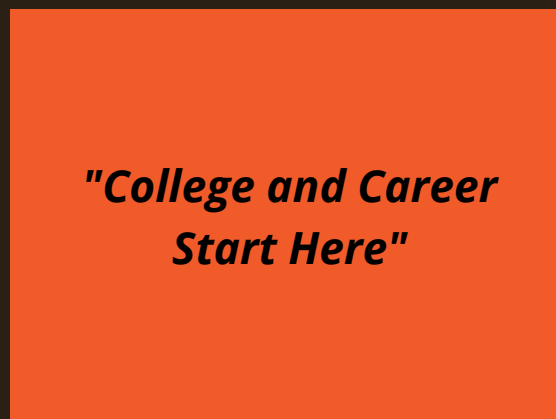




Early Childhood Education

Board Administrative Report

November 2022



WWW.PALMDALESD.ORG
(667) 273.4710 | (661) 273.5139 FAX

EARLY CHILDHOOD EDUCATION PROGRAM GOALS

GOAL #1

Providing Direction - Provide strategic direction to all ECE stakeholders focused on enriching quality interactions to support classroom instruction and learning for all.

GOAL #2

Safe and Affirming School Environments - Promote and create an inclusive, competitive, safe, nurturing environment to support cultural awareness in which families, children and staff thrive.

GOAL #3

Family and Community Environments - Engage and empower diverse families and communities in authentic learning and collaboration through comprehensive services to support the well-being and education of the child.



The Palmdale Promise

Vision: Palmdale will become a district where...Every Student Leaves Ready for Success in High School and Beyond: College, Career, the Global World.

Mission: The mission of the Palmdale School District is to implement our vision with actions and services targeted to students, parents and staff so our students can live their lives to their full potential.

ENROLLMENT, MEAL COUNTS, & ATTENDANCE DATA

ENROLLMENT

Number of Slots

Head Start Center-based:

Slots: 1,035 Enrolled: **985** (95.2%)
(Report 2001)

Head Start Home-based:

Slots: 72 Enrolled: **61** (84.7%)

Total Head Start Slots: 1,107

Head Start total Enrolled: **1,046** (94.49%)
(Report 2001)

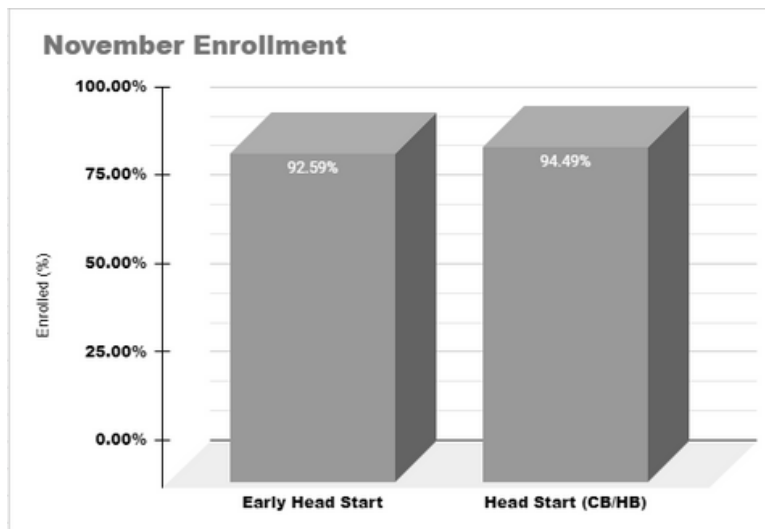
Early Head Start:

Slots: 108 Enrolled: **100** (92.59%)
(Report 2001)

Total HS and EHS Slots: 1,215

Total HS and EHS Enrolled:
1,146 (94.3%)

November Enrollment Percentages



MEAL COUNTS

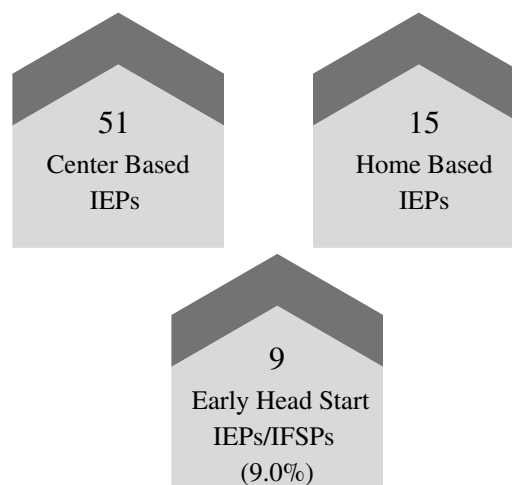
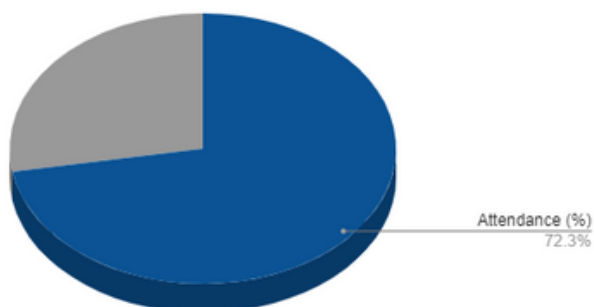
Program	Breakfast	AM Snack	Lunch	PM Snack
Head Start	8,832	899	8,991	8,622
Early Head Start	0	0	0	0

November Attendance - Head Start

IEP & IFSP DATA

November Attendance

Head Start



Office of Head Start attendance requirement: 10%
Total for September: 75 (6.5%)

Office of Head Start attendance requirement: 85%

PSD attendance: 72.3%

(Report 2301)

Referrals sent in October: 20

Concerns: HS-114 EHS-11

ERSEA REPORT

JOE VEGA-SMITH

Average Monthly Attendance for Program Year 2022-2023

August	September	October	November	December	January	February	March	April	May
83.64%	80.40%	76.47%	72.30%						

(Report 2301)

Overall, for the month of November the program attendance was at 72.30%. The Office of Head Start attendance threshold requires all programs to be at 85% and above. PSD-ECE will continue working towards improving monthly attendance each month through May.

For the month of November, Child Plus report 2301 provides ongoing monthly attendance data by percentage per site. The goal is for the overall attendance average percentage at the PSD-ECE Sites to meet the 85% and above Head Start attendance threshold.

Average Attendance for the Month of November PSD-ECE Sites:

Chaparral Site	District Office Site	Avenue J Site	Highland Site	Manzanita Site	Mesquite Site	Ocotillo Site	Palm Tree Site	Site 18 Site	Tamarisk Site
74.74%	66.50%	72.68%	76.47%	73.40%	70.88%	69.68%	74.52%	71.41%	68.41%

Tierra Bonita Site	Tumbleweed Site	Wilsona Site	Yucca Site
79.38%	72.54%	73.45%	70.22%

Absence Reasons for the Month of November

In the month of November, Sick and Quarantine were the reasons most reported for student absences. The majority of children missed school due to colds, flu, cough, and fever.

Transportation was the third highest reason for absences from school.

We will continue to monitor attendance and provide families resources to ensure children and families continue with good hygiene practices such as “Washing Hands” and Attendance pamphlet (Attendance in the early school years) information. Teachers will be encouraged and continue to conduct visual health checks during transition time (home to school). Having children wash hands several times throughout the day which is embedded in the classroom daily routine.

ERSEA REPORT

JOE VEGA-SMITH

November Enrollment

The Early Head Start Family Service Advocate (FSA) worked on replacing the EHS drops within thirty days.

Early Head Start Enrollment:

EHS enrollment for the month of November is at 105 Enrolled and 1 Accepted out of 108. 97% enrolled.

Head Start Program option:

The Head Start program option enrollment for the month of November is at 1055 Enrolled and 7 Accepted out of 1107. We were 96% enrolled during the month.

Selection Criteria Updates

In the month of December, the Selection Criteria for program year 23/24, will be finalized and submitted to the PSD-ECE policy committee for approval.

We are looking forward in closing the year with a bang of great gifts to be deliver to families and children.

Family Service Advocates

Staffing continues to be a challenge in the program, FSAs have been consistently providing support in the classrooms. FSAs are also focusing on filling drops within thirty days to stay in compliance with Head Start Standards.

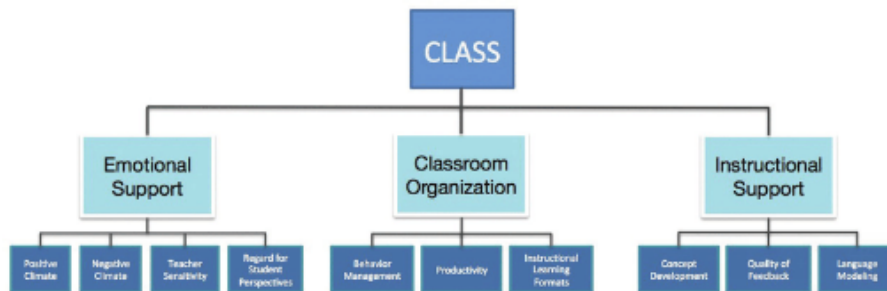


EDUCATION REPORT

ELIZABETH MORA

DRDP Assessments

In the month of November all classrooms were assessed using the CLASS tool. CLASS stands for Classroom Assessment Scoring System. This tool measures the classroom interactions between teacher and children, children and children, and how, through these interactions, the teacher expands children's learning opportunities within these CLASS Domains: Emotional Support, Classroom Organization and Instructional Support.



Our classrooms are doing very well with Emotional Support and Classroom Organization. Teachers are sensitive to the children's needs and promote a positive learning environment for the children in addition, they encourage children to take the lead in the classroom by providing opportunities for them to lead activities, singing, telling stories, helping with various classroom tasks such as setting up lunch, being a line leader, and other leadership roles throughout the day,

Classroom Organization focuses on the overall Behavior Management, Productivity, in other words the maximizing of children's learning time. This measures the teacher's readiness of materials, activities, and general flow of the class as well as how well children know the class expectations and daily routines.

The area we will be focusing on the most is Instructional Support. This area is the area that has proven to be the most challenging nationwide and we are providing teacher training and coaching as well as intentional feedback based on our CLASS observations conducted by our CLASS certified staff. Instructional Support consists of:

Concept Development- Measures the use of instructional discussions and activities and focuses on higher order thinking skills and cognition. The emphasis is on children understanding concepts rather than rote instruction.

Quality of Feedback- takes a look at the feedback the teacher provides during conversations. It measures the expansion of learning and understanding while encouraging participation.

Language Modeling- Assesses the amount of language used in the classroom. How language stimulates learning and what language facilitation techniques are used.

EDUCATION REPORT

ELIZABETH MORA

Dual Immersion

Some of our classes in our Dual Immersion classrooms at Tumbleweed have been learning about BREAD. Bread is a great study because all cultures have a form of bread in their diets.

Children learned about the different types of bread around the world and how bread is made.

They learned about the different ingredients used in bread and how wheat is grown, harvested and used to bake many types of bread. As a culminating activity, Mrs. Vasquez and Mrs. Morones' class made butter to add to their bread.

Children had a great time discussing the recipe, the measuring of ingredients and the process of making the butter. They observed how the ingredients changed as they shook the jar of whipping cream to create the butter!

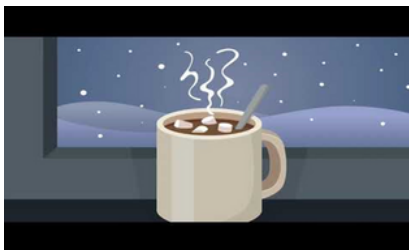


MENTAL HEALTH & DISABILITIES REPORT

AMY WILLEY

Safe and Nutritious Meals

The Disabilities and Mental Health department met with Regional Center (<https://www.nlacrc.org/>) to talk about how both agencies could work collaboratively to support the needs of children and families. Updates to services and assessments were also discussed. (Goal 2)



The Disabilities and Mental Health department met with Regional Center (<https://www.nlacrc.org/>) to talk about how both agencies could work collaboratively to support the needs of children and families. Updates to services and assessments were also discussed. (Goal 2)

Mindful Moments newsletter is sent out to staff each month to support the needs of students, staff and families. For the month of November items included, mindful resources from Kira Willey, NAEYC yoga resources, belly breathing, a breathing song and a calendar of mindful activities for the month of December. (Goal 1, Goal 2 and Goal 3)

The Disabilities and Mental Health Specialist attended 7 IEP meetings for the month of November that included annual, matriculation and initial IEP meetings. Information about Parent to Parent Antelope Valley Support Group was sent to families. (Goal 2)

**Parent to Parent
Antelope Valley Support Group**

Join other parents of children with special needs
and get re-energized! Meet new people, share your
journey, get parent-to-parent support and
resources!

Meets the 2nd Thursday of the month
10:00-11:00am

Contact Kristine.Gutierrez@csun.edu or
Christy.Little@csun.edu for more info!

**FAMILY FOCUS
RESOURCE
CENTER**
Education · Advocacy · Family Support

A stylized illustration of a person with dark hair in a bun, wearing a yellow shirt and purple pants, sitting on an orange swivel chair at a desk. They are looking at a laptop screen that shows a video conference with four participants. The background is a solid teal color.

HEALTH REPORT

VICTORIA ERMILIO, MSN, RN, CSN

Information on Respiratory Syncytial Virus (RSV)

RSV in Infants and Young Children

Respiratory syncytial virus, or RSV, is a common virus that affects the lungs and breathing passages

Each year in the United States, an estimated 58,000–80,000 children younger than 5 years old are hospitalized due to RSV infection. Those at greatest risk for severe illness from RSV include:

- Premature infants
- Infants, especially those 6 months and younger
- Children younger than 2 years old with chronic lung disease or congenital (present from birth) heart disease
- Children with weakened immune systems
- Children who have neuromuscular disorders, including those who have difficulty swallowing or clearing mucus secretions

Early Symptoms of RSV

RSV may not be severe when it first starts. However, it can become more severe a few days into the illness. Early symptoms of RSV may include:

- Runny nose
- Decrease in appetite
- Cough, which may progress to wheezing or difficulty breathing

Call your healthcare provider if your child is having difficulty breathing, not drinking enough fluids, or experiencing worsening symptoms.

Severe RSV Infection

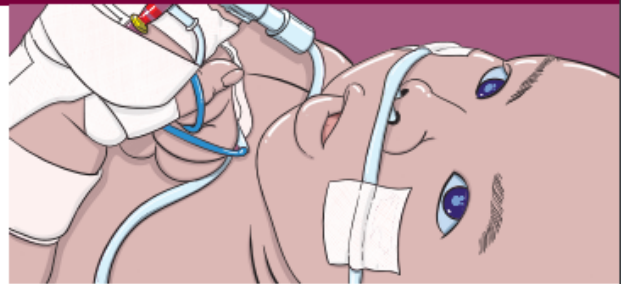
Virtually all children get an RSV infection by the time they are 2 years old. Most of the time RSV will cause a mild, cold-like illness, but it can also cause severe illness such as:

- Bronchiolitis (inflammation of the small airways in the lung)
- Pneumonia (infection of the lungs)

One to two out of every 100 children younger than 6 months of age with RSV infection may need to be hospitalized. Those who are hospitalized may require oxygen, IV fluids (if they aren't eating and drinking), and/or mechanical ventilation (a machine to help with breathing). Most improve with this type of supportive care and are discharged in a few days.

Medication for Babies at High Risk

There is a medicine that can help protect some babies at high risk for severe RSV disease. Healthcare providers usually give this medicine (called palivizumab) to very



premature infants and young children with certain heart and lung conditions as a series of monthly shots during RSV season. If you are concerned about your child's risk for severe RSV infection, talk to your child's healthcare provider.

RSV in Very Young Infants

Infants who get an RSV infection almost always show symptoms. This is different from adults who can have few or no symptoms with RSV infection. In very young infants (less than 6 months old), the only symptoms of RSV infection may be:

- Irritability
- Decreased activity
- Decreased appetite
- Apnea (pauses in breathing more than 10 seconds)

What you should do if your child is at high risk for severe RSV infection

RSV season in most regions of the U.S. starts in the fall and peaks in the winter. If you have contact with an infant or young child, especially those who were born prematurely, have chronic lung or heart disease or a weakened immune system, you should take extra care to keep the infant healthy by doing the following:

- Wash your hands often
- Keep your hands off your face
- Avoid close contact with sick people
- Cover your coughs and sneezes
- Clean and disinfect surfaces
- Stay home when you are sick



Centers for Disease
Control and Prevention
National Center for Immunization
and Respiratory Diseases

HEALTH REPORT

VICTORIA ERMILIO, MSN, RN, CSN

Información del virus respiratorio sincitial (VRS)

El VRS en los bebés y niños pequeños

El virus respiratorio sincitial, o VRS, es un virus común que afecta los pulmones y las vías respiratorias

Cada año en los Estados Unidos, una cifra estimada de entre 58 000 y 80 000 niños menores de 5 años son hospitalizados debido a infecciones por el VRS. Aquellos con mayor riesgo de enfermarse gravemente por el VRS incluyen:

- Bebés prematuros
- Bebés, especialmente los de 6 meses o menos
- Los niños menores de 2 años con enfermedad pulmonar crónica o enfermedad cardíaca congénita (presente desde el nacimiento)
- Niños con el sistema inmunitario debilitado
- Niños con trastornos neuromusculares, incluidos aquellos que tienen dificultad para tragar o para expectorar las secreciones mucosas

Síntomas tempranos de infección por el VRS

La infección por el VRS podría no ser grave cuando comienza. Sin embargo, puede agravarse después de unos días.

Los síntomas tempranos de la infección por el VRS incluyen:

- Moqueo
- Apetito reducido
- Tos, que puede evolucionar a sibilancias o dificultad para respirar

Llame a su proveedor de atención médica si su hijo/a tiene dificultad para respirar, no está bebiendo suficiente líquidos o tiene síntomas que empeoran.

Infección grave por el VRS

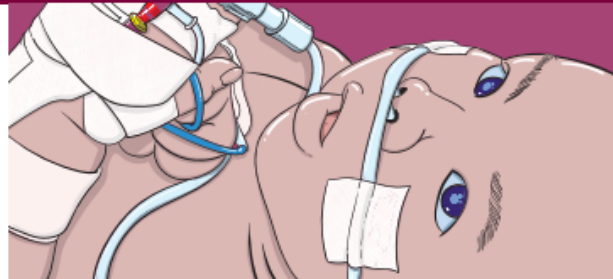
Casi todos los niños contraen una infección por el VRS para cuando cumplen los 2 años. La mayoría del tiempo el VRS causará una enfermedad leve similar a un resfriado, pero también puede causar una enfermedad grave como:

- Bronquiolitis (inflamación de las vías respiratorias pequeñas en los pulmones)
- Neumonía (infección de los pulmones)

Entre 1 y 2 de cada 100 niños de 6 meses o menos con infección por el VRS podrían necesitar hospitalización. Aquellos que son hospitalizados podrían necesitar oxígeno, líquidos por vía intravenosa (si no están comiendo o bebiendo líquidos) o ventilación mecánica (una máquina que ayuda a respirar). La mayoría mejora con este tipo de tratamiento de apoyo y se les da de alta a los pocos días.

Medicamentos para bebés con riesgo alto

Hay un medicamento que puede ayudar a proteger a algunos bebés que tienen alto riesgo de enfermarse gravemente por el VRS. Los proveedores de atención médica generalmente les dan este medicamento (llamado palivizumab) como una serie de inyecciones mensuales a los bebés muy prematuros y a los niños pequeños con ciertas afecciones del corazón y los pulmones, durante la temporada



de VRS. Si a usted le preocupa el riesgo de su hijo/a de enfermarse gravemente por una infección por el VRS, hable con su proveedor de atención médica.

El VRS en los bebés muy pequeños

Los bebés con la infección por el VRS casi siempre tienen síntomas. Esto es diferente de lo que pasa con los adultos que tienen pocos o ningún síntoma cuando tienen una infección por el VRS. En los bebés muy pequeños (de 6 meses o menos) los únicos síntomas de infección por el VRS podrían ser:

- Irritabilidad
- Menos actividad
- Apetito disminuido
- Apnea (pausas por más de 10 segundos en la respiración)

Lo que debe hacer si su hijo está en alto riesgo de enfermarse gravemente por una infección por el VRS

En la mayoría de las regiones de los EE. UU. la temporada de VRS empieza en el otoño y alcanza su punto máximo en el invierno. Si usted tiene contacto con un bebé o niño pequeño, especialmente si el niño nació prematuramente, tiene enfermedad cardíaca o pulmonar crónica, o tiene el sistema inmunitario debilitado, debe tomar medidas adicionales para mantener sano al niño haciendo lo siguiente:

- Lavarse las manos con frecuencia
- No tocarse la cara
- Evitar el contacto cercano con personas enfermas
- Cubrirse la nariz y la boca al toser y estornudar
- Limpiar y desinfectar las superficies
- Quedarse en casa si está enfermo/a



Centers for Disease
Control and Prevention
National Center for Immunization
and Respiratory Diseases

FAMILY COMMUNITY PARTNERSHIP & PROGRAM GOVERNANCE REPORT

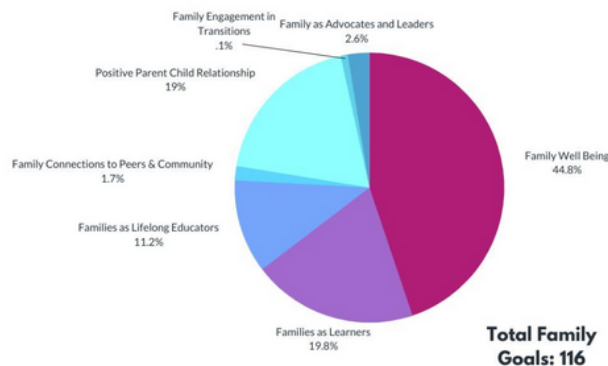
PAULINA PANDURO

Program Governance

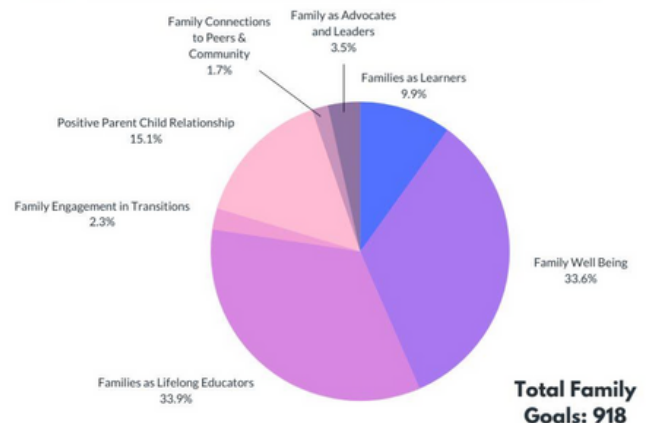
The Executive Committee met on Thursday, December 8th. Three of the committee members met over zoom to discuss program updates and review the Policy Committee (PC) agenda. The PC meeting was held virtually Monday, December 12th. A total of 11 members were present, 9 members were voting. The approved the following recommendations:

- Approval of Psd ECE Selection Criteria 2023-2024
- Approval of new hire Fiscal Officer – Maria Serrano
- Approval of Early Head Start Basic BAR 2.
- Approval of Head Start T&TA- HS TTA-01-2022.

For the Early Head Start Program, 116 family goals have been created. **Family Well Being** was the largest family outcome.



So far in 2022 school year, 918 family goals have been created. The largest Family Outcomes from goals created by Head Start families are **Families as Learners** and **Family Well Being**.



Family Partnership Agreement

The Family Partnership Agreement is a family goal created with each family in the program either at enrollment or within 90 days that the child begins school in the ECE program. The Family Service Advocates (FSA) supported the families by either creating these goals with them or following up on the family partnership agreements. Through regular follow-ups FSAs individualize the resources provided to each family. Family Outcomes help the ECE program see what are the needs and interests of the program. This is done by providing workshops, sending out resources and connecting families to outside agencies. (Goal #3)

NUTRITION

LILLIE BIGLER, MS, RDN

Safe and Nutritious Meals

The Nutrition Department works continuously to assure that children receive safe and nutritious meals. In the month of November, the Nutrition Department has begun internal monitoring of our classrooms during meal service to check for food safety and ensure safe mealtime practices.

The Nutrition Department provided individualized, nutrition-related support to 14 classrooms. This included support for classrooms completing their Bread Study Culminating Activity, where students learned about how bread is made, different types of bread, and how to make butter. The teachers went above and beyond by encouraging the students to dress up as chefs, see photo below.

Resources for Free Food in the Antelope Valley

The Nutrition Department would like to share this link as a resource for free food in the area:

[PALMDALE, CA FREE FOOD RESOURCES](https://www.freefood.org/c/ca-palmdale)

<https://www.freefood.org/c/ca-palmdale>



Palmdale School District Menus

The weekly Palmdale School District menu is available online at <https://family.titank12.com/menu/E7M7SF>. (Goals 1, 2, 3)

Filter by:

Chaparral Prep Academy

Allergens

<

Jan 8 - Jan 14

>

Please note the following schools share a cafeteria: Dos Caminos & Palmdale Discovery Center, Ocotillo & First Steps, Innovations Academy & Site 18

Breakfast	Dinner	ECE Breakfast	ECE Lunch	ECE Snack	Lunch	Snack
Monday		Tuesday		Wednesday		
9	10	11	12			
ENTREE	ENTREE	ENTREE	GRAIN			
Strawberry-Banana Smoothie (1 each)	Breakfast Burrito (1 ea., WGR)	Maple Waffle (1 ea., WGR)	Banana M			
GRAIN	FRUIT	FRUIT	FRUIT			
Cinnamon Bug Bites (1 pkg., WGR)	Fresh Orange (1 ea., 1/2 cup)	Bountiful Banana (1 ea., 1/2 cup)	Raisins (1			
MILK	MILK	MILK	MILK			
Farm Fresh 1% Unflavored Milk (1 cup)	Farm Fresh 1% Unflavored Milk (1 cup)	Farm Fresh 1% Unflavored Milk (1 cup)	Farm Fres			
Non-Fat Lactaid (1 cup)	Non-Fat Lactaid (1 cup)	Non-Fat Lactaid (1 cup)	Non-Fat L			

Scan the QR Code and select your child's school site. Then click on the ECE menus.

*District Office, Avenue J, and Tierra Bonita meals are prepared by the "Tamarisk" kitchen staff.

*Highland meals are prepared by the "Ocotillo" kitchen staff.

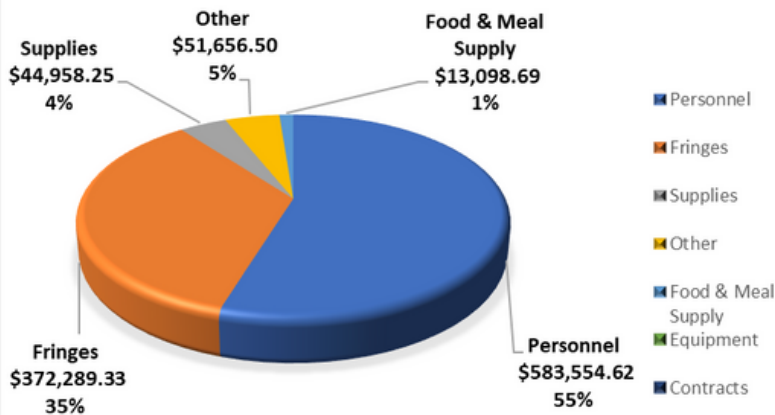


FISCAL REPORT

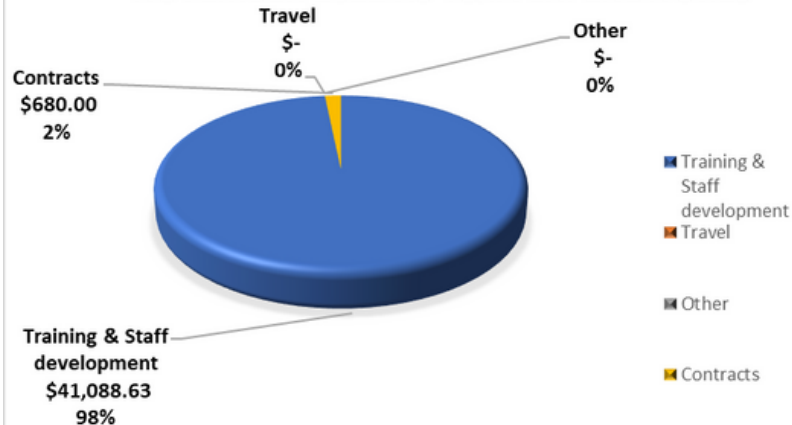
M. CARMEN SERRANO

Expenditures for Head Start, HS T&TA, Early Head Start, EHS T&TA & COVID Programs

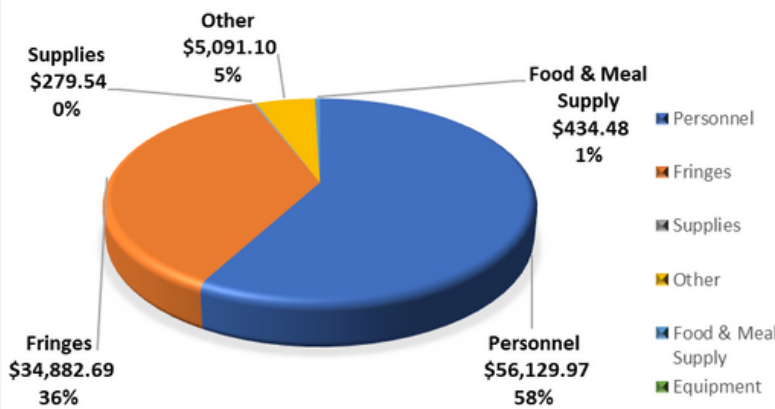
NOVEMBER 2022 HS B EXPENDITURES



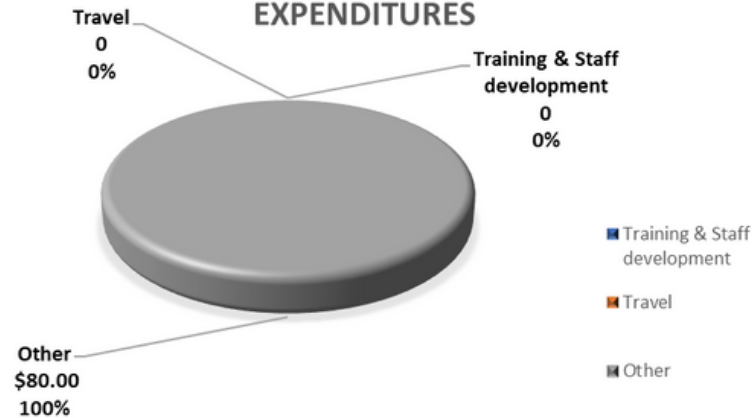
NOVEMBER 2022 HS T&TA EXPENDITURES



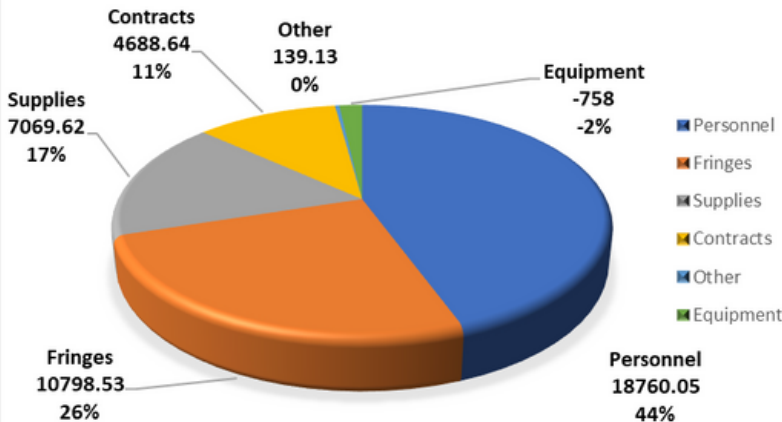
NOVEMBER 2022 EHS B EXPENDITURES



NOVEMBER 2022 EHS T&TA EXPENDITURES



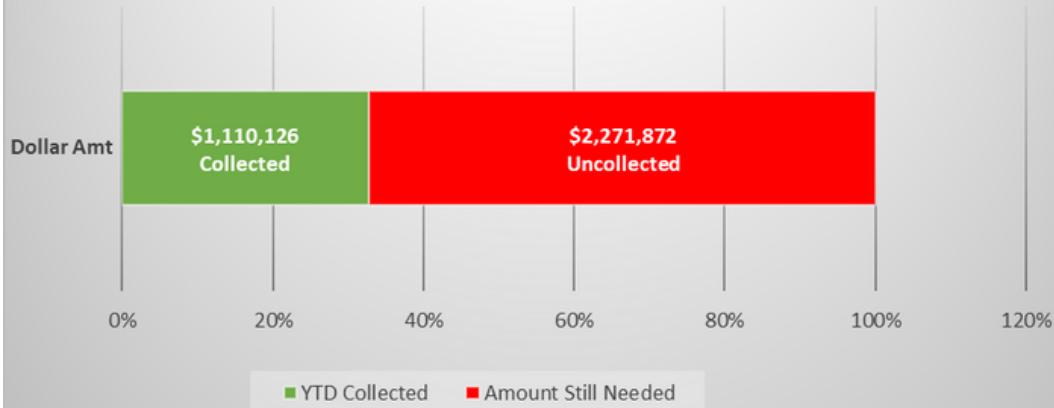
NOVEMBER 2022 COVID EXPENDITURES



- Palmdale School District continues to offer breakfast and lunch through the Child & Adult Care Food Program (CACFP). The cost of adult meals, student snacks and paper supplies are reflected in the food meal supplies. Snacks are claimed under the CACFP program.

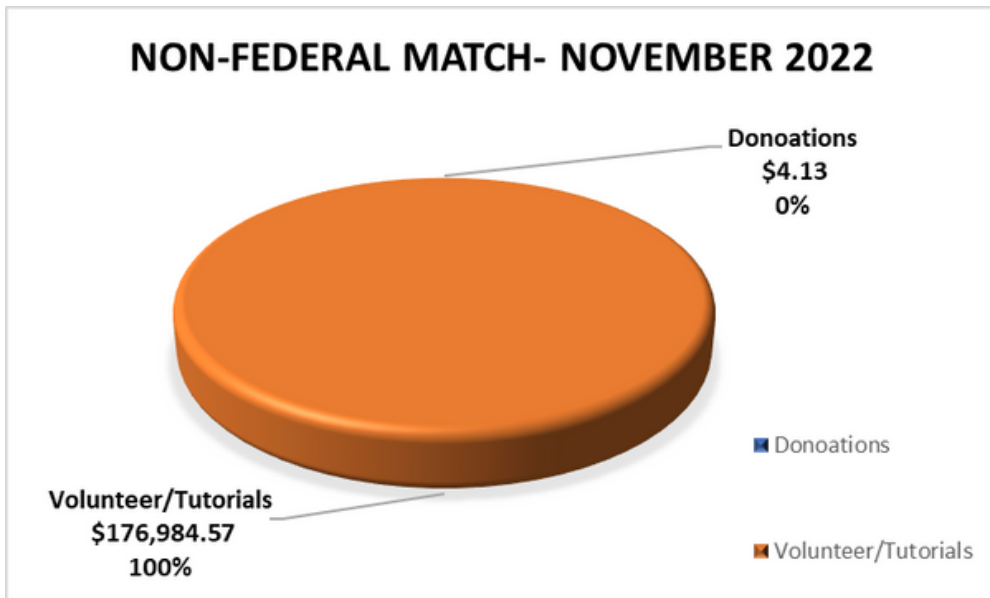
Palmdale School District Early Childhood Education NFM Goal

2022 NFM Goal \$3,381,998
33% of Goal Reached
November 2022

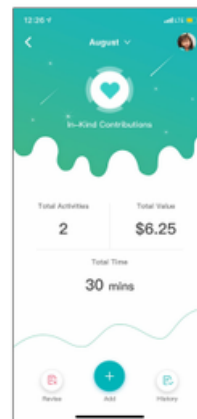
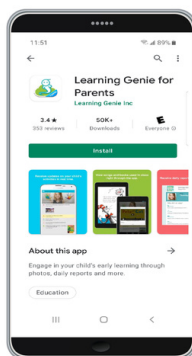


- Our goal for 2022 is to collect \$3.4 million in Non Federal Match (NFM)
- We need to average \$285,600 per month.
- **We are currently at 33% of our goal.

Non-Federal Match Parent Volunteer & Activity Submissions



Parents and Families Can Submit Tutorials for In-Kind right from their phone or iPad with the Learning Genie App. **This includes Parent Meetings!**



ADMINISTRATIVE REPORT

CHRIS BURTON & LISA FOWLER

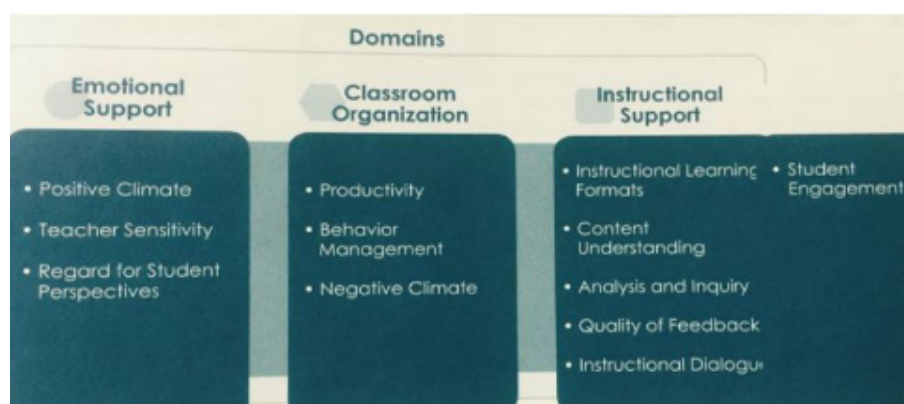
Safety

Keeping our students safe is a priority. The staff actively supervises and provides nurturing and caring environments to ensure students are safe. Consistent communication is the key to keep our sites free from potential hazards. Administration, Teachers, Teacher Assistants, Noon Duties, Custodians, Family Service Advocates, Health Team, and the office staff work together to ensure safety at all the sites in our program. Administrators and our Grantee, CCRC CQI Team, monitors quarterly and documents in ChildPlus any non-safety findings, if any. Our last Safety Walk was conducted with the CCRC CQI Team this month. Our custodial staff continues to clean and sanitize nightly. (Goal 2).

CLASS (Classroom Assessment Scoring System)

CLASS observations provide programs with reliable, valid data on teacher effectiveness with positive interactions and student engagement. CLASS observations started the month of November at all the classrooms by certified and trained CLASS observers. Teachers will be provided with feedback to support their teaching practices and increase the positive adult to student interactions. This is not evaluative and used to support teachers' teaching practices and to provide coaching. It helps to:

- creates a common language about effective teaching practices across subject areas and grade levels.
- helps teachers better understand how their interactions in the classroom affect student learning.
- documents improvements in the effectiveness of teachers' interactions with students.



Education Meeting

Every week, the Education Team, consisting of the two Assistant Administrators, School Readiness Coordinator, Education Coordinator, EHS FSA, and the Education and School Readiness Admin. Clerks get together to plan and collaborate on monitoring, curriculum, lesson plans, and CLASS strategies (Goal 1).

ADMINISTRATIVE REPORT

CHRIS BURTON & LISA FOWLER

Early Childhood Learning (ECL) Meeting

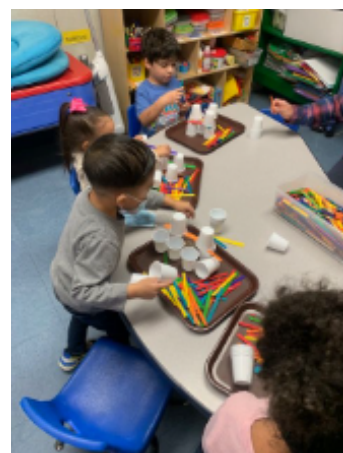
Lead Testing Requirement - We met with the CCRC CQI Team to discuss the AB 2370 Regulation for Lead Water Testing. Water sampling for lead contamination will take place in December at all of our kitchens that prepare meals for our ECE students to meet the regulatory requirements. Sparkletts bottled water is used for our students and staff drinking water; therefore, our classrooms' water outlets are not required to be tested. (Goal 2)

FPM Monitoring

Federal Program Monitoring (FPM) Workshop- ECE will be working with Dr. Boese and the Main District to gather and prepare documents and evidence for all instruments included in the FPM in preparation for the FPM review for the following ECE sites: CH, MZ, MQ and TA.

Creative Curriculum

Below are photos from various sites depicting how our teaching teams are teaching the Creative Curriculum with fidelity incorporating CLASS strategies and technology to increase the rigor of the lessons and activities. Our Teacher Assistants are building capacity to feel comfortable to facilitate positive instructional activities and, in addition, our Noon Duties are supporting the classrooms and being included with collaboration and planning.



DIRECTOR'S REPORT

DR. MELANIE CULVER

Potential Program Changes for the 2023-2024 School Year

With the expansion of Universal Transitional Kindergarten (UTK), we continue to explore ways to continue providing quality services to the community through the Early Childhood Education program. In the 2022-2023 school year, we began servicing more three-year-olds in our program as more four-year-olds were eligible for UTK. We also decreased the number of center-based enrollment slots in order to increase the number of full day classes offered, so parents had more opportunities to participate in that program option if it better met their family needs. This also allowed us to maintain the quality of the services provided to families.

For the 2023-2024 school year, we will be conducting community needs assessments to determine and plan for any additional program changes needed.

Non-Federal Match Reminder

On January 1, 2023, our Non-Federal Match count re-starts. Please be sure to log all activities in Learning Genie that you do from January 1-January 8 during Winter Break.



Help us meet our Non-Federal Match Goal each month by logging your volunteer hours and at-home tutorials.

Staying Healthy

Routines are key to keeping healthy. Brushing teeth, washing hands, eating well, and exercising every day help everyone grow and thrive. "Every so often" routines, such as doctor and dentist checkups, ensure that families have the support, information, and care they need to help kids stay well!

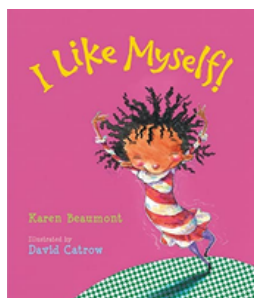


Scan the QR Code to go to the YouTube Video



Literacy Corner

Books of the Month:
November



Our November Book of the Month for Early Head Start and Head Start (Home-based and Center-based) children is I Like Myself by Karen Beaumont. This book is all about self-acceptance and self-love, which are important concepts to teach in developing self-esteem.

Don't forget to add your reading time to your Non-Federal Match Activities!

Scan the QR Code for the YouTube Read Aloud of the story.



DIRECTOR'S REPORT

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Respiratory Syncytial Virus (RSV)

Respiratory Syncytial Virus (RSV) is a viral infection of the respiratory (breathing) tract. Almost all children will get RSV at least once by the time they are 2. It's the most common cause of respiratory infections in this age group but may cause severe illness in children under 1. While there is no vaccine for RSV, there are many ways to limit the spread.

Symptoms

Most people with RSV have mild symptoms lasting five to seven days. RSV causes cold symptoms in the upper respiratory tract, which includes the nose, mouth, and throat. Sometimes, it can lead to breathing problems in the small airways (bronchiolitis) or lungs (pneumonia) of the lower respiratory tract. These serious breathing problems may require hospitalization. Young children becoming more severely ill may feed poorly, have fewer wet diapers, be less active, or be more difficult to soothe — with or without worsening respiratory symptoms. Children with any symptoms of more severe illness should see a health care provider.



As with any illness, notify families with any concerns about a child's health and contact 911 or your local emergency system if you think a child may be having a medical emergency.

RSV Symptoms in Young Children

Upper Respiratory Tract Infection

Cold symptoms may include:

- Runny nose
- Poor feeding
- Coughing
- Sneezing
- Fever
- Fussiness

Lower Respiratory Tract Infection

Symptoms of severe illness may include cold symptoms plus:

- Fast breathing
- Flaring nostrils
- Grunting noise with breathing
- Head bobbing with breathing
- Belly moving with breathing
- Ribs pulling in while breathing
- Wheezing

For more information about RSV and a video showing symptoms of respiratory distress, see [RSV: When It's More Than Just a Cold](#), from the American Academy of Pediatrics.



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How It Spreads

RSV spreads very easily from person to person through:

- Droplets in the air from a cough or sneeze
- Direct contact with nose and mouth secretions
- Contact with the virus on hands, surfaces, toys, and other objects and then touching your mouth, nose, or eyes before washing your hands

Young children with the infection can spread the virus before they get symptoms and for days or weeks after getting sick. RSV infections occur throughout the year, but most outbreaks are in winter.

Who Is at Risk

Premature infants and young children with heart or lung disease or weakened immune systems are at highest risk for severe RSV. Severe cases may require hospitalization.

Early childhood program staff are often exposed to children with RSV and may get infected more than once. Adults who are older, who have chronic heart or lung disease, or who have weakened immune systems are at higher risk for severe RSV.

Diagnosis

Health care providers usually diagnose RSV based on symptoms and a physical exam. They sometimes test for RSV with a nasal swab. RSV symptoms can be like COVID-19 and influenza, so health care providers may test for all three illnesses at the same time.

Limit the Spread

Follow infection control practices to help keep children and adults healthy.

- Stay home when you're sick.
- Do [daily health checks](#) as children enter your program for the day.
- Wash hands often with soap and water throughout the day.
- Don't allow children to share mouthed toys, cups, or eating utensils.
- Clean, sanitize, and disinfect surfaces regularly.
- Cover coughs and sneezes.
- Throw away used tissues, and wash hands after using tissues.
- Change clothing soiled with mucus.
- Have fresh air indoors and spend time outdoors.



Use these strategies to reduce the spread of RSV.

- Let families know if your program has cases of RSV so they can watch for symptoms and practice prevention at home. Remember, the name of the child who is sick is confidential information.
- Watch children throughout the day for signs of illness and contact their parent or guardian if they become too sick to stay in the program.
- [Keep children home](#) if they:
 - Are too sick to take part in your program's activities
 - Need more care than staff can give without compromising the health and safety of other children
- Help families and staff understand that RSV, influenza, COVID-19, and the common cold viruses can all make children and adults sick. People can be sick with more than one virus at a time, and programs may have cases of more than one virus at a time.
- Encourage vaccination against influenza and COVID-19 to help decrease the spread and severity of these viruses.



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<https://eclkc.ohs.acf.hhs.gov/health>

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Brush Up on Oral Health

Understanding How Smoking Impacts Oral Health

Not smoking or quitting smoking is important for overall health, including oral health. When a smoker quits, it improves their health and quality of life and the health and quality of life of those around them, especially young children.

This Brush Up on Oral Health tip sheet describes some oral health problems related to smoking that can affect parents, pregnant people, and children. It offers tips Head Start staff can use to help parents and pregnant people quit smoking.



Oral Health Problems Related to Smoking

Long-term use of products containing tobacco and/or nicotine can result in serious health problems, including cancer and heart and lung diseases. Smoking traditional cigarettes, e-cigarettes, cigars, pipes, and water pipes – and using smokeless tobacco – can cause these diseases. Using tobacco products also affects oral health.

- **Tooth decay.** Smokers can have more tooth decay than non-smokers. The nicotine in tobacco slows down the mouth's ability to make saliva and creates dry mouth. Saliva helps prevent tooth decay by washing food and bacteria from the teeth. It also helps repair very early stages of tooth decay. Also, young children who are regularly exposed to secondhand smoke have higher rates of tooth decay in their primary teeth, compared with those who are not exposed.
- **Gum disease.** Gum disease is an infection of the gums that can affect the bone structure that holds teeth in the jaw. In severe cases, gum disease can make teeth fall out. Smoking causes gum disease because it weakens the body's ability to fight infection, making it hard for gums to heal. Smokers are twice as likely to develop gum disease as non-smokers, and treatment may not work as well as for non-smokers.
- **Oral cancer.** Tobacco use increases the risk of oral cancer in the lips, tongue, cheeks, floor of the mouth, hard and soft palate, sinuses, saliva glands, and throat.
- **Poor birth outcomes.** Pregnant people who smoke are more likely to have miscarriages, babies born too early, or babies with low birthweight. They also are at higher risk for sudden infant death syndrome. Smoking during pregnancy also increases a person's risk of delivering a baby with cleft lip and/or cleft palate (when a baby's upper lip or roof of the mouth does not join completely during pregnancy).
- **Stained teeth, bad breath, and loss of taste and smell.** Nicotine and tar in tobacco stain teeth and can turn them yellow. Smoking is also a common cause of bad breath, and it affects ability to taste and smell.



DIRECTOR'S REPORT

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Strategies to Help Parents and Pregnant People Quit Smoking

- **Help families understand the impact of smoking on health, including oral health.** Ask the family if anyone smokes. Getting this information and discussing the hazards of smoking with pregnant people, parents, and other family members who smoke can be a first step in helping the family establish a tobacco-free environment and in creating a quit-smoking action plan.
- **Share methods to quit smoking.** Use motivational interviewing to share information about the dangers of smoking and to assess pregnant people's and parents' willingness to quit smoking. The [Motivational Interviewing Suite](#) provides information about the approach and how to use it. On [Smokefree.gov](#), [Explore Quit Methods](#) describes different methods to quit smoking. It explains which methods are most effective, which are most affordable, and which may have side effects. [Smokefree.gov](#) also offers quit-smoking tools and tips specific to [veterans](#), [women](#), [teens](#), and [adults ages 60 and over](#).
- **Develop and enforce tobacco-free policies.** Tobacco-free environment policies are designed to protect non-smokers from secondhand and thirdhand smoke. The Oregon Head Start Association and the American Lung Association of Oregon developed a [model policy](#) for early childhood education and care programs seeking to promote a tobacco-free facility. The American Academy of Pediatrics provides [resources](#) that Head Start programs can use to inform pregnant people and parents about the dangers of tobacco and how to establish policies and practices that promote a tobacco-free environment.



Scan the QR Code to go to [Smokefree.gov](#) for resources to start quitting.



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ADMINISTRATION FOR
CHILDREN & FAMILIES



National Center on
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Explore Quit Methods

No single quit smoking method is right for everyone. Learn more about quit smoking methods to decide which ones might be right for you.



Scan the QR Code for more information on quitting methods.



Reading is Key!

ECE is committed to ensuring our students complete our program ready for success in elementary school and beyond! Research shows that "simple access to books is one of the biggest obstacles—and perhaps the biggest opportunity—in equalizing children's literacy. The number of books in a child's home has been shown to be the best predictor of his or her scores on reading exams," (Bridges; Children's Literacy Foundation). In an effort to assist families in increasing the number of books children can access in the home, our program is providing books for children and families. There are many educational benefits to reading with your child at a young age. Here are a few of the key reasons:

Books create warm emotional bonds between adults and kids when they read books together.

Books help kids develop basic language skills and profoundly expand their vocabularies—much more than any other media.

Books are interactive; they demand that kids think. Fiction and nonfiction books widen our consciousness. They give us new ways to think and new ideas. They expand our universe beyond time and place and inspire our own original thoughts.

Books develop critical thinking skills. A book is read by an individual. It has no laugh track or musical score that emotionally primes a reader's reaction. You alone decide what you think about a book and its contents with no one leaning over your shoulder telling you how to think.

Books develop and nourish kids' imaginations, expanding their worlds. Picture books introduce young children to the world of art and literature. Novels and nonfiction books stimulate kids' sensory awareness, helping kids to see, hear, taste, feel, and smell on an imagined level. Books inform our imaginations, inspiring creativity.

Books provide the opportunity to share cultural experiences. When kids read the same book, enjoying a common reading experience, peer bonds are built within a generation. When children, parents, and grandparents share classic books, extended familial and community bonds are formed creating a shared frame of reference.

BOOKS INSPIRE US TO DREAM.

BOOKS GIVE US THE TOOLS TO ACHIEVE OUR DREAMS.



Link to full article, ["Why Do Kids Need Books?"](#)

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Palmdale School District Information

TUNE IN to the Palmdale Promise Radio Show

Listen to KUTY 1470 AM or 96.9 FM, Monday through Friday from 6:30-7:30 a.m. to hear helpful information about the Palmdale School District's many departments, programs, and schools.



We Are Hiring!

Join our team and make a difference!

We are currently hiring for the following positions:

- Bilingual Early Childhood Education Teacher Assistant (Spanish)
185 Days - \$15.33 - \$18.64 hourly
- Early Childhood Education Teacher Assistant
185 Days - \$15.33 - \$18.64 hourly
- Substitute Early Childhood Education Teacher Assistant
\$15.00 hourly
- Noon Duty/Campus Assistant
182 Days - \$15.50 hourly

Job information and application can be found at:

<https://www.governmentjobs.com/careers/palmdalesd>

Helpful Resources for Families

Food and Nutrition

DYK? There are #WIC updates in the American Rescue Plan. Families who are already enrolled will see automatic adjustments. Newly eligible families can enroll through their local WIC office:

<https://www.fns.usda.gov/contacts?f%5B1%5D=program%3A32> **#InvestingWithFamilies**

Rental Assistance

The American Rescue Plan makes more funding available for people with overdue rent. Additional transitional and permanent housing will also be available for eligible families. Explore the facts:

https://home.treasury.gov/system/files/136/FACT_SHEET-Emergency-Rental-Assistance-Program_May2021.pdf[PDF, 169KB] **#InvestingWithFamilies**

Tax Credits

For many people, making ends meet throughout the year is tough, and saving regularly may seem unrealistic. Find tips for using some of your tax credit refunds to prepare for unforeseen expenses throughout the year: <https://www.consumerfinance.gov/start-small-save-up/start-saving/how-to-use-your-tax-refund-to-build-your-emergency-funds/> **#InvestingWithFamilies**

Discover tips for using ARP tax credits to open a savings account to help you reach your long-term goals, such as owning a home. https://files.consumerfinance.gov/f/documents/cfpb_your-money-your-goals_place-for-savings_tool.pdf **#InvestingWithFamilies**

Energy and Water Assistance

The ARP makes additional funds available for energy and water assistance. Find out whether these emergency assistance funds are available for your family: <https://communityactionpartnership.com/find-a-cap/?cid=fd585d5730f813ab478b1153034908e1&cid=79294566037037bc15f030fd7eaa5a9e>

#InvestingWithFamilies

Emergency Housing Vouchers

Do you need assistance with housing? Learn if your family is eligible to access housing vouchers:

https://www.hud.gov/program_offices/public_indian_housing/pha/contacts?cid=fd585d5730f813ab478b1153034908e1 **#InvestingWithFamilies**