

**PSD Early Head Start  
Child Care Partnership  
Parent Handbook**

**2022-2023**



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**PSD  
Early  
Head Start**

**® Whatever It Takes...  
Our Kids Are Worth It!**

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## COVID-19 Guidelines

**Picayune School District Early Head Start will be following state licensing policies and the Office of Head Start's guidance regarding COVID-19 precautions. Parents will be required to adhere to these policies for all children's well-being as well as for themselves. Your cooperation is greatly appreciated.**

## Mission Statement

The Mission of the Picayune School District Early Head Start is to empower families to achieve life goals, support the development of infants and toddlers, impact the community by setting a standard of high quality childcare, and fostering parental, school, and community supports for the growth of young children.

## Program Philosophy

We at Picayune School District Early Head Start believe that through parental support and collaboration, children from vulnerable families can benefit from a safe, nurturing, developmentally appropriate early childhood development program. By working together, we as a community can help children to be "ready by five".



## **WELCOME TO PSD EARLY HEAD START!**

Each child, each family, and each employee is very important to us. Here is some basic information about PSD Early Head Start service and activities, policies, procedures, and our mutual responsibilities. We can't put everything into this booklet, but we'll answer questions at any time. Please get to know us as it helps us get to know your children better. Early Head Start is a program designed for pregnant women and children ages 0-3 years old. We look forward to a bright future. Research has clearly shown that early educational interventions work!

Please take advantage of all that Early Head Start offers! This includes:

- ✓ Comprehensive Infant and Toddler Child Development
- ✓ Center-Based & Child Care Partnership Options
- ✓ Disability Services
- ✓ Services to Pregnant Women
- ✓ Health Services
- ✓ Parenting Classes
- ✓ Transition Planning
- ✓ Social Services
- ✓ Health Education
- ✓ Mental Health Services
- ✓ Preschool Transition Services
- ✓ Workforce Development Trainings
- ✓ Bilingual Services (Spanish Translation)

We wish you and your child a successful and rewarding Early Head Start experience. We believe that great minds begin at Early Head Start and the best is yet to come!

Dr. Pamela Thomas, Program Director

# **Welcome to EHS CCP!**

## **HEAD START PROGRAM INFORMATION**

Early Head Start is a federally funded, community-based program for families. This program is available for pregnant women and children (2 months through 3 years old) at no cost to eligible families. Families are selected according to federal income guidelines. Within Early Head Start we have several Programs Options: Center-based care and partnerships with local child care centers.

Early Head Start programs support children's growth and development in a positive learning environment through a variety of services. Service areas include:

Education (early learning services): Children's readiness for school and beyond is fostered through individualized learning experiences. Through relationships with adults, play, and planned and spontaneous instruction, children grow in many aspects of development. Children progress in social skills and emotional well-being, along with language and literacy learning, and concept development

Health (health, safety, nutrition, mental health, and disability services): Each child's perceptual, motor, and physical development is supported to permit them to fully explore and function in their environment. All children receive health and development screenings, nutritious meals, oral health and mental health support. Programs connect families with medical, dental, and mental health services to ensure that children are receiving the services they need.

Family & Community Engagement (family services): Parents and families are supported in achieving their own goals, such as housing stability, continued education, and financial security. Programs support and strengthen parent-child relationships and engage families around children's learning and development.

**EHS CENTER-BASED OPTION:** A child participating in the Early Head Start Center-based option will come to classes Monday through Friday in a school/child care center. Their day will consist of educational opportunities provided for their age and development. Our way of teaching allows children to learn in a hands-on way. Your child's teacher will provide learning opportunities indoors and outside in large group, small group and individual settings. Classes in the center-based option are full-day. Your child's teacher will visit you in your home at least twice during each program year and have at least two other conferences with you. Your child's learning will be tracked by the classroom staff, so be sure to ask them to show you how much he/she is learning.

**EHS CHILD CARE PARTNERSHIP OPTION:** This program option provides a more flexible schedule for parents, while still providing the high quality of care and standards required by center-based option. EHS-CC Partnerships bring together the best of two worlds – combining the flexibility and convenience of a child care agency with the comprehensive services and extensive training provided

by Early Head Start programs. In this partnership, EHS-eligible children receive access to the same comprehensive services provided at our center-based EHS sites from a partnering child care center.

Our partners include:

- Annie's Kindergarten & Daycare (Director: Annie Means)
- Pearl River Community College Child Development Lab School (Director: Carrie Hales)

**SERVICES TO PREGNANT WOMEN & TEENS.** Upon the pregnant woman completing an application, the Health Manager calls to set up a time to meet. Using Partners for a Healthy Baby, updated medical information from books, internet and/or local OB/GYN professionals, the Health Manager will meet with expectant families to help them prepare for parenting, access quality health care, determine nutritional needs, and access community supports such as WIC, Medicaid, etc. The Health Manager meets with pregnant women according to their individual needs. If possible, she visits while the parent is in the hospital; following delivery and must meet with the Pregnant Women within 2 weeks after delivery. Depending on the family's needs, the infant is transitioned into one of the program options when available.

**SERVICES TO CHILDREN WITH DISABILITIES.** All children are special including children with disabilities. Early Head Start is designed to fully include all children. Each child will be carefully assessed to note suspected delays in speech and language, cognition, motor, or social skills. With parent permission we refer to First Steps for the coordination of an evaluation. With the help of the nurses, we also monitor and intervene for health needs.

Services include:

- Infant/Toddlers with disabilities learn and play with all children in the Early Head Start program. Ten percent of Early Head Start enrollment space is allotted for children with disabilities.
- Early Head Start offers assistance to families to provide services needed for their children.
- Early Head Start works with any agency that is currently serving your child. For example: ECI (Early Childhood Intervention), Speech & Hearing Therapists, local Independent School Districts.
- Early Head Start provides transition services for all children

## **WELCOME TO THE PSD EHS CHILD CARE PARTNERSHIP PROGRAM**

EHS-CC Partnerships bring together the best of two worlds – combining the flexibility and convenience of a child care agency with the comprehensive services and extensive training provided by Early Head Start programs. In this partnership, EHS-eligible children receive access to the same comprehensive services provided at our center-based EHS sites from a partnering child care center or family child care home.

### **Benefits for Partnership Sites & Families**

- Extended hours of availability
- Developmental screenings, referrals, and links to needed medical, dental, nutrition, vision and mental health services
- Access to parent engagement activities and family support workers who help the family meet its goals
- Lower teacher-child ratios
- Partners receive funds to purchase new supplies, equipment, materials and facility improvements
- CCP teachers receive support including enhanced training, professional development, networking, peer learning and coaching

PSD EHS currently has partnerships with 2 Child Care Centers to provide extended EHS services for families in Pearl River County, MS. PSD EHS Child Care Partners include:

- Annie's Kindergarten & Daycare (Director: Annie Means)
- Pearl River Community College Child Development Lab School (Director: Carrie Hales)



**Annie's Kindergarten & Daycare**



**PRCC Child Development Lab School**



## **EARLY HEAD START CHILD CARE PARTNERSHIPS MANAGEMENT STAFF CONTACTS**

<b>Early Head Start Management Team</b>	<b>Title</b>	<b>Email</b>	<b>Office</b>
Annie Means, CDA, MDC	Director, Annie's Kindergarten & Daycare	<a href="mailto:annie.means@att.net">annie.means@att.net</a>	Annie's
Megan Boles, B.S.	Director, PRCC Child Development Lab School	<a href="mailto:mboles@prcc.edu">mboles@prcc.edu</a>	PRCC Lab School
Pamela Thomas, Ed.D.	EHS Program Director	<a href="mailto:pthomas@pcu.k12.ms.us">pthomas@pcu.k12.ms.us</a>	Rosa Site
Neterior McCormick, B.S., RMA	EHS Health, Safety, & Nutrition Manager	<a href="mailto:nmccormick@pcu.k12.ms.us">nmccormick@pcu.k12.ms.us</a>	Rosa Site
Angie Wilson, B.S.	EHS/CCP Family & Community Engagement Manager	<a href="mailto:awilson@pcu.k12.ms.us">awilson@pcu.k12.ms.us</a>	Nicholson Site
Sonya Myers, Ph.D.	Research, Data, & Communications Manager	<a href="mailto:smyers@pcu.k12.ms.us">smyers@pcu.k12.ms.us</a>	Rosa Site
Gina Anderson, B.S.	CCP Family Advocate	<a href="mailto:ganderson@pcu.k12.ms.us">ganderson@pcu.k12.ms.us</a>	Rosa / Annies
Robette Watts, M.Ed.	CCP Education Manager	<a href="mailto:rwatts@pcu.k12.ms.us">rwatts@pcu.k12.ms.us</a>	Nicholson Site
Kaycee Schielder, B.S.	CCP Mentor Coach	<a href="mailto:kschilder@pcu.k12.ms.us">kschilder@pcu.k12.ms.us</a>	Nicholson Site
Chelsea Dennis, LPN	CCP Nurse (PRCC)	<a href="mailto:cdennis@pcu.k12.ms.us">cdennis@pcu.k12.ms.us</a>	Nicholson Site
Yvette Burton, LPN	CCP Nurse (Annie's)	<a href="mailto:yburton@pcu.k12.ms.us">yburton@pcu.k12.ms.us</a>	Rosa Site
Sharetha Bennett	MSDH Childcare Facility Inspector 2	<a href="mailto:sharetha.bennett@msdh.ms.gov">sharetha.bennett@msdh.ms.gov</a> Phone: 601-736-2676	Columbia, MS
All Kitchen Managers at all EHS CCP sites are required to be Safe-Serve certified. See childcare Directors for Establishment Inspection Reports.			

## **IMPORTANT NAMES, NUMBERS, & DATES FOR PARENTS**

My Center Name: \_\_\_\_\_

My Center Director: \_\_\_\_\_

My Center Phone Number: \_\_\_\_\_

My Center Hours: \_\_\_\_\_

Teacher(s) Name: \_\_\_\_\_

My Family Advocate: \_\_\_\_\_

My Site Nurse: \_\_\_\_\_

My Parent Meetings are Held On: \_\_\_\_\_ (day) at \_\_\_\_\_ (time)

Policy Council Meetings are Held On: \_\_\_\_\_ (day) at \_\_\_\_\_ (time)

# POLICIES, RULES, & PROCEDURES

## RECRUITMENT & ENROLLMENT

Early Head Start holds a yearly Recruitment drive in March / April but applications are accepted year round. In order to apply, applicants must have a child between the ages of birth to three or be a pregnant woman. You will need to complete an application for enrollment and your income must be below the Income Poverty Guidelines. We are currently designed to serve families and children through the center-based, child care partnership and the pregnancy program options. Services are available at a minimum 1,380 hours per year.

Early Head Start places a high priority on **pregnant teens, children with disabilities (minimum 10% of all EHS slots), homeless, and foster children.**

### Documentation required when submitting an application:

1. Birth Certificate
2. Social Security Card
3. Proof of Income or Notarized Statement of no income
4. Proof of Pregnancy (for pregnant women only)
5. Proof of Residency
6. School Schedule
7. Immunization Record, Form 121
8. Medicaid Card or Private Insurance Card
9. Age appropriate check-up
10. Dental exam (1yr or older)

At the age of three EHS children are transitioned into the Picayune School District Pre-K Program. EHS serves the Pearl River County area by providing high quality and comprehensive services to eligible children and families.

**UNEXCUSED (controllable) absence:** \*No phone call or explanation

**EXCUSED (uncontrollable) absence:**

- |   |                                       |
|---|---------------------------------------|
| *Communicable disease                     | *Death in family                      |
| *Hospitalization (parent/child)           | *Health ailments (i.e. asthma)        |
| *Serious illness or injury (parent/child) | *Emergency medical treatment          |
| *Family emergencies                       | *Medical or dental appointments       |
| *Transportation problems                  | *Severe or adverse weather conditions |

A daily Attendance and Meal Count sheet records the attendance and meals for each child per class. The Early Head Start center **must** be notified by telephone or through a written note when your child is absent. If a child is unexpectedly absent and no contact has been made within one hour of class start time, it is considered to be unexcused. All unexcused absences will be followed up with a call from a member of the Family Services team. Federal guidelines require that children enrolled in Early Head Start attend at least 85% of the time.

**Please make a note of the following:**

- When a child attends for any amount of time during a class day, they are counted as “Present”.
- A child may be counted as excused “Tardy” if they arrive not later than 10 AM because of services received outside of the classroom. (i.e. appointments for required physicals, dental screenings, disability services, WIC, etc.)
- In the case of persistent unexcused tardiness, Family Advocates will work with the family to identify ways to improve punctuality. Excessive and prolonged tardiness may result in a child’s slot becoming an **enrollment vacancy** that can be made available to another child.
- Absences require an excuse. A child that is absent due to illness for three days or more, is required to have a doctor’s excuse before the child can return to school or if child is sent home from the Center with a possible communicable condition.
- For planned absences, such as vacations, notice must be given to Early Head Start at least 1 week in advance.
- Three (3) consecutive or four (4) non-consecutive unexcused absences in a 30 day period is considered **chronic absenteeism** and may result in your child’s slot becoming an enrollment vacancy that can be made available to another child. If this occurs, the EHS Family Advocate staff will schedule a conference with you. During the conference, the family advocate will address how the parent/guardian will work to overcome obstacles that are preventing the child from attending Early Head Start. The family advocate will review and discuss the attendance policy with the parent/s. If chronic absenteeism persists, the child’s slot **will** be considered an enrollment vacancy and made available to another child. The child will be placed back on the waiting list.
- If a child’s average daily attendance (ADA) drops below 85% in the first 60 days of the school year, ERSEA Coordinator will send Attendance Notice and Flyer – “Helpful tips to Avoid Viruses to parents”. ERSEA will provide FCE Manager with a list of children who have the potential for chronic absenteeism.
- If a child’s ADA drops below 75% in any month, ERSEA Coordinator will send Attendance Letter #1 and Flyer – “Why is it important for my child to come to school every day?” to the parents. ERSEA Coordinator will notify FCE Manager to develop an Attendance Success Plan with the family.
- The child slot may become an **enrollment vacancy** after three months (consecutive or non-consecutive) of ADA falling below 75% or if ADA is at or below 50% in any given month.

**Procedures to address chronic absenteeism:**

Note: Chronic Absenteeism is defined as an extended period of unexcused absences or a pattern of inconsistent attendance that is negatively impacting the usefulness of the program services to the child or family. When a child misses 10% or more of class **for any reason**, it is considered chronic absenteeism. On average Early Head Start is in session for 180 class days a year, 10% means missing 18 out of 180 class days a year or 2 days a month.

**STEP 1:** Within the first 60 days of program operation and on an ongoing basis thereafter, the ERSEA Coordinator will use individual child attendance data to identify children with patterns of absences that put them at risk of missing 10% of program days per year. If a pattern is obvious, the Family Advocate is required to meet with the parent/guardian to complete an **Attendance Success Plan of Action**.

**STEP 2:** If a child is unexpectedly absent and no contact has been made within one hour of class start time, the Family Advocate **must** attempt to contact the parent/guardian to ensure the child's safety and well-being and to determine whether the absence is excused or unexcused. Reference: 1302.16

- Family Advocate will continue daily to make every effort to make direct contact with the family, identify the reason for absence and document it on the Daily Attendance roster.
- When necessary, for safety precautions, the Family Advocate may use emergency contacts, email, or employer phone number (if available in the child file)

**STEP 3:** If a child has been absent for two consecutive days without family contact, the Family Advocate will conduct a home visit/safety check on the **third** day.

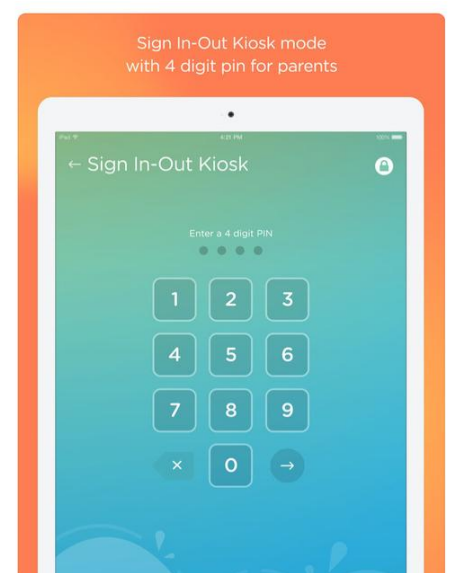
- If a family is not home, the Family Advocate **must** leave a notification message. The notification message includes the reason for conducting an unscheduled home visit, Family Advocate's name and phone number, and the next steps a parent should take to report the reason for absence.
- Family Advocate will notify ERSEA Coordinator when a family cannot be reached after conducting a safety check home visit and using other contact options.

**STEP 4:** If the child continues to be absent from the classroom (**4<sup>TH</sup> day**) and every effort to resolve issues hindering the child's attendance has been made by the Family Services team (Step 2), the ERSEA Coordinator will send a letter notifying the parents that the child's slot will be considered an enrollment vacancy and give a deadline date to respond (usually 3 class days).

- If there is no response from the parents within the timeframe of the letter, the child will be dropped from the program and placed back on the waitlist. The ERSEA Coordinator will make this decision in consultation with the Family & Community Engagement Manager and EHS Director.
- Documentation of absences, contacts with parents and results of contacts are kept in the child's file and on the Family Services tab in ChildPlus.

## **ARRIVAL & DEPARTURE PROCEDURES**

Upon arrival and departure at the center, parents will use a predefined check-in/out code to quickly record check-in/check-out using iPads located in each classroom. Parent/family member will be asked to provide picture IDs until staff gets familiar with the family members. Make sure that your child puts his personal items in his/her cubby. Staff will document morning checks. Medications with doctor's orders must be turned into the nurse. Please label your child's personal items with permanent marker or labels. Please do not leave medication, power, lotion, etc. in diaper bag. You are welcome to



assist your child's transition to the EHS program by staying with your child until he/she gets comfortable with his/her surroundings. Every day, parents are expected to transition their child(ren) into the classroom by assisting with hand washing and diapering / potty check in the mornings, and transition out by discussing the child's day with the teacher at pick-up. Picture IDs are always necessary. We maintain a list of those authorized to pick up and drop off. Emergency provisions are only made by the Program Director.

\*\*\*\*\***IMPORTANT**\*\*\*\*\*

**Hours for Child Care Partnership Centers vary. Please check with your assigned Child Care Partnership Agency (Annie's Kindergarten & Daycare or Pearl River Community College Child Development Lab School) for official hours of operation.**

\*\*\*\*\***IMPORTANT**\*\*\*\*\*

**REGULAR DAILY SCHEDULE (POSTED IN EVERY CLASSROOM)  
\*MAY BE ADJUSTED IN CASES OF EMERGENCY\***

<b>7:30A</b>	<b>HELLO AND GOODBYE TO PARENTS</b>	<b>2:30P</b>	<b>SNACK</b>
<b>8:00A</b>	<b>BREAKFAST</b>	<b>3:00P</b>	<b>OUTDOOR PLAY</b>
<b>8:30A</b>	<b>DIAPERING / TOILETING / HANDWASHING</b>	<b>3:30P</b>	<b>DEPARTURES</b>
<b>9:00A</b>	<b>STORYTIME / MUSIC / EXPLORATION</b>		
<b>9:30A</b>	<b>DIAPERING / TOILETING / HANDWASHING</b>		
<b>10:00A</b>	<b>GROSS MOTOR / OUTDOOR PLAY</b>		
<b>11:00A</b>	<b>DIAPERING / TOILETING / HANDWASHING</b>		
<b>11:30A</b>	<b>LUNCH</b>		
<b>12:00P – 2:00P</b>	<b>NAP TIME</b>		
<b>2:00P</b>	<b>DIAPERING/TOILETING/ HANDWASHING</b>		

**DRESS CODE**

Parents, this is a public facility. **All persons entering must be dressed appropriately with shoes, (not pajamas or see through clothing).** You will be turned around at the door before you will be able to sign your child in. Also, in order to reduce tripping and slipping hazards, neither **OPEN-TOE SHOES** nor **COWBOY BOOTS** are allowed for ALL CHILDREN.

**TOBACCO USE ON EDUCATIONAL PROPERTY/SMOKE FREE BUILDING/PREMISES**

No person shall use any tobacco product on any educational property as defined in this act (this includes vape pens / e-cigarettes). Any adult who violates this section shall be subject to a fine and shall be liable as follows: (a) for a first conviction, a warning; (b) for a second conviction, a fine of seventy-five dollars (\$75.00); and (c) for all subsequent convictions, a fine not to exceed one hundred fifty dollars (\$150.00) shall be imposed.

Any adult found in violation of this section shall be issued a citation by a law enforcement officer, which citation shall include notice of the date, time and location for hearing before the justice court having jurisdiction where the violation is alleged to have occurred. For the purposes of this section,

“subsequent convictions” are for violations committed on any educational property within the State of Mississippi.

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### **POSSESSION OF WEAPONS ON SCHOOL GROUNDS OR AT SCHOOL ACTIVITIES**

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The possession of a handgun or other weapon, including mace, pepper spray, stun gun, etc. on school premises by a parent, visitor or any individual, including those persons having permits for possession of such weapons, is prohibited. Other dangerous weapons include, but are not limited to, hunting knives, spears, machetes, archery equipment, etc. Appropriate steps will be taken if anyone violates this policy.

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### **SCHOOL LIABILITY**

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The Picayune School District is required to insure the property of schools making every effort to minimize accidents and work with insurance company to make sure schools offer safe environments to all employees and students.

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### **DISCIPLINE**

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Early Head Start implements the principles of Dr. Becky Bailey’s Conscious Discipline. As we support infant/toddler needs for attachment, belonging, self-regulation, emotional expression and respect. We teach children the appropriate ways to act through the establishment of developmentally appropriate routines, modeling, providing language (the usual problem in infant/toddler conflicts), and leading children through the problem solving process. Rather than use time out with children under 3, we use redirection whenever necessary. To make sure that children’s needs are met in appropriate ways; teachers and parents can consult managers and mental health professionals to assist with behavioral issues. We do not use corporal punishment, and view conflicts as opportunities for children to learn how to get needs met in respectful ways.

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### **PERSONAL BELONGINGS**

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The Center will not be responsible for any items children bring to the center. Bringing personal items are discouraged. Children should not bring items that are considered choking hazards such as: coins, buttons, small balls, etc. Large hooped earrings should not be placed on children in that they can be pulled from the ear unintentionally, thereby creating a safety hazard. Also, children cannot bring jewelry (bracelets, rings, etc), personal toys, food, snacks, or large bows. Further, we are not responsible for the loss of items, so please do not send your children to school in expensive clothing. Children should come to school in “play clothes” to be ready play, learn, and grow! No bedding, blankets, pillows etc. will be used in an infants crib but these can be used on a cot for toddlers.

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### **CHANGE OF CLOTHING**

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Parents **MUST** bring extra change of clothing for the infant/child, which will be kept at the center in case the child spills or wets his/her clothing, he/she will have a change of clothing on hand. Otherwise, the center will use clothing from the clothing closet. The child’s personal clothing will be stored in

his/her cubby. The Center will not be responsible for lost or damaged clothing. Each child should have a small diaper/book bag to fit in each child's individual cubby.

### **FEDERAL EDUCATIONAL RIGHTS AND PRIVACY ACT**

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Picayune School District Early Head Start follows the Federal Educational Rights and Privacy Act (FERPA). FERPA is a federal law that protects the privacy of student education records. FERPA gives parents certain rights with respect to their children's educational records until their child reaches the age of 18. Under FERPA, parents have the right to look at and review their student's education records. The school must have written permission from the parent to release any information from a student's education record unless it is requested by the following parties or under the following conditions:

- School officials with a legitimate educational interest;
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting studies on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- Appropriate officials in cases of health and safety emergencies;

Without parent consent, schools may disclose "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards and dates of attendance. However, schools must tell parents about directory information and allow parents a reasonable amount of time to request that the school not disclose directory information about them.

### **PARENT ENGAGEMENT INFORMATION**

You are already your child's first and most important teacher. Early Head Start recognizes the parent-child bond as the child's most significant relationship. Your child learns from what you say, what you do, and what you believe and value. The relationship between staff and family is based on respect for the child and family's home culture. The program provides a number of experiences and opportunities for family participation.

- **Family Goals:** Each family will have the opportunity to participate in developing a family action plan called the Family Partnership Agreement. This plan will identify your family's needs, interests, strengths and goals. Your family will receive support throughout the year to meet these needs and goals.
- **Parent Leadership:** Parents of Early Head Start children are encouraged to give input into the program through their participation in their Parent Committee and Policy Council.

- **Child's Education:** Early Head Start invites the family to be involved with their child's education by participating in curriculum development, the family reading program, observing your child's classroom, and volunteering in the classroom to work with all the children.
- **Child's Care:** All family members are encouraged to participate in the care of their child by attending medical/dental sessions, and learning the basics of raising a healthy child. Through home visits with staff, families also participate in the prevention and detection of physical, emotional and developmental concerns. You will be invited to attend training opportunities and learn more about your child's health and development.

## **VOLUNTEERING**

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Early Head Start is built upon the fact that parents and the community are the most important influences in a child's life. Parent participation in any program activity is voluntary; however, your volunteering is a vital and needed part of our program.

### **Volunteer Qualifications:**

- Must be 16 yrs or older
- Have a desire to work with children and staff
- Learn about child development and enhance parenting skills.
- Be willing to be a team member and focus on the children's needs
- Have a positive attitude when working and assisting with the group.
- Anyone who volunteers over 60 physical hours a year must complete a child abuse registry and fingerprint check.

### **Other ways you can donate your time or materials to assist in making this a successful year:**

- **Parent Involvement.** Attend and participate in Parent Committee meetings and Health and Social Services Advisory Committee. Assist in planning center activities. Share information and activities you have observed or completed. Attend monthly parent training. If elected, serve on the Policy Council and inform other parents of Policy Council decisions. **PLEASE** complete home activity logs and return to your child's teacher in a timely manner.
- **Education.** Volunteer on a regular basis and be dependable. Read your monthly newsletter and other materials sent home by the staff. Talk and read with your child daily. Participate in home visits and attend Parent/Infant Toddler Teacher Conferences.
- **Nutrition.** Assist in food service and clean up, review the menu, eat meals with the children and discuss the importance of good food for healthy bodies.
- **Health.** Assist with health activities in the classroom.
- **Social Services.** Work with your Family Advocate in developing goals for you and your family. Always keep your appointments or call if there are changes that are unavoidable.



**PARENT COMMITTEE.** The child's parents are members of the Parent Committee. These committees are organized in September and continue throughout the year. The purpose is to help the staff design and complete program policies, activities and services. This committee carries out formal and informal activities for the parents and staff through planning and participation. All members of the family are invited to participate. Early Head Start assists families participating in the Parent Committee by providing care for your children during the meetings. Make plans to attend your program's monthly Parent Committee meetings. The committee elects officers, Policy Council representatives, plans monthly programs, and maintains a parent bulletin board. A special training for officers is held in September or October.

**POLICY COUNCIL.** The Picayune School District Early Head Start Policy Council is the governing body of the Early Head Start Program. Parents are encouraged to serve on the Policy Council. Each family places a vote at the beginning of the year to elect parent representatives. The Council meets October - September. The Picayune School District Early Head Start Policy Council's general function and responsibility is to implement the Head Start Program Performance and Standards 1301.1 Program Governance as the legal and fiscal agent that guides and oversees the program and work in partnership with key management staff and the governing body to develop, review and approve or disapprove policies and procedures.

The Policy Council is an equal opportunity employer. The Council shall not refuse to hire and shall not discharge any individual or otherwise discriminate against any individual with respect to compensation, terms, conditions or privileges of employment because of race, sex, color, age, creed, national origin, handicap or marital status.

The Policy Council sets objectives and issues policy statements. The operational phases of the program have been delegated to the Executive Director who administers it within the framework of established policies. Final action or appeals are a matter for the Policy Council to consider.

Policy Council members learn leadership skills and make suggestions to improve the Early Head Start program. All parents are invited to attend Policy Council meetings. Each Parent Committee President will receive Policy Council minutes to report at the monthly meetings.

If you are interested in being a Parent Committee officer or a Policy Council representative, see your child's teacher, home visitor or family services staff.

**HEALTH ADVISORY COMMITTEE.** Health, Nutrition and Safety policies and procedures are developed utilizing federal, state and county guidelines with the assistance of medical and dental providers and community representatives. This is accomplished through the meetings of the Health Advisory Committee. If you are interested in becoming a parent representative on the Health Advisory Committee, see your child's teacher, family advocate or school nurse.

### **OTHER VOLUNTEER OPPORTUNITIES**

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- Early Head Start will provide many opportunities for your participation. The staff will support and encourage you.
- Translate for a Meeting
- Work on the Bulletin Board – Read the Bulletin Board
- Work on Parent’s Newsletter Serve on the Policy Council
- Volunteer in the classroom
- Read to your child
- Check out books from the “Take Home Library”
- Attend an English as a Second Language (ESL) class
- Work on your GED or Diploma
- Attend Early Head Start Trainings

### **TRANSITION INFORMATION**

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Every effort will be made to provide parents and children with a smooth transition from Early Head Start to Head Start / Preschool. When children turn 30 months old, we begin to make plans for when Early Head Start ends. The Family Services / Education Teams will meet with you to share options for your child’s future needs. There is a transition activity for parents to write some information about your child for their next teacher. Your child’s teacher will develop a transition booklet full of photos and artwork for their future teacher. We support visits to the next site for you and your child. If your child has disabilities and you give permission, the appropriate school system will evaluate your child. WE want to support your child’s social-emotional well-being by preparing them for the change in teachers and schools. You will also be provided with education and training to prepare you to exercise your rights and responsibilities concerning the education of your children.



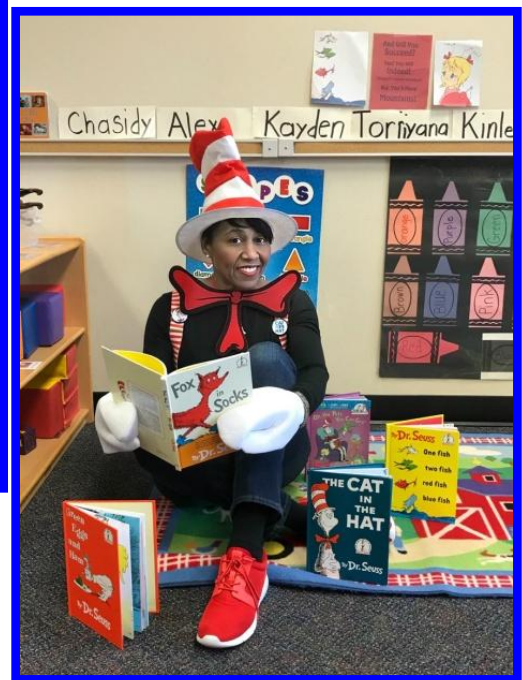
## LITERACY INFORMATION

### READING ALOUD WITH A CHILD - TIPS FOR PARENTS

- Read aloud to your child every day.
- Let your child select the book.
- Sit close to your child. Let your child hold the book and turn the pages.
- Discuss the title of the book with your child.
- Look at the cover and let your child tell you what he thinks the book is about.
- Use expression and change your voice tone while reading.
- Ask a few questions during the story.
- Talk about the pictures.

### FAMILY LITERACY

**REWARDS:** One of the most important things you can do for your children is read to them daily. Children who are read to are more successful in school than children who are not. Take 5-10 minutes each day to read to your child. Early Head Start has a reading program and we encourage you to participate. Your child may check out books from his/her classroom teacher.



## **HEALTH / SAFETY INFORMATION**

**Medical Crisis Plan.** At enrollment all parents are asked to sign an emergency dental/medical consent form in the event of a medical emergency. The Registered Nurse and/or LPN on staff will assess the situation and provide initial emergency procedures with continued supervision and support. 911 will be called and the parent will be notified as to the child's status. The Center's staff is trained in CPR and Emergency medical care. Any child that cannot receive medical care based upon religious beliefs will be asked to provide such standards in writing and an alternative medical emergency plan will be developed according to their beliefs.

**Morning Health Check.** Each Early Head Start child receives a visual check-up for:

- Obvious Signs of Illness
- Complaint of Illness by Child or Parent
- Hair (free of lice)
- Eyes (red, matted)
- Runny Nose or Severe Cough
- Rash Bruises, Cuts, Sores
- Appetite Change
- Vomiting
- Fever
- Diarrhea Bowel or Bladder Concerns
- Changes in Behavior

IF THE CLASSROOM STAFF HAS ANY CONCERNS, YOU WILL BE NOTIFIED AND IF NECESSARY, ASKED TO PICK UP YOUR CHILD.

**Exclusion Policy.** According to Mississippi Department of Health daycare licensure regulations, a child cannot attend daycare if his or her immunizations are not up to date, are sick, or have parasites.

\*\*\*\*\***IMPORTANT**\*\*\*\*\*

**CHILDREN MUST BE FEVER-FREE (WITHOUT MEDICATION) FOR 24 HOURS BEFORE THEY RETURN TO SCHOOL!  
PLEASE DO NOT GIVE YOUR CHILD MEDICATION AND BRING THEM TO SCHOOL IF THEY HAD A FEVER THE PREVIOUS NIGHT!!!!**

**If a child is sick 3 or more days of school due to an illness a doctor excuse is needed to return to school!**

\*\*\*\*\***IMPORTANT**\*\*\*\*\*

**Definitions of sickness include:**

- **Fever**-Temperature of 100° under the arm, 101° taken orally, 102° rectally.
  - For infants under 4 months, a temperature of 100°.
- **Diarrhea**- 3 or more episodes of runny, watery or bloody stools. If child is sent home, he/she must be out 24 hours before returning to school.
- The Health Department requires that a child who is not toilet trained with diarrhea are excluded regardless of the cause.
- **Vomiting**- Two or more times in a 24 hour period. If child is sent home, he/she must be out 24 hours before returning to school.
- **Rash**- Body rash with fever
- **Sore throat**-Sore throat with fever and swollen glands
- **Severe coughing**-The child gets red or blue in the face or makes high-pitched whooping sound after coughing. Asthma-wheezing, retracting, shortness of breath

**\*\*Contact nurse so immediate care can be initiated per parental permission and documented physician's orders\*\***

- **Eye discharge** -Thick mucus or pus draining from the eye.
- **Jaundice**-Yellow eyes and skin
- **General “sick” appearance**-Continuous irritability and crying that requires too much attention to allow the provision of safe care to the other children.

**Some medical issues that require conditional re-admittance to daycare:**

- |   |                                 |
|---|---------------------------------|
| ● Chicken pox                               | ● Head lice                     |
| ● Strep throat                              | ● Scabies                       |
| ● Pink Eye                                  | ● Impetigo                      |
| ● RSV                                       | ● Hepatitis A, B, C             |
| ● Poison Ivy, oak                           | ● Shingles                      |
| ● Cytomegalovirus (CMV)                     | ● “Flu” (influenza)             |
| ● Human Immunodeficiency Virus (HIV)        | ● Hand, Foot, and Mouth Disease |
| ● Acquired Immunodeficiency Syndrome (AIDS) | ● Ringworms                     |
| ● Staph Infection                           | ● Measles                       |

See Appendix A for full listing of reportable diseases and conditions.



**PLEASE PROTECT EVERYONE. IF YOUR CHILD IS SICK, PLEASE DO NOT BRING HIM/HER TO CLASS!!!**

**CHECK-UPS & IMMUNIZATIONS**

\*\*\*\*\***IMPORTANT**\*\*\*\*\*

As your child’s parent, **YOU ARE RESPONSIBLE** for making sure your child stays up-to-date on his/her check-ups & immunizations. The check-up & immunization schedule is determined by the state of Mississippi. **YOU MUST** make sure that these are completed on time, if not your child could be **TERMINATED ON THE GROUNDS OF NON-COMPLIANCE**.

\*\*\*\*\***IMPORTANT**\*\*\*\*\*

<b>Check-Up &amp; Immunization Schedule</b>	
	
<b>Required Check-Ups</b>	<b>Required Immunizations</b>
2 Weeks	Birth
2 Months	2 Months
4 Months	4 Months
6 Months	6 Months
9 Months	-----
12 Months	12 Months
15 Months	15 Months
18 Months	18 Months
2 Years	-----
3 Years	-----
4 Years	4 Years

**Transporting Children.**

Parents and guardians are responsible to use legal car restraints at arrival and dismissal. **Vehicles must be parked and turned off in parking spaces. No unsupervised underage children can be left in cars in the parking lot.** You are responsible for delivering your child safely to their classroom.

<b>PROPER CHILD SAFETY SEAT USE CHART</b> Buckle Everyone: Children age 12 and under in the Back!!			
	<b>INFANTS</b>	<b>TODDLER</b>	<b>YOUNG CHILDREN</b>
<b>WEIGHT</b>	Birth to 1 year and at least 20—22 lbs.	Over 1 year and over 20—40 lbs.	Over 40 lbs. Ages 4—8 unless 4'9"
<b>TYPE OF SEAT</b>	Infant only or rear-facing convertible	Convertible/forward facing	Belt positioning booster seat
<b>SEAT POSITION</b>	Rear Facing only	Forward Facing	Forward Facing
<b>ALWAYS MAKE SURE</b>	Children to one year and 20 lbs. are in rear facing seats.  Harness straps at or below shoulder level	Harness straps should be at or above shoulders  Most seats require top slot for forward facing	Belt positioning booster seats must be used with both lap and shoulder belt. Make sure the lap belt fits low and tight across the lap/upper thigh area and the shoulder belt fits snug crossing the chest and shoulder to avoid abdominal injuries

**Using the correct car seat or booster seat can be a lifesaver: make sure your child is always buckled in an age- and size-appropriate car seat or booster seat.**



**NUTRITION.** The Picayune School District Early Head Start Program takes part in the Child and Adult Care Food Program (CACFP). The Child and Adult Care Food Program (CACFP) is operated year-round and provides non-residential child care services in Early Head Start / Head Start centers, child care centers, and day care homes. The children receive three meal types each day: breakfast, lunch, and snack. USDA recently revised the CACFP meal patterns to ensure children have access to healthy, balanced meals throughout the day. The changes to the infant meal pattern support breastfeeding and the consumption of vegetables and fruit without added sugars. These changes are based on the scientific recommendations from the National Academy of Medicine, the American Academy of Pediatrics and stakeholder input

([https://fns-prod.azureedge.net/sites/default/files/cacfp/CACFP\\_InfantMealPattern\\_FactSheet\\_V2.pdf](https://fns-prod.azureedge.net/sites/default/files/cacfp/CACFP_InfantMealPattern_FactSheet_V2.pdf) )

The U.S. Department of Agriculture (USDA) requires that any program receiving federal financial assistance provide annual training to its staff on civil rights. Specifically, USDA states that all “frontline” staff that work with or assist program applicants or participants are required to receive civil rights training as well as those persons who supervise “frontline” staff.

A center that participates in the CACFP is expected to provide annual training to all front-line staff to be in compliance with Civil Rights Laws. All sponsors of the CACFP must have an understanding of their responsibilities to ensure that the civil rights of all applicants and participants are protected. These responsibilities include:

- The collection and use of racial/ethnic data.
- The development of an effective public notification system.
- A plan for equal access to programs.
- The requirements for reasonable accommodation of persons with disabilities.
- A reasonable accommodation for language assistance.
- A plan for conflict resolution which includes the development of a complaint procedure.

Click the link provided in order to receive a short training on the CACFP Civil Rights:  
<https://www.youtube.com/watch?v=iaNXTHK1eoI>

A Nutrition Coordinator is available to help you with any questions or concerns about feeding your child. Parent suggestions for menu ideas are welcome and encouraged. Children attending Early Head Start will be served breakfast, a morning snack, a nutritious lunch, and an afternoon snack if they are on table food. Infants will be fed on demand as their individual needs indicate. All meals meet the USDA Child and Adult Food Program Guidelines.

Please do not give your children food to bring in the morning. Gum, candy, juices are not allowed. For Early Head Start, mealtime is also a learning time. Opportunities are available for children to learn feeding skills, practice sitting skills, try new tastes, assist serving and cleaning up after themselves.



Infants are fed in their infant/toddler teacher's arms while they are learning basic relationship skills as well as feeding skills.

**Food Allergies:**

- If your child has food allergies or special dietary needs, please bring a note from your doctor and these needs will be met according to school/center policy.
- **Please realize that we CANNOT change your child's menu without a doctor's note.**



**Nutrition Education:**

- Nutrition Education is offered to parents to encourage healthy eating habits for themselves and their families.
- Your child is also involved in classroom experiences that teach general nutrition principles appropriate for their age.

**Nutrition Guidelines:**

- All special diets must have doctor's order.
- Parents will provide written documentation for any religious based diets.
- Any diet that requests the omission of milk will have to have a doctor's order.
- Staff & volunteers share the same menu to the extent possible
- Children are encouraged but not forced to eat
- Food is NOT used as punishment or a reward
- Foods served are low in fat, salt and sugar

All foods brought into the center must be purchased from or prepared in a store that is in compliance with Environmental Health Services regulations. This means absolutely no homemade cookies, cupcakes, etc. All goods must be individually wrapped.

**\*\*\*\*\*IMPORTANT- OUTDOOR PLAY\*\*\*\*\***

**It is required by state licensure that all children have outside play daily. Children are required to receive outdoor activities for a minimum of 45 minutes per day when weather permits. Fall/Winter schedule for outdoor play is 10:00am – 10:50 am. During the Spring, outdoor play occurs from 9:00 am – 9:50 am. If your child is sick and cannot participate in outdoor play, then you MUST keep them home. Both teachers are required to supervise all children during this time due to the 1:4 teacher-child ratio.**

**\*\*\*\*\*IMPORTANT- OUTDOOR PLAY\*\*\*\*\***

## **SAFETY / EMERGENCY PLANS**

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### **EVACUATION/DISASTER PLAN**

In the event of a disaster, the emergency procedures will be activated. **All emergency drills are conducted monthly. If a parent enters the building during a drill or actual emergency, the parents MUST stay until that drill or an emergency is complete!**

### **IN THE EVENT OF AN EMERGENCY**

1. In the event of an emergency evacuation of the Early Head Start building, please pick up your children at the Picayune Memorial High School auditorium. Staff will remain with your children until you arrive. We will contact emergency phone numbers and WRJW will carry emergency school closures on the radio. Any closure and emergency directions will be posted on the entrance doors.
2. If bad weather prevails, listen to WRJW for closings. If Picayune schools are closed so is Early Head Start.

### **FIRE PROCEDURES:**

- Anyone detecting smoke or fire, contact front desk immediately
- Assess situation. If the fire is small enough to be safely extinguished, locate nearest fire extinguisher and attempt to put the fire out.

### **Using extinguisher: (stand back 6-8 feet from the fire)**

P-pull clip    A-aim at base of fire    S-squeeze lever with thumb    S-sweep from side to side

### **Evacuation Signal: (automatic alarm system)**

- Intermittent loud alarm sounds with flashing lights/any other means of communication, if alarm is disabled.

### **Responsibilities:**

#### **Management Staff:**

1. Assist in evacuation wherever needed. Check all rooms if possible.
2. Make sure all doors are closed as rooms are checked.
3. Evacuate to designated safe area outside of building. Assist any visitors with emergency protocol procedures.
4. Meet classes 1-10 in safe area and await bus to be transported to PSD auditorium.

#### **Receptionist:**

1. CALL 911
2. Call central office
3. Call utilities Dept. if fire is in kitchen.
4. Get walkie-talkie/cell phone
5. Secure list of emergency contacts
6. Exit building to designated safe area.

**Teachers:**

1. Safely move children to designated safe area outside of building
2. Get emergency bag (first aid kit and flashlight)

**Safety Monitor:**

1. Sound evacuation signal if alarm system is not working

**Kitchen staff:**

1. Turn off all burners, ovens, etc. in use if possible
2. Exit building to designated safe area

**LOCATIONS OF FIRE EXTINGUISHERS:**

- Next to Front Entrance
- Office Work Area Next to Front Offices
- End of Hallway Next to Double Doors
- Kitchen
- Intersection of the 2 Hallways between Exit Doors
- End of Hallway #2 before Exit Doors

**TORNADO PROCEDURES:** When a tornado warning is issued by the weather service or if a tornado is spotted in the area a member of the management staff is to alert all staff by announcing the warning over the intercom system or other means of communication if the intercom system is disabled.

**Alarm system:**

Announcement over the intercom system, “Tornado warning, this is not a drill—Tornado warning, this is not a drill!”

**Responsibilities:****Management Staff:**

1. Any management staff available at the time of the tornado warning is to activate the alarm system.
2. Assist by checking the restrooms, closets, multipurpose room, washroom, janitor’s closet and kitchen.
3. Assist teachers with getting the children safely into the inner hallway and assisting with the supervision of the children while in the hallway during the duration of the warning until all is cleared by the weather service.
4. Report to central office when warnings are lifted and children are returned to the classroom.
5. In the event that a tornado does strike the EHS center, call emergency personnel to the scene.

**Receptionist/Secretary:**

1. Call central office to report tornado alarm procedures activated.
2. Call kitchen staff to report tornado alarm - kitchen has no intercom.

**Teachers**

1. Evacuate children safely into the hallway.
2. Get the classroom first aid kit, flashlight, and emergency cards.

**Nurse:**

1. Get all meds.
2. Supervise tornado procedures
3. Check for injuries and administer first aid, if necessary.

**INDOOR SUSPICIOUS INTRUDER PROCEDURES:** Anyone entering the EHS building that is not recognized, refuses to show ID, refuses to state business, portrays a dangerous appearance, or states a threat in any way should be considered a suspicious intruder and alarm procedures should be initiated.

**Alarm System:**

Announcement over the intercom, “Code Blue, this is not a drill, Code Blue, this is not a drill”/or any means of communication if the intercom system is disabled.

**Responsibilities:****Management Staff:**

1. Any management staff at front desk at time of suspicion should activate the alarm system, and then go to the designated “safe” area.
2. All other management staff located in front of building is to move quietly to the designated “safe” area.
3. A cell phone should be taken into the closet and central office is notified and the 911 is notified if the receptionist/secretary was unable to call before leaving the front desk.

**Receptionist/Secretary:**

1. Activate alarm system if able
2. Call kitchen staff of the alarm
3. If able, call central office of alarm system activated
4. Move to the designated “safe” area

**Teachers:**

1. Safely move children to designated “safe” area
2. Get emergency bag

**Nurse:**

1. Supervise procedures, check for injuries and administer first aid if needed
2. Get all meds

**OUTDOOR SUSPICIOUS INTRUDER PROCEDURES:** Anyone that portrays a dangerous appearance or states a threat in any way should be considered a suspicious intruder and alarm procedures should be initiated.

**Alarm system:**

A designated staff person will be responsible for taking a fog horn out to the playground. If any of the above signs of a suspicious intruder is noted then that staff person will sound off the fog horn which is the signal for all staff to get all children down low and to lay on their stomachs until an all clear is signaled.

**Responsibilities:**

**Management Staff:**

1. Any management staff that recognizes the threat is to call security or 911
2. Management staff is not to go outside unless there is a child in immediate danger and needs assistance.
3. Manage all activities as directed by the emergency response team.

**Teachers:**

1. Assist and Supervise children to safety and to get low and lay on their stomachs.
2. Keep children in this position until the all-clear signal is given.

**Nurse:**

1. Supervise procedures, check for injuries and administer first aid if needed.

**\*\*\*\*\*IMPORTANT: DUTY TO WARN NOTICE\*\*\*\*\***

**Please be advised that although Early Head Start is committed to confidentiality and privileged communication, there are several exceptions. According to Mississippi Law, any evidence of child abuse or neglect must be reported to the authorities. If any individual intends to take harmful, dangerous, or criminal action against another individual or against himself/herself, it may be the staff's duty to report such action or intent.**

**Please make sure you update phone numbers with your family advocate regularly. If your child has an emergency and you or one of your emergency contacts cannot be reached, DHS will be notified on the grounds of child neglect.**

**\*\*\*\*\*IMPORTANT: DUTY TO WARN NOTICE\*\*\*\*\***

## **MENTAL WELLNESS**

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### **EARLY CHILDHOOD MENTAL HEALTH IS:**

- Learning to understand, manage and express your emotions
- Forming close and secure relationships with others.
- Exploring the environment and gaining knowledge about the world.
- Healthy social and emotional development.

According to the CDC (2021) <https://www.cdc.gov/childrensmentalhealth/features/mental-health-children-and-parents.html> the mental health of children is connected to their parents' mental health. A recent study found that 1 in 14 children have a caregiver with poor mental health. Fathers and mothers—and other caregivers who have the role of parent—need support, which, in turn, can help them support their children's mental health. A child's mental health is supported by their parents. Being mentally healthy during childhood includes reaching developmental and emotional milestones and learning healthy social skills and how to cope when there are problems. Mentally healthy children are more likely to have a positive quality of life and are more likely to function well at home, in school, and in their communities. A child's healthy development depends on their parents—and other caregivers who act in the role of parents—who serve as their first sources of support in becoming independent and leading healthy and successful lives.

The mental health of parents and children is connected in multiple ways. Parents who have their own mental health challenges, such as coping with symptoms of depression or anxiety (fear or worry), may have more difficulty providing care for their child compared to parents who describe their mental health as good. Caring for children can create challenges for parents, particularly if they lack resources and support, which can have a negative effect on a parent's mental health. Parents and children may also experience shared risks, such as inherited vulnerabilities, living in unsafe environments, and facing discrimination or deprivation.

Children in Early Head Start are taught age-appropriate skills to promote social and emotional development. Teachers use the following programs as part of the classroom instruction:

- Mental wellness screening and observation of enrolled children.
- Individual counseling services for enrolled children with identified needs. Mental wellness education and consultation for parents or guardians.
- Mental wellness newsletters with topics relevant to families of young children.
- Access to the mental wellness lending library of books and videos.
- Referrals for mental health needs of family members.

A licensed mental health professional will plan to visit your child's school. The visits are regularly scheduled – check the parent bulletin board for times/dates. Parents and guardians have an opportunity to discuss questions or concerns at no cost. Consultation and support is also available for the classroom staff during these visits.

## **GRIEVANCE PROCEDURES FOR PARENTS**

The term “grievance” means a program related dispute or a parent expressed feeling of dissatisfaction with aspects of his/her relationship with program policies, procedures and working relationship with staff.

### **PARENTS’ RIGHT TO FILE A GRIEVANCE:**

Parents have the right to express their grievances without fear, restraint, interference, coercion, discrimination reprisal, or retaliatory action. This principle also applies to any parent taking part in the presentation of a grievance either as witness or as a parent representative.

It is the responsibility of the Director to hear promptly and courteously, all grievances registered in good faith by parents, try to clarify misunderstandings and make reasonable adjustments of any complaints that arise in day to day relationships. All problems will be settled, whenever possible, at the lowest level. If the grievance is not resolved, then parents should follow chain of command.

**POLICY:** It is the policy of the Picayune School District Early Head Start Program to encourage parents to bring to the attention of the administration, their concerns about program operations. Parents will be provided with an opportunity to present their opinions/concerns through a formal complaint procedure. All concerns will be resolved fairly and promptly.

### **PROCEDURE TO FOLLOW IN FILING A GRIEVANCE:**

1. A grievance is defined as a program related dispute or a parent expressed feeling of dissatisfaction with aspect of his/her relationship with program policies, procedures and working relationships with staff.
2. Parents will not under any circumstances be penalized for using or inquiring about the grievance procedure. The **Director** is responsible for insuring that the grievance is fully processed.
3. Whenever a parent/complaint believed that he/she has a program-related problem, the **Director** (or whomever the parent/complaint feels is most capable of helping him/her resolve the conflict) is informed. It is the responsibility of the **Director** to investigate the concern, to attempt to resolve the concern, and to communicate a decision to the parent/complaint within a reasonable time.
4. The parent shall discuss the grievance with the **Director**. If the grievance cannot be settled at this level or if the parent is not satisfied with the results of the discussion, he/she (the parent) will:
  - Present the grievance in writing to the **Director**. The written complaint must contain:
    - i. The specific action or incident on which the grievance is based, the date the action or incident occurred (if known), and the date the parent/complaint first learned of the action (if applicable).
    - ii. The reason in which the parent/complaint based his/her belief that the action was unjustified or that he/she was treated unfairly; and/or the specific policy

- (organization, Regional Office, other controlling agency) or written agreement provision which was violated and how it affected the parent/complaint.
- iii. Corrective action desired by the parent.
  - iv. A brief summary of the results of the parent's attempt to obtain satisfactory adjustment.

All communications forwarded to the **Executive Director** must be signed by the parent/complaint and the **Director**. The **Director** will notify the **Executive Director** and the Policy Council Chairman about the complaint and proceed as outlined:

1. Establish a grievance file, which will be maintained until such time as the grievance is settled.
2. Consult with both parent and the to gather all relevant information concerning the nature, circumstances desired, results of the grievance, and in addition, circumstances desired, results of the grievance, and, in addition, will determine the outcome of the discussion of the grievance.
3. Act as mediator while the grievance is settled.
4. Secure a written response to the grievance from the **Director** (Appendix 1). If the grievance cannot be settled by the **Director** to the satisfaction of the parent or representative, the **Director** will advise the parent of their rights to appeal the decision to the **Executive Director**. Again, the **Director** will act to this point.
5. The grievance file will:
  - Be initiated by the **Director** upon his/her involvement with the grievance and maintained until satisfactory adjustment
  - Be independent, separate and distinct from other files.
6. Within five (5) working days after receipt of the request for review and after careful consideration of all relevant facts presented, the **Executive Director** or the **Director** will provide the parent/complaint with a written decision, which could:
  - Concur with the **Director's** previous decision, or
  - Modify the **Director's** previous decision or
  - Reject the previous Action.

The written decision must be fully detailed in the complete rational reasons for the decision and inform the parent/complaint of the next stage in the grievance proceedings. If the aggrieved parent/complaint is dissatisfied with the **Executive Director** and/or the **Director's** decision, or the **Executive Director** fails to render a decision within the time frame allotted, the parent/complaint may:

1. Appeal the decision of the **Executive Director** by having all grievances and settlements presented to the **Policy Council Advisory Board** within ten (10) working days from the date of the **Executive Director's** and/or the **Director's** decision. The **Director** will act as a mediator by presenting the grievance and settlement to the **Policy Council**.



2. Parents appealing grievance decision to the **Policy Council** shall have the right to be heard before the **Policy Council**. This right shall include the right to present statements and evidence, to answer questions, and to be represented by representatives of the parents.
3. Hearings shall be presided over the Chairman of the **Policy Council**. The hearing will be informally conducted and technical rules of evidence shall not apply. A quorum must be present. The **Policy Council** shall have the right to call its own witnesses. A summary of the proceedings shall be made and each party to the grievance shall be given an opportunity to review the summary, a signed statement will be accepted for the records. A copy of the summary together with any exception taken hereto shall be made available to the parent.
4. After the **Policy Council Advisory Board** reviews the grievance and/or settlement, they may vote to affirm or reject the recommendation. The **Policy Council Advisory Board** vote is final.

**Note:** The proceeding procedure is established to expedite a satisfactory resolution to a parent's complaint. At anytime, should a parent feel he/she would like to consult with the Director and/or the Executive Director, the parent may do so.

**Director:** Dr. Pamela Thomas  
1620 Rosa Street  
Picayune, MS 39466  
601-799-4702

## **PUBLIC PARTICIPATION AT POLICY COUNCIL & ADVISORY BOARD MEETINGS**

Because it is essential to the fundamental philosophy of the American Constitutional form of representative government and to the maintenance of a democratic society that public business be performed in an open and public manner, and that citizens be advised of and be aware of the decisions that go into the making public policy, it is hereby declared to be the policy of the Picayune School District Early Head Start Program that the formation and determination of public policy is public business and shall be conducted at open meetings except as otherwise provided herein.

All meetings of the **Policy Council Advisory Board** are declared to be public meeting and shall be open to the public at all times unless declared an executive session through proper procedure.

To be placed on the agenda of a regular **Policy Council Advisory Board** meeting, groups or individuals shall mail or hand-carry a written request to come before the **Policy Council Advisory Board** to the Director (Appendix 3). The request shall be received in the office of the Director no later than 12 noon on the Wednesday preceding the regular **Policy Council Advisory Board** meeting that the person or group wishes to attend or the request will be held over until the next meeting of the **Policy Council Advisory Board**.

Should the agenda be too crowded, the matter will be held over for the next regular **Policy Council Advisory Board** meeting.

The request shall contain the following information:

1. Name, address, telephone number and signature of the person making the request,
2. Date of the **Policy Council Advisory Board** meeting
3. The reason(s) for the request,
4. Requests from groups shall specify the name, address and telephone number of the spokesperson of the group. The spokesperson shall be the only voice of the group.

The Director shall acknowledge receipt of a request and issue instructions by return mail. To promote order and efficiency, the following rules shall apply to persons or groups appearing before the **Policy Council Advisory Board**.

### **Policy Council Advisory Board**

1. No person or group shall be recognized without first being placed on the agenda;
2. Only the individual designated as spokesperson shall be allowed to speak for a group;
3. If any person shall willfully disturb any **Policy Council Advisory Board** meeting, such person shall be escorted from the meeting;
4. The **Policy Council Advisory Board** may make and enforce resolutions, rules and regulations for the conduct of persons attending **Policy Council Advisory Board** meetings;
5. Speakers shall adhere to a reasonable time limit (5 minutes) and shall speak only on the subject(s) stated in the written request;
6. The **Policy Council Advisory Board** reserves the right to take matters under advisement.

**TEACHER-PARENT CONFERENCE: PROBLEM-SOLVING WORKSHEET**

Parent Name \_\_\_\_\_

Teacher Name \_\_\_\_\_

Class: \_\_\_\_\_ Date: \_\_\_\_\_

Problem (and reason for your concern):

\_\_\_\_\_  
\_\_\_\_\_

Parent input as to why problem is occurring:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Steps you can take to help:

\_\_\_\_\_  
\_\_\_\_\_

Actions parent can take to solve problem:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summarize Conference (restore your behavior expectations):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Follow Up/Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher's Signature \_\_\_\_\_

Director's Signature \_\_\_\_\_

**GRIEVANCE FORM**

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Name of Parent: \_\_\_\_\_ Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_ Name of Staff: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Date: \_\_\_\_\_

Incident:

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Specific Action:

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Reasons for Unjustified Action or Unfair Treatment:

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Brief Summary:

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Action Desired by Parent:

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Results of Parent's Attempt to Obtain Satisfaction Adjustments:

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\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

**PARENT COMPLAINT FORM**

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Parent Name: \_\_\_\_\_ Student Name: \_\_\_\_\_

Address: \_\_\_\_\_ Staff Name: \_\_\_\_\_

City: \_\_\_\_\_ Class: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Date: \_\_\_\_\_

Complaint or Reason for Your Concern:

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\_\_\_\_\_  
Parent Signature

ADOPTED: \_\_\_\_\_  
(Date)

TO: **THE POLICY COUNCIL ADVISORY BOARD**

FROM: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE OF POLICY COUNCIL ADVISORY BOARD MEETING:

RE: PERMISSION TO ADDRESS THE **POLICY COUNCIL ADVISORY BOARD**

THIS MEMO IS BEING WRITTEN TO REQUEST PERMISSION TO ADDRESS THE **POLICY COUNCIL ADVISORY BOARD** DURING THE NEXT SCHEDULED MEETING ON \_\_\_\_\_.

REASON FOR THIS REQUEST:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF SPOKESPERSON: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE #: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT**  
**(Parent Copy)**

I have received a copy of the **2022-2023** Picayune School District Early Head Start – CCP Parent Handbook. I have read and understand the policies contained in the Handbook, and I agree to adhere to them while my child is enrolled in the PSD EHS CC Program for the **2022-2023** academic year.

Parent/Guardian Name (print): \_\_\_\_\_

Child Name (print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# APPENDIX A. MSDH LIST OF REPORTABLE DISEASES & CONDITIONS

Reporting Hotline: 1-800-556-0003  
(Monday - Friday, 8:00 am - 5:00 pm)

To report inside the Jackson telephone area or for consultative services  
Monday – Friday, 8:00 am – 5:00 pm: (601) 576-7725

	Phone	Fax
Epidemiology	(601) 576-7725	(601) 576-7497
STD/HIV	(601) 576-7723	
TB	(601) 576-7700	

Mail reports to: Office of Epidemiology, Mississippi State Department of Health, Post Office Box 1700, Jackson, Mississippi 39215-1700

## Class 1A Conditions should be reported within 24 hours (nights, weekends and holidays by calling: (601) 576-7400)

**Class 1A: Diseases of major public health importance which shall be reported directly to the Department of Health by telephone within 24 hours of first knowledge or suspicion. Class 1A diseases and conditions are dictated by requiring an immediate public health response. Laboratory directors have an obligation to report laboratory findings for selected diseases (refer to Appendix B of the Rules and Regulations Governing Reportable Diseases and Conditions).**

Any Suspected Outbreak (including but not limited to foodborne, waterborne and respiratory outbreaks)

Anthrax	Hemolytic uremic syndrome (HUS), post-diarrheal	Q Fever
Botulism (including foodborne, infant or wound)	Hepatitis A	Rabies (human or animal)
Brucellosis	Influenza-associated pediatric mortality (<18 years of age)	Ricin intoxication (castor beans)
Congenital Zika virus infection (including Congenital Zika Syndrome)	Measles	Smallpox
Diphtheria	Melioidosis	Tuberculosis
<i>Escherichia coli</i> O157:H7 and any shiga toxin-producing <i>E. coli</i> (STEC)	<i>Neisseria meningitidis</i> Invasive Disease <sup>††</sup>	Tularemia
Glanders	Pertussis	Typhus fever
<i>Haemophilus influenzae</i> Invasive Disease <sup>††</sup>	Plague	Viral hemorrhagic fevers (filoviruses [e.g., Ebola, Marburg] and arenaviruses [e.g., Lassa, Machupo])
	Poliomyelitis	
	Psittacosis	

Any unusual disease or manifestation of illness, including but not limited to the appearance of a novel or previously controlled or eradicated infectious agent, or biological or chemical toxin.

<sup>†</sup>Usually presents as meningitis or septicemia, or less commonly as cellulitis, epiglottitis, osteomyelitis, pericarditis or septic arthritis.  
<sup>††</sup>Specimen obtained from a normally sterile site.

## Class 1B Conditions should be reported within 24 hours (within one business day)

**Class 1B: Diseases of major public health importance which shall be reported directly to the Department of Health by telephone within one business day after first knowledge or suspicion. Class 1B diseases and conditions require individual case investigation, but not an immediate public health response. Laboratory directors have an obligation to report laboratory findings for selected diseases (refer to Appendix B of the Rules and Regulations Governing Reportable Diseases and Conditions).**

Arboviral infection including but not limited to:	Chancroid	Syphilis (including congenital)
California encephalitis virus	Cholera	Typhoid Fever
Chikungunya virus	Encephalitis (human)	Varicella infection, primary, in patients >15 years of age
Dengue	HIV infection-including AIDS	Yellow Fever
Eastern equine encephalitis virus	Legionellosis	
LaCrosse virus	Non-cholera <i>Vibrio</i> disease	
St. Louis encephalitis virus	<i>Staphylococcus aureus</i> , vancomycin resistant (VRSA) or vancomycin intermediate (VISA)	
West Nile virus		
Western equine encephalitis virus		
Zika virus		

**Class 2: Diseases or conditions of public health importance of which individual cases shall be reported by mail, telephone, fax or electronically, within 1 week of diagnosis. In outbreaks or other unusual circumstances they shall be reported the same as Class 1A. Class 2 diseases and conditions are those for which an immediate public health response is not needed for individual cases.**

<i>Chlamydia trachomatis</i> , genital infection	HIV infection in pregnancy	Poisonings** (including elevated blood lead levels***)
Creutzfeldt-Jakob Disease, including new variant	Listeriosis	Rocky Mountain spotted fever
Ehrlichiosis	Lyme disease	Rubella (including congenital)
<i>Enterococcus</i> , invasive infection <sup>†</sup> , vancomycin resistant	Malania	Spinal cord injuries
Gonorrhea	Meningitis <b>other</b> than Meningococcal or <i>Haemophilus influenzae</i>	<i>Streptococcus pneumoniae</i> , invasive infection <sup>†</sup>
Hepatitis (acute, viral only) <b>Note</b> - Hepatitis A requires Class 1A Report	Mumps	Tetanus
Hepatitis B infection in pregnancy	<i>M. tuberculosis</i> infection (positive TST or IGRA*)	Trichinosis
		Viral encephalitis in horses and raites****

<sup>†</sup>Specimen obtained from a normally sterile site.

\*TST-tuberculin skin test; IGRA-Interferon-Gamma Release Assay (to include size of TST in millimeters and numerical results of IGRA testing).

\*\*Reports for poisonings shall be made to Mississippi Poison Control Center, UMMC 1-800-222-1222.

\*\*\*Elevated blood lead levels (as designated below) should be reported to the MSDH Lead Program at (601) 576-7447.

Blood lead levels (venous) ≥5µg/dL in patients less than or equal to 6 years of age.

\*\*\*\*Except for rabies and equine encephalitis, diseases occurring in animals are not required to be reported to the MSDH.

**Class 3: Laboratory based surveillance. To be reported by laboratories only. Diseases or conditions of public health importance of which individual laboratory findings shall be reported by mail, telephone, fax or electronically within one week of completion of laboratory tests (refer to Appendix B of the Rules and Regulations Governing Reportable Diseases and Conditions).**

All blood lead test results in patients ≥6 years of age	CD4 count and HIV viral load*	Hepatitis C infection
Campylobacteriosis	Chagas Disease ( <i>American trypanosomiasis</i> )	Nontuberculous mycobacterial disease
Carbapenem-resistant <i>Enterobacteriaceae</i> (CRE)	Cryptosporidiosis	Salmonellosis
<i>Enterobacter</i> species, <i>E. coli</i> or <i>Klebsiella</i> species only	Hansen disease (Leprosy)	Shigellosis

\*HIV associated CD4 (T4) lymphocyte results of any value and HIV viral load results, both detectable and undetectable.

**Class 4: Diseases of public health importance for which immediate reporting is not necessary for surveillance or control efforts. Diseases and conditions in this category shall be reported to the Mississippi Cancer Registry within six months of the date of first contact for the reportable condition.**

The National Program of Cancer Registries at the Centers for Disease Control and Prevention requires the collection of certain diseases and conditions. A comprehensive reportable list including ICD9CM/ICD10CM codes is available on the Mississippi Cancer Registry website,

[https://www.umc.edu/Administration/Outreach\\_Services/Mississippi\\_Cancer\\_Registry/Reportable\\_Diseases.aspx](https://www.umc.edu/Administration/Outreach_Services/Mississippi_Cancer_Registry/Reportable_Diseases.aspx)

Each record shall provide a minimum set of data items which meets the uniform standards required by the National Program of Cancer Registries and documented in the North American Association of Central Cancer Registries (NAACCR).

For further information, please refer to the Mississippi State Department of Health's website at [www.msdh.state.ms.us](http://www.msdh.state.ms.us).



## Laboratory Results that must be Reported to the Mississippi State Department of Health

Laboratories shall report these findings to the MSDH at least **WEEKLY**. Diseases in **bold type** are **Class 1A diseases** and shall be reported immediately by telephone. Isolates of organisms marked with a dagger (†) shall be sent to the MSDH Public Health Laboratory (PHL). All referring laboratories should call the PHL at (601) 576-7582 prior to shipping any isolate. Confirmatory tests for some of these results may be obtained by special arrangement through the Epidemiology Program at (601) 576-7725.

Positive Bacterial Cultures or Direct Examinations (including PCR)	
<b>Result</b>	<b>Reportable Disease</b>
Any bacterial agent in CSF	Bacterial meningitis
<i>Bacillus anthracis</i> †	<b>Anthrax</b>
<i>Bordetella pertussis</i>	<b>Pertussis</b>
<i>Borrelia burgdorferi</i>	Lyme disease
<i>Brucella</i> species †	<b>Brucellosis</b>
<i>Burkholderia mallei</i> †	<b>Glanders</b>
<i>Burkholderia pseudomallei</i> †	<b>Melioidosis</b>
<i>Campylobacter</i> species	Campylobacteriosis
Carbapenem-resistant <i>Enterobacter</i> species, <i>E. coli</i> , or <i>Klebsiella</i> species †	Carbapenem-resistant <i>Enterobacteriaceae</i> (CRE)
<i>Chlamydia psittaci</i>	<b>Psittacosis</b>
<i>Chlamydia trachomatis</i>	<i>Chlamydia trachomatis</i> genital infection
<i>Clostridium botulinum</i> †**	<b>Botulism</b>
<i>Clostridium tetani</i>	Tetanus
<i>Corynebacterium diphtheriae</i> †	<b>Diphtheria</b>
<i>Coxiella burnetii</i> †	<b>Q fever</b>
<i>Ehrlichia</i> species	Ehrlichiosis
<i>Enterococcus</i> species, † vancomycin resistant	<i>Enterococcus</i> infection, invasive vancomycin resistant
<i>Escherichia coli</i> O157:H7 and any shiga toxin-producing <i>E. coli</i> (STEC) †	<b><i>Escherichia coli</i> O157:H7 and any shiga toxin-producing <i>E. coli</i> (STEC)</b>
<i>Francisella tularensis</i> †	<b>Tularemia</b>
<i>Grimontia hollisae</i> †	Noncholera <i>Vibrio</i> disease
<i>Haemophilus ducreyi</i>	Chancroid
<i>Haemophilus influenzae</i> †*	<b><i>Haemophilus influenzae</i> infection, invasive</b>
<i>Legionella</i> species	Legionellosis
<i>Listeria monocytogenes</i> †	Listeriosis
<i>Mycobacterium</i> species	Non-tuberculous mycobacterial disease
<i>Mycobacterium tuberculosis</i> †	<b>Tuberculosis</b>
<i>Neisseria gonorrhoeae</i>	Gonorrhea
<i>Neisseria meningitidis</i> †*	<b><i>Neisseria meningitidis</i> infection, invasive</b>
<i>Photobacterium damsela</i> †	Noncholera <i>Vibrio</i> disease
<i>Rickettsia prowazekii</i>	<b>Typhus Fever</b>
<i>Rickettsia rickettsia</i>	Rocky Mountain spotted fever
<i>Salmonella</i> species, not <i>S. typhi</i> †	Salmonellosis
<i>Salmonella typhi</i> †	Typhoid fever
<i>Shigella</i> species †	Shigellosis
<i>Staphylococcus aureus</i> , vancomycin resistant or vancomycin intermediate †	<i>Staphylococcus aureus</i> vancomycin resistant (VRSA) or vancomycin intermediate (VISA)
<i>Streptococcus pneumoniae</i> ††	<i>Streptococcus pneumoniae</i> , invasive infection
<i>Vibrio cholerae</i> †	Cholera
<i>Vibrio</i> species †	Noncholera <i>Vibrio</i> disease
<i>Yersinia pestis</i> †	<b>Plague</b>

† Isolates of organism shall be sent to the MSDH PHL. All referring laboratories should call the PHL at (601) 576-7582 prior to shipping any isolate.  
 †† Isolates should be sent to the Mississippi State Department of Health Public Health Laboratory for specimens obtained from a normally sterile site in patients ≤12 years of age.  
 \*Specimen obtained from a normally sterile site (usually blood or cerebrospinal fluid, or, less commonly, joint, pleural, or pericardial fluid). **Do not report throat or sputum isolates.**  
 \*\*Contact the MSDH Epidemiology Program at (601) 576-7725 or the PHL at (601) 576-7582 for appropriate tests when considering a diagnosis of botulism.

Positive Serologic Tests For:		
Arboviral agents including but not limited to those due to:	<i>Chlamydia trachomatis</i> genital infection	<i>M. tuberculosis</i> infection (IGRA)
California encephalitis virus (IgM)	Dengue	<b>Plague</b>
Chikungunya virus (IgM)	Ehrlichiosis (IgM and IgG)	<b>Poliomyelitis</b>
Dengue (IgM)	<b>Hepatitis A</b> (anti-HAV IgM)	<b>Psittacosis</b>
Eastern equine encephalitis virus (IgM)	Hepatitis B (anti-HBc IgM)	Rocky Mountain spotted fever (IgM and IgG)
LaCrosse virus (IgM)	Hepatitis B (HBsAg) in pregnancy	Rubella (IgM)
St. Louis encephalitis virus (IgM)	Hepatitis C	Syphilis
Western equine encephalitis virus (IgM)	HIV infection	<b>Smallpox</b>
West Nile virus (IgM)	Legionellosis <sup>3</sup> (including urine Ag)	Trichinosis
Zika virus	Lyme disease (IgM and IgG, including Western Blot)	Varicella infection, primary in patients >15 years of age (IgM)
<b>Brucellosis</b>	Malaria	Yellow fever (IgM)
Chagas Disease ( <i>American trypanosomiasis</i> )	<b>Measles (IgM)</b>	
Cholera	Mumps (IgM)	

<sup>3</sup> Serologic confirmation of an acute case of legionellosis cannot be based on a single titer. There must be a four-fold rise in titer to >1:128 between acute and convalescent specimens.

Positive Parasitic Cultures or Direct Examinations (including PCR)	Positive Blood Chemistries
<b>Result</b>	<b>Reportable Disease</b>
Any parasite in CSF †	Parasitic meningitis
<i>Cryptosporidium parvum</i>	Cryptosporidiosis
<i>Trypanosoma cruzi</i>	Chagas Disease ( <i>American Trypanosomiasis</i> )
<i>Plasmodium</i> species †	Malaria

ALL blood lead test results in patients less than or equal to 6 years of age are reportable to the MSDH Lead Program at (601) 576-7447.

Positive Fungal Cultures or Direct Examinations	Positive Toxin Identification
<b>Result</b>	<b>Reportable Disease</b>
Any fungus in CSF	Fungal meningitis

**Ricin toxin from *Ricinus communis* (castor beans)**  
**Shiga toxin (*Escherichia coli*)**

Positive Viral Cultures or Direct Examinations (including PCR)	Surgical Pathology results
<b>Result</b>	<b>Reportable Disease</b>
Any virus in CSF	Arenaviruses ( <b>Viral Hemorrhagic Fevers</b> )
Arboviral agents including but not limited to those due to:	Filoviruses ( <b>Viral Hemorrhagic Fevers</b> )
California encephalitis virus	Poliovirus, type 1, 2 or 3
Chikungunya virus	Varicella virus
Dengue virus, serotype 1, 2, 3 or 4	Varicella virus ( <b>Smallpox</b> )
Eastern equine encephalitis virus	Yellow fever virus
LaCrosse virus	
St. Louis encephalitis virus	
Western equine encephalitis virus	
West Nile virus	
Zika virus	

All parasites  
 Creutzfeldt-Jakob Disease, including new variant  
 Hansen disease (*Mycobacterium leprae*)  
**Human rabies**  
 Malignant neoplasms  
 Mycobacterial disease including **Tuberculosis**  
 Trichinosis

Acid Fast Bacilli Smears
Any smear positive for acid-fast bacillus ( <b>Tuberculosis</b> )