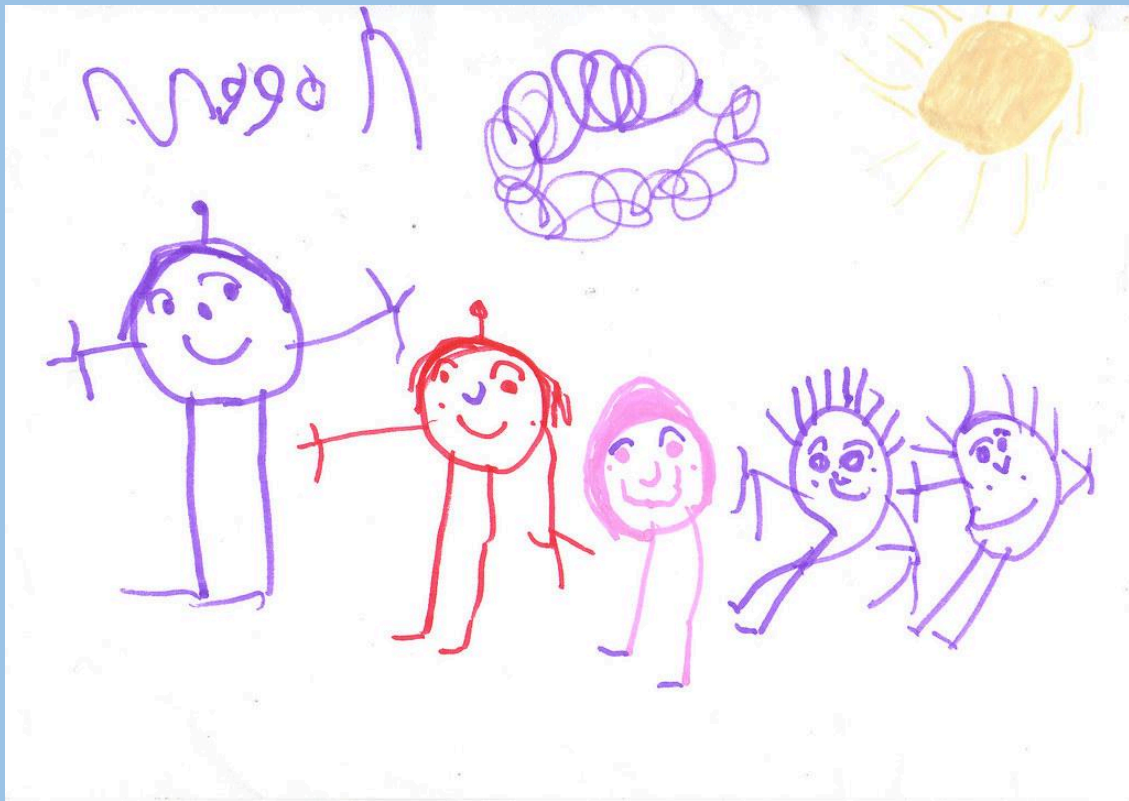


# Family Handbook



2025-2026

Sieda Child Development Programs and Management Staff  
P.O. Box 658  
725 West 2nd Street  
Ottumwa, Iowa 52501  
(641) 682-8741 or 1-800-622-8340

Executive Director.....Brian Dunn  
Child Development Unit Director.....Elizabeth Fairchild  
Child Development Assistant Director/Enrollment Specialist.....Ranae Banicky  
Administrative Assistant.....Katie Thompson  
CACFP Specialist/Administrative Assistant.....(open position)  
Disability Coordinator.....Katie Moore  
Health Coordinator.....Katie Fisher-Walz  
Mental Health/Partnerships Coordinator/Policy Council Support Staff.....Nicole Ford  
Education/Training Coordinator.....DiAnna Geiger

County Supervisors:

Appanoose County.....Morgan Small  
Davis County.....Morgan Small  
Van Buren County.....Morgan Small  
    Harmony School District Partnership  
    Douds School District Partnership  
Jefferson County.....Christine Howard  
Keokuk County.....Christine Howard  
Mahaska County.....Christine Howard  
Cardinal School District Partnership.....Dana Belzer  
Wapello County.....Mark Grego

Locations: Child Development Center and First Presbyterian Church

## **Mission Statement**

The Mission of Sieda Head Start is to provide preschool-aged children and their families with positive learning experiences which promote healthy, self-sufficient, successful individuals within their communities

## **What is Sieda Head Start?**

Sieda Head Start is a federally funded preschool program for children 3 to 5 years old who meet income eligibility and/or other selection criteria.

Ten percent of the children enrolled in Head Start may be over these income guidelines.

Ten percent of the slots for children enrolled in Head Start are reserved for children with an identified disability.

Sieda Head Start is able to service more children and families through partnerships with local school districts; operating classrooms of blended students funded through Head Start or the School District. These partnerships include Appanoose School District, Van Buren School Districts, and Cardinal School District.

Head Start is a child-focused, comprehensive, child development program with three main goals:

- ★ Social Competence
- ★ School Readiness
- ★ Parent/Family/Community Engagement

Head Start promotes children learning through their play experiences following the Creative Curriculum. The Creative Curriculum uses the latest child development theory and research as a basis for defining the practices that lead to effective teaching and meeting the needs of all children. Children can learn to solve problems, experiment, be creative, use language and increase attention span and self-confidence. A variety of learning opportunities are offered to children throughout their day.

Head Start acknowledges parents as the first and primary teachers of their children. Parents are encouraged to be involved in Head Start through Home Visits, Volunteering, Monthly Parent Committee Meetings, Literacy Nights, Special Event Nights, and Policy Council.

## **Performance Standards**

The Head Start Program Performance Standards are the foundation on which programs design and deliver comprehensive, high-quality individualized support to children and families.

Sieda Head Start is a Grantee federally funded by the Department of Health and Human Services. Each grantee must develop work plans for implementing the Head Start Performance Standards. A copy of the Head Start Performance Standards can be found on the Sieda Website under Head Start, Parent Resources, and at each center.

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# POLICIES

Sieda Head Start Policies are established as a guide for Parents and Staff to follow the Program operations and Classroom guidelines.



## **Privacy Policy**

It is the responsibility of the Sieda Community Action Head Start program to maintain and respect the family's right to privacy by not disclosing confidential information. Any written or verbal information which has been received by an employee on a confidential basis will be maintained.

The following staff will have access to all children's records: staff directly servicing the family (Teacher, Teacher Assistant, and Family Service Worker), Child Development Director and Assistant Director, Center Supervisor, Principal (if applicable), and all Head Start Coordinators. The child care center licensing consultant, progra/school review personnel, and agency auditors will have access to all records. All other persons must have a parent-signed release requisitions specific information.

Staff is responsible to keep all child and family files in a secure location when not in use. All data will be maintained electronically and retained according to state guidelines.

Parents have the right to request access to their child's file. In the event of joint custody, a copy of a court order must be on file in order to maintain confidentiality and ensure appropriate access.

Sieda and school district staff (if applicable) are mandatory reporters of child abuse. In case of a child abuse investigation, staff is required to share related information to child abuse investigators.

## **Bus Safety Policy**

This Policy is required by Performance Standard – 1303.74 to ensure children who receive transportation services are taught safe riding practices. Education will cover:

1. Pedestrian safety
2. Correct procedures for boarding and leaving the bus
3. Safe riding practices
4. Danger zones around the vehicle
5. Emergency Evacuation Procedures

## **Child Abuse**

All staff are mandated by Iowa State Law to report any case of suspected physical abuse, sexual abuse, neglect and exposure to a chemical substance. If staff don't, they face a fine and/or imprisonment. If you are concerned about your possible situation and are looking for help with your child before abuse occurs, please feel free to discuss this with us.

The child abuse reporting procedure is posted in all Head Start Centers.

To report call toll free 1-800-362-2178

## **Child Pick-up Policy**

Children riding the bus, or being picked up at the center, will not be allowed to leave with anyone not listed on the Emergency Permission Contact form. If someone comes to the bus stop, or to the center, who is not listed on this form, the adult will not be allowed to take the child. All individuals picking up/dropping off children must be 18 years old.

Staff will ask for a photo I.D. from the adult picking up the child. Please make sure that anyone picking up your child is aware of this policy. Staff will ask for photo identification even if the child knows the adult, is comfortable with the adult, or says the adult is mom or dad. Whenever possible, parents/guardians/authorized adults should use state-issued photo identification, such as a driver's license or passport.

If a biological parent who doesn't have physical custody comes to pick up his/her child, staff will release the child to the parent, (unless there is a court order in the child's file that denies contact with the child). The staff will call the parent with physical custody immediately. **IT IS THE PARENT/LEGAL GUARDIAN'S RESPONSIBILITY TO PROVIDE STAFF A COPY OF ANY COURT ORDER.**

If a child is under the care of a legal guardian, the biological parents are not allowed to pick the child up, (unless the legal guardian has given written permission for the parent to do so). In this case, the biological parent(s) will be listed on the Emergency Permission Contact form.

If no approved adult is present at the child's designated pick-up, staff will attempt to contact family and emergency contacts. If no contact is made, local Law Enforcement will be notified.

## **Parental Access and Custody Orders**

Parental access is unlimited unless parental contact is prohibited by court order.

If there is a custody order, a copy must be in the child's file to protect the child. Please see the staff at your center for more information.

## **Behavior Intervention Policy**

We strive to ensure all children have a successful preschool experience by promoting Positive Behavioral Interventions and Supports (PBIS). The PBIS Framework or Approach is an evidence-based, universal prevention strategy to reduce disruptive behavior by promoting Social/Emotional competence in young children.

*Disruptive behavior* is considered consistent and repeated behavior(s) making the learning environment unsafe and/or interferes with preschool activities. Disruptive behavior includes: aggression towards self or others resulting in physical pain or harm (biting, kicking, hitting, scratching), running out of the classroom or away from adults, prolonged tantrums, inappropriate language, breaking or destroying items, spitting, etc.

### Interventions for Disruptive Behaviors include:

- Individual reminders to the child of expectations/rules
- Redirecting (physical and/or verbal) – helping students find a more appropriate behavior or activity; offering an acceptable alternative
- Planned ignoring – staff will ignore negative behavior *not* harmful to the child, other children, or the environment
- Calming strategies and problem solving - staff will teach self-regulation strategies including, learning to recognize when getting upset and using calm-down techniques
- Positive reinforcement – providing specific positive feedback when the child engages in appropriate behavior

### Interventions for Behavior Escalation:

- Calm down area – staff will remove the child from the current situation/activity and provide them with an area in the classroom to take a break and calm down. The area will have breathing techniques, visual supports, and safe items like books, stuffed animals, sensory bottles/objects, etc. Staff will assist the child with the techniques; when calm, expectations and an appropriate alternative of behavior will be discussed upon going back to the activity.
- Removal from the classroom – staff will need to remove a child from the classroom *only* when behavior escalates into a violent episode and is endangering themselves or others. If a child is removed from the classroom it will *only* be until the child calms down and is able to continue participation safely. Parents, Center Supervisor, and Mental Health Coordinator will be notified *every* time a child is removed from the classroom due to escalated behavior. Parents will receive a copy of the Incident Report.

If at any time Sieda Head Start staff and/or parents feel the need to hold a meeting to discuss possible interventions/strategies best for a child; a meeting will be held with a Student Support Plan completed. Staff will partner with parents to determine if there is a need for a Mental Health consultant and/or other community support.

## **Sieda Head Start Biting Policy**

### **Explanation of the Center's perspective on biting**

Biting is a very common behavior among young children. It is important to think positively of children who bite. Biting is a form of communication, as biting is almost always a response to the child's needs not being met or coping with a challenge or stressor. If we label children as 'biters,' we will harm children's self-perceptions and intensify biting behaviors.

### **Description of how the Center will respond to individual biting incidents and episodes of ongoing biting**

Responsive staff can begin to anticipate when a bite might occur. When observing signs that a child might be on the verge of biting, the staff may be able to act immediately and prevent the biting behavior (e.g., distraction, redirection, close physical presence of staff). If a biting incident does occur, appropriate staff responses will include the following:

- Staff will remain professional.
- Ensure all children are safe.

- Staff should (in a firm, calm voice) address the child that bit in a short, simple, and clear way.
- Staff should shift their attention to the child who was bitten and show concern and support for that child.
- Go back and talk with the child that did the biting (if the child is verbal and able to talk about the experience) about the different strategies he/she can use next time, instead of biting.
- Help the children move on. Do not make them play with one another, unless they want to.

**Description of how the center will respond to the individual child or staff who was bitten.**

When a biting incident occurs, the child who was bitten should be immediately cared for and shown concern and support. First aid should be administered if needed. The Health Coordinator will be notified of the incident and an evaluation of the child's health status will be performed (H #39).

**Description of how the center will respond to the child that is biting**

The child with the challenging behavior should be taught in a caring and firm way that the behavior is not acceptable and be given alternative behaviors to use instead. The center should also examine the needs of the child, including potential changes to the environment and routines, to prevent future incidents. If a child is provided developmentally appropriate and individualized care in a purposefully planned environment, discharging a child is needed only in rare, extreme situations. Consultant and other resources are available to support the center in meeting the needs of the children in our care.

**Description of the process of notification to parents of children involved in the incident.**

Staff will provide confidential reports to parents of involved children without the name of the other child. If possible, parents will be called. Staff will complete an Incident Report (found on Child Plus under the Health section). In addition to notification of specific incidents, parents may benefit from general information about biting. (This information on biting will/shall be provided to parents at their request).

**Description of first aid procedures that the center will use in response to biting incidents**

Because our mouths are full of germs, if a child is bitten by another child and the skin is broken, a wound infection may result.

**When You See:**

- A Human Bite
- Open puncture wound
- Bleeding

**Do This First:**

1. Wearing medical exam gloves, clean the wound with soap and water. Run warm water over the wound for 5 minutes (except when bleeding severely).
2. Control bleeding by applying pressure to the affected area
3. Cover the wound with a sterile dressing and bandage.
4. The child should be seen by a healthcare provider or go to the emergency department right away for further evaluation.

**Additional Care:**

- If any tissue has been bitten off, it should be taken with the child to the emergency department.

- Check that the child’s tetanus vaccination is up to date. Tetanus vaccine (DTaP) is good for 10 years.

**First Aid for the Child Who Bites:**

Did the child who was biting get blood (or body fluids) in their mouth?

- If yes, have the child rinse mouth out with warm water; then notify the parents of this child about the blood (or body fluid) exposure. They should consult with their family physician for further health evaluation and possible treatment(s).

**Description of how the center will assess the adequacy of staff supervision and the context and the environment in which the biting occurred.**

Children bite to fulfill a need or cope with a challenge. Rather than focusing on the child as needing “discipline,” it is staff’s responsibility to observe the child and determine the child’s needs that are not being met. This can be done through assessing

- Quality of relationships between children and staff.
  - Does the staff have a nurturing relationship with the child?
  - Do the staff know the child’s needs, interests, routines, and preferences?
  - Do the staff need further professional development?
- Environmental influences on the child’s behavior
  - Does the environment prevent large groups and reduce disorder?
  - Are there long waits and not enough duplicate toys?
  - Are the centers (dramatic play, quiet space, etc.) organized to minimize confusion and stress?
  - Is there a quiet place where children can go when overwhelmed?
- Targeted social-emotional support
  - Are children provided safe and secure daily routines?
  - Are transitions managed effectively?
  - Do staff routinely assist children with identifying feelings and learning to calm themselves?

The purpose of the assessment is to identify the potential external causes for the challenging behavior, which in this case is biting, so that further incidents can be prevented. When biting occurs, the staff must seek “to understand the meaning of the child’s behavior” and discover together with the child “more effective means for communicating needs, wishes, and desires” The staff should:

- Have a signed permission form from each child’s family (as a part of the enrollment policy) for observations. Observations of all children should complement the child’s portfolio for planning and assessment purposes.
- Observe the child and document observations (BIRS), including behaviors and context (where, when, how, who—adults and children) both before and after biting occurs to identify functions of the behavior. It is also helpful to know when the behavior is absent.
- Use the data to find patterns and potential solutions
- Respond immediately to any unsafe behaviors
- Meet with the family to collect information about the child’s behavior at home, share information, and demonstrate a commitment to working together to address the child’s needs.

Reviewed and approved by the Policy Council on 7/19/18

## **Field Trip Policy**

Field Trips are designed to enhance the educational experience outside the classroom and within the community. Sieda Head Start may offer field trips throughout the school year where children will be supervised safely. Examples of possible field trips include elementary schools, museums, fire/police stations, libraries, etc.

Field trips making it difficult to supervise children safely with child/staff ratio will NOT be allowed. Examples of field trips difficult to supervise children safely include parks with equipment not designated for 3-5-year-old children, in/around bodies of water, horseback riding, hay rack rides, and/or go-carts, etc.

**ALL FIELD TRIPS MUST BE PRE-APPROVED.**

### **ADDITIONAL GUIDELINES FOR FIELD TRIPS**

1. The adult to child ratio for Field Trips out of the county is one adult, not including staff, for each child attending the event. For small trips inside the county, including walks away from the site, there must be one additional adult above the classroom licensing ratio per class, which may include staff. Parent volunteers are encouraged to attend.
2. No siblings will be allowed to attend Head Start sponsored Field Trips.
3. Emergency Medical forms, First Aid Kits, and additional transportation must be available on all Field Trips.
4. Parents must sign a Field Trip Permission form prior to the event.
5. Parents attending will be asked to be responsible for their child. Parents must stay with the group and their children must participate fully in the activities and follow Head Start guidelines and the guidelines of the establishment.

Approved and reviewed by Policy Council on 7/19/18

Parents are encouraged to help plan field trips during parent meetings.

## **Smoke-Free Environment Policy**

Sieda complies with Public Law 103-227, Part C Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act) and the Iowa Smoke-free Air Act of 2008. The Agency does not permit smoking, e-cigarettes and other nicotine-delivery in any portion of any indoor facility owned or leased or contracted by Sieda.

- Smoking, e-cigarettes and other nicotine-delivery devices are not allowed around the entrances or exits of any Sieda facility, including sidewalks, sitting or standing areas immediately adjacent to the building, a patio, a deck, a courtyard or any other outdoor area used in the course of providing the business of the Agency.
- Smoking, e-cigarettes and other nicotine-delivery devices are not allowed on the grounds, in parking lots or in private cars in the parking lots of any Sieda facility housing a Head Start classroom.

- Smoking, e-cigarettes and other nicotine-delivery devices are not allowed in an Agency-owned vehicle.
- All applicants for employment will be notified that Sieda observes the Smoke-free Air Act through notice on the application.
- Employees whose job requires them to visit clients in their private homes may schedule the visit in an alternate smoke-free enrolment with supervisory approval.

### **Job Openings**

All vacancies will be posted on the Sieda Community Action website. Current and former Head Start parents will be provided opportunities to participate in the program as employees or volunteers.

### **Policy on Solicitation of Funds and/or Merchandise**

The practice of Sieda Head Start is to discourage solicitation of funds and/or merchandise from the community and families. In the case of donated funds and/or merchandise, staff will coordinate with their Center Supervisor the distribution of donations according to program procedures.

### **Fundraising Policy**

It is an established policy that there be **NO** fund-raising activities allowed within the Sieda Head Start Program. This includes seeking donations, selling items, bake sales, rummage sales, raffles, and all other activities designated to solicit funds for the expressed purpose of being utilized by parents to support local parent group activities. Such activities include, but are not limited to, parties, extra field trips and gifts.

Reviewed and approved by the Policy Council on 7/19/18.

### **Head Lice Policy**

- If a child has both nits and live lice, the child will be allowed to stay at the center
- If live lice are found, the child's parental guardians will be notified and instructed to treat the child's hair that evening (after school) and will be provided with the head lice treatment calendar/handout to be used as a resource to help treat the head lice infestation appropriately. If parental guardians are in need of assistance in purchasing head lice treatment shampoo, parents should reach out to their center supervisor, and the center supervisor will be in contact with the health coordinator to attain head lice treatment supplies for the family.
- A visual picture Treatment Calendar and recommendations is available in the Health Section of this Handbook
- If there are continued recurrences in the same family, Health Coordinator will partner with the family for further assistance

**PARENTS ARE STRONGLY ENCOURAGED TO CHECK THEIR OWN CHILDREN'S HEADS ON A WEEKLY BASIS, AT MINIMUM. THE IOWA DEPARTMENT OF PUBLIC HEALTH STATES,**

**“THERE IS NO NEED FOR CHILDREN TO BE SENT HOME OR TO MISS SCHOOL DUE TO HEAD LICE, THOUGH TREATMENT SHOULD BE STARTED BEFORE RETURNING TO SCHOOL THE NEXT DAY.”**

Reviewed and approved by the Health Advisory Council on November 8, 1999 and revised by Policy Council on 07/19/18.

### **Bed Bug Policy**

Steps taken if a child has bed bugs or a classroom has an actual infestation:

- If bed bugs have been found on a student’s belongings; the items will be placed in a plastic bag/bin to store until the end of the school day. This is to prevent an infestation of the classroom. The student will not be sent home.
- A letter to the student’s parent/guardian and educational materials will be provided addressing how to reduce the risk of bed bugs in the home, and/or how to manage an actual infestation. Our Health Coordinator will partner with the family for further assistance
- If an actual infestation occurs in the classroom; a letter will be sent home with all children in the affected classroom, as well as educational materials for reducing risk or managing an infestation. Further information will be provided regarding treatment of the classroom

This policy was reviewed and approved by the Policy Council on 7/19/18

### **Policy for use of “Holiday Themes” as part of the Curriculum**

Holidays will be celebrated in respectful and developmentally appropriate ways, exposing children to differing customs. At Sieda Head Start we meet the curriculum objectives and individual child goals by allowing children to individually express themselves in ways of their own choosing.

Parents will have the opportunity to share ideas and learn of classroom celebrations during monthly parent group meetings. Parents and members of the Community are encouraged to volunteer and/or share their culture, customs, and traditions with the class.

If your family does not celebrate holidays, please inform your child’s teacher.

This policy was approved by the Policy Council on February 25, 2016.

This policy was approved by the Sieda Board of Directors on March 28, 2016.

### **Low Sugar Policy**

Head Start has a LOW SUGAR POLICY. This is to help promote dental health and healthy food choices. We ask that you follow the Guideline for Parent Planned Activities. These guidelines can be found in the Parent Involvement Section.

This policy was approved by the Policy Advisor Council on March 7, 2000.

## **Intruder Policy**

INTRUDER – is an unauthorized person who enters the building/property. Refer to each location regarding their Intruder Policy

## **Attendance Agreement**

It is the goal of Sieda Head Start to promote regular attendance for all students enrolled in the Head Start Program. Head Start Performance Standards require 85% attendance rates in each classroom. Regular attendance is vital to children's success in school. When children have frequent absences, they miss out on learning experiences, social activities, and developing and following a regular routine.

If your child is going to be absent from class, notify your center to let the staff know. Please phone the center by 8:30 or prior to your child's scheduled bus pick-up time if your child will be absent for any reason, to allow for adjusted meal counts and bus routes.

Center staff will make daily contact with the parent/guardian when a child is absent from class, documenting the conversation or attempts made, and offering needed assistance.

Center staff will make unannounced home visits to the parent/guardian with three consecutive days of no contact or chronic unexcused absenteeism and develop an attendance plan.

### **Definition of excused absence:**

- Medical documented illness from a Health Care Professional
- Medical documented appointment from a Health Care Professional
- Funeral
- Court proceeding
- Religious Holiday
- Family emergencies at of Head Start

### **Definition of chronic absenteeism:**

- Three or more consecutive days with no contact
- Child unexcused attendance rate falling below 75% (approximately more than one day per week)

### **Attendance Plan for chronic absenteeism**

1. When a child has missed two or more consecutive days with no contact or unexcused attendance rate has fallen below 75%, center staff will make an unannounced home visit to the parent/guardian. The staff and the parent/guardian will develop a plan to assist with the child's attendance rate and meet the needs of the family. The parent/guardian will sign the Head Start Attendance Agreement (HS #19b). The child must maintain over 75% attendance rate for the next two week probationary period. If the child's attendance rate falls below 75% during the probationary period, move to Step 3.
2. For a second occurrence of chronic absenteeism, after the two week probationary period has ended, a meeting or unannounced home visits will take place with the Center Supervisor, Family Service Worker, Classroom Teacher, parent/guardian, and other support staff as needed. At this meeting, a plan for additional support will be created to meet the needs of the family and increase the child's attendance rate. The parent/guardian will sign a new Head Start Attendance Agreement (HS #19b). The child must maintain over 75% attendance rate for the remainder of the school year.

3. Once the child's unexcused attendance rate again drops below 75%, the child will be dropped from the Program and placed on the waiting list. When/if the parent/guardian would like to re-enroll in the Program, they may reapply and be placed back in a classroom when a slot becomes available.

### **When your child can attend class**

Your child is ready to attend class when:

- All necessary paperwork is complete.
- Immunization card, provisional, or exemption is on file at the center (for information, see the Health Section). The child's immunization record must be available/presented to the school on/if not before, the first day of school. If parents are having difficulty obtaining the child's most current immunization record, they should contact Sieda's health coordinator for assistance.
- Physical Exam is required on file at the center within 30 days of attending class.
- Staff are available to assist with scheduling medical/dental appointments and/or providing transportation

### **Class Cancellations**

Class may be canceled due to weather, facilities, transportation, or staffing ratios. So, when the weather is questionable, please listen to your local radio and/or television stations for notification of class cancellations.

Classes may also need to be canceled or dismissed early during the day due to unforeseen situations, such as change of weather or no water or heat. In these situations, staff will notify radio and television stations of the closing. Staff will also call families and/or emergency numbers.

### **Personal Items from Home**

We understand children like to share their toys and personal items such as stuffed animals, action figure toys, cars, dolls, etc. But sometimes this presents difficulties. Toys can get broken or lost.

For these reasons, we would prefer that food items and personal items from home stay at home. This will relieve a lot of stress for everyone including the child. The exception is for scheduled classroom sharing times.

### **Resolution Policy**

#### **Resolution Plan**

Anytime a parent has a program concern the follow these steps:

1. Talk with Center staff (Center Supervisor, Building Principal, Teacher, etc.), to see if a resolution can be accomplished. If the parent is unable to resolve the concern, the parent may move to step 2.
2. Talk with the Head Start Director or Assistant Director to see if a resolution can be accomplished. If the parent is unable to resolve the concern, the parent may move to step 3.

3. Talk with the Sieda Executive Director or the Sieda Deputy Director to see if a resolution can be accomplished. The Decision of the Executive Director or Deputy Director is final. Staff will attempt to make immediate responses to all concerns made by parents and resolve any disputes, however, some concerns may require further inquiry and/or information. Allow up to 7 days for each step for concerns to be addressed and resolved.

## **Head Start Zero Tolerance for Violence Policy**

**Head Start follows a Zero Tolerance for Violence Policy. Zero Tolerance means absolutely NO...**

- II Fowl or obscene language
- II Verbal Abuse
- II Physical Abuse
- II Violent/Verbal/Physical threats

allowed on Head Start property including: **classrooms, playgrounds, buses, or Head Start sanctioned events**. This policy applies to all staff and parents. The following are what Head Start defines as:

### **FOUL OR OBSCENE LANGUAGE:**

- II swearing
- II cursing
- II sexual/racial slurs or innuendos
- II inappropriate name calling

### **VERBAL ABUSE:**

- II yelling/screaming
- II belittling or threatening
- II inappropriate name calling

### **PHYSICAL ABUSE:**

- II hitting/pinching
- II kicking
- II pushing
- II grabbing or touching another person inappropriately without their consent

### **VIOLENT/VERBAL/PHYSICAL THREATS:**

- II threatening physical harm, hurt or kill someone
- II threatening to use weapons
- II threatening to use physical force as a means of controlling the situation.

All parents are cautioned that all Head Start staff are Mandatory Child Abuse Reporters. Any threats, verbal, physical abuse, or foul or obscene language aimed at your own child or any other child will not be tolerated and will be reported to the proper authorities.

Staff and parents unwilling to cooperate with this Policy will be asked to leave the classroom, playground or event and return when they are able to discuss or handle things in a calm manner. If the violence continues after being asked to leave, the proper authorities will be called.

All staff and parents are to remember that personal and adult matters are not to be discussed in front of the Head Start children. If a staff or parent needs to discuss a personal or adult matter, they need to ask a Head Start staff person to find them a private area to discuss these issues.



# EDUCATION



## **Daily Activities**

Daily activities include, but are not limited to: Large and Small Group, Read Alouds, Outdoor Play, Free Choice Time, Meals and Snacks, and Toothbrushing. During these activities, staff provide opportunities for children to develop skills in the following areas: Initiative, Social Relations, Creative Representation, Language and Literacy, Math and Science, Health, Mental Health, Hygiene, Nutrition, Safety, Character Development, Positive Behavioral Interventions and Supports (PBIS)

## **Developmentally Appropriate Practice**

Sieda Head Start follows developmentally appropriate practices. Developmentally appropriate practice, or DAP is a perspective within early childhood education where a teacher nurtures a child's social/emotional, physical and cognitive development by basing all teaching practices and decisions on (1) theories of child development, (2) individually identified strengths/concerns, and (3) the child's cultural background. The following are examples of Developmentally Appropriate Practices you may see in your child's Preschool:

- Creative Art activities are process oriented, instead of product oriented. This means children will spend more time exploring art materials/tools with all of their senses and less time making arts and crafts that all look the same. This is not to be confused with academic projects. No models, patterns, or ditto sheets are to be used in a Head Start Class for Creative Art purposes.
- Asking open ended questions that give children opportunities to explain their thinking process. (How can you make this bigger? Why did you use red paint?)
- Teaching use scaffolding (hints with verbal/visual cues) to help children master a skill
- Create learning experiences that challenge students individual needs based off formative and informative assessment
- Model attitudes, ways of approaching problems, and behavior toward others, showing children rather than just telling them ("*Hmm, that didn't work and I need to think about why.*" "*I'm sorry, Ben, I missed part of what you said. Please tell me again.*")

## **Curriculums**

Teaching Strategies is a publishing company that specializes in Early Childhood. They have developed high quality curriculum, assessment, and professional development, which our Head Start program uses.

Creative Curriculum is a comprehensive, research-based curriculum approach that honors creativity and respects the role that teachers play in making learning exciting and relevant for every child. The objectives of the curriculum are aligned with the Head Start Child Development and Early Learning Framework, as well as the Iowa Early Learning Standards.

Additional Curriculums: Early Learning Second Step, Character Counts, I Am Amazing, Character Critters, Letter People, Kindness, Anti-Bullying, Heggerty- Phonemic Awareness

## **Clothing**

### **Children:**

Children are very active and use several different materials inside and outside during the day that could possibly stain their clothing. However, children do spill things on occasion and clothing could be stained. Children do wear smocks for painting and staff assist children as much as possible. Don't send your child to school in any clothing you don't want stained.

Each center is required to take the children outside on a daily basis including the winter months. The playgrounds do get wet and covered in snow. During the winter months it is required that each child wears a coat to school. It is encouraged that children have hats, and mittens. If children do not have a coat, hat, or mittens Head Start will assist families in finding some. Children are not required to wear boots to school.

Head Start encourages each child to have a change of clothing at school. This would include; a shirt, a pair of pants, socks, and a pair of underpants. Please mark any garments brought in with your child's name.

Licensing law states shoes must be worn at all times while at the center or on the bus.

Flip Flops are not recommended for play at the center. Shoes with ties or straps are safer.

**HEAD START IS NOT RESPONSIBLE FOR ANY CLOTHING THAT MAY BE RUINED WHEN YOU OR YOUR CHILD IS AT THE CENTER.**

### **Parents:**

Logos and sayings on shirts must be appropriate for children. Tube tops, skin tight clothing, see through clothing, swimwear, and skirts or dresses that are short enough to see the upper portion of the thigh are not appropriate.

When volunteering in the centers, attending parent meetings, or other Head Start functions all volunteers and parents must dress appropriately.

In the classroom several messy materials are used. Bleach and other cleaning solutions are used in the kitchen. When volunteering in these two places clothing could become stained or even ruined.

Times may occur when a volunteer will need to be outside with staff and children. Dress should be appropriate for outside conditions.

Licensing law states that shoes must be worn at all times when volunteering at the center.

## **Outdoor Weather Policy**

**All children who are well enough to attend the center will be taken outdoors for play on a daily basis if the weather permits.** Exceptions will be rainy days, summer days when the heat index is over 90 degrees, and winter days when the wind chill factor is below 15 degrees. Example: If the normal temperature is 20 degrees, the children are allowed outside but if there is a wind speed of 10, the wind chill temperature is 4, then they will stay in. Temperatures, wind chill, or heat index can be checked by the chart in the center, by calling the local weather service, or by the weather bug on the computer.

Studies have consistently shown that children do not have lower resistance to colds or their infections because of outdoor play, but are much healthier and have stronger resistance to illness with exercise outdoors. This also strengthens children with transition activities and assists them in learning self-help skills by putting on their coats, learning to zip, button their garments, and putting on boots.

Children and staff need to be dressed for the weather and be prepared to go outside.

## **Transportation**

Limited transportation is provided to Head Start families. Your child's teacher will let you know about what time the bus will arrive at the bus stops. Please arrive at the bus stop a few minutes before the scheduled bus time, as driving conditions may cause the bus to be early. A Head Start staff person will be on the bus. It is a privilege for your child to ride the bus.

Performance Standards require that every child must be seated in a child safety restraint when riding the bus or being transported in a staff vehicle. Eating and drinking are not allowed on the bus.

Parents who transport their children to and from the center need to arrive on time or a few minutes early to pick up their children. Children should not be brought to the center early, as staff have tasks to do and can't watch children at the same time. **Children must be brought to the classroom door when being dropped off and picked up. This is for the safety of your child.**

Parents must complete an Emergency Permission Contact CDP #44a to indicate who they want their children released to. Any person picking up children will be asked for a photo ID. Please share this with family and friends on your list. This will also include a parent that the staff doesn't know.

**If a child is not picked up within 30 minutes after center time and no contact with a designated adult has been made, then HHS and law enforcement will be contacted.**

For additional information, see Child Pick-Up Policy in purple Policies section.

## **Information Changes**

For your child's safety, it is extremely important that you notify the center staff immediately if your address, phone or work number or emergency contact number(s) change. Please also keep us informed of changes in child care names, numbers, and addresses. We must have current numbers on file at the center so we can contact you and/or emergency contact people in case of illness or accident. Keep your emergency pick-up list up-to-date of who may or may not pick up your child. We CAN NOT ALLOW your child to leave with an unauthorized person. See Child Pick-Up Policy for further information.

### **Fire, Tornado, and Emergency Evacuation Drills**

Fire, Tornado, and Emergency Evacuation Drills are practiced at the center every month. Everyone in the center at the time must participate. Procedures and escape routes are posted in the room. Parents are encouraged to practice these drills at home, also.

### **Other Emergency Procedures**

We also have policies and procedures for medical and dental emergencies, blizzards, earthquakes and other building evacuations.

### **Rest Time**

Children participating in a full school day will be provided a rest time.

Children will be provided their own cot/mat at the beginning of the school year. Due to Licensing Regulations cots/mats and sheets are washed and sanitized weekly and are not shared with other children. Children are also required to wear their shoes during naptime in case of emergency evacuation. Children are encouraged to bring their own blankets and pillows. These will be sent home to be washed weekly.

Children who choose not to go to sleep will be encouraged to lie quietly or engage in a quiet activity until rest time is over.

# HEALTH



## **Fluoride Program**

Tooth decay is one of the most common preventable diseases seen in children. Children as young as 12-18 months can get cavities. Cavities in baby teeth can cause pain and even prevent children from being able to eat, speak, sleep, and learn properly. Children do not lose all their baby teeth until they are about 11 or 12 years old.

Fluoride varnish is a protective coating that is applied topically on teeth to help prevent new cavities and to help stop cavities that have already started to form.

Dental screenings and applications of fluoride varnish will be offered and administered by a contracted I-smile Dental Health Care Provider, on-site at your child's center. This voluntary program, which will be offered 2 times during the school year, is available to all children enrolled in Head Start at no cost.

Fluoride varnish is of thick consistency and only a couple of drops are necessary to cover the surface(s) of primary teeth or baby teeth at high risk for cavities. The varnish is applied to clean, dry teeth by using a tiny "paint brush." NO anesthetic or drilling is done. Children should not brush their teeth until the next morning after the varnish has been applied, allowing the varnish to remain on the teeth for a number of hours, making the teeth more resistant to decay.

This procedure will be completed by a Registered I-smile Dental Hygienist at your local Head Start center, and any comments, findings, and/or recommendations will be sent home to you, the parent or guardian. This DOES NOT replace the need for your young child's exam at their dentist's office, and this is not the same type of fluoride treatment used by dentists during a routine check-up and cleaning.

SDF (silver diamine fluoride), a clear liquid applied topically to teeth to help prevent cavities from forming, growing, or spreading, will be offered to those students, with parental consent, who have noted carious lesions on teeth. This will be offered at our sites that are serviced by the American Home Finding Association I-smile coordinators (Appanoose, Davis, Douds, Harmony, Jefferson, Wapello, and Cardinal). At this time, this service will not be offered at Keokuk and Mahaska locations which are serviced by River Hills I-smile coordinators.

## **Lead/Hemoglobin Screening:**

Lead is a common metal found throughout the environment (in the soil, air, as well as household dust); can leach into one's local water supply; is commonly found in lead-based paints (paints used in homes, toys, etc. prior to 1978); can be found in food (predominantly food imported from other countries, including Mexico, Vietnam, India, and Syria); as well as in certain types of pottery, porcelain, pewter, and jewelry items.

Although preventable, lead poisoning remains a significant health concern for young children. Per CDC guidelines, no level of lead in blood is considered safe for children. Elevated lead levels are correlated with

increased developmental delays, behavioral problems, diminished capacity to learn in school effectively, and generalized harm to a child's central nervous system.

Recommendations from the CDC and the American Academy of Pediatrics are that all children are tested at 12 and 24 months of age, and children with risk factors that put them at a heightened risk for lead exposure (see risk factors listed on the Lead Risk Questionnaire) should also be tested at 3 years of age, as well. The State of Iowa requires all children entering Kindergarten to have at least one blood lead test before the child is 6 years of age.

We recommend that you evaluate your child's lead risk factors (per the Lead Risk Questionnaire), in addition to the educational brochure provided to you from the Iowa Department of Public Health regarding lead testing recommendations for children/adolescents, and based on that evaluation, make an informed decision as to whether or not you feel your child should have blood lead testing performed by your child's primary care physician, at your local WIC clinic, and/or at your local public health department office.

**Contact the Health/Nutrition Coordinator, Family Service Worker, Teacher or Center Supervisor in your county if you have any questions about the above two listed health topics.**

### **I am Moving I am Learning**

The I Am Moving, I Am Learning (IMIL) program was created to prevent and reverse childhood obesity and promote lifelong fitness for Head Start Children through increased physical activity and healthy nutrition choices.

Head Start children have the opportunity to participate in the IMIL program by providing 30-60 minutes of vigorous physical activity per day, learning new strategies, improving nutrition choices within Head Start classrooms and Head Start homes. This program also stimulates brain development and teaches practices to help your child achieve greater control of all muscle groups.

### **Injuries at School**

If a child is injured at school, a trained staff person will treat the injury according to First Aid procedures. The parents will be notified of the incident and will be given a copy of the Incident/Accident Report according to the nature of the injury. Parents are to review the Incident Form sent home with their child, sign it after reviewing the Incident Form, and bring the signed Incident Form back to the center immediately after review.

If a child is seriously injured and needs to go to the hospital, the child will be taken to the nearest hospital; a Head Start staff member will stay with the child until the parents arrive at the hospital.

### **Physical Examinations**

For children under the age of six, a statement of health condition (physical examination record) signed by a licensed medical doctor, doctor of osteopathy, chiropractor, physician's assistant or advanced registered nurse practitioner and submitted annually (yearly) from the date of the child's last physical examination is required for all students. **Newly enrolled students** (students who were NOT in the Head Start program last school year) have 30 calendar days from the start of the school year to submit their physical examination records.

### **Medication Authorization**

Any prescribed medication for chronic illnesses/conditions must be in its original container with the Health Care Provider's name, date, and the child's name on it. The original Medication Permission form must be signed and completed by the Health Care Provider and the child's parent prior to administration of medication. The Medication form must be reviewed by parents and staff every 30 days. If a child needs medications such as an antibiotic or nebulizer treatment for an acute illness, the parent should adjust the schedule so he/she won't have to be given the medication while at school.

No over the counter medications such as Tylenol, cold medicine, cough syrup, etc. will be given at school, without a physician's order indicating the necessity for this medication to be administered during school hours.

Prescription medication for chronic illnesses/conditions is the only type of medication we will administer to Head Start children, without a physician's order stating otherwise.

Head Start staff at all centers are certified per the Iowa CCRR and Iowa Department of Public Health's Medication Administration Skills Competency Standards to provide medications to students safely and competently on-site at our Head Start centers.

### **Keep your Child home from class when any of these occur**

- When your child's illness prevents the child from participating comfortably in activities.
- There is a need for care that is greater than the staff can provide without compromising the health and safety of our program.
- An acute change in behavior is present: lethargy, lack of responsiveness, irritability, persistent crying, difficulty breathing, or a quickly spreading rash.
- When your child has been running a temperature of more than 101 degrees anytime during the 24 hours prior to the start of class with behavior change (sore throat, rash, vomiting, diarrhea, etc.). **For an infant or child older than 2 months of age, a fever is a temperature that is above 101 degrees by any method.**
- If your child has been vomiting and/or had diarrhea at any time during the 24 hours prior to the start of class.
- If your child complains of achiness and has been tired with little energy or just not feeling up to par (this could be the beginning of the flu or another contractible virus)
- When your child has a communicable disease, such as chicken pox, pertussis, impetigo, and strep throat. Let staff know when the doctor will release the child to return to class. Provide a copy of the doctor's note stating children can safely return to class.

All the above symptoms are common indicators of communicable diseases and could indicate the onset of several common childhood diseases.

Due to the high incidence over the past few years of Covid-19 in our communities, we ask that parents be vigilant to their child's health symptoms, and seek help if the child displays symptoms congruent with Covid-19, such as respiratory/ breathing difficulties, fever (over 101 degrees Fahrenheit in addition to Covid-19 symptoms), sore throat, and cough.

The rule of thumb that most doctors prescribe is if most of your child's symptoms are gone within 3 to 5 days you can feel reasonably sure that your child's illness was the common cold. If symptoms persist or intensify, you should seek medical attention and treatment.

Children in our program need to attend regularly, but when your child is ill, or has symptoms of illness, please keep your child home. If these recommendations are followed this will help keep the spread of illness in the centers and keep everyone healthier.

On the next page, you will find a listing of common childhood diseases, their symptoms, control methods and response to them.

### **CHICKEN POX:**

Your child should have received Varicella vaccine (Chicken Pox) with his/her immunizations which protects against this disease.

**What will you see?:** Itchy, blistery rash with mild fever. Blisters usually occur in clumps and are more commonly seen on the stomach, chest and back. After several days, blisters will scab over. Some children have only a few blisters, others have several hundred.

**What to do?** Consult with the child's doctor. Calamine lotion or cool baking soda in a water bath can help to reduce itching. Prevent scratching by trimming fingernails and putting gloves on the child during the night.

**When can my child go back to school?** The child should stay home, until all the blisters are crusted with no oozing scabs (usually 6 days).

### **CONJUNCTIVITIS: (Pink Eye)**

**What will you see?** Eyes are red/pink with creamy or yellow discharge and the eyelids may be matted after sleep. Eyelids and around the eyes may be red, swollen and painful.

**What to do?** Consult with the child's doctor. Children without fever should continue to be watched for other symptoms by parents or child care providers.

**When can my child go back to school?** A child does not need to be excluded from school unless a health care provider or public health official recommends exclusion. Resolution of all exclusion criteria needs to be noted by the provider before returning to school (child needs to be seen by a doctor for condition prior to returning to school).

### **DIARRHEA:**

**What will you see?** Child's bowel movements are more frequent, loose and watery than usual. Stool may contain blood.

**What to do?** Make sure the child gets plenty of rest and give a diet of clear liquids. If symptoms continue, fever occurs, or if blood appears in stool, call your child's doctor. The child and care providers should wash hands frequently.

**When can my child go back to school?** Child can go back to school when diarrhea is gone and the health care provider and/or public health official states the child may return to school, for infectious forms of diarrhea. \*There are special exclusion rules for E. coli (STEC), shigellosis, and cryptosporidiosis.\* If child has non-infectious diarrhea, the child needs to be excluded from school until diarrhea stops and resolution of exclusion criteria has been met (exclusion criteria is if a child has had two or more loose stools in 24 hours, or blood has been noted in the stool).

### **FIFTH DISEASE: (Parvovirus B19 Infection)**

**What will you see?** Fever, headache and very red cheeks. Lace-like rash on chest, stomach, arms and legs that lasts 3 days to 3 weeks. You may see the rash off and on. Usual for ages 5-14 and is unusual in adults.

**What to do?** Consult with the child's doctor and ask about using over the counter pain/fever medicine. Give the child plenty of fluids. Prevent scratching by trimming fingernails and putting

gloves on the child during the night. Pregnant women exposed to this disease should consult with their doctor.

**When can my child go back to school?** Keep the child home if fever is present.

### **HAND, FOOT, AND MOUTH:**

**What will you see?** Children may have a mild fever, rash (palms of hands and soles of the feet) and sores in the mouth.

**What to do?** Consult with the child's doctor. Children and caregivers should wash their hands frequently.

**When can my child go back to school?** Children with symptoms of HFMD may return to school once fever-free for 24 hours; feeling better; and able to take fluids without problems.

### **IMPETIGO:**

**What will you see?** Skin sore with a yellow, honey colored scab. It may ooze and drain. Most sores are on the face, around the nose and mouth.

**What to do?** Consult with the child's doctor. Your doctor may give you medicine and will tell you how to take care of the sores. The child and caregivers should wash hands frequently.

**When can my child go back to school?** Child can go back to school 24 hours after the child started medicine from the doctor, and blisters are covered.

### **LICE: (Pediculosis)**

**What will you see?** Lice (bugs) and eggs (nits) in hair near the scalp, especially on top of head, behind ears and back of neck causing scalp to itch.

**What to do?** Use regular shampoo and cream rinse daily for 14 days. Comb hair every day with a fine-toothed comb while cream rinse is still in the hair. **See *Lice Treatment Calendar*.**

**When can my child go back to school?** Child must have treatment and a note from the parent stating that treatment has been started. A 14-day treatment protocol is recommended. Treatment of an active lice infestation can be delayed until the end of the school day.

### **MRSA (Methicillin acquired Staph aureus)**

**What will you see?** A boil or pimple that can be swollen red and painful and have drainage. Often mistaken for a spider bite.

**What to do?** Consult with the child's doctor. Treat and cover all open wounds. Reinforce hand washing and environmental cleaning.

**When can my child go back to school?** Children or staff do not need to stay home if the wound is covered and gloves are worn during bandage changes. Children or staff should not share clothing or towels with others, and good hand-hygiene should be adhered to.

### **SCABIES:**

**What will you see?** Severe itching that can be worse at night. You may see small red bumps on the skin or burrows between fingers, wrists or elbows, in armpits or on waistline.

**What to do?** Consult with the child's doctor.

**When can my child go back to school?** Children can go back to school 24 hours after the first dose of medication/treatment.

### **STREP THROAT:**

**What will you see?** Strep throat is a severe form of a sore throat. Common symptoms include: sore throat, difficulty swallowing, fever, enlarged glands and extreme fatigue.

**What to do?** Consult with the child's doctor. Give all medicine for the entire amount of time directed. Antibiotics are not recommended for treatment without a positive laboratory test.

**When can my child go back to school?** Children can go back to school 24 hours after antibiotics are started.

### **RINGWORM:**

**What will you see?** Ring shaped, scaly spots on skin or head. May leave a lighter spot on skin or a flaky patch of baldness on the head. May have a raised donut-shaped appearance.

**What to do?** Consult with the child's doctor. Ringworm is spread by direct skin to skin contact. Cover the area to prevent spread. Do not let your child share personal items (combs, brushes, clothing, towels, bedding). Dry skin thoroughly after washing and wash bathroom surfaces and toys daily.

**When can my child go back to school?** A child does not need to miss school. Treatment of ringworm can be delayed until the end of the school day. Children should not go to the gym, swimming pools or play contact sports. It is important to know that treatment may take at least 4 weeks. Lesions should be covered if possible. Do not share clothing or other personal items.

### **CRYPTOSPORIDIOSIS: (Crypto)**

**What will you see?** Frequent and watery diarrhea accompanied by cramping belly pain. Other symptoms may include headache, nausea, vomiting and low-grade fever. Some people experience no symptoms. Symptoms may briefly improve and then get worse again, but people who are healthy usually get well in 14-30 days.

**What to do?** Contact your healthcare provider. A medication may be prescribed to treat some people's symptoms.

**When can your child come back to school?** Children may return to school when no longer experiencing diarrhea and health care providers or public health officials states child may return to school.

### **PERTUSSIS: (Whooping Cough)**

**What will you see?** Head cold, slight fever, cough, characteristic whoop after a week, and/or runny or stuffed-up nose. Coughing can start 1-2 weeks after being exposed to the bacteria.

**What to do?** If you think your child might have Pertussis, see your doctor right away. Help protect your child by making sure he/she is up-to-date on DTap vaccination. Make sure any adults the child is around are current on their vaccinations, as well.

**When can my child go back to school?** Children may return to school 5 days after the start of antibiotic treatment.





### **INFLUENZA:**

**What will you see?** Fever (typically greater than 100 degrees Fahrenheit), headache, extreme tiredness, dry cough, sore throat, runny or stuffed-up nose, muscle aches, and stomach symptoms (such as nausea, vomiting, and/or diarrhea).

**What to do?** If a child gets Influenza, they should stay home from school to rest, get plenty of water (stay well-hydrated), take over-the-counter medications (such as Tylenol) to relieve symptoms, and consult with your child's healthcare provider for lingering symptoms. It is recommended that your child receive the Influenza vaccination yearly to help reduce chances of obtaining Influenza during flu season. Vaccination is typically available early in the fall.

**When can my child go back to school?** Children can return to school 24 hours after the fever is gone. Fever should be gone without the use of fever-reducing medications, such as Tylenol.

## Head Lice Treatment Calendar

Day #1	Day #2	Day #3	Day #4	Day #5	Day #6	Day #7
						
Wash with Lice Shampoo, remove nits.	Wash with regular shampoo/ conditioner	Wash with regular shampoo/ conditioner	Wash with regular shampoo/ conditioner	Wash with regular shampoo/ conditioner	Wash with regular shampoo/ conditioner	Wash with Lice Shampoo, remove nits.

Day #8	Day #9	Day #10	Day #11	Day #12	Day #13	Day #14
						
Wash with Lice Shampoo, remove nits.	Wash with regular shampoo/ conditioner	Wash with regular shampoo/ conditioner	Wash with regular shampoo/ conditioner	Wash with regular shampoo/ conditioner	Wash with regular shampoo/ conditioner	Wash with Lice Shampoo, remove nits.

### Lice Treatment

**Day 1** - Hair washed with lice shampoo (Nix or Lindane not recommended) remove nits.

**Day 2 Thru Day 6** - Wash hair with regular shampoo and cream rinse conditioner. Remove nits if needed, using a fine-tooth comb (may need to use fingernails).

**Day 7** - Repeat Lice Shampoo.

**Day 8 Thru Day 14** - Repeat day 2 through day 6.

Do this every day for at least 2 weeks, until all bugs and its are removed. Continue until you have gone at least 2 weeks with no bugs or nits.

**Continue to check hair weekly all year around.**

### **Environment - Day 1**

Wash clothing (especially coats and hats) and bed linens in hot water, hot dryer. Wash combs and brushes in hot water. Vacuum upholstered furniture. Vacuum car upholstery. Place stuffed animals and other soft toys into a closed plastic bag for 2 weeks.

**Lice Sprays are not recommended by the Health Department.**

## **Immunizations**

We all want children to grow up healthy and free of disease(s). The easiest and most effective way to achieve this is to ensure all children complete their series of childhood immunizations. Iowa law requires all children to have immunizations before attending preschool. See the chart below for the immunizations and the ages they should be given.

<b>DTaP</b>	Provides protection against diphtheria, pertussis (whooping cough) and tetanus.
<b>OPV/IPV</b>	Polio protection either by injection or given orally. Your physician or clinic will determine which is recommended.
<b>HIB</b>	Provides protection against HIB (Haemophilus influenzae type b) bacteria, which can lead to several serious infectious diseases.
<b>MMR</b>	An injection to protect against measles, mumps and rubella.
<b>Hepatitis B</b>	Helps guard against the Hepatitis B virus.
<b>Varicella</b>	Provides protection against the chicken-pox virus.

# IMMUNIZATION REQUIREMENTS

Applicants enrolled or attempting to enroll shall have received the following vaccines in accordance with the doses and age requirements listed below. If, at any time, the age of the child is between the listed ages, the child must have received the number of doses in the "Total Doses Required" column.

Institution	Age	Vaccine	Total Doses Required
Licensed Child Care Center	Less than 4 months of age	This is not a recommended administration schedule, but contains the minimum requirements for participation in licensed child care. <b>Routine vaccination begins at 2 months of age.</b>	
	4 months through 5 months of age	Diphtheria/Tetanus/Pertussis	1 dose
		Polio	1 dose
		<i>haemophilus influenzae</i> type B	1 dose
		Pneumococcal	1 dose
	6 months through 11 months of age	Diphtheria/Tetanus/Pertussis	2 doses
		Polio	2 doses
		<i>haemophilus influenzae</i> type B	2 doses
		Pneumococcal	2 doses
	12 months through 18 months of age	Diphtheria/Tetanus/Pertussis	3 doses
		Polio	2 doses
		<i>haemophilus influenzae</i> type B	2 doses; or 1 dose received when the applicant is 15 months of age or older.
		Pneumococcal	3 doses if the applicant received 1 or 2 doses before 12 months of age; or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.
	19 months through 23 months of age	Diphtheria/Tetanus/Pertussis	4 doses
Polio		3 doses	
<i>haemophilus influenzae</i> type B		3 doses, with the final dose in the series received on or after 12 months of age, or 1 dose received when the applicant is 15 months of age or older.	
Pneumococcal		4 doses; or 3 doses if the applicant received 1 or 2 doses before 12 months of age; or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.	
Measles/Rubella <sup>1</sup>		1 dose of measles/rubella-containing vaccine received on or after 12 months of age, or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.	
Varicella		1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, unless the applicant has had a reliable history of natural disease.	
24 months and older	Diphtheria/Tetanus/Pertussis	4 doses	
	Polio	3 doses	
	<i>haemophilus influenzae</i> type B	3 doses, with the final dose in the series received on or after 12 months of age; or 1 dose received when the applicant is 15 months of age or older. Hib vaccine is not indicated for persons 60 months of age or older.	
	Pneumococcal	4 doses if the applicant received 3 doses before 12 months of age; or 3 doses if the applicant received 2 doses before 12 months of age; or 2 doses if the applicant received 1 dose before 12 months of age or received 1 dose between 12 and 23 months of age; or 1 dose if no doses had been received prior to 24 months of age. <b>Pneumococcal vaccine is not indicated for persons 60 months of age or older.</b>	
	Measles/Rubella <sup>1</sup>	1 dose of measles/rubella-containing vaccine received on or after 12 months of age; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.	
	Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, unless the applicant has had a reliable history of natural disease.	
Elementary or Secondary School (K-12)	4 years of age and older	Diphtheria/Tetanus/Pertussis <sup>4, 5</sup>	3 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or before September 15, 2000 <sup>2</sup> ; or 4 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born after September 15, 2000, but before September 15, 2003 <sup>2</sup> ; or 5 doses with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or after September 15, 2003 <sup>2, 3</sup> ; and 1 time dose of tetanus/ diphtheria/acellular pertussis-containing vaccine (Tdap) for applicants in grades 7 and above, if born on or after September 15, 2000; regardless of the interval since the last tetanus/diphtheria containing vaccine.
		Polio <sup>7</sup>	3 doses, with at least 1 dose received on or after 4 years of age if the applicant was born on or before September 15, 2003; or 4 doses, with at least 1 dose received on or after 4 years of age if the applicant was born after September 15, 2003. <sup>8</sup>
		Measles/Rubella <sup>1</sup>	2 doses of measles/rubella-containing vaccine; the first dose shall have been received on or after 12 months of age; the second dose shall have been received no less than 28 days after the first dose; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
		Hepatitis B	3 doses if the applicant was born on or after July 1, 1994.
		Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, but born before September 15, 2003, unless the applicant has had a reliable history of natural disease; or 2 doses received on or after 12 months of age if the applicant was born on or after September 15, 2003, unless the applicant has a reliable history of natural disease. <sup>8</sup>

<sup>1</sup> Mumps vaccine may be included in measles/rubella-containing vaccine.

<sup>2</sup> DTaP is not indicated for persons 7 years of age or older, therefore, a tetanus-and diphtheria-containing vaccine should be used.

<sup>3</sup> The 5th dose of DTaP is not necessary if the 4th dose was administered on or after 4 years of age.

<sup>4</sup> Applicants 7 through 18 years of age who received their 1st dose of diphtheria/tetanus/pertussis-containing vaccine before 12 months of age should receive a total of 4 doses, with one of those doses administered on or after 4 years of age.

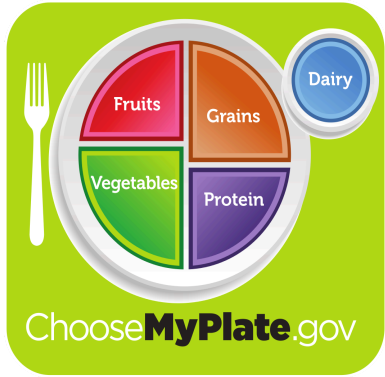
<sup>5</sup> Applicants 7 through 18 years of age who received their 1st dose of diphtheria/tetanus/pertussis-containing vaccine at 12 months of age or older should receive a total of 3 doses, with one of those doses administered on or after 4 years of age.

<sup>6</sup> If an applicant received an all-inactivated poliovirus (IPV) or all-oral poliovirus (OPV) series, a 4th dose is not necessary if the 3rd dose was administered on or after 4 years of age.

<sup>7</sup> If both OPV and IPV were administered as part of the series, a total of 4 doses are required, regardless of the applicant's current age.

<sup>8</sup> Administer 2 doses of varicella vaccine, at least 3 months apart, to applicants less than 13 years of age. Do not repeat the 2nd dose if administered 28 days or greater from the 1st dose. Administer 2 doses of varicella vaccine to applicants 13 years of age or older at least 4 weeks apart. The minimum interval between the 1st and 2nd dose of varicella for an applicant 13 years of age or older is 28 days.

Revised 1-2013



# NUTRITION



## **Parent Information the Iowa Child and Adult Care Food Program**

This day care home or child care center is a participant in the Child and Adult Care Food Program (CACFP), a Federal program of the Food and Nutrition Service (FNS), U.S. Department of Agriculture (USDA).

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), 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, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

The primary goal of the CACFP is to improve the diet of children 12 years of age or younger and/or adults in day care. Children 15 and under from families of migrant workers are also eligible, and people with a state defined disability, regardless of age, may receive CACFP meals if they are enrolled in a center or home that serves mostly persons 18 years of age or younger.

Nutrition is an important part of good health. Proper nutrition is also an important part of a good child/adult care program. Children need well-balanced meals in order to meet their daily energy needs and to help them build strong bodies and minds. Through the CACFP, you can be assured that children and adults are getting balanced, nutritious meals. As participants in the CACFP, child or adult care organizations may usually claim up to three meals a day served to each participant for reimbursement. If three meals are served, at least one of them must be a snack. All of the meals must follow food patterns set by USDA.

There are three groups of meal patterns. The first group is for infants, birth to 12 months. Food in these patterns varies according to the infant's age. Infants under 5 months of age are served breast milk or iron fortified formula.

## **Guidelines for food brought in for special times**

Special Parent Planned activities may include a snack. In accordance with Head Start's low sugar policy and childhood obesity initiative, snacks should follow these guidelines.

The following food items are approved to be used for the above listed activities: Fresh fruit and vegetables, Fruit cups, 100% Fruit juice, Pretzels, Sun Chips & Salsa, Snack Crackers, Muffins, Bagels, Cheese, Cottage Cheese, Yogurt, Yogurt Smoothies, Go-Gurts, any nutrition activity from the Classroom Nutrition Activity Book, or with prior approval from the CACFP Program Coordinator.

**All food served in the classroom needs to be prepared in a Licensed kitchen or Head Start classroom, or purchased from an approved catering site, a grocery store, or a restaurant.**

### **Guidelines for Birthday Celebrations:**

At Sieda Head Start we want to teach children that special occasions do not have to revolve around food. Teachers will recognize the student on their birthday by having special activities promoting fun, healthy alternatives.

If you chose to bring snacks for your child's birthday, please refer to the approved items listed above. For items not listed above, please obtain prior approval from your child's teacher or center supervisor.

### **Family Celebrations:**

All food and drinks served at the Family Celebration must be planned in advance and approved by the Director. All food served in the classroom needs to be prepared in the Head Start kitchen or classroom, or purchased from an approved catering site, a grocery store or a bakery. Homemade food and drinks prepared by parents, families or staff will not be allowed to be served at these functions. (This is to prevent the spread of Hepatitis A and to protect against allergic reactions for those students with food-related allergies).

## **Meals and Snacks**

Head Start meals are served either cafeteria style or family style and snacks are served family style. When served family-style, the food is passed in small bowls, plates or baskets so the children can help themselves. The children will also have the opportunity to serve themselves juice, milk, or water from small pitchers which the children can handle easily. Family style meal service allows the children to decide what and how much they want to eat. Children are encouraged to taste different foods, but are not required to eat food they do not wish to try.

We provide meals that are low in fat, salt, and sugar. We serve lunches that emphasize fruits, vegetables, whole grain breads, low-fat milk, meat, poultry, fish and cheese.

We do not serve, and discourage the use of, high-sugar foods such as candy, fruit rolls, cookies, cakes, fruit drinks and high fat-foods such as potato chips.

A nutritious breakfast will be offered to all Head Start children who have not already eaten breakfast, regardless of arrival time.

## **Serving sizes for Children 3 to 5 years old**

In Ellyn Satter’s Division of Responsibility in feeding young children, the parent/caregiver is responsible for *what, when, where*. The child is responsible for *how much* and *whether* to eat the food.

An easy guide to a minimum serving size for a child is: one measuring Tablespoon of cooked food for each year of the child’s age.

[myplate.gov](http://myplate.gov) is a good resource to use when planning the children's meals and serving sizes. The following chart is the recommended amount of food for children 3 to 5 years old.

1. Milk and Dairy Products – 2 ¼ to 4 servings daily.
  - a. Milk - Serving size: 1/2 to 3/4 cup.
2. Meat and Meat Alternates - 2 to 3 servings daily.
  - a. Beef, pork, lamb, fish, poultry - Serving size: 3 Tbsp. or 1-1/2 oz.
  - b. Eggs - Serving size: ½ to 1 egg.
  - c. Peanut Butter - Serving size: 2 to 3 Tbsp.
  - d. Cheese - Serving size: 1 to 1 ½ oz.
3. Fruit - 2 to 4 servings daily.
  - Fruits - Serving size: ¼ to ½ cup.
4. Vegetables - 3 to 5 servings daily.
  - Vegetables - Serving size: ¼ to ½ cup.
5. Bread and Cereals - 4 to 6 servings daily.
  - a. Whole grain or enriched bread - Serving size: 1/2 slice.
  - b. Cooked cereals, rice, pasta - Serving size: 1/4 cup.
  - c. Ready to Eat Cereal – Serving size: 1/8 to 3/4 cup.
  - d. Bread products such as a biscuit, roll, or muffin ½ serving.

## **Foods for Babies (6 to 12 months old)**

<b><u>Breakfast</u></b>	<b><u>Snack</u></b>	<b><u>Lunch and Supper</u></b>
Breast milk, infant formula (iron fortified).	Breast milk, infant formula (iron fortified).	Breast milk, infant formula (iron Fortified).
Infant cereal (iron fortified) and/or meat, fish, poultry, whole egg or cooked dry beans or peas, cheese or cottage cheese, or yogurt.	Enriched or whole-grain bread or cracker-type product (suitable for infants)(optional) Infant cereal, or ready to eat breakfast cereal (low sugar).	Infant cereal (iron fortified) and/or meat, fish, poultry, whole egg or cooked dry beans or peas, cheese or cottage cheese, or yogurt.
		Fruit and/or Vegetable.

**The second group of meal patterns is for children ages 1-12 years.** All Children in this age group must be served all the components listed in the following meal chart.

<u>Breakfast</u>	<u>Lunch or Supper</u>	<u>Snack</u>
Milk	Milk	(Serve two of the following four food groups.)
Juice, fruit, or vegetable	Meat or meat alternate.	Milk
*Grain	Vegetables	Meat or meat alternate.
Meat or meat alternate. (3x per week)	Fruit	Fruit
	*Grain	Vegetable or Juice
		*Grain

**\*Whole Grain rich foods must be served 1x per day.**

**The third meal pattern is for adults in day care and is described separately.**

The CACFP gives financial assistance to licensed, non-residential day care centers. These may include: public and private non profit centers, outside school hours centers, Head Start centers, private, for profit centers with 25% of enrolled children receiving Title XX Social Security benefits. Registered family and group care homes may participate in CACFP if they are under a sponsoring organization.

For additional information on adults enrolled in adult day care centers, please contact:  
 Bureau of Nutrition and Health Services  
 Iowa Department of Education  
 Grimes State Office Building  
 400 E. 14<sup>th</sup> St.  
 Des Moines, Iowa 50319-1046  
 515-281-5356

## **Iowa has many resources for good nutrition!**

*Do you know about these food assistance programs?*

**IOWA SCHOOL BREAKFAST AND LUNCH PROGRAM** This program makes nutritionally balanced, low-cost or free meals available to school children each school day. For more information contact your local school.

**IOWA SPECIAL MILK PROGRAM** This program provides milk to children in schools and childcare institutions who do not participate in other Federal meal service programs. For more information contact your local school.

**WIC** This program provides Federal grants to states for supplemental foods, health care referrals, and nutrition education for low-income pregnant women, infants, and children up to age 5. For more information call toll free #1-800-532-1579.

**IOWA SUMMER FOOD SERVICE PROGRAM** This program ensures that low-income children, ages 18 and younger, continue to receive nutritious meals when school is not in session. For more information contact the American Home Finding Association at 641-682-3449.

**SNAP** (formerly known as the Food Stamp Program) This program provides food benefits, access to a healthy diet, and education on food preparation and nutrition, to low-income households. For more information contact your local DHS.

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)** This program provides meal reimbursement to child care centers, before and after school programs, and child development homes, for serving nutritious meals. For more information contact Sieda CACFP at 1-641-682-8741.

**MILESTONES AREA AGENCY ON AGING** This program works with the community to administer nutritious food for seniors. Some counties have Senior Centers who serve meals, while other counties have home-delivered meals. For more information call Milestones at 1-855-410-6222.

**GENERAL ASSISTANCE** (formerly known as General Relief) Some counties provide emergency payments and/or vouchers to low-income people in need of immediate assistance or people who cannot obtain assistance from any other source. For more information contact your county General Assistance office.

**FOOD RESOURCES** (formerly known as Food Banks) There are several food pantries and food banks in the state of Iowa, which help alleviate hunger through food distribution, partnership, and education. Go to [foodpantries.org](http://foodpantries.org) to find a site in your county. For more information call 1-515-564-0330.

### How does CACFP work?

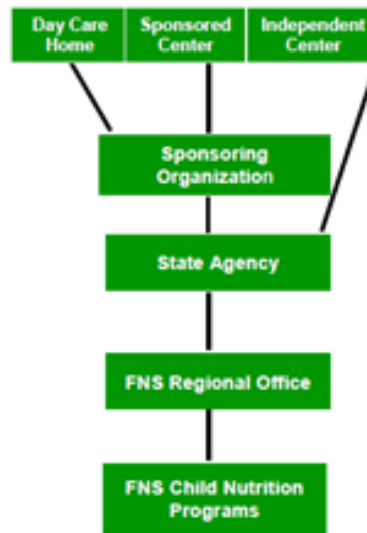
Day care homes and centers receive money for serving nutritious meals. The Food and Nutrition Service (FNS), an agency of the U.S. Department of Agriculture (USDA) oversees CACFP.

States approve sponsors and centers to operate the program. States also monitor and provide training and guidance to make sure CACFP runs right.

Sponsoring organizations support day care homes and centers with training and monitoring. All day care homes participate in CACFP through a sponsor.



### CACFP Partners



## Building for The Future



in the



FNS-319  
USDA is an equal opportunity provider, employer and lender.

# Building for the Future in the CACFP

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## What is CACFP?

CACFP is the Child and Adult Care Food Program. It is a Federal program that pays for healthy meals and snacks for children and adults in day care.

CACFP improves the quality of day care. It makes the cost of day care cheaper for many low-income families.

Besides providing meals in day care, CACFP makes afterschool programs more appealing to at-risk children and youth. Serving afterschool meals and snacks attracts students to learning activities that are safe and fun.

Children and youth who are homeless can also receive meals at shelters that participate in CACFP.

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## State Agency Contact Information

Iowa Department of Education  
Bureau of Nutrition and Health Services  
Grimes State Office Building  
400 E. 14<sup>th</sup> St.  
Des Moines, IA 50319  
Phone: (515) 281-5356



## Who is eligible for CACFP meals?

- Children under age 13,
  - Migrant children under age 16,
  - Children and youth under age 19 in afterschool programs in low-income areas,
  - Children and youth under age 19 who live in homeless shelters, and
  - Adults who are impaired or over age 60 and enrolled in adult day care
- 

## What kinds of meals are served?

CACFP meals follow USDA nutrition standards.

- Breakfast consists of milk, fruits or vegetables, and grains.
- Lunch and Supper require milk, grains, meat or other proteins, fruits, and vegetables.
- Snacks include two different servings from the five components: milk, fruits, vegetables, grains, or meat or other proteins.

## Where are CACFP meals served?

Many types of facilities participate in CACFP.

### Child Care Centers:

Licensed child care centers and Head Start programs provide day care with meals and snacks to large numbers of children.

### Outside-School-Hours Care Centers:

Licensed centers offer before or afterschool care with meals and snacks to large numbers of school-aged children.

### Family Day Care Homes:

Licensed providers offer family child care with free meals and snacks to small groups of children in private homes.

### "At-Risk" Afterschool Care Programs:

Centers in low-income areas provide learning activities with free meals and snacks to school-age children and youth.

### Emergency Shelters:

Homeless, domestic violence, and runaway youth shelters provide places to live with free meals for children and youth.

### Adult Day Care Centers:

Licensed centers provide day care with meals and snacks to enrolled adults.

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May 2019

## ALL CAREGIVERS ARE WELCOME.

WIC offers support to anyone—working or not—who cares for a child, including:

- Moms
- Dads
- Grandparents
- Foster parents
- Step-parents
- Guardians

## WE'RE HERE FOR YOU.

We're here for more families than you might think—in fact, we serve over half of all infants born in the U.S. To get WIC assistance, participants:

- Should be pregnant, postpartum, breastfeeding or have infants or children under 5 years old
- May be in need of income assistance
- Can be receiving other benefits like foster care, medical assistance or SNAP

## FIND WIC NEAR YOU.

WIC is here to serve families across the U.S. With over 10,000 clinic sites, there's almost always a WIC office nearby.

Call 1-800-532-1579 or go to <https://hhs.iowa.gov/wic> or [www.signupwic.com](http://www.signupwic.com).

Your local WIC office:



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.

Person 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 complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866)632-9992. Submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;

Fax: (202) 690-7642; or

Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

2023

IOWA  
HHS

# NUTRITION, SUPPORT AND THE POWER OF FAMILY.



# WE HELP FAMILIES STAY HEALTHY.

WIC is the Nation's most successful and cost-effective public health nutrition program. We provide wholesome food, nutrition education, breastfeeding support and community referrals/assistance for income-eligible families with pregnant or postpartum women, infants and children up to 5 years old.



## FOOD. EDUCATION. SUPPORT. YOU GOT THIS.

We give parents the resources, knowledge and tools they need to be the parents they want to be.

### HEALTHY FOOD

We can help you buy milk, fruit, vegetables, eggs, cereal, juice, peanut butter, baby formula and other healthy foods.

### NUTRITION EDUCATION

We offer guidance on how to shop for healthy food, how to prepare it and how to entice children to eat it. We support and educate families to help them reach their breastfeeding goals. We also provide access to:

- Prenatal nutrition
- Breastfeeding tips
- Eating tips for your child
- Parenting tips
- Healthy recipes

### A COMMUNITY OF SUPPORT

We're a network built for families. We connect them, we educate them and we learn from them. Our staff consists of:

- Dietitians, Nurses, and Nutritionists
- Lactation specialists
- Breastfeeding Peers Counselors

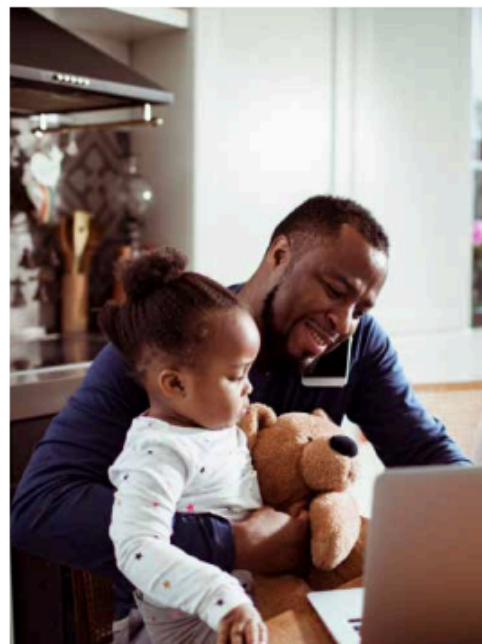
### REFERRALS

We can introduce families to resources outside of WIC, including:

- Healthcare professionals such as pediatricians, OBGYNs and dentists
- Immunization services
- Other food resources
- Head Start/Early Head Start
- Hawk-1/Medicaid

## INCOME GUIDELINES

Household Size	Annual Income	Monthly Income
1	\$26,973	\$2,248
2	\$36,482	\$3,041
3	\$45,991	\$3,833
4	\$55,500	\$4,625
5	\$65,009	\$5,418
6	\$74,518	\$6,210
7	\$84,027	\$7,003
8	\$93,536	\$7,795
Each additional family member add:	+ \$9,509	+ \$793



# DO YOUR NUTRITION EDUCATION ONLINE: WICHEALTH.ORG



## TO CREATE A WICHEALTH.ORG ACCOUNT:

1. Go to [wichealth.org](http://wichealth.org).
2. Select "Sign Up".
3. Fill in the information it requests including your local agency and clinic name and your Family ID number. Your local agency WIC staff can give you this number so you can write it here:  
Family ID \_\_\_\_\_
4. Create your username and password, select your security question and your answer (all are case and space sensitive). Write this information down and keep it in a safe place for the next time you login to [wichealth.org](http://wichealth.org).  
Username \_\_\_\_\_ Password \_\_\_\_\_  
Security question answer \_\_\_\_\_
5. It is recommended to enter your email address. This will help you retrieve your password in the future if you forget it. When you enter your email address you will receive a verification email. Click the "verify my email" link within the email to make sure the password retrieval process works properly. My email address used: \_\_\_\_\_
6. Finish completing your profile to customize your experience.
7. Select "Finish Profile".
8. You are ready to get started!

## WHAT HAPPENS IF I FORGET MY PASSWORD?

1. Click the "Trouble Signing In?" link under the login and sign up buttons on the home page or click the "Forgot your username or password?" link on the login page.
2. If you entered your email address when you created your account you can choose to receive an email with a link to reset your password.
3. If that isn't working or you forgot the email address you used or didn't ever verify it, instead click on the orange arrow in the "Email not working" section, select your state, enter your Family ID and hit next. It will then ask you to enter the answer to the security question you selected when creating your account.
4. If you are still unable to reset your password click the orange "Help" button at the bottom of your screen to have a help desk support specialist to help reset your password.

## HOW DO I COMPLETE A LESSON?

1. Sign in to your [wichealth.org](http://wichealth.org) account and then click "Start lesson".
2. Choose the topic you are most interested in to see the lessons available.
3. You can then select the lesson you would like to complete or go back out to the topics and select a new one. Once you find the lesson you want, click on it to get started.
4. As you work through the lesson and see resources you like you will be able to "like" them, comment on them and even share them with friends and family! If you want to be able to come back to it later, just click "bookmark".
5. When you get to the end of the lesson type in one thing you think you could start or keep doing based on what you learned.
6. The last page includes a summary of everything you did and learned. Then click "Back to dashboard".
7. Back on the dashboard you can pick another lesson to do, check out the recipes on Health eKitchen or log out.

## LESSON CATEGORIES

You will find eight lesson categories on [wichealth.org](http://wichealth.org) to help you through your parenting journey.

- Pregnancy and Baby's First 6 Months**
- Feeding Your 6 to 24-month-Old**
- Feeding Your 2 to 5-Year-Old**
- Choosing Healthy Foods**
- Keeping Your Family Healthy**
- Planning Simple Meals and Snacks**
- Understanding Developmental Milestones**

You can log in to your [wichealth.org](http://wichealth.org) account anytime to find recipes for using your WIC foods, to take more lessons on topics you are interested in and to check for new and updated lessons. You can also ask your local WIC staff for a list of lessons available.

## FOR MORE INFORMATION

Share [wichealth.org](http://wichealth.org) resources with your social networks.

Talk to your local WIC agency staff. For contact information, call **515-281-6650** or visit <http://idph.iowa.gov/wic/how-to-apply> or [www.signupwic.com](http://www.signupwic.com).



This institution is an equal opportunity provider.



April 2022

# REALICE SUS EDUCACIÓN ALIMENTARIA POR INTERNET WICHEALTH.ORG



## PARA CREAR UNA CUENTA DE WICHEALTH.ORG:

1. Vaya a [wichealth.org](http://wichealth.org).
2. Seleccione "Sign Up" (Registrarse).
3. Complete la información que se pide, como el nombre de su agencia local y de su clínica, y su número de identificación familiar. El personal del WIC de su agencia local le puede dar este número para que lo escriba aquí: Identificación familiar \_\_\_\_\_
4. Cree su nombre de usuario y su contraseña, seleccione su pregunta de seguridad y su respuesta (se distingue entre mayúsculas y minúsculas). Anote esta información y guárdela en un lugar seguro para la próxima vez que inicie sesión en [wichealth.org](http://wichealth.org).  
Nombre de usuario \_\_\_\_\_ Contraseña \_\_\_\_\_  
Respuesta a la pregunta de seguridad \_\_\_\_\_
5. Se recomienda escribir su dirección de correo electrónico. Esto le ayudará a recuperar su contraseña en el futuro si la olvida. Cuando escriba su dirección de correo electrónico, recibirá un correo electrónico de verificación. Haga clic en el enlace "Verify my email" (Verificar mi correo electrónico) en el correo electrónico para asegurarse de que el proceso de recuperación de la contraseña funciona correctamente. La dirección de correo electrónico que uso: \_\_\_\_\_
6. Termine de completar su perfil para personalizar su experiencia.
7. Seleccione "Finish Profile" (Terminar perfil).
8. ¡Ya puede empezar!

## ¿QUÉ SUCEDE SI OLVIDO MI CONTRASEÑA?

1. Haga clic en el enlace "Trouble Signing In?" (¿Problemas para iniciar sesión?) bajo los botones de inicio de sesión y registro en la página de inicio o haga clic en el enlace "Forgot your username or password?" (¿Ha olvidado su nombre de usuario o contraseña?) en la página de inicio de sesión.
2. Si escribió su dirección de correo electrónico al crear su cuenta, puede elegir recibir un correo electrónico con un enlace para restablecer su contraseña.
3. Si eso no funciona o si olvidó la dirección de correo electrónico que usó o nunca la verificó, en su lugar haga clic en la flecha naranja de la sección "Email not working" (El correo electrónico no funciona), seleccione su estado, escriba su identificación familiar y pulse "Next" (Siguiente). A continuación, le solicitará que escriba la respuesta a la pregunta de seguridad que seleccionó cuando creó su cuenta.
4. Si sigue sin poder restablecer su contraseña, haga clic en el botón naranja "Help" (Ayuda) situado en la parte inferior de la pantalla para que un especialista del servicio de asistencia técnica le ayude a restablecer su contraseña.

## ¿CÓMO COMPLETO UNA LECCIÓN?

1. Inicie sesión en su cuenta de [wichealth.org](http://wichealth.org) y, a continuación, haga clic en "Start lesson" (Comenzar lección).
2. Elija el tema que más le interese para ver las lecciones disponibles.
3. A continuación, puede seleccionar la lección que desea completar o volver a los temas y seleccionar uno nuevo. Una vez que encuentre la lección que desea, haga clic en ella para empezar.
4. A medida que trabaje en la lección y vea recursos que le gusten, podrá darles "me gusta", comentarlos e incluso compartirlos con amigos y familiares. Si desea volver a ella más tarde, solo tiene que hacer clic en "Bookmark" (Marcar).
5. Cuando llegue al final de la lección, escriba una cosa que cree que podría empezar o seguir haciendo según lo aprendido.
6. La última página incluye un resumen de todo lo que hizo y aprendió. A continuación, haga clic en "Back to dashboard" (Volver al panel de control).
7. Al volver al panel de control, podrá elegir otra lección para hacer, consultar las recetas de Health eKitchen o cerrar la sesión.

## CATEGORÍAS DE LECCIONES

En [wichealth.org](http://wichealth.org), encontrará ocho categorías de lecciones que le ayudarán en el camino de crianza de sus hijos.

**El embarazo y los primeros 6 meses del bebé**

**Alimentar a su hijo de 6 a 24 meses**

**Alimentar a su hijo de 2 a 5 años**

**Elección de alimentos saludables**

**Cuidar la salud de su familia**

**Planificar comidas y aperitivos sencillos**

**Comprender los hitos del desarrollo**

Puede iniciar sesión en su cuenta de [wichealth.org](http://wichealth.org) en cualquier momento para encontrar recetas para utilizar sus alimentos del WIC, para tomar más lecciones sobre temas que le interesan y para buscar lecciones nuevas y actualizadas. También puede solicitar al personal del WIC de su localidad una lista de las lecciones disponibles.

## PARA MÁS INFORMACIÓN

Comparta los recursos de [wichealth.org](http://wichealth.org) en sus redes sociales.

Hable con el personal de su agencia local de WIC. Para obtener información de contacto, llame al 515-281-6650 o visite <http://idph.iowa.gov/wic/how-to-apply>. Cómo solicitar o [www.signupwic.com](http://www.signupwic.com).



Esta institución es un proveedor que ofrece igualdad de oportunidades.



Abril 2022

<https://hhs.iowa.gov/wic/education-materials>

# MENTAL HEALTH



# DISABILITIES



## **Positive Behavioral Interventions and Supports (PBIS)**

The mission of the Positive Behavioral Interventions and Supports Leadership Team is to raise teacher, student, and families' awareness of the importance of social/emotional development in young children and increase school readiness through the implementation of Positive Behavioral Interventions and Supports. Also referred to as The Pyramid Model practices.

Positive Behavioral Interventions and Supports (PBIS) is a process for supporting young children's social-emotional development and addressing challenging behavior. This approach will be used in all of the Head Start classrooms. The focus is promoting children's success: building relationships, creating supportive environments, and teaching social-emotional skills.

PBIS focuses on the use of positive intervention strategies developed for each child based on their needs. Strategies are developed that focus on helping the child be successful in the classroom and at home, building positive social relationships, developing friendships, and learning further communication skills.

PBIS builds these social skills critical to a child's social-emotional success:

- ★ Getting along with others
- ★ Following directions
- ★ Identifying and regulating emotions
- ★ Problem solving
- ★ Staying on task
- ★ Communicating and playing with others

## **Parenting Workshops**

**Active Parenting– First Five Years** - A Video-Based Program for Parents & Other Caregivers of Children from Birth to Age 5.

Provides four sessions that focus on:

- ★ What a baby's cry means
- ★ Ages and stages of development
- ★ Building a strong bond
- ★ Your child's growing brain
- ★ Using mindfulness to keep your cool
- ★ Effective discipline young children can understand
- ★ Choices and consequences
- ★ 6 ways to prepare your child for school success and much more

Each Participant will receive a workbook and Certificate of Completion

## **Positive Solutions for Families; Parent Training Modules**

Provides Six Sessions teaching social/emotional skills to young children:

- ★ Making Connections!
- ★ Making it Happen!
- ★ Why do Children do What They do?
- ★ Teach Me What to do!
- ★ Facing the Challenge (Part 1)
- ★ Facing the Challenge (Part 2)

Each participant will receive a Family Workbook and Resources

## **Disabilities:**

### **Screenings**

Each child will have speech, hearing, vision, behavior, and developmental screenings completed before classes begin or within 45 calendar days after the child starts attending classes.

Heights and weights of each child will also be recorded yearly.

If any concerns are found, assistance is available to make referrals for specific services to meet the needs of your family. The Family Service Worker, Teacher, or Center Supervisor will inform you of any necessary further evaluation that may need to be completed.

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

One of the resources available (in all seven counties that SIEDA Head Start is serving), is Great Prairie Area Education Agency (GPAEA). GPAEA preschool personnel come into our center's classrooms to provide needed services. The purpose is to provide our teaching staff with a variety of learning activities, behavior interventions and general classroom observation. This will enable the teachers to use some new strategies they may not have been aware of to keep the class day flowing smoothly for all the children.

The GPAEA staff may bring in activities and materials which will be shared with the center staff and all the children, or they may just observe the classroom as a total unit to give our Head Start staff helpful suggestions.

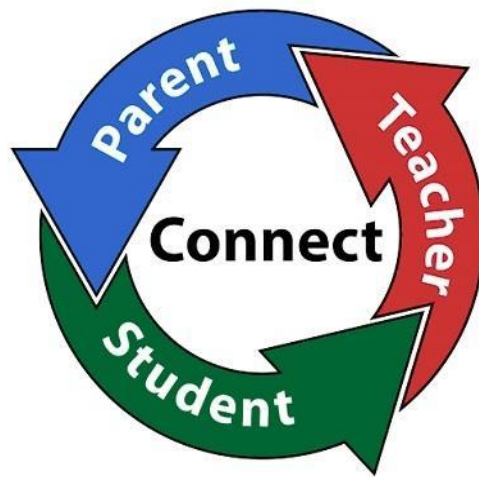
**NO INDIVIDUAL WORK WITH ANY CHILD WILL BE DONE WITHOUT PARENT/LEGAL GUARDIAN'S KNOWLEDGE OR WRITTEN PERMISSION.**

If the teaching staff have a concern about something your child may or may not be doing, then they will share that with you.

If teaching staff feel they need further assistance from the GPAEA staff, then teaching staff will meet with you to discuss the specific need or concern.

Please talk with your teacher if you have any questions about this resource.

# PARENT ENGAGEMENT



## **Parent Engagement**

Parents are recognized as the primary teachers of their children and very important in our program. Sieda Head Start provides many opportunities for parents to be engaged and to assist in program planning.

Here are some ways families can be engaged:

- Help develop your child's learning goals.
- Planning activities for the classroom.
- Volunteer in the classroom, assisting staff in the day to day operations.
- Help staff make name tags, bulletin boards, play dough, folder games, etc.
- Participate in parent committee meetings, special activities and events
- Participate as a Policy Council Representative and/or Committee group Representative.
- Collaborate with staff to extend classroom learning into the home.
- Attend class field trips.

## **Parent Committees**

A Parent Committee is composed of parents of currently enrolled children. This committee is specific to each center/site and is composed of all parents specific to that center/site. Activities of the Parent Committee are:

- Assist staff in planning and implementing activities for special child/adult events and their center/site
- Assist staff in developing and implementing activities to meet the needs of children and families within their center/site and communities
- Vote on a parent(s) from their center/site to represent their parent committee as a member of the Policy Council and/or Health & Disability Advisory Committee as a communication between the Head Start Management staff and their center/site

## **Head Start Policy Council**

Policy Council is a decision-making board of parents and community representatives working closely with the Child Development Director and Head Start Management staff, to provide a quality program for children and families.

Policy Council includes current Head Start parents and Community Representatives from each of the seven county service areas. The Council meets in Ottumwa at the main office for a monthly two-hour meeting.

Responsibilities of Policy Council representatives will be to attend regular meetings, share information with your parent groups and/or community as appropriate, serve on Policy Council committee groups, and follow program policies, procedures, and Policy Council By-Laws.

## **Head Start Health & Disability Advisory Committee**

Each Head Start program must have a Health and Disability Advisory Committee. This committee meets twice yearly and is comprised of health professionals and professionals who serve children and families with special needs. The function of the committee is to advise in the planning, day-to-day operations, and evaluation of the Health and Disability services provided to children and families in our program.

## **What can I do to help as a Volunteer?**

Sieda Head Start is a federally funded program able to provide FREE educational services to children and families. Head Start programs receive a grant through the Federal Government and are required to match 20% of the grant budget in the form of In-kind; also referred to as our Non-Federal Match.

In-kind is generated through volunteer hours and/or donations beneficial to the program. The time parents and community members spend volunteering in our program equals specific monetary value. Volunteers follow the same rules and guidelines as our staff. Ways volunteers participate, assisting our program is:

- Classroom volunteer; assisting with group activities, meal times (including prep and clean-up), engaging in center and outside play, reading stories, etc.
- Assist staff in preparing for activities in the classroom and/or for family events
- Bus volunteer; riding with children to and from the center with a staff person
- Attending field trips
- Speak at Parent Committee meetings or attend Parent Committee Meetings if you are a family member of a student attending the program
- Attend Policy Council and/or Advisory meetings as a Parent or Community Representative
- Recruitment; hang/check flyers and tell people you know of the services provided by Head Start

*\*for more ideas and information on how you can help Volunteer, request a Head Start Volunteer Handbook from your child's teacher or the Center Supervisor*

## **Available for Parents:**

- Language translation/interpretation
- Reading assistance
- Referrals to local partnerships/agencies for family well-being

## **End of the Year Celebration**

End of the year Celebration takes place at the end of the school year. At this event the children will receive certificates of participation in the Head Start Program. Volunteers for the program may receive awards as well.

Parents will plan the event at parent committee meetings. The plan will be written up and sent to the Center Supervisor and Director for approval. We encourage all families and relatives to attend.

## **Parent and Child Special Activities**

Special parent and child activities such as Fatherhood, Motherhood, and Grandparent events are planned throughout the year by parents during Parent Meetings. These activities are provided for families to enjoy special times with their children, as well as learning valuable information. Please plan to attend.

## **Parent Training Opportunities**

- Attending parent committee meetings to support activities and guest speakers
- Parents are invited to attend In-service trainings with staff
- Through participation as a Policy Council Representative and/or Committee Representative
- Through community referrals
- PBIS Parent Modules or Active Parenting-First Five Years parent workshops (\*see Mental Health Section for further details)

## **Family Partnership Plan (Family Goal)**

Families will engage in a Family Partnership Plan. The plan identifies a goal valuable to the family's needs and/or wants to strengthen self-sufficiency. Staff can offer suggestions and ideas and will be available to help find information and/or resources needed to meet goals. Goals may change as they are completed, or as a family situation changes.

If a family has engaged in goals with another program, staff will help work toward those goals as the Family Partnership Plan.

## **Parent/Teacher Conferences and Home Visits**

Staff will complete at least 2 Home Visits throughout the year. During Home Visits staff will share information, complete the necessary paperwork, develop and/or review family goals, and provide other support families may need.

Teachers will hold 3 Parent/Teacher Conferences during the school year. This is the time to meet with your child's teacher to discuss your child's progress in the classroom and plan educational goals. The last, or third Parent/Teacher Conference will be completed at the end of the school year, possibly combined with a home visit.



# EMERGENCY INFORMATION

## **Emergency Plans**

### **Medical/Dental:**

- All signed Medical Emergency Releases will be placed in the Emergency envelope or backpack near the Fire and Tornado Plan in the center.
- Staff will administer emergency first-aid as necessary.
- An Incident Report will be filled out immediately following injury, illness, or incident by staff and a copy will be given to parents. The Incident Form needs to be signed by the family after reviewing it, and sent back to the center immediately after their review.
- The Central Office will be notified as soon as first-aid has been administered, when the child has been taken to the physician's office or hospital, if and when a head injury incident occurs, a bite incident, or evidence of blood.
- In the event of an emergency when immediate medical/dental attention is required, an authorized program employee will take the child to receive the emergency treatment necessary. In the event the physician/dentist on the Authorization for Medical/Dental Care form cannot be reached, the physician on call at the local hospital/clinic will be seen. Parents will be contacted as quickly as possible by staff in case of an emergency.

### **Fire:**

- Remain Calm!
- Staff gather children, and the Emergency Envelope or backpack, and evacuate the building and move to a designated safe area.
- Arrangements are made for a place to take the children in case of inclement weather.
- Staff will check all rooms to be certain children, staff and volunteers are out of the building.
- Staff will do a roll call to verify that everyone is out.
- Staff will call the Fire Department **AFTER** evacuating the building.
- Staff will then notify the Central Office.
- Staff will notify all parents.

### **Tornado:**

- Staff will gather all children, and the Emergency Envelope or backpack, and move to their designated safe location in the building.
- Staff will verify that all individuals have left the classrooms.
- Staff will keep all individuals away from doors and windows.
- Staff will do a roll call to verify that everyone is present.
- Children, staff and volunteers should sit/kneel on the floor, bending head forward until head touches the floor. Both hands should be locked behind heads for protection.
- All individuals should remain in the bending-forward position until the danger has passed
- Notify the Central Office as soon as the danger has passed and any first-aid, or treatment has been administered. (Refer to Medical Section for procedures)
- Staff will notify the parents.

### **Blizzard:**

During the winter months, the weather will be monitored, and when blizzard-like or other hazardous conditions exist, centers will be canceled prior to the start of class. Should conditions worsen after class has started, the Center Supervisor will determine the safest procedure for all children and parents will be contacted as soon as possible.

Emergency food is always available in the event of such an emergency.

**Evacuation of Building:**

**Whenever it is Necessary for children to evacuate the building due to fire, structural damage, earthquake, tornado, flood, toxic/chemical spill, etc.,** follow basic procedures as outlined for **“Fire.”** In these situations, staff must adhere to the instructions given by the local authorities; which include the police department, fire department, and/or civil defense. These individuals will assist staff in determining if and when it is safe to remain in the building and when evacuation is necessary, or if the children need to walk to a safe area.

The teacher will designate a staff person to provide assistance to any child who is unable to evacuate on his/her own. In most instances, this will be a child who has been diagnosed as disabled and one who needs assistance due to physical and/or mental limitation(s). However, in an emergency there may be children who become so upset that they, too, need assistance to evacuate.

The staff will do a roll call to be certain everyone has evacuated.

**Emergencies involving unauthorized individuals and Individuals who appear intoxicated/under the influence of drugs:**

No child will be released to a parent, or other adult, who appears intoxicated and/or under the influence of drugs. If assistance is needed, the police or sheriff will be contacted. The staff will try to contact other individuals indicated on the “Pick-Up Permission” form. In extreme cases, the Department of Human Services will be contacted to provide care. The police may also be contacted for the safety of others.

**Emergencies involving abducted or lost children:**

No child will be released to an individual whose name is not on the “Pick-Up Permission” form. Should an individual attempt to remove a child, the local authorities will be contacted for assistance.

Every effort is made to assure the safety of the children. Staff will accompany children at all times as they move from one room to another or go in or out of the building. Staff will conduct routine checks and head counts and complete all required forms to decrease the likelihood that a child will be separated from the group.

However, if a child is lost or abducted, staff will immediately call the police, and the child’s parent(s). The Central Office will then be notified. Staff will follow any instructions given by the police.

**Center Security Plan:**

- Notify local emergency agencies of our existence, phone number, and address.
- Have an emergency radio that is battery operated and AC.
- The emergency room physician on-call will be our consultant in case of illness of a student during an attack.
- One person will be designated as the staff to call for reliable information and to notify emergency services of our needs.
- All personnel in the building will be trained, as to procedures to be followed, in the event of a crisis.
- Additional emergency supplies will be in a designated area listed on the Center’s Plan.

### **Emergency Preparedness Kit:**

- Center Emergency Supply Kits will contain: water, non-perishable food, First Aid Kit and book, pillows and blankets, moisture wipes, flashlight and batteries, glow lights, plastic sheeting, water storage container, work gloves, duct tape, poncho, moist towelettes, respirator mask, AM/FM radio, foil blankets, fleece blankets, emergency radio, and emergency lists.
- Each center will have an individual plan based on the facility and occupants. The plan will be posted along with the other emergency plans.

### **Universal Precautions for Bloodborne Pathogens**

Staff follow Universal Precautions for Bloodborne Pathogens. All staff receive this training annually. The procedure we follow is available and posted in all Head Start Centers.

### **What to do in case of:**

#### **Chemical Attack:**

Stay in the building, close all windows and doors securely, turn off the furnace and air conditioner. Do not open any doors for parents until danger has passed. Parents should be told to call but not come until the danger has passed.

#### **Biological Attack:**

Stay in the building, close all windows and doors securely, turn off the furnace and air conditioner. Do not open any doors for parents until the danger has passed. Parents should be told to call but not come until the danger has passed. School would be suspended until further notice due to the possibility that the “agent” delivered was contagious.

#### **Nuclear Attack:**

Children would be led to the interior hallways as far away as possible from glass. Doors to classrooms will be closed. Children will assume the “duck and cover” position, as in Tornado Drills. All building systems, especially gas lines, will be shut down to minimize the possibility of explosions.

#### **Conventional Weapons (Bombs, etc.):**

Children will be led to the interior hallway as far away as possible from glass. Doors to classrooms will be closed. Children will assume the “duck and cover” position, as in Tornado Drills. All building systems, especially gas lines, will be shut down. If the school is the target, children and staff will evacuate to a predetermined area. Parents will be allowed to pick up their children at their discretion.

### **NTAS Alerts:**

#### **Imminent Threat Alert:**

Warns of a credible, specific, and impending terrorist threat against the US.

#### **Elevated Threat Alert:**

Warns of a credible terrorist threat against the US.

**Sunset Provision:** An individual threat is issued for a specific time period and then automatically expires.



## **PROGRAMS AND SERVICES**

## **Sieda Community Action**

Sieda Community Action, a private non-profit organization established July 7, 1965 as a Community Action Agency, is one of the 17 Community Action Agencies covering all 99 counties in Iowa. Sieda implements a range of programs designed to provide advocacy, access to supportive services, and service coordination. These programs strengthen families, promote child development, and help individuals and families with basic needs. With the strong foundation Sieda provides, individuals are more likely to become self-reliant and contribute positively to their families and communities.

Sieda's programs are funded by a combination of federal and state grants, local funds, donations, client fees and private resources. Because much of Sieda's funding comes from government grants, it is a common misconception that it is a public agency, not the private agency it has always been. The agency is governed by a board of directors composed of elected officials, representatives elected by the low-income sector, and members of the private sector.

## **Sieda Services and Programs**

Sieda offers a variety of programs to assist families in the areas of Education, Economic Support, and Health & Well-Being. For information regarding the programs Sieda offers visit our website at [www.sieda.org](http://www.sieda.org)

Join us on Facebook at [www.facebook.com/SIEDACommunityAction](https://www.facebook.com/SIEDACommunityAction)