



HEAD START FAMILY NEWSLETTER



MARCH - MAY 2017

Time Flies When You Are Having Fun!

It is hard to believe that the school year will be ending soon and some of you will be moving on to kindergarten. We have enjoyed having your family in our program this past year and wish you success as you move on to public school. For those families returning for another year, we look forward to providing services to you and your family during the 2017-2018 school term. You should have received a 'Returning Student' form to complete and return to your Social Service Advocate. If we do not have this form returned, we cannot guarantee a slot for your child next year. Additionally, if you have a change of address or phone number over the summer, it is your responsibility to update your file so that your child is placed in the correct center on the first day of school.

Attending classes every day is very important for your child. This will help them get ready for public school when they transition into Kindergarten. When children do not attend class they miss out on so many things such as medical and dental screenings. Children also score lower on assessments. They need the daily routine of coming to school. Of course if your child is ill, we would ask you to keep them at home. But, once they are better, they should return to the classroom.

If you have any concerns or questions, please contact your Social Service Advocate. They are your line of communication.



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Head Start is part of
Community Action
Program



Preparing Your Child For Kindergarten



There are many ways that you, as a parent, can help prepare your child for the transition into kindergarten. The things you do and the way you treat others sets the model your child will follow. If you approach learning as challenging and worthwhile, your child will too. You can use everyday activities to help your child gain the skills and abilities that will help him/her succeed in school. Here are some practical ideas to use at home:

- Encourage independence by allowing your child to pour water from a small container into a cup.
- Ask your child to help with simple household chores.
- Read picture books with more complex stories, sing songs.
- Encourage your child to sort and classify by pairing socks, counting toy cars on the way home from the grocery store, or sorting buttons.
- Encourage pretend play by providing inexpensive props — old boxes can be taped shut to become building blocks; junk mail can be used to play post office.
- Continue to TALK, TALK, TALK to your child about EVERYTHING!



Register Your Child for Kindergarten

Kindergarten registration week is usually the first part of May. Call your child's school to find out exactly when registration will be held. Items needed for kindergarten registration include:

- Birth Certificate
- Current Physical
- Immunization (blue card)
- Chickenpox Vaccine
- Hepatitis B Series
- Social Security Number
- Proof of Residency

**Remember
- you are
your
child's first
teacher!**



All Smiles: Dental Decay Impacts School Success



- Children in the U.S. miss 51 million hours of school each year due to dental related illnesses. School absences, as early as first grade, are associated with higher drop out rates.
- The effect of dental decay on school performance with severe decay may be unable to concentrate and learn to their full potential.
- Children with dental problems may have anxiety, fatigue, irritability, depression, and may be withdrawn from normal activities.
- Chewing problems from dental decay can limit food choices, causing inadequate nutrition, which can also affect school performance.
- Self-esteem issues from decayed or missing teeth can affect children's ability to socialize and participate in school activities.
- A large study of school-aged children showed children who had dental problems were four times more likely to have a low GPA (under the median of 2.8) than children without dental problems. Students with dental problems were six times more likely to miss school and their parents were four times more likely to miss work because of sick children. The study also found severe decay to be associated with feelings of embarrassment, withdrawal and anxiety, and inability to concentrate in school.



Admissions Reminders: 2017/18

Early Head Start:

Will your child be three years old on or before September 1, 2017? If so, he/she will be age eligible to attend Head Start for the 2017/2018 school year. Please ask your Social Service Advocate or Home Visitor to assist you with completing a Head Start application.

Head Start:

Will your child be returning for the 2017/2018 school year? Please be on the lookout for the Returning Student Form that will come from your Social Service Advocate. It is important that you complete this form and return it as soon as possible so that your child will have a seat for the upcoming school year. If you do not plan on your child participating in our program for the upcoming school year, please let us know so that a child who is waiting can have that seat.

Also, we know that a lot can change over the summer. If your contact information changes (if you move or change phone numbers) please contact us and let us know. If we are not able to get in contact with you, we will not be able to have a guaranteed seat for your child. If you have any questions, please speak with your Social Service Advocate so that they can assist you.

Transportation:

If your child will be in need of bus service for the 2017/2018 school year, please be sure to fill out a Bus Request Form with your Home Visitor or Social Service Advocate. This form



Children's Mental Health: ADHD



Children or adolescents with attention-deficit hyperactivity disorder (ADHD) typically are impulsive, unable to pay attention and overactive. In fact, "hyperactive" means "extra active," but the term really doesn't tell us very much because the activity level of children who are called "hyperactive" varies so much. For some children, the most obvious symptom may be problems with attention span. For others, the primary difficulty will be hyperactive or impulsive behavior. Some children have characteristics of both types.

Symptoms of an ADHD child

- **With Hyperactivity (*Impulsive*)**
 - Is fidgety
 - Leaves seat when shouldn't
 - Runs or climbs inappropriately
 - Talks excessively
 - Interrupts
 - Difficulty playing quietly
 - Always on the go
 - Blurts out answers
 - Has trouble waiting turn
- **Without Hyperactivity (*Inattentive*)**
 - Difficulty following through on instructions
 - Difficulty keeping attention on tasks or play
 - Seems disorganized
 - Easily distracted
 - Loses things at school and home
 - Doesn't listen
 - Fails to give close attention to detail
 - Trouble with tasks needing long-term effort

How is the Diagnosis Made?

Diagnosis is not a simple matter and may require more than one specialist. It's a mistake for a "snap" diagnosis to be made or to try to intervene before all of the facts are known. Evaluation should be done by pediatricians and/or neurologists with a background in behavioral and developmental problems, licensed mental health professionals, specially-trained family and general practitioners, or by a team of professionals from all of these specialties.

The healthcare professional needs to:

- Explore all of the possibilities that could explain the child's behaviors.
- Look for any additional problems such as learning disabilities, conduct disorders, depression, anxiety or various physical illnesses.
- Know about the family structure, classroom situation and any special conditions or problems.
- Have an idea of the child's thinking ability and academic skills.

What else can parents and other caregivers do?

- Make an appointment with a licensed mental health professional for an evaluation.
- Ask questions about treatments and services.
- If the young person is diagnosed with ADHD, be patient. The disorder may take a long time to improve.
- Instill a sense of competence in the child or adolescent. Promote his or her strengths, talents and feelings of self-worth.
- Remember failure, frustration, discouragement, low self-esteem and depression may cause more problems than the disorder itself.
- Get accurate information from libraries, hotlines or other sources.
- Find family support groups.

Get Ready For Springtime Fun!



- 2017 -

HEAD START GARDEN

Friday, April 7, 2017
4:30-6:30PM

Gibson Head Start, 710 North C Street and
Molino Head Start, 6460 N. Highway 95A

Come out and enjoy the afternoon with us
and our community partners! Learn more
about agencies in our community and
register your child for Head Start or Early
Head Start.

*There will be games, prizes,
and more!*

Parent Trainings



March – Nutritional

April – Transition

Please be on the lookout for dates and times.

Health/Education Advisory meeting –
April 18 at 10:00 am

Community Action Program Committee, Inc.

Gold Star Recognition!



November - December 2016

- Kristy Adams, EHS • Guillermina Clark-Castaneda, EHS
- Raquel Curl, EHS • Lawanda Davis, EHS
- Shanqanieka Harris, EHS • Krystal Kinsey, EHS
- Jocelyn Lewis, EHS • Krystal Nichols, EHS
- Gregrea Robinson, EHS • Tiffany Turner, EHS
- Flor Valencia Barajas, EHS • Boahn Wahkeleh, EHS
- Camille Watson, EHS • Damian Williams, EHS
- Jessica Barlow, Molino • Courtney Bartholomew, Myrtle Grove
- John Bethea, Lincoln Park • Cerena Billock, Gibson
- Glorious Bonner, Lincoln Park • Kevondre Brown, Community Volunteer
- Kiara Brown, Sherwood • Gayle Clausell, Gibson
- Damion Cobb, Gibson (PHS Intern)
- Ja'Lana Cormier, Moreno Court
- Leah Creighton, Sherwood • Raquel Curl, Gibson
- Michelle Danaher, Nursing Intern • Shante Davis, Myrtle Grove
- Corvetta Davis, Moreno Court
- Markesha Deeds, Pleasant Grove
- Angie Delgado, Pleasant Grove • Tiffany Elkins, Sherwood
- Clarissa Farrar, UWF intern • Devenee Ford, Gibson
- Madison Gable, Gibson (PHS Intern)
- Heather Gobel, Pine Meadow • Mirza Gomez, Sherwood
- Lillie Mae Grandison, Molino (Foster Grandparent)
- Sharon Green, Gonzalez Court • Laseanda Hall, Langley
- Samantha Hiller, Gibson (PHS Intern)
- Angela Horne, Pine Meadow
- Shannon Hyatt, Nursing Intern (PSC)
- Madeline Johnson, Gibson (PHS Intern)
- Demesha King, Gibson • Leah King, Sherwood
- Shaneka Lindsey, Sherwood • Justin Madison, Gibson
- Kenita McCants, Pine Meadow • Makeda Miles, Gibson
- Nicole Millender, Ferry Pass • Kendra Myles-Watson, Sherwood
- Kelly Newlan, Sherwood • Krystal Nichols, Ferry Pass
- Barlisa Parker, Gibson • Bobbie Patterson, Myrtle Grove (Foster Grandparent)
- Nicole Reeves, Lincoln Park • Tameshia Rice, Oakcrest
- Ashley Richardson, Gibson (PHS Intern)
- Clara Roberson, Sherwood • Tamala Robinson, Sherwood
- Jamontre Shoemore, Gibson (PHS Intern)
- D'Andra Simpson, Gonzalez Court
- Kathy Smith, Community Volunteer
- Misha Tannehill, Nursing Intern (PSC)
- Mahalia Thompson, Moreno Court • Tiffany Turner, Gibson
- Flor Valencia Barajas, Sherwood • Tiffany Watkins, Langley
- Camille Watson, Gibson • Alesha Watts, Gibson (PHS Intern)
- Mildred Peacock, Foster GP, Sherwood
- Damari Sierra, Pine Meadow • Whitney Smiley, Century

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Nutritional Transition Stages

As infants grow and develop into young children, their nutritional needs change. As their length and weight increases, so too does the need for calories and nutrients.

Developmentally, infants also gradually gain the ability to self-feed and handle different foods. The transition from formula-only to solid foods can often be challenging.

Infants/babies are served only breastmilk or formula from birth to six months of age. At six months of age infants require more nutrients than what can be gotten from the breastmilk/formula alone. At this age they should be fed four to five meals a day plus one to two snacks. A meal can consist of breastmilk/formula and other foods.

6 MONTHS – pureed, mashed and semi-solid foods

8 MONTHS – finger foods (small foods that he/she can eat by themselves)

12 MONTHS – generally same foods as older children/adults, but cut into smaller pieces to prevent choking

As a rule of thumb, gradually increase the solidity of foods with age. Introducing new foods to infants may take several tries before they will actually accept it.

At **1 YEAR** of age children/toddlers should be eating table foods cut into smaller pieces to prevent choking. The toddler should be transitioned from breastmilk/formula to whole

At **2 YEARS** of age it is recommended that the child be transitioned from whole milk to low fat (1%) or fat-free milk, which provides fewer fat content. Foods should be all table foods like adults eat, but in slightly smaller pieces to prevent choking.

At **3 YEARS** of age children are more comfortable using spoons and forks. They have been playing in the housekeeping area and are familiar with cooking and know what fruits and vegetables are. Foods don't need to be cut as small as before because as the child ages he/she is able to tolerate pieces that are a little bigger.

Here at Head Start as the children prepare for transitioning to kindergarten they develop more self-help skills during the year that prepare them for making good nutrition choices. They do this through learning centers and playtime as well as meal service.

As children age let them help you in the kitchen when preparing simple foods. They will begin to understand which food choices are good and which ones to avoid. They often eat more when they have had a little hand in preparing it. When shopping let them help pick out produce, and canned goods, and frozen vegetables. Again, this helps to teach them how to pick out and eat healthy foods. Always encourage a variety of foods. Exposure to new foods is a learning experience.

As children **TRANSITION TO KINDERGARTEN**, the cafeteria line offers the food choices they need for a good breakfast and lunch which they can choose from. Most elementary teachers talk with the children about the menu choices and let them choose the entrée that they want; then as they go through the line they can choose the rest of the items for their meal.

The Choose My Plate website offers a lot of tools and articles to help you and your child along when



Does My Child Need Speech Therapy?

It is natural for young children to make mistakes in the process of learning to speak. For example, research shows that when 3-year-olds talk it is normal to only understand 75% of what he/she says.

Kids develop articulation skills at different rates, with boys at a slower rate than girls. Most children will eventually drop errors in their speech and develop normal speech.

85% of children have mastered these sounds...

- By age 3 - h, m, b, p, n, w, d, k, g, t
- By age 4 - f, v, y
- By age 5 - sh, ch, l
- By age 6 - s, z, sh, ch, th, blends, r

A speech delay is when a child continues to make speech error sounds beyond the age of his peers.

If you observe one or more of the following it may be time to seek a professional's opinion:

- Other people, including family & friends have a hard time understanding your child.
- Speech does not improve over time.
- A child demonstrates frustration because you

Community Action Program Committee, Inc.

- Your child has had a history of hearing problems.

If you have concerns with your child's learning or development contact CAPC Head Start Disability Specialists for information on referral and evaluation services.

Head Start Disability

Carla Floyd 432-2992 x425

Amy Ross 432-2992 x454

With your consent, a referral for a speech screening evaluation will be requested.

Testing by a school district Speech-Language Pathologist will compare your child's speech to other



It's Flu Season



It's Flu Season... lots of sneezing, sniffing and coughing going around this time of year. Remind your little one to cover his/her mouth with the crook of the elbow to prevent the spread of germs via hands. Of course, hand washing is the best way to prevent the spread of germs. No matter how the flu happens, chicken soup, rest and lots of fluids are the best

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Lap Sits Schedules

Gibson Mar. 15 Apr. 26 May TBD	Century Mar. 17 Apr. 21 May TBD	OJ Semmes Mar. 16 Apr. 20 May TBD	Moreno Ct. Mar. 17 Apr. 13 May 2
Myrtle Grove Mar. 15 Apr. 19 May 2	Oakcrest Mar. 16 Apr. 20 May TBD	Pleasant Grove Mar. 17 Apr. 13 May TBD	Child Care Network Mar. 17 Apr. 14 May 12
Ferry Pass Mar. 31 Apr. 28 May 2	Langley Mar. 17 Apr. 13 May TBD	Lincoln Pk. Mar. 16 Apr. 13 May TBD	Molino Mar. 16 Apr. 28 May TBD
Gonzalez Ct. Mar. 31 Apr. 28 May TBD	Sherwood Mar. 17 Apr. 28 May 2	Pine Meadow Mar. 23 Apr. 27 May 1	<i>If your child's center is not listed, please contact your Social Service Advocate for date.</i>

School Closings

Please mark your calendars for the following dates that Head Start/Early Head Start centers will be closed:

Mar. 20-24, 2017 - Spring Break - Head Start centers closed
(Early Head Start Open)

Apr. 14, 2017 - Good Friday - Head Start centers and Early Head Start centers closed

May 3, 2017 - Last Day Head Start centers (Early Head Start remains open through July 28, 2017)

Title I will follow School District Calendar. Child Care Network - Please follow the



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