

FRIENDS OF CHILDREN OF MISSISSIPPI, INCORPORATED

HEAD START/EARLY HEAD START

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FLOWOOD, MS 39232

(601) 321-0960

FAMILY & COMMUNITY ENGAGEMENT

(PARENT HANDBOOK)

2024-2025



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Friends of Children of Mississippi, Inc. (FCM, Inc.) Head Start (HS)/ Early Head Start (EHS) will institute the following prevention strategies in cooperation with recommendations from the Center for Disease Control (CDC), federal, state and local safety laws and regulations with which the agency must comply with to ensure its staff and children are safe.

1. **Vaccination** – The agency is promoting vaccination for adults and children. Vaccination is currently the leading health prevention strategy.
2. FCM, Inc. has removed the mask wearing mandate for children; **however, they may be required to wear face masks at identified centers during the time of high COVID-19 levels within the county and/or high COVID-19 cases within the center.** The Early Childhood Development and Health Service Director will notify the Center Manager and in turn, parents will be notified whenever the children shall wear masks.
3. **Physical Distancing and Cohorting** – FCM, Inc. will implement physical distancing to the extent possible. When it is not possible to maintain physical distance, other strategies will be used, such as cohorting, wearing masks, handwashing, covering coughs and sneezes, and regular cleaning to help reduce transmission.
Cohorting means to keep people together in a small group and having each group stay together throughout the entire day. Cohorting will be used to limit the number of children and staff coming in contact with each other.
4. **Ventilation** – the use of clean air machines at all facilities that will reduce the number of virus particles in the air.
5. **Handwashing and Respiratory Etiquette** – **FCM, Inc. staff will teach and reinforce handwashing with soap and water for at least 20 seconds and respiratory etiquette (covering coughs and sneezes) to keep from getting and spreading infectious illness.**
6. **Staying Home When Sick and Getting Tested** – children and staff who have symptoms of infectious illness, such as influenza (flu) or COVID-19, RSV, etc. should stay at home and be referred to their healthcare provided. FCM, Inc. encourage parents to be on alert for signs of illness in their child. Pay particular attention to:
 - Fever (temperature **100.0 °F (38.0°C)** or higher)
 - Sore throat
 - Uncontrolled cough that causes difficulty breathing
 - Diarrhea, vomiting, or stomachache

- New onset of severe headache, especially with a fever

**People who have a fever of 100.0 °F (38.0 °C) or above or other signs of illness will not be admitted to the facility.*

7. **Contact Tracing in Combination with Isolation and Quarantine** – the agency will report, to the extent allowable by applicable privacy laws, positive cases to state or local health department and families as soon as informed. However, if you have been exposed to someone who has COVID-19, you should quarantine for 4 days and return on the 5th day. You should also wear a mask indoors in public following exposure or until your test results is negative. **You should isolate for 7 days if your test results is positive.**
8. **Cleaning and Disinfecting** – the facility will be clean and disinfected daily to remove potential virus particulates.

Coronavirus:

Also, known as (COVID-19) is an illness by a virus that can spread from person-to-person. COVID-19 symptoms can range from mild (or no symptoms) to severe illness. These symptoms are fever, dry cough, tiredness, aches and pains, sore throat, diarrhea, conjunctivitis headache, loss of taste or smell, a rash on skin, discoloration, difficulty breathing, chest pain or pressure, and loss of speech. Persons can become infected from direct contact by respiratory droplets when an infected person coughs, sneezes, or talk and by indirect contact by touching a surface or object that has the virus on it, and then by touching your mouth, nose, or eyes. This is a class one reportable disease. **After seven (7) full days of full isolation, the child may return to the center on the eight (8) calendar day, free of symptom and fever, after self-quarantine and must receive clearance from doctor. (No COVID test is needed.)**

If a child has been exposed to COVID-19; he or she is required to wear a mask for ten (10) days. For children under the age of two (2) masks are not required.

Friends of Children of Mississippi, Inc.
Head Start/Early Head Start
5-Year Program Goals

FCM, Inc. HS/EHS will:

1. Provide for a safe and healthy environment for children, families and staff.
2. Maximize opportunities for children to be ready for school.
3. Provide for a system that promote the full engagement of families and community partners.
4. Implement a system that ensures effective oversight and efficient management and fiscal integrity.
5. Provide for a comprehensive Eligibility, Recruitment, Selection, Enrollment and Attendance (ERSEA) program.



EARLY CHILDHOOD DEVELOPMENT & HEALTH SERVICES

The Early Childhood Development and Health Service (ECDHS) Unit consists of the following service areas for Head Start and Early Head Start:

- ◆ Child Health and Development Services

- ◆ Education and Early Childhood Development
- ◆ Child Health and Safety
- ◆ Child Nutrition
- ◆ Child Mental Health
- ◆ Disability Services
- ◆ Child Transition Services

The goal of the ECDHS unit is to provide a quality comprehensive child development program, which enhances children social competencies, assist families in becoming self-sufficient and serve as advocates for children.

Parents are recognized as the primary educators of their children. Parents are their children first and foremost teachers. They have valuable information to share about their children's learning process. A Parent Education Partnership (PEP) Program has been developed to assist parents in making the most of these crucial early learning years to give children the best possible start in life.

CHILD HEALTH & DEVELOPMENT SERVICES

One of the goals of FCM, Inc. Health Services Unit is to provide and promote a comprehensive health program that advocates preventive health and early intervention. These services include medical / dental screenings/examinations, needed follow-up if any, dental disease prevention and health education.

If this goal is to be accomplished, your involvement as a parent and/or guardian of an enrollee is crucial.

MEDICAL AND DENTAL

Each enrollee is required to have an annual physical and dental examination. If your child is enrolled in the Medicaid or CHIP program, please make an appointment with his/her medical and dental provider for an examination. If the examinations find any problems, an appointment should be made to correct them. Before leaving the physician and dentist office, ask for a copy of the results of the examination and treatment. Bring the copies to the center to be placed in your child's health folder for record keeping and review by our staff.

HEALTH SCREENING

In addition to the medical and dental examinations, your child will benefit from a number of screenings offered at the center for all enrollees. Trained personnel will perform these health screenings within 45 days of your child's entrance into the center or they may be scheduled before the center opens. You will be notified of these screenings at least three days in advance, so you and your child may be in attendance.

Screenings performed are:

- ◆ Growth Assessment: your child's height and weight will be measured.
- ◆ Vision Screening: a doctor or trained staff person will check your child's eyes to determine if he/she sees correctly and if both eyes move properly (enrollees three {3} and over).
- ◆ Hematocrit / Hemoglobin: a trained professional will take a drop of blood from your child's finger for determining if he/she is anemic and have a normal supply of red blood cells.
- ◆ Hearing: a professional will test your child's hearing using an Audiometer to determine if he/she hears sound well (enrollees three {3} and over).
- ◆ Speech/Language: a professional will screen your child's to determine if his/her speech and language is appropriate for his/her developmental age (enrollees three {3} and over).
- ◆ Blood Pressure: a trained professional will take a reading of your child's blood pressure to insure that it is within the normal range for a child.
- ◆ Lead Screening: a trained professional will take a small drop of your child's blood to determine if the lead content is within the normal range for a child.
- ◆ Developmental: a teacher or caregiver will utilize a standardized developmental screener to screen your child. This will provide a sampling of your child's learning and developmental skills in a broad range of developmental areas.
- ◆ Physical Examination/Well-Bay Checks or Visits: a physician or Nurse Practitioner will do a head to toe examination of your child to ensure all systems are functioning correctly and to examine any system or region made suspect by either the health history, screenings or classroom teacher.
- ◆ Dental Examination: a dentist will examine your child for cavities and/or other dental problems (enrollees two {2} and over).

The agency's Dental Disease Prevention Program will be offered to your child (ren) which consist of:

- ◆ Daily Tooth Brushing: your child will be supplied with his/her own soft bristled toothbrush to brush with at the center twice daily. The unit staff will apply a small amount of fluoridated toothpaste to your child's toothbrush to assist in the cleaning process. Early Head Start enrollees' teeth will be cleaned with a soft cloth after meals until their motor skills are developed properly to be given a toothbrush.

HEALTH EDUCATION

Health education is incorporated into the daily lesson plan of the unit. Your child will be told of important preventive health measures, safe practices and introduced to community health providers. Each screening and/or examination will be explained to the child prior to receiving.

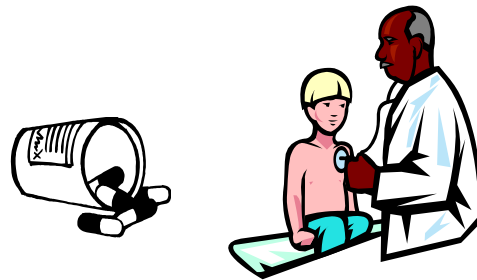
PARENT CONSENT

We need consent, from you the parent, before your child can participate in these screenings / examinations: follow-up service and dental disease prevention program. If you did not check “yes” (Parental Consent/Agreement for Health Screenings) for your child to participate in these programs during enrollment, please contact your center. If you checked “yes”, your child will be included in these services.

FOLLOW-UP SERVICE

If problems are detected as a result of the screening and/or examination, the center staff will notify the parent and/or guardian. The center staff, parent and/or guardian, along with your child’s health care provider will agree on a plan of action to correct the suspected problem.

ADMINISTRATION OF MEDICATION



In cases where it becomes necessary to administer medication during in-school hours, per the directives of a physician, the following procedures will be strictly adhered to:

- ❖ **Only prescribed medication will be administered.**
- ❖ **Medication must be in its original bottle and must contain the child’s name and procedures for administration.**
- ❖ Parent and/or legal guardian must complete the consent form for administering medication in its entirety.

EDUCATION AND EARLY CHILDHOOD DEVELOPMENT

The trend in Early Childhood Education throughout our country is that a high quality early childhood program must provide a safe and nurturing environment that promotes the physical, social, emotional, language and cognitive development of young children while responding to the needs of the families.

School readiness is foundational across early childhood systems and programs. It means children are ready for school, families are ready to support their children's learning, and schools are ready for children.

Head Start views school readiness as children possessing the skills, knowledge, and attitudes necessary for success in school and for later learning and life. Physical, cognitive, social, and emotional development are all essential ingredients of school readiness. Core strategies are put in place to address school readiness.

* The process of professionals making decisions about the well-being and education of children based on at least three important kinds of information/knowledge.

1. What is known about child development and learning – knowledge of age related human characteristics that permits general predications within an age range about what activities, materials, interactions, or experiences will be safe, healthy, interesting, achievable and also challenging to children;
2. What is known about the strengths, interests and needs of each individual child in the group to be able to adapt for and be responsive to inevitable individual variation and their families; and
3. Knowledge of the social and culture contexts in which children live to ensure that learning experiences are meaningful, relevant and respectful for the participating children and their families.

- *Source: Developmentally Appropriate Practice in Early Childhood Programs Revised Edition, National Association for the Education of Young Children*

This philosophy is also based on the premise that children learn through play. The child's experiences are individually, culturally and chronologically appropriate. No matter what their abilities, all children are included in this philosophy. Children with special needs are placed in a regular unit environment. This practice, which is referred to as mainstreaming (inclusion), allows children to learn in a less restrictive environment. All children gain skills by interacting with each other. Adults serve as facilitators, allowing the children to move through a variety of attractively arranged learning centers interacting with other children, supplies and equipment. This approach instills positive self-image, critical thinking skills, creativity and self-discipline. The child completes tasks at his own level of development and pace. This ensures that the child is ready to continue on a path toward a successful process. The child's process of learning, rather than the end result is the major factor.

The challenge to the Education and Early Childhood Development content service area is to provide a quality comprehensive child development program which enhances social competencies; assist families in becoming self-sufficient; and serve as advocates for children and families.

Friends of Children of Mississippi, Inc. offers an Early Head Start (EHS) program that serves infants and toddlers under the age of three (3), and pregnant women/expectant mother. Our EHS program provides intensive comprehensive child development and family support services to low-income infants and toddlers and their families, and to pregnant women and their families. They are designed to nurture healthy attachments between parent and child (and child and caregiver). Services encompass the full range of a family's needs from pregnancy through a child's third birthday.



CHILD HEALTH AND SAFETY



Children are naturally curious about people and objects in the world around them. They spend much of their time exploring and learning. At the same time, their small bodies are growing quickly and becoming more mobile. A child's developing body, however, is less skilled and more prone to injury than an adult's.

We can teach toddlers and children safety in two ways. First, we can set an example of safe behavior by acting safely ourselves. Second, we can encourage children to act safely by giving them simple, clear instructions about what they should and should not do.

Friends of Children of Mississippi, Inc. centers are designed to an acceptable knowledge of safety awareness both indoors and out. Safety procedures are established and training provided for all staff and enrollees to include the classroom setting, transportation, fire, tornado drills, playground, kitchen and first aid.

Our main objective is to ensure all staff is trained on preventive measures to minimize the probability of accidents occurring. Safety education does not stop with the staff. Safety education will be taught to the children at an early age in hope to form good safety attitudes and habits. We realize that we cannot prevent all hazards from occurring, but with proper safety education and training, they can certainly be minimized.

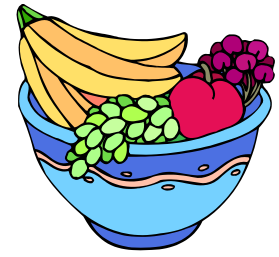
CHILD TRANSITIONS

Children experience many transitions, including from home to an early care and education setting, between age groups or program settings, and from preschool to kindergarten. Supporting these transitions for children, families, and staff is critically important because even positive change can be challenging.

FCM, Inc. uses continuity of care practices to support parents and children in this process; this is the strategy of making sure that your child maintains the same caregiver while he or she is in Early Head Start and the same teacher during his enrollment in Head Start. FCM, Inc. provides ongoing communication with local schools and other programs receiving Head Start or Early Head Start children, to exchange information about children and programs and to align services for early learning, health, and family engagement. Four year olds participate in cross visit field trips at their local kindergarten, transition conferences are conducted with parents in preparing for transitioning. Classrooms adopt practices that enable children to be ready for their next learning environment.



CHILD NUTRITION



FCM, Inc. participates in the Child Adult Care Food Program (CACFP). The main goal of this program is to ensure that children receive healthful meals and snacks and childcare providers receive training in nutrition. Children and providers learn about food and healthy eating.

The United States Department of Agriculture (USDA), through the Mississippi Department of Education - Office of Child Nutrition, helps this agency pay for meals and snacks that meet nutrition requirements for breakfast, lunch and afternoon snack. A meal pattern outlines the kinds and amount of food that must be served.

Your child will be provided breakfast, lunch, and an afternoon snack. He/she will also receive a second afternoon snack if he/she is enrolled in the aftercare program. These meals provide for approximately 2/3 two-thirds of your child's daily requirements for nutrients.

As a parent, you will be afforded the opportunity to receive monthly menus, training/education in the selection and preparation of foods to meet family needs, guidance in home and money management and help in consumer education to assist you in fulfilling your role in the nutritional health of your family. This information may be presented in the form of workshops, training sessions, health fairs, newsletters, handouts or information available in the parent lending library.

Your input as well as that from the community at large is welcomed for the planning, implementation and evaluation of our nutrition services. We invite you to submit favorite menus or recipes of your family that can be incorporated into our menus.

No foods shall be brought from home into the center to be consumed by children. Neither can food be prepared by persons other than FCM, Inc. staff to be consumed by children (i.e., cookouts, picnic, etc.).

This policy is designed to protect all the children in our care from food borne illness. Food borne illness and poisoning can result from food that is improperly prepared or stored. To ensure that the food the children in our care eat is nutritious and safe, menus are planned and food is purchased from reputable food distributors and prepared by trained food service staff.

At the end of each month, the center may provide cake and ice cream to celebrate birthdays as part of the meal. This will eliminate the need for outside food to be brought in.

If your child requires a special diet, we will provide for that child's needs. However, we must have written documentation from a medical authority (Doctor, nurse, nutritionist) telling us what needs to be eliminated or substituted and the reason for the needed change. If a change is needed for religious reasons, then a statement signed by a clergy is needed.

For children younger than three enrolled in the program, there are special eating issues that we must discuss with parents. These include nursing, weaning, introducing solid foods, and allergies. Infants especially are fed on demand. The program provides formula and baby food based on information gained from parents. We follow recommendations outlined by USDA's meal pattern, the state Department of Health and the WIC Nutrition program for feeding young children.

You are welcome to join us for a snack or meal whenever you can. Your child will love having you with us. So will us! You will have a chance to see how we do things so you can ask questions and make suggestions. Of course, if you are nursing your child, please come anytime. We will find a comfortable place where you can feed your baby without interruption.

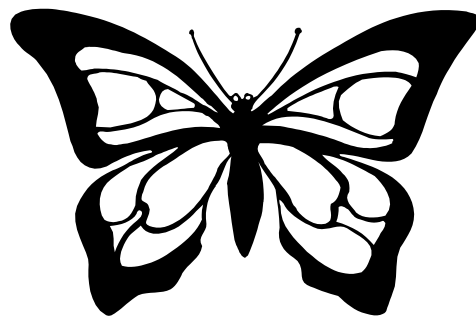
DISABILITY SERVICES

“HEAD START IS FOR CHILDREN WITH DISABILITIES TOO!”

Many people are unaware that Head Start and Early Head Start has a “front runner” reputation for serving children with disabilities. Since 1972, Head Start has afforded “inclusion” opportunities for disabled children with normally developing preschoolers, as well Early Intervention services for infants and toddlers, since 1992. Head Start services are provided in collaboration with local education agencies, while Early Head Start services are coordinated with State and Federal Early Intervention programs. Few services are provided through consultant services.

Children are provided services in thirteen (13) diagnostic categories that include:

- ◆ specific learning disabilities
- ◆ speech or language impairments
- ◆ other health impairments
- ◆ autism
- ◆ developmental delay
- ◆ intellectual disability
- ◆ emotional disabilities
- ◆ multiple disabilities
- ◆ hearing impairments (including deafness)
- ◆ orthopedic impairments
- ◆ traumatic brain injury
- ◆ visual impairments (including blindness)
- ◆ deaf-blindness.



Children identified with any of these disabilities receive comprehensive individualized services either by the agency and/or in conjunction with other existing community agencies.

DISABILITY SERVICES

The Disability Services content is committed to serving a ten percent (10%) population of children with disabilities in Head Start and Early Head Start. The Head Start Program Performance Standards mandate this number of enrollees be served; the content service area is committed to serving all eligible enrollees through effective communication and collaboration with other agencies within the disability network.

Children with special needs receive a full range of service in addition to special education and related services. The provision of these services is consistent with the agency's philosophy of Head Start and Early Head Start. Efforts within the disability content service area respond to the unique needs of each child and family.

DISABILITY SERVICES AND PARENTS

It is the belief of this content service area that the parent is the primary educator and influencer of their child (ren). With this responsibility, it is important that parents be involved in every aspect of their child's preschool and infant and toddler experience.

As a part of the disability experience, parents are encouraged and afforded opportunities to be more knowledgeable of the disabilities related to their child.

MENTAL HEALTH

Mental health is the same as social and emotional well-being. It is a child's developing capacity to express and regulate emotions, form trusting relationships, explore, and learn — all in the cultural context of family and community.

All people need to feel they have the ability to form meaningful relationships and positive self-esteem; to be and feel productive while contributing to society; and the ability to play, relax and use leisure time in a manner, which renews energy.

The method in mental health is to promote a holistic approach with positive emphasis on "wellness". This framework addresses all of the individuals needs such as: physical, emotional, social, cognitive, occupational and spiritual.

The mental health program focuses on three levels of service:

1. Prevention: in this phase, children, families and staff will learn and practice skills to help them remain happy. Specific goals focus on improving self-concept; building positive relationships among children, peers and staff; developing coping skills; problem solving; and stress management.
2. Intervention: in this phase, depending on individual needs, a plan is developed collaboratively with the program's licensed mental health consultant, program staff and the family for direct

treatment of service. Other available community resources can be assessed, if needed to provide additional treatment.

3. Identification and Referral: this phase focuses on early detection of problems for children, families and staff. Services to children and families include: identification of possible problems through observation, screening, assessment and referral.

Other aspects of the mental health program focus on delicate social issues which now confront most, if not all families, as well as staff. They are:

- ◆ depression of adults
- ◆ depression of children
- ◆ substance abuse
- ◆ child abuse and neglect
- ◆ self-esteem
- ◆ effective parenting
- ◆ building relationships

All services are coordinated by the ECDHS unit and administered through or under the supervision of a licensed psychologist or social worker.

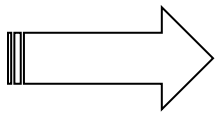


HOME VISITS

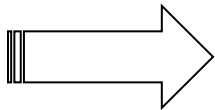
Why do we do home visits? Parents are “encouraged to participate in staff-parent conferences and home visits (no less than two by teachers/caregivers) to discuss their child’s development and education”. Family Service Workers conduct home visits on an as needed basis.

What can be discussed during a home visit? Home visits are conducted to discuss various issues such as the child’s developmental progress, child rearing issues, possible home activities, health issues relating to the child, and/or discuss any other family concerns.

Why are home visits important? The child and parent(s) can become more familiar with the teaching staff and family service worker by seeing him/her in their own home.



The parent is able to become aware of his/her abilities in their own home.

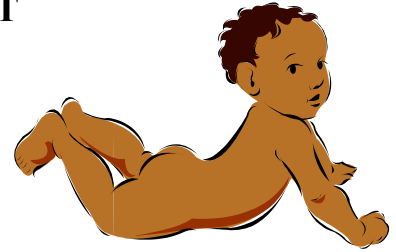


The parent and staff member can talk without distractions that often occur at the center.



FCM, INC. EARLY HEAD START

INFANTS AND MOBILE INFANTS



EARLY MORNING

7:30 AM – 8:00 AM

8:00 AM – 9:35 AM

Arrival, Greet Parents and Children and Health Check

Morning Activities / Breakfast

Transition from morning meal (Handwashing / Oral Hygiene / Diaper Changes)

Outdoor Activities (45 minutes)

* Feed Children and Rest Time as Needed (Individualize)

LATE MORNING

9:35 AM – 11:00 AM

Transition from Outdoor Activities (Handwashing / Diaper Changes)

Indoor Play / Activities

Prep Lunch

11:00 AM – 11:30 AM

Lunch

* Feed Children and Rest Time as Needed (Individualize)

MIDDAY

11:30 AM – 12 Noon

Transition from Lunch (Handwashing / Oral Hygiene / Diaper Changes)

Indoor Activities

Transition from Indoor Activities (Handwashing / Diaper Changes)

12 Noon – 1:30 PM

Rest Period

Wake Up and Cuddle Time

1:45 PM – 2:00 PM

Transition for Snack (Handwashing / Diaper Changes)

Prepare and Eat Snack / Handwashing

* Feed Children and Rest Time as Needed (Individualize)

LATE AFTERNOON

2:10 PM – 3:00 PM

Indoor Play / Activities

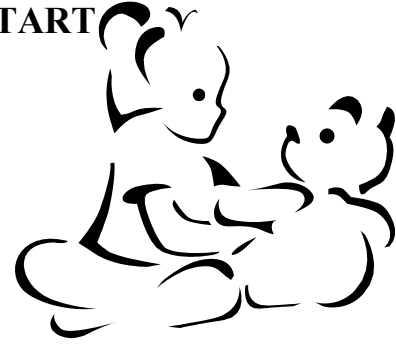
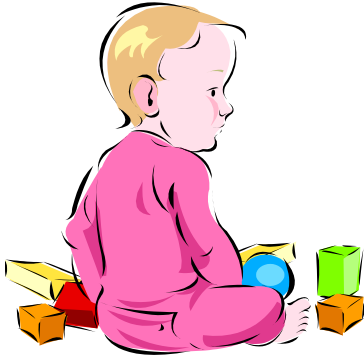
* Feed Children and Rest Time as Needed (Individualize)

Departure

** All infants/mobile infants have their own unique, individualized schedule which is given to parents daily. The above schedule offers infants/mobile infants a feeling of needed routine and gives parents a sense of what their child is doing during the day. We cater to each child's eating, diapering/toileting, playing, and sleeping needs on an individual basis.

FCM, INC. EARLY HEAD START

TODDLERS



EARLY MORNING
7:30 AM – 8:00 AM
8:00 AM – 9:35 AM

Arrival, Greet Children and Parents and Health Check
Morning Activities / Breakfast
Transition from Breakfast (Handwashing and Brush Teeth / Toilet / Diaper Changes)
Learning Centers / Indoor Activities
** Feed Children and Rest Time as Needed (Individualize)*

LATE MORNING
9:35 AM – 11:00 AM

Transition from Indoor Activities (Handwashing / Toilet / Diaper Changes)
Outdoor Activities (1 hour)
Prep Lunch
Lunch
** Feed Children and Rest Time as Needed (Individualize)*

11:00 AM – 11:30 AM

MIDDAY

Transition from Lunch (Handwashing / Toilet / Diaper Changes / Brush Teeth)

11:30 AM – 12 Noon

Indoor Activities
Transition from Indoor Activities (Handwashing / Toilet / Diaper Changes)

12 Noon – 1:30 PM

Rest Period
Wake Up and Cuddle Time
Transition for Snack (Handwashing / Toilet / Diaper Changes)

1:45 PM – 2:00 PM

Prepare and Eat Snack / Handwashing
** Feed Children and Rest Time as Needed (Individualize)*

LATE AFTERNOON
2:10 PM – 3:00 PM

Indoor Play / Learning Centers / Activities
Large Group / Closure: Review daily activities, select children to share their thoughts about their day, review books, read, and introduce children to the next school day activities.

** All infants/mobile infants have their own unique, individualized schedule which is given to parents daily. The above schedule offers infants/mobile infants a feeling of needed routine and gives parents a sense of what their child is doing during the day. We cater to each child's eating, diapering/toileting, playing, and sleeping needs on an individual basis

FCM, INC. HEAD START

THREE (3) YEAR OLD – DAILY SCHEDULE



7:30 AM – 8:00AM	Arrival, Health Check, Learning Centers
8:00 AM – 8:30 AM	Breakfast
8:30 AM – 9:00 AM	Large Group/Restroom Transition/Dental Activities
9:00 AM – 10:00 AM	Outdoor Activities
9:45 AM – 10:00 AM	Large Group Sharing time Content Area/Activities
10:00 AM – 11:00 AM	Transition/Learning Centers
11:00 AM – 11:30 AM	L U N C H
11:30 AM – 11:45 AM	Transition/Restroom
11:45 AM – 12:45 PM	Rest
12:45 PM – 1:30 PM	Learning Centers
1:30 PM – 1:45 PM	Snack
1:45 PM – 2:15 PM	Small Group/Learning Centers
2:15PM – 2:30PM	Transition/Large Group Closure
2:30 PM	Departure
2:30 PM – 3:30 PM	Teaching Staff Planning Time



FCM, INC. HEAD START
FOUR (4) YEAR OLD – DAILY SCHEDULE

7:30 AM – 8:00 AM	Arrival, Health Check, Learning Center
8:00 AM – 8:30 AM	Breakfast
8:30 AM – 9:00 AM	Large Group Restroom Transition
9:00 AM – 10:00 AM	Learning Centers
10:00 AM – 11:00 AM	Outdoor Activities
11:00 AM – 11:30 AM	LUNCH
11:30 AM – 11:45 AM	Transition/Restroom Dental Activity
11:45 AM – 12:30 PM	Learning Centers
12:30 PM – 1:30 PM	Rest
1:30 PM – 1:45 PM	Snack
1:45 PM – 2:15 PM	Small Group/Learning Centers
2:15 PM – 2:30 PM	Transition/Large Group Closure
2:30 PM	Departure
2:30PM – 3:30PM	Teaching Staff Planning Time





DISCIPLINE

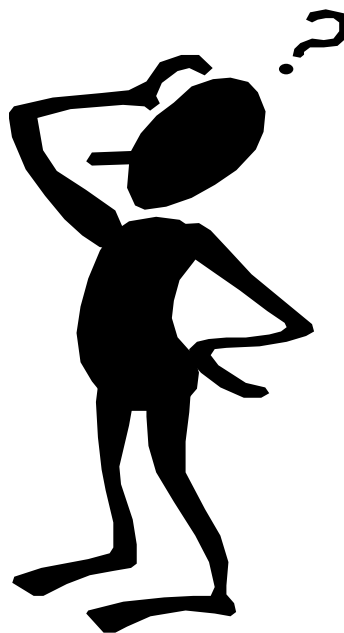


DISCIPLINE, “to teach” is absolutely necessary in teaching children routines, limits and repetition. To provide a structure of events to assist the children in learning self-control. For example, events such as the time to wake and start the day, meal times, time allotted to play, and the time to assist in chores. This is represented by the schedule each unit is assigned.

Alternative methods and ways to bring about the accepted behavior of the children starts with clear and simple rules, with explained consequences for following the rules and not following the rules. Of course this should be done with respect for the children, without embarrassment, threats and abuse. This is part of the agency philosophy, but there is also state and federal policies, which indicate no one, should use corporal punishment.

Children demonstrate a variety of behaviors, appropriate and inappropriate. All children are different, however, the developmentally appropriateness of activities and expectations will bring about appropriate behavior. Consistency of rewards for appropriate behavior will increase the appropriate behavior.

The following procedures are clear enough to be used in the home when disciplining children.



BEHAVIOR MODIFICATION

CHILD'S PROBLEM	IT MAY MEAN	SO DO NOT...	YOU MIGHT TRY THIS
HE / SHE REFUSE TO FOLLOW DIRECTIONS / COMMANDS	He / she did not hear or understand directions. He / she may be defiant and may want attention.	Raise your voice tone. Refrain from calling him / her across the room to embarrass them.	Give clear concise directions. Repeat the directions while demonstrating. Be on his / her eye level. Give him / her attention for appropriate behavior.
HE / SHE THROWS A TOY OR DISRUPTS AN ACTIVITY	He / she is frustrated due to the activity being on a higher level to meet his / her needs. He / she may want the particular item.	Compare him / her to another child. Do not give activities which do not meet his / her needs.	Give him/her opportunity to share items in the class. Interact during an activity to ensure their needs are met. Be flexible to change activity if needed. Give him / her timeout from the activity or the toy until appropriateness is demonstrated.
HE / SHE HURT OTHER CHILDREN	Trouble feeling; anger.	Punish or hurt him / her, make him / her feel "bad" and/or act angry yourself.	Quietly separate the children. Divert his / her attention. Take away the hurting object. Calmly, firmly, always teach that there are some things we just don't do. Help the children play happily together again. Prevent hurting episodes by helping him / her feel loved.
HE / SHE LIES	Fear of punishment. Exaggeration. Imagination. Attention-seeking.	Preach or prophesy his / her bad end. Punish or shame him / her. Make him / her apologize. Get upset.	Relax and try to understand. Give attention for what he / she does. Provide opportunities to enrich his / her imagination. Help to discover between fact and fantasy. Tell him / her the truth.
HE / SHE WANTS ATTENTION	Feels left out, insecure, unloved, bored; interested in you.	Scold or punish. Ignore or isolate. Ridicule or shame him / her.	Give a fair measure of attention. Show interest in him / her as a person. Provide interesting things to do. Share yourself with him / her.
HE / SHE STEALS	Ignorance of property rights. Unsatisfied needs and hungers. Rebellion, hostile feelings, imitation.	Make him / her feel bad, scold, shame, punish, reject, or cut off love. Take from him / her something to "make-up" for theft. Humiliate him / her before others.	Let him / her own things to get a sense of theirs and mine. Help him / her to earn and get what he / she need and/or want. Be kind, understanding, and not too rigid. Provide creative outlet for his / her interest. Help to make friends.

YOUR RIGHTS AS A PARENT:

You have the right to:

1. Take part in major policy decisions that affect the plan and operation of the program.
2. Assist in developing programs that improve daily living for you and your family.
3. Visit and participate in classroom activities. Also, reinforce activities taught at the center at home using the **Parent/Child Dyad – Volunteer Time and Attendance Sheet**.
4. Participate in the program without fear of endangering your child's rights.
5. Be informed of your child's (ren's) progress on a regular basis.
6. Be treated with Respect and Dignity.
7. Expect guidance from teachers and caregivers that enhance total development of your child (ren).
8. Learn program operations, which include information on budgets and budgeting, early childhood development and staff experience/qualifications for various positions.
9. Participate in planning and carrying out programs designed to increase your skills for possible employment.
10. Be informed about community resources on health, education and other issues that improve the family's quality of life.
11. Be notified when the program plans to evaluate, change educational placement and/or refuse to request for an education plan change.
12. Initiate an evaluation to determine eligibility for special education and/or related services for your child (ren).
13. Give "Informed Parental Consent" for the evaluation and placement of your child to receive special education—consent is voluntary and may be withdrawn at any time.
14. Request for re-evaluation of your child's current educational placement.
15. Obtain an individual evaluation for your child if you disagree with findings from an evaluation provided by the program.
16. Review your child's educational record(s). The following apply for acquisition of records:
 - *Parents may only receive a copy of their child's record.
 - *Parents may request that information be changes if it is felt that information is incorrect or inaccurate.
17. A developmentally appropriate research based curriculum.
18. Participate in the development of your child's school readiness goal.
19. Receive support to ensure a successful transition from Early Head Start to Head Start and from Head Start to Kindergarten.
20. Receive nutritional resources.

CODE OF CONDUCT (PARENTS & STAFF)

Parents and staff will adhere to the following code of conduct while enrolled/employed in the Head Start/Early Head Start Program:

1. DRESS appropriately at all times while in and participating in center activities that represent Friends of Children of MS, Inc. Inappropriate dress (**e.g., low cut top, bare midriff, clothes with words or pictures unsuitable for young children, PJ's, sleeping gown, house shoes, etc.**).
2. Serve as "POSITIVE ROLE MODELS" for children and each other.
3. Exhibit and encourage appropriate adult and professional behavior.
4. Not use cell phones while at the centers.
5. Not to bring drugs, alcohol or carry weapons of any kind on the premises—the only exception for weapons to this policy is law enforcement.
6. No gossiping.
7. Speak in positive terms and exhibit appropriate bodily action (no excessive displays of physical affections between adults) representative of the program—using kind and encouraging words to each other.
8. Honor promises made, keeping them faithfully.
9. Be cheerful.
10. Work closely together (staff and parents).
11. Participate/engage (parents) in the education/school readiness process of the child and family development process.
12. Be respectful of others' interests, pursuits, welfare, home and family.

ROLES & RESPONSIBILITIES:

As parents in the program your role and responsibility is to act/serve as:

Participant: In Head Start/Early Head Start activities such as orientation, open-house, classroom activities, education and parent committee sessions, recreational and social events.

Learner: Observe classroom activities, participate in joint parent education groups, sign up for skill development sessions (workshops/seminars, GED training, etc.).

Contributor: Volunteer in numerous capacities, contribute thoughts and ideas, give time to the program, parent child dyad, etc.

Supporter: Get other parents to participate, integrate the Early Head Start/Head Start in the broader community, support staff in their efforts, and assist in center activities when needed.

Evaluator: Participate in annual self-assessment, identifying methods and strategies for program improvement.

Planner: Initiate and/or plan activities of interest to parents, identify goals, assist in the planning process in policy groups, and participate in the refunding process.

Decision Maker: Participate in/attend policy group sessions in the city, county and at the statewide policy group level.

Primary Educator: Become engaged in, participate and assist your child in achieving their school readiness goals by reinforcing what he/she has learned in the Head Start/Early Head Start program at home.

Child Advocate: Understand your child's needs and meet them, protect your child from injury and bodily harm, know and protect your child's rights, and be an advocate for your child and other children in the community.

Paid Employee: Apply for openings within the Head Start/Early Head Start program, become qualified for various positions within the program, and be an effective and sensitive staff person.

Leader: Become engaged in your community (school, government, health and human service activities, etc.), and use leadership skills to become a strong community leader.

TRANSPORTATION:

ARRIVAL AND PICK-UP



Children are to arrive at the center by 8:00 a.m. each day. Parents/guardians are to park their vehicle and walk their child to his/her unit each morning and pick them up in the afternoon unless otherwise directed by the Center Manager.

If you are transporting your child, **YOU MUST** sign-in and sign-out each day with your child teacher. **THIS IS AN IMPORTANT LEGAL AND SAFETY CONCERN AS WELL AS PRECAUTION.** Children will only be released to the person(s) listed by the parent on the “**Child Pick-up List**” with proper identification. Parent must go to the center in person to add or remove an individual to or from

their child's pick-up list. **(THERE WILL BE NO EXCEPTIONS AND NO TELEPHONE CALLS).**

Agency staff are not allowed to transport children in their personal vehicles at any time for any reason. Please adhere to this policy.

LATE & NON-PICK-UP PROCEDURE

Child pick-up begins at 2:30 p.m. for Head Start. Late pick-up begins at 2:35 p.m.

Child pick-up for Early Head Start begins at 3:00 p.m. Late pick-up begins at 3:05 p.m.

Parents/guardians who fail to comply with this policy may be subject to being reported for **NEGLECT** to local MDHS officials. **PLEASE PICK YOUR CHILD UP AS SPECIFIED BY POLICY.**

TRANSPORTATION POLICY:

FCM, Inc. provides transportation "to and from" centers in certain areas. For children who are transported there **"MUST BE"** a designated, responsible person at the bus stop for pick-up and unloading all children.

Transportation Policy and Procedure:

1. Transportation staff will have temperature checked prior to boarding the bus to begin the route. It will only be documented and reported if a child has a fever.
2. All transportation staff who are experiencing illness are ask to stay home. Sick staff should not return to work until the illness diminishes or until instructed by a healthcare provider, if medical attention was obtained.
3. All buses will be supplied with hand sanitizer and sanitizing hand wipes to use as recommended by the CDC. Hands should be cleaned (at a minimum) during the following times: after blowing your nose, coughing, or sneezing, after handling garbage and before and after routes, after touching frequently touched surfaces, such as handrails and after putting on, touching, or removing cloth face coverings.

Enrollee Safety

1. The bus monitor will conduct a temperature check of all enrollees before they board the bus at each pick-up point, using a non-contact thermometer. Enrollees with a temperature of 99.0°F (38.0°C) or above or who show other signs of illness will not be allowed to board the bus.

2. Enrollees will be loaded and unloaded in a single file. When loading the bus in the morning, loading will begin in the front. When unloading at the center, unloading will start at the rear of the bus.

Cleaning Buses

Buses should be cleaned and disinfected between each use in accordance with CDC recommended process using products that are U.S. Environmental Protection Agency approved for use against the virus that causes COVID-19. All commonly touched surfaces will be thoroughly cleaned and disinfected. Safe and correct use of cleaning and disinfection products will be practiced, including storing products securely away from children, ensuring adequate ventilation when using cleaning products. Cleaning products should not be used near children.

Please leave one or two windows open to allow fresh air to circulate on the bus for ventilation, when the weather permits.

Parents/Guardians **“MUST”**:

1. Fill out a transportation consent form at the beginning of each school year giving FCM, Inc. permission to transport their child by school bus only on a daily basis.
2. Notify their child’s Teacher/Caregiver or the Center Manager when a child will not be attending class, especially when there is only one child at a bus stop/pick-up point.
3. Notify the Center Manager and/or teacher/caregiver one (1) week in advance if/when moving. You **“MUST”** also give notice of the new address.
4. Children must be dressed and ready when the bus arrives. Bus drivers and monitors are not permitted to come to your door. If/when a child misses the bus, it will be the parent/guardian responsibility to bring the child to the next nearest assigned bus stop or transport to the center, sign the child in and escort to the classroom.
5. Be at the designated bus stop/pick-up point ten (10) minutes before the scheduled bus stop time. This is a precautionary measure for times if/when a bus may arrive early. As a special note, the bus schedule will be irregular at the beginning of the year until routes have been established. Your patience will be appreciated.
6. Identify to the bus monitor who they are picking up from the bus. Adult is defined as someone at least eighteen (18) years of age or older. Younger children are not to be alone at the bus stop to pick up a child.

7. Fill out a “**Child Pick-up List**” form with the names of people who are designated to pick up their child.

Designated persons “**MUST**”:

*Show a form of photo identification for staff to release a child,

*Be made aware by the parent/guardian that they have been designated to pick up the child

*Ensure that their child knows the individual designated and that they may be picking them up.

8. When circumstances dictate a change in pick-up persons, parents/guardians “**MUST**” fill out a “**Child Pick-up List**” form. Changes will not be acknowledged until the change form is completed and in the hands of agency staff.
9. Children will not be released to anyone not listed on the “**Child Pick-up List**” form.
10. If no adult is authorized to pick-up child at the bus stop/pick-up point the child will be returned to the center. It will be the parent’s/guardian’s responsibility to come to the center or have someone pick up the child. If no communication is received from the parent/guardian regarding pick-up arrangements by the end of the work day, the child may be reported to MDHS for **NEGLECT** and given to local authorities.
11. If a child has to cross the street to get on or off the bus an adult “**MUST**” accompany him/her. The child “**MUST**” cross in front of the bus.
12. The bus will only pick up and drop off children at designated bus stops. Parents/guardians are not to request staff to do otherwise.
13. If a parent/guardian picks up a child from the center, the adult should come to the center fifteen (15) minutes before the bus leaves. Please inform teachers/caregivers and sign the child out.
14. **ONLY FCM, INC. CHILDREN AND BUS MONITORS** are allowed to ride the bus to and from the center.
15. There is to be **NO EATING, DRINKING, OR SMOKING** on the bus. Please do not give your child candy or food when they board the bus.
16. There will always be a bus monitor on the bus.

17. Children are not to bring **book bags, toys or any items** to the center unless special circumstances or events exist and prior arrangements/notification have been made.
18. No child will be released to an intoxicated individual at designated pick-up points, nor at the center.
19. All passengers are required to wear seat belts while riding on FCM, Inc. buses. Children **“MUST”** be properly buckled in a safety restraint system before the bus begins its route.
20. Parents/guardians who transport their children **“MUST”** sign their child in and accompany them to the classroom. When returning to pick up a child, the parent/guardian or designated adult **“MUST”** come into the unit and sign the child out.
21. When there is inclement weather, parents/guardians will be advised to check for emails, text messages and/or listen to the radio or watch television to find out if school has been cancelled or delayed.

WHEN NO ONE IS HOME TO RECEIVE THE CHILD/REN

FIRST OFFENSE: The Center Manager or designee will hold a conference with the parent/guardian to ascertain why the policy was violated. Without an acceptable excuse, the parent/guardian will be responsible for transporting the child to and from the center for 20 school days.

SECOND OFFENSE: Should this happen again your child’s riding privilege could be suspended for the remainder of the school year.



CONFIDENTIALITY:

All family and child information is kept strictly confidential. Only authorized access will be granted. FCM, Inc. is obligated to receive written, parental consent prior to sharing information with any other source. Only the following persons have access to records:

1. Administrative staff of FCM, Inc. on a “need to know” basis;
2. Official representatives of the Office of Health and Human Services, and USDA Officials; and
3. Auditors for FCM, Inc.

ATTENDANCE & ABSENTEEISM:

Children **“MUST”** be at the center by 8:00 a.m. to receive a full day of services. If there are times when your child will arrive later than the scheduled time or will be absent, **YOU MUST CALL** the center and inform staff.

Regular attendance supports early childhood development and greatly enhances a child’s school readiness abilities—readiness for kindergarten. **All children are expected to attend five (5) days per week, Monday through Friday. If you are unable to maintain this schedule, please consult with the Center Manager.**

You are expected to notify your Center Manager or Family Service/Case Worker when your child will be absent. If you do not have access to a telephone, or if your child becomes suddenly ill, we ask that you meet the school bus and explain the absence to the bus driver. Please send a note explaining the child’s absence and when he/she will return.

If a child has been absent for two (2) consecutive days without notification from you, and/or if the child is frequently absent, your Family Service/Case Worker will contact you to determine the reason(s) for the absence and work closely with you to develop a plan to ensure regular attendance. Although we will work with your family, if chronic absenteeism persists, it may become necessary for the child to be placed on the “waiting list” to allow another child the benefits of the program. If because of other personal circumstances (e.g. moving, etc.) it may become necessary for you to withdraw your child. In such cases, please notify the Center Manager or Family Service/Case Worker as soon as possible.

CORPORAL PUNISHMENT:

Friends of Children of Mississippi, Incorporated’s philosophy and Federal Guidelines in working with infants, toddlers, and preschool age children clearly states that the use of **“CORPORAL PUNISHMENT”** is strictly forbidden in our facilities. For example, staff do not hit, use isolation tactics, withhold food as punishment, etc.

CHILD ABUSE & NEGLECT:

Mississippi law mandate that all suspected cases of child abuse and neglect be reported to the Mississippi Department of Human Services Division of Child Protective Services. FCM, Inc. staff receive training each calendar year on how to recognize signs of abuse and neglect, how to provide appropriate intervention strategies, family support services and assistance to families.

CHANGE OF CUSTODY PROCEDURE:

If/when a child's legal custody changes, for whatever reason, a court order or legal document(s) **"MUST"** be provided. If no court order or document is provided, both parents will have access to the child.

There are two (2) types of custody arrangements. These are:

1. **Sole or Exclusive Custody:** This is when the parent or legal guardian make all decisions in regards to the child. The other parent has no decision making responsibility. The parent who holds the latter position is classified as the **"Visiting Parent."**
2. **Joint Custody:** This is when both parents and legal guardians have the right to make decisions about the child.

CLOTHING & OTHER PERSONAL OBJECTS:

In order to meet your child's (ren's) personal needs, parents/guardians are requested to provide the following items:

- *One (1) complete change of clothing (underwear and outerwear).
- *Two (2) bath towels which will be sent home each Friday for washing.
- *Parents/guardians are encouraged to dress children in appropriate attire daily. Please make sure that children are wearing sturdy shoes to prevent slips, trips and falls. **Flips flops and crocs are not permitted.**
- *Children are not to bring **book bags, toys or any items** to the center unless special circumstances or events exist and prior arrangements/notification have been made.

LIABILITY COVERAGE:

FCM, Inc. provide liability insurance coverage on all children and volunteers.

GRADUATION:

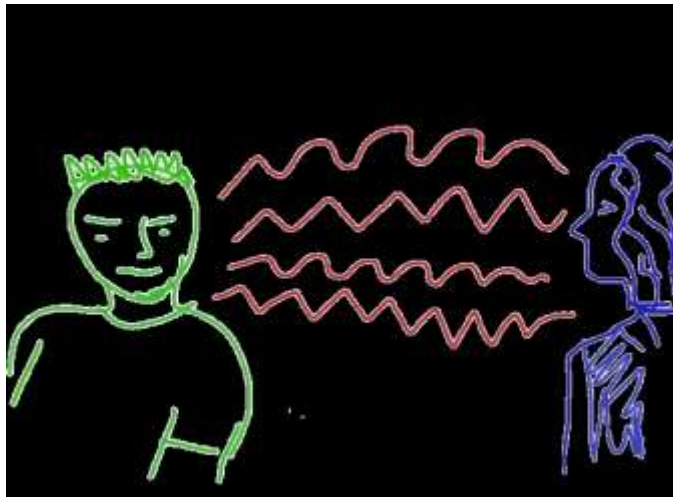
Graduation is not developmentally appropriate for preschool children. Therefore, FCM, Inc. does not conduct graduation exercises. FCM, Inc. encourages parents and staff to plan and participate in developmentally appropriate closing activities (e.g. picnics, family day outings, etc.) where each child will receive a participation certificate.

PARENT COMMUNICATION:

All staff of Friends of Children of Mississippi, Incorporated are committed to assuring that parent contacts are beneficial and stress free. The Center Manager and their staff are available to discuss any and all matters with parents and guardians relevant to the child’s infant/toddler and preschool program, as well as family concerns. Your child’s teacher/caregiver in most cases will be able to answer questions you may have regarding unit activities and interactions. Your thoughts, concerns, and suggestions are always welcome.

We at FCM, Inc. will make every attempt to resolve questions and concerns. The following outline the Parent Communication Procedure:

“Friends of Children of Mississippi, Inc. Head Start/Early Head Start will be just and fair in its day-to-day operation of the agency. However, we recognize at times parents may feel that some of our policies and/or procedures maybe unfair or unjust. In the event a parent/guardian has a complaint or concern in reference to a policy, procedure, statement, regulation and/or any phase of the agency’s operation, the inquiry should be written and addressed to the Center Manager.



OUR MISSION STATEMENT

Friends of Children of Mississippi, Inc. is a highly efficient, team-based, 501 C-3 tax-exempt, private, nonprofit human service agency. Our Mission is to strengthen children and families through community partnerships by:

- Providing a comprehensive child development program which enhances social competence,
- Assisting families' to become self-sufficient and
- Serving as advocates for children and families.

We increase the families' capacity to support and nurture their children by developing a compassionate partnership between staff and families, which recognize parents as primary educators of their children. In support of that partnership, Friends of Children of Mississippi, Inc. provides opportunities for continuous staff growth and development, and creates an environment, which promotes job satisfaction and community service.



FCM, INC.'s CENTRAL OFFICE MANAGEMENT STAFF
Central Office (601) 321-0960

Dr. Cathy Gaston, Executive Director

Ms. Helen Griffin, Program Design & Management Director

Ms. Gloria Minter, HS/EHS Liaison Director

Mr. James Cropper, Finance Director

Ms. Shirley Moore, Human Resource Manager

Ms. Sharon Barnes, Early Childhood Development & Health Services Director

Mr. Roy Brown, Facilities and Grounds Director

Mr. Howard Stewart, Family & Community Engagement Director

Ms. Melisa Harris, Family Engagement Coordinator

Mr. Oliver Sims, Transportation Coordinator

Ms. Linda Crockell, Information Technology Coordinator

Ms. Nekella Blackmon, Early Childhood Development Generalist

Ms. Elizabeth Freeman, Disability Services and Mental Health Coordinator

Ms. Meosha Mitchell, Nutrition Coordinator

Ms. Heather Parsons, Health Coordinator

Ms. Latoria White, Early Head Start & Child Care Partnership Liaison

**CENTER MANAGEMENT STAFF
HEAD START/EARLY HEAD START
FCM, Inc.**

Should you have questions or need more information regarding services and/or activities at your center a list of Center Managers and telephone numbers is provided below:

AREA I

Banks-Straughter and White EHS Center: Ms. Natalie Rucker	Telephone: (662) 247-4288
Riven Oak HS Center: Ms. Tiney Anderson	Telephone: (662) 247-2206
Ripley-Blackwell HS/EHS Center: Ms. Marketta Knight-Merrill, Interim	Telephone: (662) 873-4972
Yazoo City HS/EHS Center: Ms. Gwendolyn Williams	Telephone: (662) 716-7227

AREA II

AB Devine/CO Chinn/WE Garrett HS Center: Ms. Sharron Hawkins	Telephone: (601) 859-6259
Canton Early Head Start Center: Ms. Vanessa Kiner	Telephone: (601) 624-3542
Dr. Marvin Hogan HS/EHS Center: Ms. Mary Richards	Telephone: (601) 879-3469
Winson and Dovie Hudson HS Center: Ms. Charlotte Sanders	Telephone: (601) 267-4205
Winston County Complex HS/EHS Center: Ms. Ginnie Gill	Telephone: (662) 773-8950
Wonderful World EHS Center: Ms. Shantie McFadden	Telephone: (601) 253-0080

AREA III

Brushy Creek HS Center: Ms. Alice Davis	Telephone: (601) 892-3826
Early Intervention EHS Center: Ms. Delphine Henry	Telephone: (601) 892-5991
Forest Community HS/EHS Center: Ms. Shelia Brown	Telephone: (601) 469-4757
McCall HS/EHS Center: Ms. Brenda Lipsey, Interim	Telephone: (601) 854-8463
Midway HS Center: Ms. LaShannon Brown	Telephone: (601) 625-9700
Mt. Sinai HS Center: Ms. Yolanda Perkins	Telephone: (601) 894-1742
St. James HS Center: Ms. Patricia Griffin	Telephone: (601) 932-6029

**CENTER MANAGEMENT STAFF CONT'D
HEAD START/EARLY HEAD START**

AREA IV

Charles L. Young HS/EHS Center: Mr. Christopher Thames

Telephone: (601) 482-4665

Crossroads HS Center: Ms. Angie Wesley

Telephone: (601) 683-3161

DeKalb HS/EHS Center: Ms. Deborah Spencer

Telephone: (601) 743-2607

Meridian HS/EHS Center: Ms. Maria Johnson, Interim

Telephone: (601) 484-7447

AREA V

Manuel-Goff HS/EHS Center: Ms. Lisa McCarty

Telephone: (601) 776-6016

Marjorie Porter HS/EHS Center: Ms. Darlene Tarver

Telephone: (601) 787-4638

L.N. Payton HS Center: Ms. Betty Jenkins

Telephone: (601) 764-3470

AREA VI

EHS/Jones Center: Ms. Annie Jackson

Telephone: (601) 426-1013

King Star HS/EHS Center: Ms. Patricia Bruce

Telephone: (601) 649-6503

Queen Olive HS Center: Ms. Gloria Gammage

Telephone: (601) 425-5849

Bryant-Turner HS/EHS Center: Ms. Jessie McCarty

Telephone: (601) 735-9844

Welcome to Friends of Children of Mississippi, Inc. Head Start/Early Head Start

Thank you for entrusting your child's early childhood education experience with us.



“Learning That Last a Lifetime”