



Abilene ISD Early Head Start



Parent Handbook

2023-2024



**Preparing your child for school
while building partnerships with families!**

CROCKETT EARLY HEAD START
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Receipt for Policy Handbook

Child's Name: _____

I understand that a copy of the EHS Parent Handbook can be found on the Abilene ISD Website under the Crockett campus page at <https://www.abileneisd.org/early-childhood/our-campuses/crockett-early-head-start/> or I may request a hard copy to be sent home.

The EHS Parent Handbook includes the program description, attendance policies, and information regarding the types and purpose of screenings my child will receive.

Parent Signature Date

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ABILENE ISD CROCKETT EARLY HEAD START

What is Early Head Start?

- A federally funded program for pregnant women and children birth to age three
- Early Head Start staff serve as advocates and liaisons between pregnant women and service providers
- A family development program focused on school readiness for children

Why Early Head Start?

- Powerful research evidence tells us that the period from birth to age three is critical to healthy growth and development and later success in school and life. All children need and deserve early childhood experiences that provide love, warmth, and positive learning in a safe environment.

What is the purpose of Early Head Start?

- To promote school readiness with goals that focus on children's physical, social-emotional, cognitive and language development
- To support parents as their children's first and most important teacher
- To promote positive parent-child relationships
- To promote family well-being, including health, safety & increased financial security

What services can you expect from Early Head Start?

- Quality early education, including home visits
- On-going child development screening
- Family support- especially for families with newborns, infants, and toddlers, as well as pregnant and parenting teens
- Parent education, including parent-child activities
- Comprehensive health services, including services to women before, during and after pregnancy, assistance with well-baby and well-child check-ups; immunization tracking; dental screening
- Nutrition education
- Mental health services and referrals
- Ongoing support for parents through partnership development focusing on family and individual goals, referral to agencies in the community to meet specific needs and goals

These policies are written to provide a clear description of what families can expect of Early Head Start, and what Early Head Start expects of families, as we ensure school readiness for your children.

CAMPUS INFORMATION

PROGRAM DESCRIPTION

The Early Head Start program, in partnership with the Abilene Independent School District (AISD) is designed to promote child development and family self-sufficiency for qualified teens that are pregnant or have children under the age of three (3) years old.

Although EHS is specifically designed for AISD teen parents, there are designated spaces for children with diagnosed disabilities and limited spaces for **non-teen parents who are income qualified, attend school or work and live within the AISD school boundaries.**

PHILOSOPHY

It is the belief of AISD Early Head Start that:

- Parents are the first teachers and should remain the most important teachers.
- Children are born ready to learn and we are here to help you make sure your child learns what he/she can in a place specially made for their learning.
- Staff is aware of the needs and interests of you and your child. EHS provides a place that encourages good health, learning, trust, and helps your child progress toward school readiness.
- Your community, along with EHS, provides many services for you and your child such as dental and health care, support for school and work, and helping you learn about raising your child so he/she can be ready for school.

ARRIVAL AND DEPARTURE

As with all transitions, arrival and departure time can sometimes be difficult for children; often the same child who doesn't want to go to school in the morning won't want to go home in the afternoon. These arrival and departure tips can help smooth the transition for you and your child.

1. Establish arrival and departure routines with your child, realizing that different children may need different routines.
2. Upon arrival, spend a few minutes getting your child settled, but don't linger too long or your child may think that you're unsure about leaving him/her. Often "good-byes" are easier when parents leave promptly with a big smile and cheerful "See you later!"
3. Never sneak out; always say "good-bye" before you leave. This strengthens your child's trust in you; your child knows you will not disappear without warning.
4. Bring family photos to be laminated and hung on our School Family Board. Being able to look at your face during the day helps your child feel connected to you.
5. Don't be offended if your child seems reluctant to go home at departure time. It's not that your child likes school better than home, but because it's hard for children to switch gears quickly. Allowing your child to wrap up what he/she is doing will ease the transition.

Arrival Procedures

1. Crockett EHS opens promptly at 7:30a.m. Each morning before opening the premises is prepared for the children's arrival, so we are unable to accept any children for care before 7:30 a.m.
2. Children must be brought into the center by the parent or individual 16 years old or older.
3. We are required to keep a current and accurate written record of each child's arrival and departure; therefore, each child must be signed in by the person who brings him/her to the center.

4. Upon arrival, please give any medications (including diaper rash cream) to the nurse and fill out a Medication Authorization Form. Do not leave any medications, lotions, or diaper rash cream in your child's cubby or bag.
5. Parents/drop off adult will walk the child to his/her classroom.
6. To ensure health and safety for all children in the classroom, parents and children must wash their hands upon entering the classroom.
7. You will complete the Daily Information sheet that lets the teacher know about your child's night such as when he/she went to bed, any medication, etc. Your child depends on you to share information with the teacher that will keep him/her safe and healthy while with us.
8. If your child will be arriving late, in a manner different from his/her normal routine or will be absent for the day please let the office know ahead of time. If a child who is scheduled for care does not arrive within 60 minutes of his/her scheduled time without prior notification the school is required to contact his/her parents to determine the whereabouts of the child.
9. If your child has been ill and missed school, they will be required to check in with the clinic/nurse before returning to the classroom for a health check.
10. Teachers complete a health check each day that is documented on the "Daily Information Sheet". If the child appears ill or lethargic the teacher will request a nurse assessment.

Departure Procedures

1. Crockett EHS closes promptly at 4:30 p.m. Please plan so you can arrive by 4:25 to have your child ready to leave by closing time. If you are unavoidably delayed, please notify the office so we can let your child know when to expect you and keep him/her from worrying about you.
2. Be sure to allow a few minutes at departure to let your child "wind down" from the activities of the day and reconnect with you. I understand that this may be hard for tired parents, but it makes the transition home easier for your child.
3. Actively listen to your child as he/she talks about the day to gain an insight into his/her world at Crockett. Be enthusiastic about projects that come home; your approval and interest are important for the development of your child's self-esteem.
4. Remember to check your child's cubby for important information, artwork, and other items. For safety's sake please keep your child near you during departure especially on the way to your car.
5. If a child is not picked up by the center's closing time of 4:30 p.m. without previous notification the parents will be contacted. If a parent cannot be reached the school will assume an emergency exists and will contact the emergency contact person listed on the child's Enrollment Form. If parents and emergency contacts cannot be reached and the child is still in our care at 5:30 p.m., the school will call social services and arrange for the child to be picked up.

Safety During Arrival and Departure

Although we care for your child when you are away, you are the most important person in your child's life. Continuing to act as your child's primary caregiver during arrival and departure eases the transition and reinforces your connection with your child.

1. Parents are responsible for their children during arrival and departure, and any other time they are on the school premises. Please keep your child in sight to ensure your child's safety and that his/her interaction with other children, toys, and equipment is safe and appropriate.
2. For the safety of everyone, do not leave your vehicle's engine running while you are inside the school, and be sure to keep your keys with you.
3. Under no circumstances may a child be left unattended on the premises; this includes a child on foot, in a stroller, in a care or other vehicle, or in any other situation.
4. Please use the school entrance located on the front of the building facing 13th street. All exterior doors will always remain locked. You will need to ring the doorbell and the secretary will let you in once you have been identified.

5. To keep your child safe, we will only release a child to his/her parents and to persons listed on the pickup list filled out at enrollment. If anyone other than the child's parent or a person listed on the enrollment form is to pick up a child, the parent will need to add them to the pickup list that is kept in the office. One will be required to show photo ID before the child will be released to his/her custody.

In Between Arrival and Departure

The hours between arrival and departure are jam-packed with fun! Our play-based learning features daily activities that enhance self-esteem, nurture the whole child, set the stage for lifelong success, and are tons of fun for the children. If you need to pick a child up during the school day, be sure to use the doorbell to gain entrance to the school. The office staff will need to see your driver license or state ID. You will be issued a visitor badge to while on campus.

ATTENDANCE

For your child to receive the full benefit of the program and develop a predictable routine, be sure he/she is here by 8:15 a.m. If your child is going to be absent or late, **call the school by 8:15 a.m.**, to explain the reason and state when the child is expected to return.

Even if parents have a day off from work or school, EHS children are expected to attend each day. If you are going to be gone for an extended time, you will need to **obtain** prior approval. If your child is sick, please keep us informed **each day**.

Excessive absences and/or tardiness may result in a referral to the director.

Children, who continue to be absent from school and whose family has been contacted by staff and still show no improvement in attendance, may be withdrawn from the program: His/her space will be considered vacant due to the inability of EHS to provide services.

PARENT ATTENDANCE AGREEMENT

All children are expected to attend school regularly and promptly. Good attendance assures that your child will receive the greatest benefit from our program. We want your child to experience all the learning activities planned daily. Children are expected to attend a minimum of 90% each month.

Students should be in school **every day** unless they are ill. Because a long waiting list is maintained, chronic absenteeism/late arrival may result in withdrawal from the program.

- **Parents must call the school office every day that a child is absent to notify the campus secretary of a child's absence or tardy for any reason, but especially to document absences due to illness at 690-3770.**
- Students should arrive **no earlier than 7:30 a.m., and not later than 8:15 a.m.**
- **Classrooms and hallways do not open until 7:30 a.m.**
- **Early Head Start children/parents arriving before 7:30 a.m. must wait outside until 7:30 a.m.** Please do not rely on your own watch- look at the center clock in the foyer.
- Children arriving at 8:15 a.m. or later will need to check in through the office. Excess tardiness will be subject to a tardy referral to the director.
- To assure children's safety, **all children must be accompanied into the building by the parent or guardian and must be signed in and out of school daily with the campus secretary.**
- Children will not be released to anyone not on the authorized pick-up permission list. **Changes to the list must be made in person in the school office. (By enrolling parent)**
- If a child is unexpectedly absent and no contact has been made within one hour of class start time, the secretary will attempt to contact the parent/guardian to ensure the child's safety and well-being.
- If a child has been absent for two consecutive days with no contact from parent/guardian, the Family Advocate is required to contact the parent/guardian with a call or home visit to review the no contact attendance referral.
- Children not on CCS must be picked up no later than 4 p.m. Children on CCS must be picked up no later than 4:25 p.m.

- **Children with an excessive number of absences, or excessive tardiness, may be withdrawn from the program per program and campus policy.**

CHILD CARE SERVICES

Workforce Solutions' Child Care Services (CCS) program offers scholarships to help qualifying families pay their childcare expenses so they can work, go to school, attend a training program, or look for a job. Families receiving childcare scholarships must meet federal, state, and local guidelines in order to qualify for childcare assistance. Kristie Versyp, Clerical Aide, will be happy to assist you with this process. Her office is at the main office at Crockett EHS. Her extension is 8918.

COMMUNICATION / PARENTAL NOTIFICATIONS

Crockett Early Head Start supports an "Open Door" Communication Policy. The Director and Assistant Director are available to discuss any questions or concerns about the policies and procedures of the child-care center.

Procedure:

1. Parents are welcome to drop in and observe the program at any time. If consultation with a teacher is desired, please let us know ahead of time so that the teacher can make an appointment with you. The teacher wants to give you his/her undivided attention.
2. Telephone communications is encouraged. Crockett Early Head Start phone number 325-690-3770 the Director's extension is 2658.
3. Parents can expect ongoing communication with staff concerning
 - Their child's progress
 - Program activities
 - Center Operation
4. Teachers use the following methods of ongoing communication with parents:
 - Remind App
 - Home Visits, one time each semester
 - Parent Conferences, one time each semester
 - "Open Door" communication at drop off and pick up times.
 - Daily Sheets – back and forth communication between home and school
5. EHS need and want your input so we can provide the best care for the children in our school family. The following are a few ways you can share your thoughts and concerns regarding the program as a whole:
 - Parent Survey with questions about services provided, completed two times a year.
 - Policy Council & Parent Committee Meetings - The organization in which parents and families can become involved and contribute to decision-making. In Head Start settings, the voice of the Policy Council is required and very influential in program direction, design, and operations.
 - Suggestion Box – May be in front hall near the main office.
 - Open Door Policy – The administration and campus leadership team have an open-door policy. Just let the office know you would like to speak to someone, and we will be happy to visit.
6. Parents can expect information regarding community resources to be available to them at the Center.
7. "School Messenger" - callouts frequently to remind you of upcoming school events and give you important school information. We try to use as many ways as possible to reach our parents to maintain the best possible communication.
8. Each family will receive a monthly calendar with important events as well.
9. Social Media: This page was created JUST FOR YOU. Please search the link below and "like" the EHS page. It will have all the latest information about the EHS program, parent events, and educational tips and ideas for your child. Page link: <https://www.facebook.com/CrockettEHS/?fref=nf>
10. Parents are asked to make themselves familiar with the Parent Handbook which states the Center Policies and Procedures which apply to:
 - The care of the children

- The program
- The general operation of the Center

11. Parents concerned with the care of their child, or any incidents at the Center are urged to speak with the teacher, and if not satisfied talk to the Education Coordinator/Specialist then the Program Director.

CONFIDENTIALITY

Families share sensitive and personal information with EHS staff. All staff signs a statement of confidentiality upon employment with EHS. In addition, staff receives on-going training concerning the need for and importance of confidentiality. This ensures that all information about children and families is confidential and only shared with appropriate agency, program staff and parents.

EHS SERVICES

Here is what we do:

Health and wellness: Assist you in obtaining health/dental/developmental and mental wellness services. We also have information about lice, childhood disease, immunizations, etc. We want to keep everyone safe and healthy so well-baby, immunizations, pre/post-natal exams need to be kept and up to date. Your EHS staff will help you through this process.

Developmental services: All children are screened following enrollment to determine if there is a possibility of a developmental delay. This screening is required by EHS, and it is important that any delay be addressed quickly to keep children on track for school readiness. The Disabilities Coordinator works closely with families through the process and answers any questions. If a child is on an Individual Family Services Plan (IFSP), the staff works closely with the family and Early Childhood Intervention (ECI) to implement the services.

Family support: The Family Advocate is the family's support system and partner while in EHS. They help in establishing an individualized Family Partnership Agreement (FPA) that is based on each family's strengths and goals that lead to self-sufficiency and school readiness. Assistance is available in obtaining clothing, food, housing, counseling, job training, or obtaining services from community agencies. They are here to help.

Transition services: Moving through EHS- Assistance is provided to families moving into, through and out of EHS and its support services. Our staff will help your family as you come into Early Head Start so you feel comfortable leaving your child with us. We also help you prepare moving out of EHS when your child turns three years old. The Transition Coordinator works closely with families as children move into Head Start or other services after the child turns three (3) years old.

Education: The family and classroom teacher carefully plan the child's education to accomplish school readiness goals. Each child has activities developed specifically for him/her based on developmental assessments, on-going observations, and family information.

Family Advocates: guide teen parents and pregnant teens through the process of completing high school. All Family Advocates assist teens and families in developing plans for post-high school education and career goals.

Disabilities Coordinator: For children with special needs, the Disabilities Coordinator and all other specialists involved with the family and child are also included in this educational planning.

Mental Wellness: Mental wellness services are available for parents who have questions or need information about the social and emotional development of their child. The Mental Health Professional refers families to community agencies for assistance as needed. Services are also available for children through the Mental Health Professional both in the classroom and through referrals to community agencies when needed.

Volunteers: EHS believes that parents are the child's first and most important teachers. You are encouraged to volunteer in the program, on committees, in the school, etc. Your Family Advocate will discuss the possibilities

for volunteering. Foster Grandparents volunteer in our infant classrooms to have “extra hands’ for our littlest ones. All volunteers receive training in and sign a statement of confidentiality upon assignment with Early Head Start.

ENROLLMENT PROCEDURES

Enrollment in the Early Head Start program is limited to:

- Families that meet federal Early Head Start eligibility requirements
- Availability of program opening
- Eligibility criteria is available upon request. In the event there are changes to eligibility and enrollment parents will be notified in writing.

All families must complete the required application and enrollment procedures before accepting EHS services: This includes verification of family income and eligibility. The following information must be completed and submitted to the school **prior** to a child attending.

- EHS enrollment information and forms
- Immunization records, your written permission for transportation, water play, special activities, screenings, and for emergency medical care.
- Written documentation from licensed health personnel indicating the child can take part in the program

Parents will be notified of policy changes once they have been approved through the Policy Council and School Board. Notification will be done through: Remind App., Posted Notices, Parent/Teacher Conference/Home Visit, and Parent Facebook Page.

SCHOOL CALENDAR

Found in Appendix B

INCLEMENT WEATHER DAYS/SCHOOL CLOSINGS

Occasionally, it is necessary to delay or cancel school due to inclement weather. When AISD calls for school to start at 10:00 a.m., EHS will open at 8:30 a.m. and buses will run 2 hours late. Breakfast will **not** be served. Be sure to feed your child breakfast before they come to school on these delayed start days. If AISD closes school due to inclement weather, EHS will also be closed.

Announcements of school delay or closing will be made in a timely fashion through television, local radio, news, and district social media sites, and/or a parent/staff may phone call-out.

ADDRESS & PHONE NUMBER CHANGES

EHS want your child to be safe here at school, be sure to update information as soon as possible. There are several ways you can share changes to phone numbers, school or work information, address, or other family information:

- Call the school office and inform the school secretary or leave a message. (325) 690-3770
- Give the updated information to the secretary at drop off or pick up.
- Contact your Master Family Advocate; Cindy Morris, Karyn Murman, Shelly Parson, Victoria Smith, or Mindy Cheatham, through phone or “remind” app.
- Inform your classroom teacher at drop off or pick up time.
- Write the updated information on your “Daily Sheets”.
- Changes on the student “Pick-Up List” must be done in person. The Pick-Up List is a listing of authorized adults, with phone numbers, who may take your child out of school.

NON-DISCRIMINATION POLICY

EHS does not discriminate against any family based on race, color, national origin, sexual orientation, gender, religion, or level of abilities.

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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

PARKING

Parking is permitted in any unmarked spaces in front of the building. Avoid block driveways, EHS bus zone, and occupying a handicap spot without proper permit. EHS want to maintain a pleasant and positive relationship with our neighbors. To avoid a ticket, avoid parking where a sign says, “**No Parking**”.

SCHOOL HOURS, DAYS, & MONTHS OF OPERATION

EHS hours are from 7:30 a.m. to 4:00 p.m. Monday through Friday.

Families that need extended care to work, attend school, or ride the EHS bus are required to complete an application for Child Care Services (CCS). This is a program EHS contracts with and receives reimbursement for providing these extended care services. Families declining to apply for CCS will only be able to attend EHS from 7:30 – 4:00.

EHS Months of Operation: EHS follow the Abilene ISD School Calendar which include holidays, staff development days, workdays, and summer break. The current calendar may be found in the appendix on page 28 of this Parent Handbook.

SUSPENSION AND RE-ADMISSION POLICY

The AISD Crockett Early Head Start prohibits expulsion and severely limits the use of suspension due to a child’s behavior. Such suspensions may only be temporary. Suspension of a child can only happen after all alternatives have been explored when there are serious safety threats that cannot be reduced or eliminated by the provision of reasonable modifications and with approval from the program director.

Classroom teachers are required to follow the campus Behavior Management Procedure/Policy regarding a student's behavior.

Before a temporary suspension is considered necessary, a program must engage with a mental health consultant, collaborate with the parents, and utilize appropriate community resources (behavior coaches, psychologists, other appropriate specialists) as needed to determine whether no other reasonable options are appropriate.

Step 1

The Leadership Team will go into the classroom to determine if the Campus Behavior Management Plan is being followed with fidelity. If it is determined that the classroom needs assistance with the Campus Behavior Management Plan, then retraining will be completed.

Step 2

- A signed consent is obtained from parents for a full evaluation of atypical social or emotional development.

- A social-emotional and behavioral evaluation would be completed by Early Childhood Intervention (ECI).
- ECI would meet with the Parents and the EHS Mental Health/Disabilities Coordinator to explain the results.
- While the child is away from school being evaluated, the Student Support (interdisciplinary) Team members will visit the child in the home or other placement to maintain a close connection with the child and family.

Step 3

- The Student Support (interdisciplinary) Team would meet to develop an Individual Behavior Plan (IBP). The SST may visit to determine if timelines set for return to the classroom are appropriate or need to be adjusted to meet the child's progress.
- When the child has met timelines to return to the classroom, they will be transitioned according to the recommendations of ECI and the Student Support Team.
- Support staff would be available upon the child's return to school to help implement the Individual Behavior Plan.

TRANSPORTATION

- EHS provides transportation for AISD teen parents and their child, but space is very limited. We will review the Transportation Agreement with you upon your acceptance of EHS transportation. If no space is available at enrollment, your name is placed on the EHS transportation waiting list.
- If you ride our EHS bus, you MUST complete the Child Care Services (CCS) application. Transportation is not included in the regular EHS hours of operation. If CCS services are lost due to non-compliance, transportation services will be terminated.
- Transportation is not on an "as needed" basis. If you have EHS bus transportation, you are expected to use it every day. Failure to use the EHS transportation as designed will result in loss of transportation services.
- Infants and toddlers ride the bus with their parent and must be in an approved car seat appropriate to their age and weight.
- If your child is transported in a private vehicle to and from the school and EHS activities, be sure he/she is in an appropriate car seat. If you need a car seat, your Family Advocate can give you information on agencies that may help you obtain one.

TUITION/FEE

EHS is a federally funded program and there are no fees; however, your part is completing paperwork, making sure your child is here **every day**, completing school and/or maintaining your job and having good communication with your EHS staff.

VISTING THE CENTER

Come and see what is happening at EHS at any time! To keep it safe for all the children, you must check in with the office. All visitors are required to show their picture ID at the office and a visitors' badge will be issued. The office staff will keep your ID until you check out to leave.

WHAT YOU CAN EXPECT FROM YOUR STAFF

We all follow the AISD Code of Conduct and Standards of Conduct as set forth by Head Start. Immunizations for vaccine-preventable diseases will be optional for employees in the EHS program.

WITHDRAWAL/TERMINATION

Enrollment in EHS is voluntary and parents may withdraw their child at any time. Families may be dropped from the program for excessive absences and/or if EHS is unable to provide services. Your Family Advocate will visit with you if there are attendance, school, or work concerns.

CLASSROOM INFORMATION

ASSESSMENTS

- Student assessments are used to inform teaching strategies, curriculum, and classroom activities.

- Assessments are completed two to three times a year.
- Assessments used at Crockett: Teaching Strategies GOLD, eDECA (social/emotional & behavioral)

BRINGING ITEMS FROM HOME

Leave personal items at home. If you have questions, speak the Education Coach/Specialist.

SCREEN TIME/CELL PHONES/ELECTRONIC EQUIPMENT

- Refrain from using cell phones and other electronic equipment in the EHS building. EHS staff needs your full attention at this time to discuss your child’s day and any issues or questions that have come up.
- We will not use screen time activities with children under the age of two years.
- Screen time activities such as learning games and movement activities may be used to supplement, but not to replace, an activity for a child who is two years old or older.

CHILD DEVELOPMENT PROGRAM QUALITY

Your child will attend a state licensed, high-quality child-development program where he/she will meet School Readiness skills. He/she will participate in activities and experiences designed especially for infants and toddlers.

There are four indicators of a quality program:

1. teachers are responsible for fewer children
2. group sizes are small
3. staff are educated in Early Childhood or Child Development
4. parents are actively engaged

Qualities of EHS:

- Each teacher has 4 children assigned to him/her.
- There are no more than 8 children assigned to any one classroom.
- Teachers have an associate degree in Early Childhood Education or a Child Development Credential (CDA)
- You are encouraged to actively participate in the program.

For more information about program quality and staff qualifications call:

Child Care Licensing 325-691-8231
(A copy of the current CCL inspection report is posted in the lobby area)
Child Care Licensing Website—www.txchildcaresearch.org
Consumer Product Safety Commission Website—www.cpsc.gov

CHILDREN’S EDUCATION GOALS & SCHOOL READINESS GOALS

Head Start views school readiness as children possessing the skills, knowledge, and attitudes necessary for success in school and for later learning in life. Activities for infants and toddlers are designed to:

- Provide children with the skills to be prepared for his/her school years.
- Develop habits focusing on health and safety, good food, exercise and taking care of themselves through physical exercise.
- Help children feel good about themselves and develop a positive attitude toward learning to deal with later responsibilities in school and life.
- Help children learn to respect the feelings and rights of others.
- Provide opportunities to develop and expresses imagination.
- Strengthen communication skills through a language rich environment.
- Develop physical skills through indoor and outdoor activities.
- Give children opportunities to play with others regardless of differences.
- Develop the whole child by understanding each child and family is different.
- Provide a classroom for children no matter what their abilities.

CULTURAL INCLUSIVENESS POLICY

Head Start & Early Head Start believe all children have the right to equitable learning opportunities that help them achieve their full potential as engaged learners and valued members of society. Thus, all early childhood educators have a professional obligation to advance equity. They can do this best when they are effectively supported by the early learning settings in which they work and when they and their wider communities embrace diversity and full inclusion as strengths, uphold fundamental principles of fairness and justice, and work to eliminate structural inequities that limit equitable learning opportunities.

When early childhood educators use inclusive teaching approaches, they demonstrate that they respect diversity and value all children's strengths. Early childhood educators can model humility and a willingness to learn by being accountable for any negative impacts of their own biases on their interactions with children and their families. They can work to ensure that all children have equitable access to the learning environment, the materials, and the adult-child and child-child interactions that help children thrive. Early childhood educators can recognize and support each child's unique strengths, seeking through personal and collective reflection to avoid biases—explicit or implicit—that may affect their decision making related to children.

Head Start & Early Head Start recognizing the value of serving a diverse group of children and strive to increase the range of diversity among those served. Administration arranges budgets to equitably meet the needs of children and staff. Take proactive steps with measurable goals to recruit and retain educators and leaders who reflect the diversity of children and families served and who meet professional expectations. All children benefit from a diverse teaching and leadership staff. We also employ staff who speak the languages of the children and families served. We ensure any formal assessment tools are designed and validated for use with the children being assessed. Key characteristics to consider include age, culture, language, social and economic status, and ability and disability. We provide regular time and space to foster a learning community among administrators and staff regarding equity issues. Staff are given opportunities to reflect about their own cultural attitudes and behaviors as well as to uncover and change actions that reflect implicit bias toward children, families, school staff, and administrators. We believe healthy connections and collaborative relationships are vital when developing an environment of safety. All children, families, and staff belong and are welcomed at Long ELC and Crockett EHS. We establish clear protocols for dealing with children's challenging behaviors and consider potential effects of implicit bias, regularly collect, and assess data regarding whether certain policies and procedures, including curriculum and instructional practices, have differential impacts on different groups of children. Finally, we consider and address factors that create barriers to diversified participation with all program activities and meetings.

CURRICULUM

Curriculum is a guide teachers use to plan experiences where students practice and achieve proficiency in content and applied learning skills. Crockett uses two main curriculum guides:

- **Creative Curriculum/Teaching Strategies GOLD** - Teaching Strategies GOLD helps teachers create a developmental profile of each child to answer the questions, "What does this child know? What is he or she able to do?" It supports teachers through every step of the ongoing assessment cycle, helping teachers understand what to focus on, why it's important, how to gather and interpret assessment information, and how to use that information to plan meaningful learning experiences.
- **Baby Doll Circle Time** – A curriculum created by Dr. Becky Bailey, Baby Doll Circle Time provides the opportunity for young children to experience being the nurturer by interacting with their baby dolls (or teddy bear) in the same ways that we as caring adults might interact with them. This curriculum has lessons designed to support skills including attention, self-regulation, impulse control and initiative, and the teaching of language and literacy, numbers, spatial awareness, body parts and body awareness, and cooperation.

DIAPERS/CLOTHING/INDIVIDUAL SUPPLIES

- EHS provides all the diapers, wipes, bibs, etc. that your child needs while he/she is with us at EHS. Please bring an extra set of clothes and shoes.
- Children are messy so leave the "good" clothes at home as your child gets paint, glue, dirt, soup, jelly, etc. on them. This shows they have had a great day!!!!

- To help keep your child safe, tennis shoes are a good choice for school. They climb, run, ride bikes, play ball, etc. and need shoes that stay on their feet and keep sand, dirt, and wood chips from getting into their shoes. Keeping boots, flip flops, and sandals at home and helping us keep your child safe!

DISABILITIES/SPECIAL NEEDS & ACCOMMODATIONS

Developmental Delays:

Crockett partners with the Early Childhood Intervention (ECI) program to serve children with developmental delays and/or disabilities. The ECI therapists come into the Crockett classroom to help a student by means of speech therapy, physical therapy, occupational therapy, feeding therapy, or specialized skills training. Crockett staff complements the child's Individualized Family Service Plan (IFSP) from ECI when possible, which creates individualized care through the inclusive classroom environment in order to support the child's positive outcomes. We assess all of our students within the first 45 days in order to make sure their specific developmental needs are met. Our Disabilities Coordinator is Brody Powell, who can help families get the services that will best serve their child and family. You may reach Brody at 325-690-3770 ext: 8767.

Dual Language Learners:

Children who learn two languages from infancy are simultaneous dual language learners. They are learning different language systems at the same time. As they hear the sounds of their languages and interact and listen to adults and older children, infants begin to learn and sort out the sounds and sound patterns associated with each of their languages.

Adults support babies' language development by:

- Noticing what draws a baby's attention—what the baby looks at; what soothes or excites him or her
- Extending a child's actions and interests by entering into the child's play and talking about what the adult is doing (self-talk) or what the baby is doing (parallel-talk) in the adult's own language
- Using and playing with sounds and words from a baby's earliest days by rhyming, singing, and talking to help the child learn the sounds associated with the languages
- Learning from the baby's family members what their child likes and does not like and incorporating that knowledge into their interactions with the child to help increase the child's comfort and engagement

One- and two-year-old children can learn more than one language if they have sustained, ongoing, engaging experiences that use each language. Dual language learners need to interact frequently in each language to optimally develop their language skills. Dual language learners are learning the sounds associated with two different languages! They need lots of practice hearing and using the sounds of their languages.

Adults support toddlers' dual language development by:

- Use and play with the sounds of language; Rhyme, sing, chant together, and make up silly rhymes and nonsense words, like "yogurt, pogurt, nogurt!"
- Engage in many one-on-one "conversations" with each child; encourage all toddlers' attempts to talk by responding saying, adding words to what they say, or asking a question, talk with a child about something they seem very

If you have questions or concerns regarding the development of your child's language skills please contact our Education Coordinator, Denise Rister, she can be reached at 325-690-3770 ext: 1542.

GUIDANCE/DISCIPLINE

EHS believes that discipline and guidance should be consistent and based on an understanding of a child's individual needs and development. Positive guidance encourages self-discipline and acceptable behavior. EHS follow these guidelines:

- Recognizing and encouraging socially accepted behaviors.
- Developing reasonable and clear rules and expectations for older toddlers.
- Redirecting children into positive behaviors and other activities.
- Modeling expected behaviors.
- Helping children identify and express feelings in socially acceptable ways.

- Encouraging development of self-control by giving choices and guidance in solving problems. This is accomplished using Conscious Discipline.
- Using strategies that encourage self-regulation.

Conscious Discipline, used by EHS teachers, is a comprehensive self-regulation program that integrates social-emotional learning and discipline utilizing everyday events as the curriculum. EHS offers parent training and resources on Conscious Discipline throughout the school. Talk to your teacher and Family Advocate for more information.

There will be no harsh, cruel, or unusual treatment by staff, volunteers, therapists, or families while in the EHS School or attending EHS activities.

NAPTIME

Your infant sleeps and eats on demand and have his/her own crib.

If your child is over 12 months, naptime is following lunch and it is rare that a child does not sleep. If he/she does not nap, they may still have a rest time by reading a book or doing a quiet activity with the teacher.

OUTSIDE PLAY

- All children go outside every day (unless it is raining lightening, thundering, blowing sand/dirt, etc.) In hot weather we recommend parents send sunscreen. (Remember that sunscreen is considered a medication and must be signed in with the clinic staff.)
- Because EHS is located on a public-school campus, it may or may not meet all the Texas Child Care Licensing requirements for playground equipment. All EHS equipment and grounds meet the manufacturers, Head Start and AISD safety requirements. If you have any questions, please see either the EHS Director or Assistant Director.

PHYSICAL ACTIVITY POLICY

All infants and toddlers need enough active play time both indoors and outdoors throughout each day to develop and practice gross motor and movement skills appropriate to their age. Staff should model healthy active behaviors by participating in physical activity with the children as much as possible.

Infants

Outdoor time is provided daily for infants for the amount of time as tolerated by the infant. EHS staff initiates a balance of teacher directed and child directed physical activities in both outdoor and indoor settings, weather permitting. They are provided with opportunities for tummy time, reaching, grasping, pulling up, creeping, crawling, and walking in a safe, clean uncluttered area.

Toddlers

Outdoor time is provided daily for toddlers. EHS staff initiates a balance of teacher directed and child directed physical activities a minimum of 60 minutes per day. Active play both indoor and outdoor includes moderate to vigorous activities such as crawling, scooting, running, climbing, dancing, jumping; object control skills such as throwing, catching, and kicking; and stability skills such as bending, twisting, and rolling.

Safety

EHS recommends that children wear appropriate seasonal clothing and footwear such as tennis shoes, so they can participate fully, move freely, and play safely. EHS provides safe indoor and outdoor play areas that meet or exceed recommended safety standards for performing large muscle activities. EHS staff always practices active supervision.

Inclement Weather

During extreme weather conditions, infants are provided additional physical active play in the classroom for the amount of time that can be tolerated by the child. Younger toddlers are provided a motor lab time for 30 minutes in the morning, 15 minutes in the afternoon, and an additional 15 minutes of active play in the classroom.

TOILET TRAINING

Your toddler must first show signs of being “ready” to potty train. Toilet training is different for every child. Your child’s teacher has some written information to help guide you through this process. Please discuss this process with the teacher, so together you can plan for this exciting learning time.

HEALTH / NURSE

EPINEPHERINE PEN POLICY

Maintain: Check the Epi-Pen to ensure the medication has not expired, has not become discolored, and does not contain particulates or sediments.

Administer: Remove the gray safety cap from the auto-injector. Place the tip of the auto-injector against the lateral aspect of the patient’s thigh midway between the waist and knee and push the injector firmly against the thigh until the spring-loaded needle is deployed and the medication is injected (at least 10 seconds)

Dispose: Put the auto-injector in a biohazard container designed for sharp objects. Be careful not to prick yourself since the needle will now be protruding from the end of the injector.

HEARING & VISION SCREENING REQUIREMENTS/PROCEDURES

1302.42 (b) 2	(2) Within 45 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, a program must either obtain or perform evidence-based vision and hearing screenings.
1302.42 (b) 1 (i)	(i) Obtain determinations from health care and oral health care professionals as to whether or not the child is up to date on a schedule of age-appropriate preventive and primary medical and oral health care, based on the well-child visits and dental periodicity schedules as prescribed by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the state in which they operate, immunization recommendations issued by the Centers for Disease Control and Prevention, and any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems;

1. At enrollment, EHS requests a current THS exam information for Vision and Hearing screening from the current health care provider.
2. EHS follows the Texas EPSDT schedule for Vision and Hearing for birth to three.
3. EHS obtains the medical Texas Health Steps form from student’s Medicaid Health Care providers within 45 days of enrollment, and which includes the vision and hearing screening.
4. When age appropriate the Spot screening is also completed within 45 days of enrollment to enhance the THS well child visit.
5. The newborn hearing is requested at enrollment and if not able to receive it within the 45 days of enrollment, the clinic will use the OAE screener. The most current hearing and vision results are taken from the THS wellness form thereafter.

What Does an “evidence-based Approach” Mean? NCECHW defines evidence-based as: "an umbrella term that refers to the use of the **best research evidence** (found in health sciences literature) and **clinical expertise** (what healthcare providers know).

ILLNESS AND EXCLUSION CRITERIA

One of the most serious challenges facing group care for young children is preventing illness. The staff strives to maintain the highest standards of cleanliness. Proper hand washing procedures are followed and taught to children and adults working with the children. The toys, eating surfaces, sleeping equipment, toileting areas and diaper equipment are sanitized between children's use. **We need All EHS families to help with this.**

If your child is sick, keep him/her at home. If your child gets sick at school, come, and pick up!

Here are some state requirements about illness: A child may **not** attend the school if one or more of the following conditions exist:

1. If your child can't participate in all inside and outside activities.
2. If your child requires more care than the other children due to the illness.
3. If your child has any one of the following:
 - a. Armpit temperature of 100 degrees or
 - b. Tympanic (ear) temperature of 100 degrees or
4. Symptoms and signs of possible severe illness such as lethargy, abnormal breathing, uncontrolled diarrhea, two or more vomiting episodes in 24 hours, rash with fever, mouth sores with drooling, behavior changes, or other signs that the child may be severely ill; or
5. A health-care professional has diagnosed the child with a communicable disease, and the child does not have medical documentation to indicate that the child is no longer contagious.

AISD policy requires that a child **must be fever free for at least 24 hours**. Please keep in mind that if your child is sent home because of a fever, he/she may not come back to school the next day because the 24-hour period will not have lapsed. (Children must be fever free for 24 hours without fever reducing medication such as Tylenol, Motrin, etc.)

If your child is diagnosed with an excludable disease, EHS requires a doctor's statement be submitted to the clinic personnel before the child can be re-admitted.

IMMUNIZATION REQUIREMENTS/POLICY

From the time they are born, children receive numerous immunizations; there are 16 different recommended vaccines for children 0-18, some requiring multiple doses. The Advisory Committee on Immunization Practices (ACIP), CDC recommends vaccine schedules for children, adolescents and adults based on scientific evidence and the benefits of preventing infectious diseases.

Early Head Start immunization requirements serve as a safety net for children who do not receive their recommended immunizations as an infant or small child. A copy of the Up to date received immunizations are required for the child to attend and be present at school. If an exemption, then an affidavit from Austin is required to be in child's chart and on file. 2022 – 2023 Texas Minimum State Vaccine Requirements for Child-Care may be found in the appendix page 32.

MEDICATIONS

EHS clinic personnel administers medications to children with written permission signed by the parent and as stated on the medicine's label directions or as amended in writing by the physician. **ALL over the counter medication requires a written note of approval and directions from a health care provider, this includes sunscreen and insect repellent.**

Any medications brought to EHS must:

1. be in the original container
2. be labeled with your child's full name
3. state your child's age (if it is over-the-counter medication)
4. be labeled with the date (if prescribed)
5. include directions to administer the medication; and
6. include the name of the physician prescribing the medication **or**
7. name of your child's health care provider for non-prescription medication

MEDICAL EMERGENCY POLICY

Emergency Medical Treatment and Information:

If a student has a medical emergency at school or a school-related activity when the parent cannot be reached, the school may have to rely on previously provided written parental consent to obtain emergency medical treatment, and information about allergies to medications, foods, insect bites, etc. Therefore, parents are asked each year to complete an emergency care consent form. Parents should keep emergency care information up to date (name of doctor, emergency phone numbers, allergies, etc.). Please contact the school nurse to update any information that the nurse or the teacher needs to know.

We have two registered nurses and one LVN on campus who are qualified to make medical decisions. Head Start policy states an ambulance is called for life threatening injury or uncontrollable bleeding.

VACCINE PREVENTABLE DISEASE POLICY

Pertinent licensing standards: 746.3609 What is a vaccine-preventable disease?

A vaccine-preventable disease is a disease that is included in the most current recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

746.3611 States what the Vaccine-Preventable Disease Policy must include.

- (1.) Immunizations for vaccine-preventable diseases will be **optional** for employees in the EHS program. All staff are encouraged to be vaccinated as the safety of our employees and children in our care is paramount. The CDC list of vaccine-preventable diseases are listed by age:
 - Ages 19 – 26: Seasonal flu (influenza) vaccine, Td or Tdap vaccine (tetanus, diphtheria, & pertussis), & HPV vaccine
 - Ages 27 – 60: Seasonal flu (influenza) vaccine, Tdap vaccine, Td (tetanus, diphtheria) booster every 10 years, & zoster vaccine (prevent shingles)
 - Ages 60 – older: Seasonal flu (influenza) vaccine, Tdap vaccine, Td (tetanus, diphtheria) booster every 10 years, zoster vaccine (prevent shingles), & Pneumococcal vaccines
- (2.) Some vaccines may be recommended for adults because of particular job or school-related requirements, health conditions, lifestyle, or other factors. Some states require students entering colleges and universities to be vaccinated against certain diseases like [meningitis](#) due to increased risk among college students living in residential housing.
- (3.) Since the listed vaccines are not required, 746.3611 (2) is not applicable.
- (4.) Employees are not required to have vaccines; however, they are required to read and sign this policy.
- (5.) No vaccines are required at this time, so 746.3611 (4) is not applicable.
- (6.) All EHS employees are trained in Blood Borne Pathogens, hand-washing procedures and all classrooms have written procedures for handwashing, diapering, and gloving. Employees should not be in direct contact when they are ill or exhibiting signs of illness. EHS will monitor information provided to the public through the CDC and/or other sources to determine the level of risk the employee presents.
- (7.) Abilene ISD EHS program will not discriminate or take retaliatory action against any employee who does/does not receive immunizations for vaccine-preventable illness because all vaccinations are optional.
- (8.) Each employee will sign a copy of this original policy and it will be maintained in the employee's file. If the employee receives one of the vaccines listed on the attached CDC schedule, the employee will be asked to provide a copy of the immunization record to the Assistant Director.
- (9.) Failure to sign this policy will result in a written memo to personnel. Further steps including probation could result with failure to sign.

MEALS / SNACKS

EHS BREAST MILK PROCEDURES

EHS encourages breast-feeding. Breast-feeding has superior nutritional and immunity benefits for infants. We encourage mothers to express and store breast milk for bottle-feedings during the day. To handle stored breast milk in the safest way, we implement the following procedures:

1. The mother will store her milk in a bottle or bag and will refrigerate or freeze the milk. The bottle or bag should contain no more than the amount of milk the baby will drink at one feeding. (Storing milk in smaller amounts reduces the amount of milk wasted.) The milk must be labeled with the baby's name and the date/time it was expressed.
2. Storage times:
 - a. **Fresh**, refrigerated breast milk must be used within 7 days of the time it was expressed. (*Milk that will be used within 7 days of being expressed should be refrigerated, rather than frozen; immunity factors in breast milk are better preserved by refrigeration.*)
 - b. **Frozen** breast milk stored in a freezer compartment inside a refrigerator must be used within 2 weeks of the time it was expressed (*due to the varying temperature caused by frequent door-opening*).
3. Frozen breast milk will be thawed using one of the following methods:
 - a. Frozen breast milk could be thawed by swirling it by hand in a crockpot/bowl of warm water and used within 1 hour. This is known as "heat thaw".
 - b. Frozen breast milk could be thawed in the refrigerator when time permits. Label with time and date that the bottle was moved to the refrigerator and the method used for thawing ("cold thaw"). Cold thaw bottles must be used within 24 hours of the label. With this method, **never warm** the breast milk until you are ready to feed the child.
4. At the Center, breast milk will be stored in a refrigerator.
5. **NEVER HEAT BREAST MILK IN A MICROWAVE!** This method will create pockets of scalding milk that will burn the baby (and it destroys some of the beneficial properties of breast milk). At the Center, breast milk will be heated in the following ways:
 - a. By swirling the bottle/bag by hand in a crock-pot/bowl of warm water.
 - b. After heating, breast milk should be swirled gently before testing the temperature. Swirling will redistribute the cream into the milk.
6. After a bottle has been used to feed an infant over a 1-hour period, the remaining breast milk **must be discarded** and cannot be returned to the refrigerator.
7. Breast feeding is encouraged, and we provide a space for you if you want to breast feed in the clinic. The clinic, Master Family Advocates, and classroom teachers have resources available to parents who are interested. Upon enrollment breast feeding moms are given instruction for appropriate packaging, storage, serving sizes, and handling of breast milk. Breast milk is transported in a cooler on the EHS bus when necessary.

MEALS/SNACKS/BREAST FEEDING

- If your child is under 12 months old, he/she is fed "on demand" according to their own schedule. EHS participates in the Child and Adult Care Food Program (CACFP) and follows all their nutritional requirements. EHS provides all the food and formula while the child is in attendance.
- All children participate in the CACFP food service program which serves breakfast, lunch and PM snack five days a week.
- Breast feeding is encouraged, and we provide a space for you if you want to breast feed in the clinic. The clinic, Master Family Advocates, and classroom teachers have resources available to parents who are interested. Upon enrollment breast feeding moms are given instruction for appropriate packaging, storage, serving sizes, and handling of breast milk. Breast milk is transported in a cooler on the EHS bus when necessary.
- For children over the age of 12 months, breakfast is at 8:15, lunch at 11:15, and snack at 2:30. If a child arrives after a meal is completed, the parent must supervise the child at the child size table in the cafeteria until the child is finished eating.
- EHS practices family style meals where at least one adult sits at the table with children to model appropriate table manners and social skills. As age appropriate, children are encouraged to assist the teacher in setting the table, serving themselves and cleaning up as they grow toward independence.
- Due to Head Start regulations, no outside food or drink may be served or distributed to the children. Food may not be brought to program activity or inside the EHS building.
- If your child requires a special diet/formula, please give written instructions from a physician to the nurse. Clinic staff will provide you with the necessary form for your doctor.

NUTRITION EDUCATION AND PROCEDURES

Head Start recognizes the important role nutrition plays in a child's physical, social, emotional, and intellectual growth. Nutrition and physical activity also play a role in good dental health and in the prevention of chronic diseases such as heart disease, diabetes, high blood pressure, and cancer.

The goal is to help ensure that children have the opportunity to eat nutritious foods that promote proper growth, to offer experiences that will teach healthy eating habits, to reinforce choices and habits that prevent disease and support a lifetime of good health, and to provide children and families with the tools to promote physical activity.

The Head Start Program will continue to provide children with foods that contribute to their daily nutritional needs, recognizing individual differences and cultural patterns. The meals and snacks offered consist of a variety of nutritious foods that are low in sugar, sodium, and the recommended fat intake as specified by the Dietary Guidelines for Americans.

All Head Start Centers and Family Child Care Homes comply with Child and Adult Care Food Program (CACFP) or National School Lunch Program, which follow the USDA Meal Patterns. These guidelines play a critical role in supporting the wellness, health, and development of children, through the provision of nutritious foods.

Head Start is required to follow the Head Start Program Performance Standards 1302.44 Child Nutrition:

- Meet the nutritional needs of and accommodate the feeding requirements of each child.
- Children with Special Dietary Needs will complete CF/HS-27, for special meal accommodations.
- Family style meals are encouraged.
- Provide appropriate healthy snacks and meals to each child during group socialization activities in the home-based option.

In order to ensure we are following guidelines, listed below are items not served at Head Start Centers and Family Child Care Homes:

- High sugar drinks (e.g., Kool-Aid®, fruit punch, fruit drinks, sodas, and flavored waters, etc.).
- High sugar foods (e.g., Jell-O®, popsicles, cookies, ice cream, candy, and sugarcoated cereals, etc.).
- High fat foods (e.g., fried foods, chips, cookies, ice cream, buttered popcorn, pork rinds, cakes, doughnuts, etc.).
- Artificial sweeteners or products containing them (e.g., Sweet-n-Low®, NutraSweet®, aspartame, Splenda®, etc.).
- Foods high in salt (e.g., chips, salted pretzels, etc.)
- Foods that do not model healthy food choices (e.g., donuts, cookies, cocoa puffs, pop tarts, etc.)

Children under age 5 are at the greatest risk for choking injury and death. Foods that are round, hard, small, thick and sticky, smooth, or slippery are high-risk foods often involved in choking incidents. Children are required seated while eating, and actively supervised during meal times. These items include, but are not limited to, hot dogs, popcorn, whole grapes, hard candy, etc.

Due to the many food allergies, substitutions for children with allergies are provided, and precautions are taken to ensure children with allergies **do not** come in contact with such foods (e.g. nuts, citrus, soy, etc.).

Any special occasion foods must follow guidelines listed above. Foods brought must be prepared in a commercial kitchen, unopened/sealed, and follow the Head Start Child Nutrition Policy PO-DO3.

PARENT INVOLVMENT

CELEBRATIONS/HOLIDAYS

The Parent Committee selects two (2) holidays a year for families to share with the teachers and children in the classroom. Other celebrations are held throughout the year outside of the classroom such as a Christmas Party, etc.

EHS BUCKS

You receive EHS Bucks for attending parent/classroom activities, perfect attendance, Parent Committee meetings, Policy Council meetings, home visits, parent conferences, etc. These Bucks are then used at the EHS monthly store to purchase items for children and family such as, child furniture, household items, electronics, toys, clothes, etc.

MEDIA CONSENT RELEASE

Parents/Guardians are given a media consent form at enrollment. Media Consent Release, is a document that grants authorization for the school to produce, reproduce (reuse), take pictures, and print an individual picture. Pictures may be used on a classroom bulletin board and/or in presentations for school reports/activities. Parents may take pictures of their own child, however, due to safety they may not take pictures with other children included.

PARENT COMMITTEE

All EHS parents and pregnant women are a member of the campus Parent Committee and invited to participate in monthly meetings that address EHS policies and procedures and parent training. The parent committee also assists the staff in various projects to enhance the services to children and families and in planning parent education meetings and events.

PARENT CONFERENCES/HOME VISITS

Parent/teacher conferences are conducted at least twice a year by the classroom teacher. During these conferences the parent and teacher share information about the child's progress and to discuss the results of the academic and social/emotional assessments.

Home visits are scheduled at the family's convenience and are very important to ensure close communication between the teacher and family. Home visits are important because they help us get to know you and your child. They give your child's teacher a chance to see your child in his or her most comfortable place. Home Visits provide the opportunity for families to receive individualized education and support, develop goals for their children and family, and identify community resources to help meet their family's needs.

The Family Advocate also needs to visit with you to develop a *Family Partnership Agreement*. A home visit is conducted for individual families. Family Advocates will make a monthly contact with each family to ensure all family needs, educational and career goals are being met. The Family Advocate has an open-door policy and may be reached at drop off or pick up times.

PARENT TRAINING / SCHOOL FAMILY MEETINGS

EHS families are offered opportunities to socialize and attend parent trainings during the regular school year. Topics of interest to EHS families are provided to enhance parenting skills.

POLICY COUNCIL

The Head Start/Early Head Start Policy Council is made up of Head Start/Early Head Start parents and community representatives from Pre-K and Early Childhood programs. Two representatives and two alternate parents from the Parent Committee are elected from Crockett by other parents to serve on the Head Start Policy Council. This council assists in making important decisions about the Head Start and Early Head Start programs related to policies and procedures, etc. The Policy Council representatives and alternates will attend Parent Committee meetings to bring parent input and information back to the Policy Council Meetings.

Decisions are made by the Policy Council that affect the operations of the Head Start Program such as: Budgets, Personnel, Curriculum, and Types of Services provided. It is extremely important that elected representatives and/or alternates attend Policy Council meetings, orientation training, and program governance training. It equips Policy Council members to carry out their responsibilities. Policy Council meetings are held monthly at the Long Early Learning Center. Policy Council members cannot be employed or substitute regularly for Head Start/Early Head Start/or AISD.

VOLUNTEERS & IN-KIND CONTRIBUTIONS

The Federal Government requires that 20 percent of the Early Head Start grant be matched with contributions from parents and the community. These are called "Non-federal share" and consist of volunteering, attending Early Head Start activities, donating materials, working on the educational goals of children at home, serving on Policy Council, and many other ways. Parents will be asked to fill out "Non-Federal Share" forms when they

perform services, provide materials, or volunteer time to the Early Head Start program. The NonFederal Share form must be filled out completely.

Parent Participation and Involvement Parent involvement is a vital part of the Preschool Services Department. Parents are the first and primary educators of their children and we support and encourage parents to actively participate in their child's early education, growth and development. We encourage you to become actively involved in your child's education. Your input, suggestions, and observations are valuable to us. All parents are encouraged to volunteer at the center on a regular basis in whatever capacity you feel is appropriate for you. Community volunteers and former parents are also encouraged to participate in the program.

Before you can volunteer on campus you will need to go to the AISD Webpage and complete the Volunteer application. Crockett EHS Assistant Director will be happy to help you get that application completed.

SAFETY & SECURITY

CHILD ABUSE/NEGLECT

To protect the well-being and safety of children, the state of **Texas requires** anyone who suspects child abuse and neglect to report it to the proper authorities. The program staff has been trained to identify the signs and symptoms of abuse and neglect. The program is required by law to cooperate with any investigation of child abuse and neglect. Families will be notified by Child Protective Services (CPS) if they are part of an investigation. EHS is not allowed to inform families if CPS visits their child or interviews staff.

To Report child abuse, please call: 1-800-252-5400

CHILD CARE REGULATIONS

You are entitled to see the following information. You may ask the director to show you the most recent copy of:

- The minimum standards for this licensed center (Also available at hhs.texas.gov or at your local Child Care Regulation office)
- The most recent Texas Department of Family and Protective Services investigation report (Campus Parent Bulletin Board in front hallway also available at txchildcaresearch.org or at your local Child Care Regulation office)
- The most recent Texas Health and Human Services inspection report (Campus Parent Bulletin Board in front hallway also available at txchildcaresearch.org or at your local Child Care Regulation office). A copy of the most recent CCR Inspection Report may be found on the Parent Bulletin Board in the foyer at the front of school.
- Documentation of liability insurance that complies with Human Resources Code, Section 42.049
- The most recent fire marshal inspection report
- The most recent health department sanitation inspection report (Campus Parent Bulletin Board)
- The most recent gas pipe inspection report
- The licensed center operational policies
- Child Care Regulations Office is located at 4601 South 1st Suite F Abilene, Texas 79605
- If you have any concerns or complaints regarding your child's care while at Crockett you may call Mary Landeros, Administrative Technician for Child Care Regulations at 325-795-5545.
- You may reach the Texas Health and Human Services by dialing 211 on your phone or by computer <https://www.hhs.texas.gov/search?search=abilene+tx>

CHILD CUSTODY ISSUES

Early Head Start cannot legally restrict the non-custodial parent from visiting or picking up your child, unless EHS has been furnished with legally filed, executed and current documents. If the non-custodial parent is listed on the birth certificate or presents paternity confirmation, EHS must allow them to visit or pick up your child. We will call you and let you know the noncustodial parent is at the center. Therefore, it is so important that you get legal documents regarding custody.

CHOKING HAZARDS

What can I do to keep my child from choking?

Do not feed children younger than 4 years old round, firm food unless it is chopped completely. Round, firm foods are common choking dangers. When infants and young children do not grind or chew their food well, they may try to swallow it whole.

The following foods can be choking hazards:

- Hot dogs
- Nuts and seeds
- Chunks of meat or cheese
- Whole grapes
- Hard, gooey, or sticky candy
- Popcorn
- Chunks of peanut butter
- Raw vegetables
- Fruit chunks, such as apple chunks
- Chewing gum
- Raisins

Dangerous Household Items

Keep the following household items away from infants and children:

- Balloons
- Coins
- Marbles
- Jewelry
- Toys with small parts
- Toys that can be squeezed to fit entirely into a child's mouth
- Small balls
- Pen or marker caps
- Small button-type batteries
- Medicine syringes

What you can do to prevent choking

- Learn CPR (basic life support).
- Be aware that balloons pose a choking risk to children up to 8 years of age.
- Keep the above foods from children until 4 years of age.
- Insist that children eat at the table, or at least while sitting down. They should never run, walk, play, or lie down with food in their mouths.
- Cut food for infants and young children into pieces no larger than one-half inch and teach them to chew their food well.
- Supervise mealtime for infants and young children.
- Be aware of older children's actions. Many choking incidents occur when older brothers or sisters give dangerous foods, toys, or small objects to a younger child.
- Avoid toys with small parts and keep other small household items out of the reach of infants and young children.
- Follow the age recommendations on toy packages. Age guidelines reflect the safety of a toy based on any possible choking hazard as well as the child's physical and mental abilities at various ages.
- Check under furniture and between cushions for small items that children could find and put in their mouths.

EMERGENCY PROCEDURES

To ensure the safety of child, we practice all required "drills" during the year; (fire drills, emergency evacuation drills, disaster drills, lock down drills, etc.). Talk with your child's teacher if you want more information about these drills. See Appendix A

In the event of a city or national disaster situation, **DO NOT CALL THE SCHOOL.** We will call you!!!

EHS is prepared, with emergency evacuation kit that can take care of immediate needs of the children. All staff working with children has pediatric CPR/First aid and there is an AED with trained staff on campus. See

Appendix E for more information. You may request a copy or find a copy on the AISD website of the Emergency Preparedness Plan.

GANG-FREE ZONE

As a result of House Bill 2086 that passed during the 81st Legislature, Regular Session, Chapter 42 of the Human Resource Code includes section 42.064, effective September 1, 2009. This new statute requires that information about gang-free zones be distributed to parents and guardians of children in care at licensed childcare centers. The following is a tip sheet to assist in complying with the new law. This information may be posted at your childcare operation or copies may be provided to parents.

What is a gang-free zone?

A gang-free zone is a designated area around a specific location where prohibited gang related activity is subject to increased penalty under Texas law. The specific locations include day care centers. The gang-free zone is within 1000 feet of your childcare center. For more information about what constitutes a gang-free zone, please consult sections 71.028 and 71.029 of the Texas Penal Code.

How do parents know where the gang-free zone ends?

The area that falls within a gang-free zone can vary depending on the type of location. The local municipal or county engineer may produce and update maps for the purposes of prosecution. Parents may contact their local municipality or courthouse for information about obtaining a copy of a map if they choose to do so.

What is the purpose of gang-free zones?

Like the motivation behind establishing drug-free zones, the purpose of gang-free zones is to deter certain types of criminal activity in areas where children gather by enforcing tougher penalties.

What does this mean for my day care center?

A childcare center must inform parents or guardians of children attending the center about the new gang-free zone designation. This means parents or guardians need to be informed that certain gang-related criminal activity or engaging in organized criminal activity within 1000 feet of your center is a violation of this law and is therefore subject to increased penalty under state law.

When do I have to comply with the new requirements?

The law is already in effect, so providers should begin sharing information regarding gang-free zones immediately. Licensing staff will offer technical assistance to facilitate compliance until rules are proposed and adopted, which is estimated to occur in March 2010. In the meantime, providers should update their operational policies and procedures to include providing the information mandated by this law to the parents or guardians of the children in care.

For further information please contact your licensing representative or your local licensing office.

JEWELRY

Unfortunately, jewelry is considered not only a choking hazard but has also been proven to be a strangulation hazard with infants and toddlers. I understand the complexity regarding this issue and the cultural sensitivity it may bring. Consideration regarding Federal and State regulations must be followed to ensure the health and safety of children in care and to mitigate risk to prevent child injury or death. Children are prohibited from wearing jewelry for these reasons.

LIABILITY

EHS carries liability insurance as required by Child Care Regulations.

RELEASE OF CHILDREN / DROP OFF & PICK UP

- Toddler Hall Sign-in sheets will be located at the desk before entering the Toddler Hallway. When dropping off your child in the mornings, you must sign them in with your name and time.
- Infant Hall Sign-in sheets will be located at the front office. When dropping off your child in the mornings, you must sign them in with your name and time.
- When picking up your child all sign-out sheets will be located at the front office.
- Daily sheets for parent/teacher communication are located in the classroom. The parent portion needs to be filled in completely. This includes who will pick up your child and what time.

- Your child will be released only to the parents, or a person (18 years of age or older) designated by the parent on the Pickup List.
- A photo ID will be required to enter the building each day between 8:15AM – 3:30PM. You will be given a visitors badge that must be worn while on campus. The front desk will keep your ID while you are on campus, and it will be returned once you return your visitors' badge.
- You are not required to leave an ID with the front desk if you drop off before 8:15AM or pick up after 3:30PM.
- Once your child is signed out of the Center and has left the classroom, the parent or person picking the child up assumes responsibility for the child.

RESTRICTIVE DEVICE POLICY

Restrictive infant equipment such as swings, stationary activity centers, infant seats (e.g., bouncers), molded seats, etc., if used, should only be used for short periods of time **(a maximum of fifteen minutes twice a day)**

- Infants should not be placed in equipment until they are developmentally ready.
- Infants should be supervised when using equipment.
- Safety straps should be used if provided by the manufacturer of the equipment.
- Equipment should not be placed on elevated surfaces, uneven surfaces, near the top of stairs, or within reach of safety hazards.
- Infants should not be allowed to sleep in equipment that was not manufactured as infant rest/sleep equipment.
- The use of jumpers (attached to a door frame or ceiling) and infant walkers is prohibited.

Restrictive Device Concerns:

Socially

- Less time spent interacting with baby. Babies experience relationships through their senses. Touch is especially important; holding and stroking stimulates the brain to release hormones necessary for growth.
- Fewer opportunities for babies to play with each other and develop friendships. Infants as young as four months can initiate and form friendships.

Physically

- There is an increased risk of Sudden Infant Death Syndrome (SIDS) if an infant sleeps in any position or piece of equipment (such as a bouncer) other than flat on his/her back in a safety approved crib.
- Bouncy chairs, car seats, swings, etc. are contributing to an increase in misshapen skulls and delayed motor skills such as crawling, rolling and walking.
- These Young infants (especially newborns) haven't developed any of their resting muscles yet. This means that if their head flops forward, they don't have the muscle tone to be able to lift their head back up. And in some cases, if their head flops forward, this could obstruct the infant's airway. The lack of oxygen could ultimately contribute to SIDS (sudden infant death syndrome).

Bouncy Policy

- If a child has a medical condition that requires them to sit up, a care plan will be placed by a physician. The child will still only be able to sit in the bouncer for 15 minutes according to guidelines. The nurse will monitor to ensure instructions of the care plan are followed.
- Bouncers must have an individual timer.
- Infant bouncer seats must be placed on the floor when putting a child into the bouncer.

- Utilize straps or restraints while the child is in the bouncer, and make sure they fit appropriately (not too tight and not too loose).
- Don't carry the baby when they are in a bouncer seat.
- A baby should always be monitored whenever they're in a baby bouncer. Do not leave a baby unattended, even if it's for a short period of time.
- Bouncers may be used for children 1 – 5 months and for only 15 minutes at a time. §746.2417 (B) Not seated in any restrictive device for more than 15 minutes, unless the infant is eating or being transported [High];
- Sleeping children are moved immediately to a crib. §746.2426. (1) You may not allow an infant to sleep in a restrictive device [High]; and (2) If an infant falls asleep in a restrictive device, you must remove the infant from the device and place the infant in a crib as soon as possible [High].
- Once a baby weighs 20 pounds, can sit up on their own, or are five months old (whatever comes first), stop using a baby bouncer.

SAFE SLEEP POLICY (Texas Health & Human Services Form 2550)

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

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

- Do not swaddle an infant for sleep or rest unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [§746.2428 and §747.2328].

Thank you for trusting the EHS staff to partner in the care of your child!

These agencies provide regulations and monitor the program to ensure your child receives the best education and care possible.

**Abilene Independent School District (AISD)
Office of Head Start (OHS)
Texas Department of Family and Protective Services (TDFPS)
Child Care Services (CCS)
Child and Adult Care Food Program (CACFP)
Health Department
Fire Department**

IN AN EMERGENCY WHEN YOU HEAR IT. DO IT.

LOCKOUT! Get inside. Lock outside doors.

TEACHERS:

Bring everyone indoors
Lock outside doors
Increase situational awareness
Business as usual
Take attendance



LOCKDOWN! Lock, lights, out of sight.

TEACHERS:

Lock interior doors
Turn out the lights
Move away from sight
Do not open the door
Maintain silence
Take attendance



EVACUATE! To the announced location.

TEACHERS:

Lead evacuation to location
Take attendance
Notify if missing, extra or injured students



SHELTER! Hazard and safety strategy.

TEACHER:

Hazard:	Safety Strategy:	Actions:
Tornado	Evacuate to hallway	Take attendance
Hazmat Seal the room		Notify is missing or injured student
Earthquake	Drop, cover and hold	
Tsunami	Get to high ground	



FIRE! Hear alarm, follow closest emergency exit route.

TEACHERS:

Lead evacuation to location
Take attendance
Notify if missing, extra or injured students



HOLD! - In your classrooms- Clear the halls and bathrooms. A temporary situation inside needs to be resolved before students can be released.

TEACHERS:

Lock all doors and Windows
Take attendance of your children
Keep children inside the classroom until “hold” is released
Do not allow anyone in or out of classroom





2023-2024 Academic Calendar

Jul 2023							Aug 2023							Sep 2023							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
						1				1	2	3	4	5						1	2
2	3	4	5	6	7	8	6	7	8	9	10	11	12	3	4	5	6	7	8	9	
9	10	11	12	13	14	15	13	14	15	16	17	18	19	10	11	12	13	14	15	16	
16	17	18	19	20	21	22	20	21	22	23	24	25	26	17	18	19	20	21	22*)	23	
23	24	25	26	27	28	29	27	28	29	30	31			24	25	26	27	28	29	30	
30	31												12							20	

Oct 2023							Nov 2023							Dec 2023							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
						1				1	2	3*)	4							1	2
8	9	10	11	12	13	14	5	6	7	8	9	10	11	3	4	5	6	7	8	9	
15	16	17	18	19	20	21	12	13	14	15	16	17	18	10	11	12	13	14	15	16	
22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22*)	23	
29	30	31					26	27	28	29	30			24	25	26	27	28	29	30	
						20							17	31						10	

Jan 2024							Feb 2024							Mar 2024								
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S		
						1						1	2	3							1	2
7	8	9	10	11	12	13	4	5	6	7	8	9	10	3	4	5	6	7	8	9		
14	15	16	17	18	19	20	11	12	13	14	15	16*)	17	10	11	12	13	14	15	16		
21	22	23	24	25	26	27	18	19	20	21	22	23	24	17	18	19	20	21	22	23		
28	29	30	31				25	26	27	28	29			24	25	26	27	28	29	30		
						15							20	31						15		

Apr 2024							May 2024							Jun 2024						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
						1				1	2	3	4							1
7	8	9	10	11	12	13	5	6	7	8	9	10	11	2	3	4	5	6	7	8
14	15	16	17	18	19	20	12	13	14	15	16	17	18	9	10	11	12	13	14	15
21	22	23	24	25	26	27	19	20	21	22	23*)	24	25	16	17	18	19	20	21	22
28	29	30					26	27	28	29	30	31		23	24	25	26	27	28	29
						21							17	30						0

Student Days	
Total Student Minutes	76620
State Required Minutes	75600
Minute Difference	1020

Teacher Days	
Days with students	174
Professional Development Days	6
Work Days	4
Alternative Staff Development	3
Total Teacher Days	187

Grading Periods	
Grading Period 1	Aug. 16 - Sept. 22
Grading Period 2	Sept. 25 - Nov. 3
Grading Period 3	Nov. 6 - Dec. 22
Grading Period 4	Jan. 9 - Feb. 16
Grading Period 5	Feb. 20 - Apr. 5
Grading Period 6	Apr. 8 - May. 23

Key Dates	
AIISD First Day of Classes	Aug. 16
Last Day of AIISD Classes	May 23
Graduation - Abilene High	May 24
Graduation - ATEMS, Cooper High	May 25

Holidays	
Labor Day	Sept. 4
Columbus Day	Oct. 9
Thanksgiving	Nov. 20-24
Winter Break	Dec. 25-Jan. 5
MLK Holiday	Jan. 15
President's Day (student holiday)	Feb. 19
Spring Break	Mar. 11-15
Good Friday	Mar. 29
Memorial Day	May 27
Juneteenth	June 19
Independence Day	July 4

First Semester Days - 85
Second Semester Days - 89

Calendar Key		
{ } Semester Grading Period Begins or Ends	Professional Development Day	Holidays
* Early Release Days (1pm Elem, 1:30 Sec.)	Alt. Staff Development Day (AIISD Closed)	Work Day

Appendix C

2022 - 2023 Texas Minimum State Vaccine Requirements for Child-Care and Pre-K Facilities

This chart summarizes the vaccine requirements incorporated in the Texas Administrative Code (TAC), Title 25 Health Services, §§97.61-97.72. This chart is not intended as a substitute for consulting the TAC, which has other provisions and details. The Department of State Health Services (DSHS) is granted authority to set immunization requirements for child-care facilities by the Human Resources Code, Chapter 42.

A child shall show acceptable evidence of vaccination prior to entry, attendance, or transfer to a child-care facility in Texas.

Age at which child must have vaccines to be in compliance:	Minimum Number of Doses Required of Each Vaccine							
	Diphtheria / Tetanus / Pertussis (DTaP)	Polio	Hepatitis B (HepB) ¹	<i>Haemophilus influenzae</i> type b (Hib) ²	Pneumococcal conjugate vaccine (PCV) ³	Measles, Mumps, & Rubella (MMR) ^{1,4}	Varicella ^{1,4,5}	Hepatitis A (HepA) ^{1,4}
0 through 2 months								
By 3 months	1 Dose	1 Dose	1 Dose	1 Dose	1 Dose			
By 5 months	2 Doses	2 Doses	2 Doses	2 Doses	2 Doses			
By 7 months	3 Doses	2 Doses	2 Doses	2 Doses	3 Doses			
By 16 months	3 Doses	2 Doses	2 Doses	3 Doses	4 Doses	1 Dose	1 Dose	
By 19 months	4 Doses	3 Doses	3 Doses	3 Doses	4 Doses	1 Dose	1 Dose	
By 25 months	4 Doses	3 Doses	3 Doses	3 Doses	4 Doses	1 Dose	1 Dose	1 Dose
By 43 months	4 Doses	3 Doses	3 Doses	3 Doses	4 Doses	1 Dose	1 Dose	2 Doses

↓ Notes on the back page, please turn over. ↓

Rev. 03/2022

Requisitos mínimos de vacunación en el estado de Texas de 2022 a 2023 para centros de cuidado infantil y de prekinder

Esta gráfica resume los requisitos de vacunación incorporados en las secciones 97.61 a 97.72 del título 25 (Servicios de salud) del Código Administrativo de Texas (TAC). La gráfica no pretende sustituir la consulta del TAC, el cual contiene otras disposiciones y detalles. Según lo dispuesto en el capítulo 42 del Código de Recursos Humanos, se confiere al Departamento Estatal de Servicios de Salud (DSHS) la facultad de establecer los requisitos en materia de inmunización para los centros de cuidado infantil.

Los niños deberán presentar comprobantes de vacunación aceptables antes de inscribirse, asistir o ser transferidos a un centro de cuidado infantil en Texas.

Edad a la que el niño debe recibir las vacunas para cumplir con los requisitos:	Número mínimo de dosis necesarias de cada vacuna							
	Difteria / tétanos / tos ferina (DTaP)	Polio	Hepatitis B (HepB) ¹	<i>Haemophilus influenzae</i> , tipo b (Hib) ²	Vacuna anti-neumocócica conjugada (PCV) ³	Sarampión, paperas y rubeola (MMR) ^{1,4}	Varicela ^{1,4,5}	Hepatitis A (HepA) ^{1,4}
De 0 desde 2 meses								
Antes de los 3 meses	1 dosis	1 dosis	1 dosis	1 dosis	1 dosis			
Antes de los 5 meses	2 dosis	2 dosis	2 dosis	2 dosis	2 dosis			
Antes de los 7 meses	3 dosis	2 dosis	2 dosis	2 dosis	3 dosis			
Antes de los 16 meses	3 dosis	2 dosis	2 dosis	3 dosis	4 dosis	1 dosis	1 dosis	
Antes de los 19 meses	4 dosis	3 dosis	3 dosis	3 dosis	4 dosis	1 dosis	1 dosis	
Antes de los 25 meses	4 dosis	3 dosis	3 dosis	3 dosis	4 dosis	1 dosis	1 dosis	1 dosis
Antes de los 43 meses	4 dosis	3 dosis	3 dosis	3 dosis	4 dosis	1 dosis	1 dosis	² dosis

↓ Notas al reverso, por favor dé la vuelta. ↓

Rev. 03/2022