and practices as outlined in the Creative Curriculum.

HEAD START HOME VISITS

The program classroom teachers will plan to visit your family at your home two times during the year to share information about your child and make plans with you. Two parent conferences will be scheduled at school during the year, as well.

EARLY HEAD START HOME BASED VISITS

The program classroom teachers will plan to visit your family at your home three times during the year to share information about your child and make plans with you. Three parent conferences will be scheduled at school during the year, as well.

EARLY HEAD START HOME BASED VISITS

Early Head Start families have a weekly scheduled home visit for 1-½ hours. Parents & Home Based Educators plan a weekly lesson covering a broad variety of experiences that invite play, active exploration and ideas for TAP (Together At Play) socialization groups.

During the home visits, families are provided with parent and child activities to share within the home. These activities are a good time for the parent and child to learn together. Head Start/Early Head Start focuses on the parent's strengths and encourages parents to build a strong relationship with their child and the community. Early Head Start has two TAP group experiences monthly. During the TAP parents and children interact as a group.



HEAD START/EARLY HEAD START SCREENINGS AND THEIR PURPOSE

All children will be screened within 45 calendar days of entry into the program in the areas of development, behavior, and speech.

PROCEDURE:

1. Head Start/Early Head Start Center staff will complete the ASQ-3 Developmental Screening. A copy of the ASQ-3 Developmental Screening will be sent to the H.S. Disability services to review.

2. Head Start/Early Head Start Parents along with Head Start Center staff will complete the Ages and Stages Social/Emotional screening (ASQ SE2). The Ages and Stages Social/Emotional Screenings will be sent to the Mental Health Coordinator to review and score.

3. Speech and Language screenings will be completed by Head Start Center Staff and AEA Speech Clinician when necessary. The Center Teacher will review the completed ASQ-3 Developmental Screenings and conduct informal

observations and other screenings to screen children in the areas of articulation, (speech sounds), receptive language and expressive Language. If necessary, the AEA will be involved for further assessment. The "Speech Screening Results Form" will be sent to the Head Start Education Coordinator.

4. All screenings will be entered into the agency PIMS (Program Information Management System) for tracking.

5. All Screening results will be provided to parents.

6. If a child needs to be re-screened, the disability services coordinator or mental health coordinator will establish a reasonable timeframe which to rescreen or follow up as appropriate with the teacher to ensure rescreen is completed. The results will be sent to the appropriate Head Start coordinator.
7. Follow up (i.e., rescreen or referrals) are made as necessary given the results of all screening conducted.

WHAT IS A SCREENING?
A screening is a brief test to determine if a child is functioning at the level he or she should for their age in different areas of development. Other screenings such as vision and hearing are also a brief test to help identify children who may have a visual, hearing concerns.

WHO IS ELIGIBLE TO BE SCREENED?
All children enrolled in the New Opportunities, Inc., Head Start program receive screenings in development, behavior, speech and language, vision and hearing.

WHAT TYPES OF SCREENINGS ARE USED AND WHO DOES THEM?
Various types of screenings are completed on all children. The following are the screenings that are used in the New Opportunities, Inc., Head Start program and who does them:

Developmental: ASQ-3 Developmental Screening: This screening tests different areas of development: such as: Communication (speech & language), Large Motor Skills, Fine Motor Skills, Cognitive Skills (problem-solving) and Self-Help Skills, (personal/social) Teachers/staff will complete the Ages and Stages Developmental Screening.

Behavior: Ages & Stages Social/Emotional Screening (ASQ SE2) - parent completes age appropriate questionnaire that reliably identify young children at risk for social or emotional difficulties. Social emotional areas include self-regulation, compliance, adaptive functioning, autonomy, affect, social-communication and interaction with people. Age range is 1-72 months. Family advocates will assist with obtaining the ASQ-SE2 upon enrollment of child. The mental health coordinator will review and provide anticipatory guidance in areas of concern. Rescreens will be completed in six months for children who score

above the recommended cut off and are being monitored for further assessment consideration.

Hearing: Hearing is screened by A.E.A. and/or Head Start staff upon enrollment and as needed throughout the school year.

Vision: Vision is screened by Lions Vision and/or Head Start staff upon enrollment and as needed throughout the school year.

WHAT IS THE PURPOSE OF THE SCREENINGS?
The purpose of the screening is to identify any factors that may interfere with the child's learning, growth and development. The purpose of the hearing and vision screening is to identify children who may have a visual or a hearing impairment. Impairment in either of these areas may prevent a child from obtaining the full benefit from their educational opportunities.

WHEN ARE SCREENINGS COMPLETED?
The screening process ideally begins during enrollment and sometimes even prior to actual participation in the program as the staff builds relationships with families. Screening offers an opportunity to work with the family to learn more about the child and support the parent-child relationship. Programs must perform appropriate screenings within 45 days of entry into the program.

WHAT WILL MY CHILD HAVE TO DO?
For the most part, the person doing the screening will be engaging your child in different activities. This could include cutting with scissors, listening for levels of tones (Hearing), naming colors, naming pictures, etc.

HOW LONG WILL THE SCREENINGS TAKE?
Most screenings are completed within 15 to 30 minutes depending on how comfortable the child may feel with the person conducting the test.

WHAT HAPPENS NEXT?
You will receive your child's screening results from your child's classroom teacher after they are completed. If your child does well and appears to be developing appropriately there is not a need to recommend additional testing. If concerns and delays are noted, parents will be notified by Head Start staff to discuss the delays and concerns regarding the child and if further testing is needed or recommended.

HOLIDAYS- CELEBRATIONS- OPEN HOUSES POLICY

Head Start/Early Head Start serves families of varying cultural, ethnic, and religious heritage. Head Start/Early Head Start provides a classroom in which all children and their families feel welcome and comfortable. One of the main purposes of Head Start/Early Head Start is to strengthen families. Fun activities

that help children and parents grow and learn take place in every activity in Head Start/Early Head Start.

Birthdays are recognized in the classroom by teaching staff in various ways. See "*Nutrition and Food Safety*" guidelines listed below.

Celebrations and Open Houses in the classroom may be planned by parents and/or staff. If food is part of the event, "Nutrition and Food Safety" guidelines must be followed.

Parent committees working with Family Advocates and classroom staff can organize events outside the classroom by arranging for place, program, set-up and clean-up.

It is recommended these events take place at other locations than the classroom. Classrooms have many small items that are not age appropriate for younger children and rooms are not large enough to accommodate party activities.

NUTRITION AND FOOD SAFETY

Each half day program serves 2 meals or a meal and a snack, which meets at least 1/3 to ½ of the child's daily nutritional needs. Full day programs serve breakfast, lunch & snack. Children and adults eat family style foods where they all are introduced to a wide variety of foods. Children are encouraged to taste the foods served but are not required to finish all the food. No food is ever used as a reward or punishment. Development of good food habits and attitudes is stressed.

Nutrition education and related materials are available and provided throughout the year, both at the school site and as requested by parents. We know that many of you would enjoy making/bringing food for your child's classroom, however New Opportunities, Inc., Head Start/Early Head Start does not allow this practice. ALL FOODS ARE PROVIDED FOR BREAKFAST, LUNCH AND/OR SNACK for children and adults.

Nutrition Affects Learning

New research shows that even mild under nutrition is a barrier to learning. Malnutrition can even affect learning before slowing down growth. Here are some facts about malnutrition and learning.

Under nutrition increases the risk of illness, its frequency and severity in conjunction with being absent from school, illness impairs learning as sick children do not interact well with their environment.

Under nourished children lack traits that make healthy children successful. Poorly nourished children tend to be less physically active, less curious, less attentive, less independent, less responsive socially, and more anxious. These traits keep them from developing reading, verbal, and physical skills, among others.

Iron deficiency and resulting anemia occur among significant numbers of children. Anemic children do not do well on math, reading, vocabulary, problem-solving, or psychological tests. Even mild iron deficiency causes fatigue and a shortened attention span.

Feeling hungry, perhaps from missed meals, affects learning. Hungry children tend to be irritable, disinterested in learning, nervous, timid, passive, and unable to concentrate.

Healthy Eating

- Eat with your child during mealtimes and have snacks.
- Encourage children to taste all food served.
- Help your child to learn to recognize new foods and know how they are grown.
- Encourage your child to drink three to four servings of low fat milk each day.
- Avoid high sugar, high fat foods (sweet desserts, Kool-Aid, soda pop, chips, sausage, etc.)
- Encourage your child to eat rich vitamin C foods. These foods significantly improve the absorption of iron from the intestinal tract.

FOOD POLICY

The purpose of a written policy is to have a system in place to ensure that rules are followed. When planning a special food related activity at Head Start, policies and rules must be followed.

Nutrition is a very important part of a child's Head Start experience. Head Start's goal is to serve wholesome, nutritious food and snacks during and around any Head Start program activity. By learning what foods are good for their bodies for growth, strength, and energy, children will begin to make better choices choosing more wholesome foods and being better consumers.

Parents will be informed of this food policy during enrollment and will be able to review the food policy in this Parent Handbook.

Because Head Start strives to provide nutritious food for the children and regulations do not allow sugar-sweetened, non-nutritious snacks such as cakes, cookies, candy, etc., parents CANNOT bring these items into the center for their

child's birthday or any other occasions. Parents and staff are expected to model positive health and nutrition habits.

Food related activities in the classroom and leisurely mealtimes provide opportunities for the development of positive attitudes toward healthy foods.

A variety of foods are served which meet nutrition requirements and broaden each child's food experiences.

Parents are welcome to participate in all nutrition activities including planning menus for parent meetings and socializations and assisting with classroom nutrition activities.

Food served is provided by Head Start in order to meet CACFP and Iowa licensing guidelines and avoid any liability issues involving food safety and storage and allergy problems.

Food prepared at home will not be allowed.

Classroom food projects will use recipes from approved nutrition curriculum available in every classroom (Team Nutrition Iowa cards, Chef Combo and Nutrition Food Experiences, found on New Opp., Inc. webpage).

No food will be sent home with the children or staff.

Consumption of non-menu food items by staff in front of children is not permitted (including any packed lunches, take-out, snacks, baked goods, candy, soda or other sweetened beverages), unless food is part of prescribed special diet to meet medical needs, which require proper documentation.

Any food experience project that is not included in required curriculum needs to be approved by the Nutrition Coordinator.

Parents and staff will promote nutritious, healthy eating patterns by eating healthy snacks when attending Head Start functions at Centers (parent meetings, center meetings).

NO OUTSIDE FOOD TO BE BROUGHT INTO THE HEAD START CENTERS/SOCIALIZATIONS BY PARENTS

This policy is in effect to ensure the safety of all our children. With the increase in food allergies, outside foods can put our children in jeopardy.

Surveys show that many children are eating poorly with low fruit, vegetable, milk intake, and high sugar and fat intake. Food served at Head Start should be as nutritious as possible, to help children learn healthy eating habits.

Head Start wants parents to save their personal resources to provide these things for their child's use at home. Head Start will provide all the needs at the Center so that every child has the same opportunities and resources to work with. Here are some ideas for your child to bring to the classroom or TAP (Socialization), if you desire.

- Reading or telling a story to the children
- Planning a special activity for the children
- Sharing your culture or family tradition with the children
- Donating a book to the class
- Parent/guardian may come enjoy a meal with their child (please allow adequate notification so additional meal can be ordered in advance).

Talk to your child's teacher for more ideas. Be creative!



FOOD ALLERGY AND DIETARY RESTRICTIONS

There will be a plan to accommodate and ensure the safety of children who have food allergies and other dietary restrictions.

- For a substitution due to religious or ethnic beliefs, parent/guardian will be provided with a "Religious Statement for Food Substitutions" form as described above. This form is to be completed and signed by the parent/guardian and provided prior to child beginning class in order for Head Start to provide substitution.

The parent will bring the forms to the child's physician to be filled in and signed by the physician and return to Head Start before the child can begin in the classroom.

A report of the children who have specific food allergies and other dietary restrictions will be generated by the Nutrition Coordinator, prior to the first day of class, and distributed to the Head Start classroom staff and kitchen staff. Continued reports with all additions will be given as needed throughout the year.

For children with diets that require a significant amount of monitoring and extra preparation, special menus will be approved by a Registered, Licensed Dietician and shared with Head Start and kitchen staff.

Diet Modification/Food Allergy forms will be completed with child's picture attached and will be posted behind a "Medical Conditions and Food Allergy Information Cover Sheet." If no food allergies are in the classroom, a "No Food Allergy" sign will be posted.

Food deliveries should be checked daily to ensure that food has been planned for any special diets at the site.

The Nutrition Coordinator will monitor allergy plans.

MENUS

Weekly menus must be posted in the preparation area and classroom. Menus are sent home monthly to the parents. Menus need to be on file for the whole school year.

FOODS IN HEAD START CLASSROOM (Policy 605)

Foods served in Head Start and Early Head Start classrooms and group experiences will meet applicable nutrition and food safety standards and will be selected, prepared, and served in a manner that reduces the risk of choking. Foods that do not meet program nutrition standards or present a choking hazard will not be served. Children will be seated while eating and will be provided direct adult supervision during meals and snacks. Staff will follow Head Start, CACFP, and DHS requirements regarding age-appropriate foods, food preparation, serving practices, and safe eating environments.

Procedure

The following foods will not be served in Head Start or Early Head Start classrooms because they do not meet program nutrition standards or may present a choking risk. Alternative foods may be provided when they meet applicable nutritional requirements, support children's food experiences, and present a low risk of choking.

- Peanuts or Tree Nuts.

- Fruit with larger seeds or pits, such as apples, cherries, pears, peaches may be served. Seeds and pits must be removed before serving. Seeds of berries need not be removed.
- Whole grapes. Slice in half lengthwise for Head Start; Grapes should be avoided in EHS.
- Raisins or other similarly shaped dried fruit for EHS; Limited use in Head Start
- Larger pieces of whole raw vegetable. Cut or chop into pieces smaller than a half-grape, shred or serve lightly steamed (for example: carrots, broccoli, cauliflower, etc.).
- Fried or oven-fried foods, such as French fries should be limited.
- Hot dogs in any form or meat items such as corn dogs, bratwurst, or pork sausage. Turkey sausage if sodium is low.
- Canned or processed meats such as Spam, canned hash, Vienna sausage, pepperoni, regular ham, cold cuts, regular chicken nuggets/strips/patties, regular canned tuna. Serve CN labeled low sodium lean ham, CN labeled low sodium deli meats, CN labeled chicken nuggets/strips/patties, CN labeled pizza, low sodium water packed tuna; Items must be approved by registered dietitian.
- Meat, poultry, or fish with bones. Larger bones may be removed before serving.
- Popcorn in any form.
- Potato or similar snack chips.
- Hard taco and tostada shells.
- Hard pretzels can be used in limited amounts for food experiences in the classrooms but no hard pretzels as snacks or in EHS.
- Candy in any form, including marshmallows and gum.
- Beverages with added nutritive or non-nutritive sweeteners, such as sports drinks, flavored waters, powdered drink mixes.
- Sweet foods, whether commercially or homemade, such as cakes, cookies, donuts, cinnamon rolls, pies, gelatin desserts or salads, sopapillas. Plain graham crackers and animal crackers may be served.
- Sweet spreads such as jam, jelly, honey (no honey underage of 1) must be served in moderation; when possible, serve 100% fruit spread.

The following items should not be used due to the risk of children choking, and to comply with DHS licensing:

- Disposable lightweight eating utensils.
- Disposable Styrofoam dishes or serving containers that can break.

The following practices are required:

- Children must be seated when eating.
- Direct adult supervision must be provided when children are eating.

FOOD FOR FAMILY EVENTS

The food provided at agency sponsored meetings and training for families will be consistent with the Head Start/Early Head Start child nutrition requirements, as described in the Nutrition Philosophy Statement. It will include a variety of food choices which are balanced nutritionally.
Procedure Food and beverages for all Head Start sponsored functions will demonstrate optimal nutrition practices and meet the following general guidelines:

1. Take into consideration special needs, cultural and personal preferences of the families served.
2. Provide meals or snacks that include all components of a Child and Adult Care Food Program and if served to a child would be reimbursable.
3. Include a variety of foods, emphasizing choices that are lower in sodium, sugar, and fats.
4. Provide snacks and foods prepared in licensed food service establishments, such as stores, restaurants, schools, or day cares. Foods prepared in a private home, or an unlicensed establishment cannot be used for family events.
5. Store and serve foods in ways that promote and preserve food safety. Food Preparation and Handling Policy must be followed.



IOWA CHILD AND ADULT CARE FOOD PROGRAM

New Opportunities Inc. Head Start participates in the Child and Adult Care Food Program, a federal program of the Food and Nutrition Service (FNS), US Department of Agriculture (USDA) in the following locations: Carroll, Jefferson (PM snack only), Perry, Sac City, and Waukee. Head Start school partnership locations participate as part of the School Breakfast Program (SBP) and the National School Lunch Program (NSLP) under direction of the school. Participants are not charged for meals, however, by participating in the program, NOI Head Start, or the school district receive partial reimbursement for nutritious meals served to children.

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

Iowa Nondiscrimination Statement (Revised 7-1-25)
It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, disability, age, or religion in its programs, activities, or employment practices as required by the Iowa Code 216.6, 216.7, and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, contact the Iowa Civil Rights Commission, 6200 Park Ave, Suite 100, Des Moines, IA 50321; phone number 515-281-4121 or 800-457-4416; website: https://icrc.iowa.gov/.

MENTAL HEALTH

Head Start/Early Head Start Performance Standards require that a Mental Health Professional be available to all families enrolled in the Head Start/Early Head Start Program. The program employs a mental health coordinator and contracts with a licensed mental health consultant to accomplish this. The mental health coordinator will be visiting each Head Start/Early Head Start classroom a minimum of 2 times per year and Mental Health topics are presented at parent meetings one time each year. The Mental Health Coordinator may also visit an EHS socialization (TAP) or parent meeting.

Parents are encouraged to contact their Home Based Educator, Family Advocate or Teacher regarding any mental health concerns they may have regarding their child(ren) or any family member. A referral may be made to an appropriate community agency or appropriate Head Start/Early Head Start staff to assist you and your family. All information is held in strict confidence.

Many daily activities can be planned to promote good mental health: 1) display and talk about photographs of your child(ren), 2) read stories and discuss issues (feelings, stress, etc.), 3) take time to enjoy your child(ren), 4) exercise

together, 5) celebrate culture, 6) use laughter and humor, 7) have mirrors available, 8) draw life-size people, 9) give positive reinforcement, 10) be consistent with discipline.

Many things can affect mental health. Each interaction may increase or decrease your child's self-esteem. Even the environment and the arrangement of a room can promote positive mental health. Some examples of promoting mental health in the environment are: make space available for movement and activities, provide materials to explore, experiment with, create and question, provide a cheerful environment, provide a place for belongings.

Parents and HS/EHS staff work together to meet the Five Critical Emotional Needs of children. The Five Critical needs are: the need to Feel respected, Important, Accepted, Included and Secure.



Five Critical Emotional Needs of Children

Summary

Emotional health provides a foundation for success in school, work, marriage and life in general. Failure to recognize and satisfy these five needs jeopardizes our children's future and that of succeeding generations. The five critical needs as a family value contributes to a healthy family environment and strengthen us as a nation. A summary of the five critical needs – definition and examples of each.

Need to Feel Respected

Children need to feel respected. For that to happen, they need to be treated in a courteous, thoughtful, attentive, and civil manner. One of the best ways for children to learn about respect is to feel what it's like to be treated respectfully and to observe their parents and other adults treating one another the same way.

If we want children to grow up feeling respected and treating others with respect, we need to avoid sarcasm, belittling, yelling; we need to keep anger and impatience to a minimum; we need to avoid lying; we need to listen more and

talk less; we need to command less and suggest and request more; we need to learn how to say "please," "thank you," "excuse me" "I'm sorry"—yes, even to children. We need to become conscious of our mistakes, willing to admit them and ready to make corrections. This will help us cultivate these values in our children.

Need to Feel Important

Feeling important refers to a child's need to feel: "I have value. I am useful. I have power. I am somebody." This need is evident at a very early age. Pressing a button in an elevator me. Children want to do things for themselves.

Parents need to avoid being all powerful, solving all family problems, making all decisions, doing all the work, controlling everything that happens. Involve your children, ask their opinions; give them things to do; share decision-making and power; give them status and recognition and have patience with mistakes when it takes a little longer or is not done as well as you could have done yourself.

If children do not feel important, if they don't develop a sense of value in constructive ways, they may seek negative ways to get attention, to feel "I am somebody."

Need to Feel Accepted

Children have a need to feel accepted as individuals, with their own uniqueness, and not treated as mere reflections of their parents, as objects to be shaped in the image of what parents believe their ideal child should look like. This means that children have a right to their own feelings, opinions, ideas, concerns, wants, and needs. Trivializing, ignoring, or ridiculing a child's feelings or opinions is a rejection which weakens the relationship. Paying attention to and discussing them, even when you do not like or disagree with some, strengthens the relationship.

Need to Feel Included

Children need to feel included. They need to be brought in, to be made to feel a part of things, to feel connected to other people, to have a sense of community. It happens when people engage with others in activities and projects, when they experience things together in a meaningful way. It is important for the family to create these opportunities. People who do things together feel closer to one another. Family activities offer a way to become closer and also to have fun, learn, and cooperate with others.

Need to Feel Secure

Children need to feel secure. Security means creating a positive environment where people care for each other and show it, where people express themselves and others listen, where differences are accepted and conflicts are resolved constructively, where enough structure exists for children to feel safe and protected, and where children have opportunities to actively participate in their own and family evolution through family planning and decision making, problem solving and feedback activities.



HEALTH

PHYSICAL AND DENTAL:

A physical and dental examination [or a scheduled appointment is **REQUIRED**] before the Head Start child enters the classroom. Copies of these records need to be on file at Head Start Central Office. The physical examination may be obtained from a family physician. A dental examination is **REQUIRED** for all Head Start/Early Head Start children. If a family does not have insurance, they will be referred to Title 19 or Hawk-I with family advocate/home based educator assistance.

IMMUNIZATIONS:

A signed official immunization record is REQUIRED BEFORE a child enters the classroom or group socialization (TAP). The exceptions allowed are the following:

1. The child may temporarily enroll in an Iowa school if they have one dose of each required immunization and continue to receive them as quickly as medically possible and have a signed provisional.
2. A statement signed by a licensed doctor saying that the immunization required would be harmful to the health and well-being of the child or any other member of the child's family or household.

3. A statement signed by the parent or guardian saying that the immunization conflicts with the personal and religious beliefs of the child and/or family.

FAMILY ILLNESS:

The health of family members needs to be considered when attending Head Start/Early Head Start classes, socialization, or participation in a home visit. Any family member attending Head Start/Early Head Start activities must be symptom-free. The program will attempt to reschedule home visits cancelled for illness.

HEAD START/EARLY HEAD START HEALTH POLICIES

- Immunizations will be required according to the current schedule of the Iowa Department of Public Health. A current Certificate of Immunization will be kept at the center for each child. Documentation of a valid Certificate of Immunization Exemption (Religious or Medical) or Provisional Certificate of Immunization may be submitted in lieu of a Certificate of Immunization.

- Each child will have physicals according to the Early and Periodic Screening Diagnosis and Treatment (EPSDT) schedule. Parents will be assisted in updating health records regularly.

- Emergency Release forms will be completed for each child and will be updated three times throughout the year (at conferences, etc.). The forms will be kept in an accessible place. The first aid backpack will contain a copy of the emergency release form. A copy of the emergency release form will also be kept on the bus.

- First aid kits will be readily available, if stored in a cabinet, the outside of the cabinet will be marked. First aid kits and first-aid backpacks will be inventoried monthly, and the inventory sheet will be sent to the Office Coordinator for supplies to be replenished.
- Children and staff shall wash their hands with soap and running water for at least 20 seconds and use a disposable paper towel to dry hands. Handwashing will occur at the following times:
- Upon arrival
- After using the bathroom/diapering
- After handling bodily fluids
- After touching your hair, face, or clothing
- Before and after eating and drinking

- After taking off or before putting on a new pair of gloves
- Before handling food, more importantly ready-to-eat foods like salads and sandwiches
- After taking out the garbage
- After handling dirty equipment, dishes, or utensils
- After touching raw meats, poultry, and fish
- Anytime you change tasks- go from one thing to another
- After using sanitizing solution or surface cleaning wipes or any chemicals
- After handling pets or other animals.
- Before and after giving medications.
- Before and after playing in sandbox/sensory tables.
- After tying shoes

- Each child over 1 year of age will have a dental exam according to the EPSDT schedule. Parents will be assisted in updating dental records.

- All centers will post health and dental emergency information and phone numbers, etc.



POLICY REGARDING PULL-UP CHANGING (Policy 211)

Head Start/Early Head Start children that are not toilet trained will not be excluded from the classroom. School district policy and procedure will be utilized for all HS classrooms residing within that district. Classroom staff will collaborate with parents to begin the process of toilet training when developmentally appropriate for the child.

PROCEDURE:

- In all Head Start and Early Head Start Center Based classrooms, all children not toilet trained are required to wear diapers or pull-ups. Diapers and pull-ups used in the classroom will be provided by Head Start/Early Head Start Center Based. Parents are asked to bring an extra set of clothing.

- All Head Start and Early Head Start centers will have designated area for changing. Pull-ups are checked regularly for soiling or wetting. Bathroom reminders are done routinely. Children will be encouraged to change themselves with staff assistance when age appropriate. Staff and children will thoroughly wash their hands after changing according to universal precautions procedure, and area will be disinfected.

- All diapers/pull ups will be tied and double bagged for disposal.

- The diaper/pull-up changing procedure will be posted in each classroom.

BITING POLICY (Policy 228)

Biting is a developmentally appropriate behavior in young children. For safety and health concerns N.O.I. Head Start/Early Head Start take biting seriously. Our program provides an environment that encourages and promotes cooperative interaction, respect for others, and non-aggressive problem solving between the children. While children are learning these skills, we understand that biting may occasionally occur. We will then implement the following procedures:

PROCEDURE:

The New Opportunities Head Start program understands that biting is a developmentally appropriate way for children to communicate. Children bite because they may not have the language skills required to communicate their wants and needs, including hunger, frustration, boredom, overstimulation, etc. We understand the developmental needs and stages of our children and so expect occasional biting to occur in our classrooms. We do not condone this behavior. We will attempt to avoid these situations by actively supervising and being present with children to help them express their wants and needs appropriately.

Head Start/Early Head Start has established the following list of procedures to be followed when biting occurs:

- For the child bitten
    - Comfort the child
    - Apply gloves
    - Check bite mark for blood
    - Wash the area with soap and water
    - If the skin is broken, cover with bandage
    - Remove gloves and wash hands
    - If the child will allow, apply ice pack to reduce pain
    - Notify parent/guardian of the bite and possible blood/saliva exposure
    - If the skin was broken, encourage discussion with their child's health care provider about possible exposure.
    - Document

- For the biter
    - Apply gloves
    - Check if the child has blood in their mouth
    - If possible, have child rinse mouth with water and spit out
    - Remove gloves and wash hands
    - Comfort the child and provide redirection
    - Notify the parent/guardian of the bite and possible blood/saliva exposure
    - If the skin was broken, encourage discussion with their child's health care provider about possible exposure
    - Document

- A written incident report will be completed by Head Start or Early Head Start Staff and will be given to the parents of all the children involved on the day the incident occurred. The names of the children involved will NOT be released due to confidentiality.

- Within the classroom, the classroom staff will use the PBIS guidelines and determine how the incident evolved to provide appropriate intervention strategies. Classroom staff will follow the programs "Positive Guidance and Behavior" policies.

- The classroom will develop strategies to adapt the environment, redirect children to a different activity, offer a teether to infants, keep staff in the near vicinity of children during free play, etc.

- Should the biting become an ongoing issue, even after implementing the above strategies, leadership staff will observe the classroom and caregiver interactions with the children, making appropriate suggestions for additional strategies. It may become necessary to have a meeting with the family to create a plan of action for the child who is biting.

INJURY/INCIDENT POLICY (Policy 208)

It is the policy of New Opportunities to ensure that all injuries, accidents, and incidents involving a child are promptly addressed, appropriately documented, and communicated to the child's parent or guardian.

PROCEDURE:

- Emergency contact information will be completed for each child and will be updated throughout enrollment during conference, home visits, and/or by parent request. The forms will be kept in an accessible place. The first aid backpack will contain a copy of the emergency contact form. A copy will also be on the bus if the child is transported.

- To protect the privacy and interactions of children, staff will only identify the child's name on incident reports that will go home with that child. Other children involved will remain anonymous.

- First aid kits will be readily available, and if stored in a cabinet/closet, the outside of the cabinet/closet will be marked. First aid kits and red first aid backpacks must be inventoried monthly. The inventory sheet will be completed and initialed then forwarded to the office coordinator for restocking of supplies.

- When an injury/incident occurs to a child/adult while in attendance at a HS/EHS facilitated function (ex: classroom, home visit, socialization, parent meeting, field trip, etc.), an Injury/Incident Report will be completed at the time of occurrence. The staff member with the most involvement in the injury/incident shall prepare the written report. The Injury/Incident Report will need to be signed by the parent/guardian at the end of the day or state a reason as to why it was not (ex: grandparent picked up, send copy with.). The original will be scanned to the central office and/or sent with month end paperwork then placed in the child's classroom file, and a copy will be given to the parent/guardian.

- All Injury/Incident Reports will be reviewed by the health staff and follow ups may be initiated if applicable.

- Minor injuries/incidents and minor changes in health status shall be reported to the parent/guardian on the day of the occurrence.

- Occurrences resulting in a serious injury to a child or significant change in health status shall be verbally reported immediately to the parent/guardian as well as 911 if necessary. Serious injuries should also be reported immediately to central office.

- Serious injury means an injury that requires follow-up (observation or treatment) by the parent/guardian or requires a medical or dental examination and treatment outside the center's scope of care. Examples include but are not limited to:
    - Receives a laceration that requires stitches
    - Suffers a head injury
    - Loses consciousness or has a change in the level of consciousness
    - Receives an injury to the eyes, teeth, or bones
    - Exhibits convulsions
    - Has a nosebleed that does not stop after 15 minutes of pressure
    - Suffers an asthma attack that does not respond to medication
    - Has bleeding from the ears
    - Loses a permanent tooth

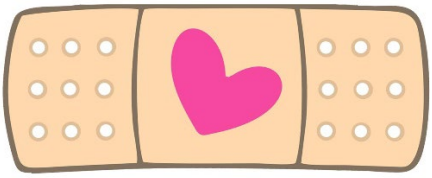
- Incidents resulting in a serious injury, as defined by Iowa Code Section 702.18, to a child in a child care facility or to a child in the care of facility staff, will be reported by the Health Staff to the Department of Human Services at ccsid@dhs.state.ia.us within 24 hours of the incident along with the IDPH Child Care Injury/Incident Report form. Serious injury includes but is not limited to skull fractures, rib fractures, and metaphyseal fractures of the long bones of children under the age of 4 years. Serious injury means any of the following:
    - Disabling mental illness
    - Bodily injury which does any of the following:
        - Creates a substantial risk of death
        - Causes serious permanent disfigurement
        - Causes protracted loss or impairment of the function of any bodily member or organ
        - Any injury to a child that requires surgical repair and necessitates the administration of general anesthesia

- A significant change in health status means unexplained changes in a child's daily behavior or activities of daily living. Examples include a child who:

- Experiences a sudden change in self-care (ambulatory child suddenly stops walking or stops self-toileting
- Experiences a change in level of consciousness (child goes from alert to lethargic, is difficult to arouse from sleep, or sleeps longer than usual)
- Whimpers, cries, or exhibits gestures of pain or discomfort and can't be consoled or relieved, etc.

- Parents/guardians of any child included in incidents involving inappropriate, sexually acting-out behavior shall be notified immediately after the incident.

- Staff injuries in need of medical attention will be reported to the HS/EHS Director immediately. HS/EHS Director will report to the CEO per N.O.I. policy. An Injury/Incident Report and the N.O.I. insurance form need to be completed and handed in to the central office within 24 hours.



ADMISSION AND EXCLUSION (Policy 205)

New Opportunities Head Start/Early Head Start Center Based will follow American Academy of Pediatrics recommendations as outlined in the quick reference guide titled, "Managing Infectious Diseases in Child Care and Schools as well as Health and Human Services (HHS) recommendations as outlined in "Child Illness and Disease Exclusion Criteria for Education and Child Care Settings" when considering to temporarily exclude children, staff, and visitors with a short-term injury or an acute or short term contagious illness. Should "Managing Infectious Diseases in Child Care and Schools and "Child Illness and Disease Exclusion Criteria for Education and Child Care Settings" have differing requirements, the program will follow Child Illness and Disease Exclusion Criteria for Education and Child Care Settings.

PROCEDURE:

Each child shall have direct contact with a staff person upon arrival for early detection of apparent illness, communicable disease, or unusual condition or behavior which may adversely affect the child or the group. See Daily Health Check policy.

Supervisors will make the determination about whether the acutely ill child can remain at the center. For locations without a supervisor on site, center staff will make these determinations. Below is a list of criteria the staff will consider when deciding to temporarily exclude:

1) Does the child's illness prevent them from participating comfortably in activities?
2) Does the child's illness result in a need for care that is greater than staff members can provide without compromising the health and safety of other children?
3) Does the child's illness pose a risk of spread of harmful diseases to others on the list of specific excludable conditions?

Conditions that **DO NOT REQUIRE** temporary exclusion per Managing Infectious Diseases in Child Care and Schools:

- Chronic hepatitis B virus infection.
- Common cold, runny nose and cough, regardless of color or consistency of nasal drainage.
- Cytomegalovirus infection.
- Diarrhea, if stool is contained within the diaper, there are no toileting accidents, and the child is having no more than 2 additional stools per day above their normal stooling pattern.
- Eye drainage: Yellow, white, or watery eye discharge without fever, eye pain, or eyelid redness.
- Fever, unless accompanied by behavior change or respiratory symptoms (cough, runny nose, congestion) or the child is 4 months of age or younger. A temperature of 100.4°F (38°C) or greater (axillary, temporal, or oral) is a fever. Only take a child's temperature if the child seems ill.
- Fifth disease (slapped cheek disease, parvovirus B19) in someone with normal immune system and without an underlying blood disorder like sickle cell disease.
- Hand-foot-and-mouth disease, unless the child has a fever with behavior change, has mouth sores and constant drooling, in not drinking and is showing signs of dehydration, or if recommending by public health

authorities to control and outbreak.

- HIV infection
- Impetigo, as long as lesions are covered. Treatment may be delayed until the end of the day. As long as medical treatment starts before returning the next day, no exclusion is needed.
- Lice or nits without lice
- Methicillin-resistant *Staphylococcus aureus* (MRSA) and methicillin-sensitive *S aureus* (MSSA) colonization: Staphylococcal colonization or carrier state in children without an illness that would otherwise require exclusion.
- Molluscum contagiosum. Exclusion or covering of lesions is not required.
- Pinkeye: pink or red conjunctiva (ie, "whites of the eyes") with white or yellow/green eye mucous drainage without fever or behavior changes.
- Rash without fever and without behavioral changes.
- Ringworm. Treatment may be delayed until the end of the day. As long as treatment is started before returning the next day, no exclusion is needed.
- Roseola, unless there is a fever and behavior changes.
- Scabies. Treatment may be delayed until the end of the day. As long as treatment is started before returning the next day, no exclusion is needed.
- Thrush: white spots or patches in mouth.

Conditions that **DO REQUIRE** temporary exclusion per Managing Infectious Diseases in Child Care and Schools:

- Fever with behavior change, respiratory symptoms (cough, runny nose, congestion), or other signs and symptoms.
- Respiratory illness (cough, runny nose, congestion, sore throat) if accompanied by fever until fever has resolved for 24 hours without fever-reducing medication and respiratory symptoms are improving.
- Diarrhea. Diarrhea is defined by stool that is occurring more frequently and is more watery in consistency than usual in the child and is not associated with changes in diet. Exclusion is required for all diapered children whose stool is not contained in the diaper and toilet- trained children if the diarrhea is causing "accidents." Exclude children with diarrhea whose stool frequency exceeds 2 stools above typical for that child while the child is in the program of whose stool contains more than a drop of blood or mucus. Readmission after onset of diarrhea can occur when all the following conditions are met: Diapered children have their stool contained by the diaper (even if the stools remain loose). Toilet-

trained children do not have toileting accidents. The frequency of passage of stool is no more than 2 stools above what was typical for that child during the time the child was in the program, before the diarrhea began. A pediatric health professional has cleared the child for readmission for all cases of bloody diarrhea and diarrhea cause by *Shigella*, *Salmonella* Typhi, and Shinga toxin-producing *Escherichia coli*.

- Vomiting 2 or more times in the previous 24 hours, unless the vomiting is determined to be caused by a non-communicable or noninfectious condition (eg, healthy infants with reflux or "spitting up").
- Abdominal pain that continues for longer than 2 hours or intermittent abdominal pain associated with fever or other signs or symptoms (eg, incessant crying).
- Mouth sores with drooling that the child cannot control unless the child's primary health professional or local health department authority states the child is noninfectious.
- Rash with fever or behavioral changes, until a primary health professional has determined the illness is not a communicable disease.
- Skin sores that are weeping fluid and are on an exposed body surface that cannot be covered with a waterproof dressing.
- Other conditions with specific diagnosis as outlined on the notice of exposures and in Managing Infectious Diseases in Child Care and Schools.

If a child becomes ill while at the center and meets exclusion criteria, the parent/guardian or emergency contact person will be notified to pick up the child. The staff will place the child in a quiet area, away from the group, until the child is picked up.

When applicable, exposure to communicable disease occurs a "Notice of Exposure" will be posted and sent home with child. The notice of exposures will be posted for at least 2 weeks unless otherwise indicated.

School district policy and procedure will be utilized for all Head Start classrooms residing within that district.

For Early Head Start Home Based, parents/guardians are encouraged to notify the Home Based Educator when their child or any household member is experiencing any of the above illnesses. Staff will collaborate with parents/guardians to schedule the next home visit based on the criteria above.

***** In the event of a Pandemic, please refer to the Pandemic Policy.**

***



HEAD LICE POLICY (Policy 206)

It is the policy of New Opportunities to follow current Iowa Department of Health and Human Services (HHS) guidelines when a child is identified as having an active case of head lice.

PROCEDURE:

If a child in a Head Start/Early Head Start Center-Based center is found to have a suspected active case of head lice:

- Parents/Guardians are notified of findings and encouraged to be seen by their medical provider for a confirmed diagnosis.

- Upon a notification of a confirmed diagnosis, a 14-day treatment kit with instructions will be offered to the parent/guardian if age appropriate. If the parent/guardian chooses to accept the treatment kit the Lice Treatment Kit Waiver will be completed.

- Upon a notification of a confirmed diagnosis, an exposure notice will be posted and sent home with all children.

- Parents/guardians are encouraged to follow treatment information provided in the 14-day kit and the head lice handout.

- When suspected/confirmed lice are found in the classroom, as availability allows, Head Start/Early Head Start Center Based staff will comb the child's hair with a robicomb. Staff will comb until no lice are seen. The lice comb and teeth will be cleaned with alcohol swabs. A

note will be sent home with the child notifying the parent/guardian of findings and what was done in the classroom.

- Activities will be monitored to avoid head-to-head contact.

- Lice spray will be provided to classrooms for use on cloth/other surfaces that are unable to be vacuumed. (IE: bike helmets) Sprays are to be used with no children present.

***School district policy and procedure will be utilized for all Head Start classrooms residing within that district. ***

MEDICATION (Policy 207)

The administration of medication in Head Start/Early Head Start Center Based will be limited to prescription and nonprescription medication ordered by a health care provider for a specific child, with written permission of the parent or legal guardian. It is best if medication can be given outside the Head Start/Early Head Start Center Based classroom. Every attempt should be made for medication administration to take place at home.

Medications Not Allowed:

Per guidance from Iowa Department of Health and Human Services, we are not allowed to administer the following medications.

- Cough or cold medications
- Folk remedies or treatments
- Expired medications
- First doses of medications
- Medications prescribed to another family member
- First Aid Creams
- Teething Gel
- Alternating schedule of acetaminophen (Tylenol) and ibuprofen

PROCEDURE:

Accepting/Returning Medications

- All medication exchanges will occur between adult-to-adult contact. No medications will be sent with children in their backpacks. If an alternative method to medication exchange is needed, the Center Supervisor, Health

Staff, and Director will collaborate to find a solution.

- When accepting any medication, a medication administration form will be filled out and signed by the parent/guardian.
- Medication shall not be used beyond the date of expiration. All expired medications will be given to the health staff.
- When needing to return any medication that is not expired, attempts will be made to return the medication to the parent/guardian. After the parent/guardian is given the medication, both the parent/guardian and staff member will sign the medication authorization form noting the return. If the parent/guardian does not respond to attempts made, the medication will be disposed of appropriately by the heath staff.

Authorization and Labeling:

- Medications will not be given unless parents/guardians have signed a medication authorization form and provided a current authorization from their health care provider.
- Authorization may not exceed the length of time the medication is prescribed for, the expiration date, or one year, whichever is less. Parents/guardians are responsible for informing staff of any change in medication orders.
- Any medication brought into Head Start/Early Head Start Center Based by the parent, legal guardian, or responsible relative of a child shall be dated, and shall be kept in the original container.
    - The container of prescription medication shall be labeled by a pharmacist with:
        - The child's first and last name.
        - The name and strength of the medication.
        - The date the prescription was filled.
        - The medication's expiration date.
        - Prescribing health professional's name.
        - The manufacturer's instructions or prescription label with specific, legible instructions for administration, storage, and disposal.
    - The container of non-prescription medication shall be in its original container, accompanied by a doctor's note, and labeled with the child's first and last name.

Handling and Storage:

- All medication shall be kept in an organized fashion, at the proper

temperature, and shall be inaccessible to children.

- Staff and volunteer medications, purses, and other personal belongings shall be inaccessible to children.
- Emergency medications will always be readily accessible to staff, including outdoor play and field trips. They will be stored in safety sacks in 1st Aid Backpacks along with the medication authorization form, physician's order, and associated health plans if applicable. First aid backpacks and any emergency medication will not be left accessible to the children.
- All non-emergency medications will be stored locked in individual zip lock bags along with the medication authorization form, physician's order, and associated health plans if applicable.
- All refrigerated medications will be stored individually in safety sacks along with the medication authorization form, physician's order, and associated health plans if applicable.
- All exceptions to the above requirements need to be approved by the Director or Health Staff.

Administration:

- All medications will be administered by a staff member who has successfully completed a standardized medication administration course including a skill assessment.
- Children will never be forced to take medication. Staff will implement strategies based on the child's individual needs to promote a positive, successful medication administration experience.
- Medications will be administered as prescribed by the physician.
- Medications will be measured with the measuring instrument provided with the medication or with a measuring instrument approved by the Health Coordinator and/or Director.
- All Staff who administer medication will follow the Six Rights (Right Child, Right Medication, Right Dose, Right Time, Right Route, and Right Documentation) and the procedures outlined by the Iowa Department of Health and Human Services based on the type of medication they are administering.

Documentation:

- After administering the medication, document the date, medication given, amount (dose), and time given on the medication authorization form. Also document any behavior changes, side effects, or negative reaction noted after administration. For meter dose inhalers also document the

meter count before initiating treatment, meter count of pumps primed (pumps until mist is seen), and meter count after treatment.

- Staff administering the medication will be responsible for documenting and signing the medication authorization form.
- You should make a notation on the medication authorization form if:
    - A child is absent for a day during the period when medication is to be administered.
    - A parent/guardian picks up a child earlier than normal and a medication is not administered.
    - A parent/guardian forgets to bring the medication and therefore no medicine can be administered.
    - The medication is stopped per parent/guardian/physician request.
- Medication lockboxes as well as first aid bags are checked monthly and documented on the First Aid Supply Inventory Sheet.

Medications Errors:

- A medication error is any violation of the 6 rights of medication administration. Medications errors can include but are not limited to the following:
    - Administering an incorrect medication
    - Administering an incorrect dose
    - Administering a medication to the wrong child
    - Administering a medication at the wrong time (too early or too late)
    - Forgetting to give a medication
    - Administering a medication by the wrong route.
- In the event of a medication error, staff will immediately notify the Director, Health Coordinator, and/or Center Supervisor. Staff will be guided to follow the most current guidance from Iowa Department of Health and Human Services based on the specific error that occurred. Parents/Guardians will be notified and an incident report will be completed.

Disposal:

- All medications requiring disposal will be given to the health staff. Disposing of the medication will be the responsibility of the health staff. Medications will be disposed of according to FDA recommendations.

Training:

- All staff will receive medication training at pre-service or upon hire through the Health Staff and through DHS Essentials.
- Select Staff who will be actively administering medication will successfully complete a standardized medication administration course including a skill assessment.
- Additional training will be provided by health staff in collaboration with the parent/guardian when applicable based on individual circumstances and needs.

Diaper Cream:

- Diaper cream is not considered a medication per Iowa Department of Health and Human Services. However, for licensing and documentation purposes, a Medication Authorization Form will be filled out and signed monthly by the parent/guardian. The program will supply A&D diaper cream or similar product if A&D is not available. Any other cream needed will need to be supplied by the parent/guardian. Staff do not need to complete a standardized medication administration training in order to apply diaper cream.

School district policy and procedure will be utilized for all Head Start classrooms residing within that district.



SUNSCREEN (Policy 218)

POLICY 218

For all licensed centers, during specified months, sunscreen will be applied to all children over six months of age enrolled in a center-based classroom.

PROCEDURE:

- Sunscreen will be applied April 1st through October 1st.

- To refuse sunscreen, a parent/guardian must provide a doctor's note.

- Sunscreen will have SPF 30 or higher. Sunscreen purchased by the program will be a brand selected by the program (often times a generic brand). If a specific brand is required for a child other than what is supplied by the program, the parent will need to supply it.

- If parent/guardian wants to supply their own sunscreen:
    - Must supply the product in its original container and clearly label the product with the child's name. When possible, the program would prefer the parent/guardian supplied sunscreen to be left at the facility.

- Staff will document in the Monthly Sunscreen Record the time frames and dates that the sunscreen was applied.

- Sunscreen will be applied in a thick layer evenly on all exposed skin areas except eyelids, mouth, and palms of hands and fingers 30 minutes prior to outside activities.

- If the parent/guardian has indicated that the child has never used sunscreen before, sunscreen must be applied by the parent/guardian for the first time before staff can apply it at the center.

- Staff will reapply the sunscreen according to label directions every 2 hours.

- Sunscreen will not be used on infants less than 6 months of age due to skin sensitivity.
    - Infants will be kept out of direct sunlight by using shade and cover-up clothing.

The school district policy and procedure will be utilized for all head Start classrooms residing within that district.



CLASSROOM PET POLICY (Policy 550)

Parents are allowed to bring family pets to the classroom. The classroom teacher will be responsible for making sure all the requirements of the Classroom Pet Policy are met.

Procedure:

1. All dogs and cats that come to the classroom must have documentation of current vaccinations.

2. No reptiles, including turtles, are allowed because of the risk of salmonella.

3. No ferrets or birds of the parrot family are allowed.

4. Any children allergic to the pet will not be exposed to the animal.

5. Teaching staff will supervise all interactions with animals and instruct children on safe behavior when in proximity of the animals.

6. Parents will obtain permission from the teacher prior to bringing the pet to the classroom.

OUTDOOR SAFETY (Policy 220)

It is the policy of New Opportunities Inc., Head Start/Early Head Start to assure that children participate in safe outdoor activities daily.

PROCEDURE

1. Children will go outside for large motor activities on a daily basis unless weather does not permit.

2. The Child Care Weather Watch Chart issued by Iowa Department of Public

Health and local news/media outlets will be used to determine if outdoor play is safe.

3. Children will be clothed appropriately for the current weather conditions before being permitted to play outdoors.

The school district policy and procedure will be utilized for all head Start classrooms residing within that district.

GoEngage Parent Portal

It is required by the New Opportunities Head Start program that families provide and verify a personal email address at the time of application. This allows you to receive the most up-to-date information about the program and your child. When you verify your email address, you can activate your Parent Portal, which helps you stay connected to your child's program. Through the Parent Portal, you can view updates, send messages, complete tasks, and easily access important information about your child's participation in Head Start. Below are the steps to verify your email and activate your Parent Portal.

🔐 Logging in to Parent Portal
After your agency sets up your account, GoEngage will send you two emails:

1. Verify Your Email
   You'll get an email asking you to confirm your email address.
   👉 Tap the link in that email to verify your account.

2. Welcome to Parent Portal
   Next, you'll receive a welcome email.
   📌 It includes your personal login link — this is the link you'll always use to log in. We recommend you bookmark it or save it in your phone for easy access.

You can utilize the link below for more information.

Parent Portal: Simple Guide for Parents – GoEngage Help

URL: https://goengage.zendesk.com/hc/en-us/articles/38458040854932-Parent-Portal-Simple-Guide-for-Parents