



District School Board of Pasco County

7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638 • 813/794-2000

Heather Fiorentino, Superintendent

www.pasco.k12.fl.us

Department of Purchasing
Kendra Goodman, CPPO, CPPB, Purchasing Agent
813/794-2221 Fax: 813/794-2221
727/774-2221 TDD: 813/794-2484
352/524-2221 e-mail: kgoodman@pasco.k12.fl.us

July 20, 2010

MEMORANDUM

TO: Honorable School Board Members

FROM: Kendra Goodman, CPPO, CPPB, Purchasing Agent *KDG*

RE: Partnership Agreements
Pasco County Health Department

The attached two (2) agreements between the Prekindergarten Services Department and the Pasco County Health Department are being forwarded to the Board for approval.

The first agreement is for Full Service School Health Services, which provides health services for prevention, treatment, and support services for students and families that need medical and social services in order to succeed.

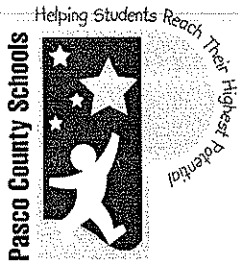
The second agreement is for Basic School Health Services, which assess, protect, and promote the health of students.

The term of the contract will be from August 1, 2010 through June 30, 2011. The contracts have been reviewed and approved by District Attorney Nancy Alfonso, Esq.

Should you have any questions regarding this matter, please feel free to contact me or Beth Rawls at 42730, at your earliest convenience.

KDG/vj

Attachments



District School Board of Pasco County

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Heather Fiorentino, Superintendent

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Memo # PRK-001-10/11

Contact: Beth E. Rawls

Ext.# 42732

DATE: July 20, 2010

TO: HONORABLE SCHOOL BOARD MEMBERS

FROM: Heather Fiorentino, Superintendent
Ruth B. Reilly, Assistant Superintendent for Curriculum and Instructional Services

SUBJECT: **Approval of the Updated Pasco County Health Department Partnership Agreement with the Pasco County Prekindergarten Services Head Start/Early Head Start and Voluntary Pre-K/Title I, Part A Programs**

History

Prekindergarten Services has held an agreement with the Pasco County Health Department for many years. The agreement will facilitate necessary health services for Head Start/Early Head Start and Voluntary Pre-K/Title I, Part A enrollees.

Description

The agreement is reviewed and updated annually to address most current practices and requirements. The updated agreement for the 2010-11 school year extends the same services to children enrolled in Voluntary Pre-K/Title I, Part A.

Action Requested

Approval of the updated Pasco County Health Department Partnership Agreement with the Pasco County Prekindergarten Services Head Start/Early Head Start and Voluntary Pre-K/Title I, Part A programs in order to satisfy health services requirements.

Conclusion

The staff respectfully requests the approval of the Pasco County Health Department Partnership Agreement with the Pasco County Prekindergarten Services Head Start/Early Head Start and Voluntary Pre-K/Title I, Part A programs for the 2010-11 school year.

District School Board of Pasco County

Pasco County Prekindergarten Services Head Start/Early Head Start and VPK/Title I

Pasco County Health Department Partnership Agreement

2010-2011 Fiscal School Year

received
7/1/10
Title I

Pasco County Prekindergarten Services and the Pasco County Health Department (Department of Health) agree to work together and share information in providing Child Health Check Up (EPSDT physicals), dental services, nutrition services and prenatal health care for enrolled pregnant women, infants, toddlers and preschool children in Head Start/Early Head Start and Voluntary Pre-K (VPK)/Title I during the 2010-2011 fiscal school year. **NO APPOINTMENTS CAN BE SCHEDULED AND NO TREATMENTS CAN BE PERFORMED PRIOR TO AUGUST 1.**

Funds to reimburse services are provided by the Federal Head Start/Early Head Start grants and the Florida VPK Program to those pregnant women, infants, toddlers and preschool children who do not have current Medicaid eligibility or other health insurance. Reimbursement shall be at the rate of \$180.00 per visit. In addition, the Health Department will perform lead blood tests for Head Start/Early Head Start and VPK/Title I children at the rate of \$15.00 and hemoglobin tests (finger stick) at the rate of \$5.00 if the physician who performed the initial EPSDT failed to perform either of these required blood tests.

Head Start/Early Head Start funds and VPK/Title I funds **may** be used for professional medical and dental services **when no other source of funding is available**. The Health Department will verify Medicaid availability when services are provided.

Purchase orders will be issued in favor of the Health Department and reimbursement will be made upon receipt of an invoice, which includes the patient's name and the services provided. Purchase orders will expire at the end of the Head Start/Early Head Start Fiscal year on July 31, 2011. Payment will not be made for services provided after that date, and all invoices must be submitted no later than August 31, 2011.

Pasco County Prekindergarten Services agrees to provide services as outlined:

- Receive referrals from the Pasco County Health Department for pregnant women, infants, toddlers and preschool children who may be eligible for the program.
- Recruit, enroll and serve eligible pregnant women, infants, toddlers age birth to three years, and preschool children.
- Provide screening, using the Ages and Stages Questionnaire, for all enrolled infants and toddlers within 45 days of entry into the program for developmental, sensory and behavior concerns.
- Provide an infant and toddler assessment on an ongoing basis for enrolled infant and toddlers.
- Implement "Partners for a Healthy Baby" home visiting curriculum.

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AND APPROVED:
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- Refer pregnant women, infants, toddlers and preschool children for medical, dental and nutritional services care.
- Assist pregnant women and families with scheduling transportation for all medical, dental and nutrition care appointments.
- Work closely with other community agencies in order to provide comprehensive services to pregnant women, infants, toddlers and preschool children in order to build on pre-existing plans.
- Provide individualized services to all pregnant women, infants, toddlers and preschool Medicaid Physician Evaluation and Management Services Fee Schedule
- Develop family partnership agreements that build on pre-existing plans with all enrolled families.
- Develop and implement transition plans that support pregnant women, infants, toddlers and preschool children as they enter and exit into different program options.
- Be available to provide training and consultation to the staff at the Pasco County Health Department on an as needed basis.

The Pasco County Health Department agrees to provide services for Early Head Start expectant mothers, infants, and toddlers, and for Head Start and VPK/Title I children as follows:

Prenatal and Postpartum care
 Child Health Check Ups (EPSDT)
 Lead Blood Testing/Hemoglobin for children whose PCPs do not provide this test
 Dental procedures as outlined on Dental Treatment Guidelines for children 30 months of age or older (Exhibit A))

The Pasco County Health Department agrees to make referrals as follows:

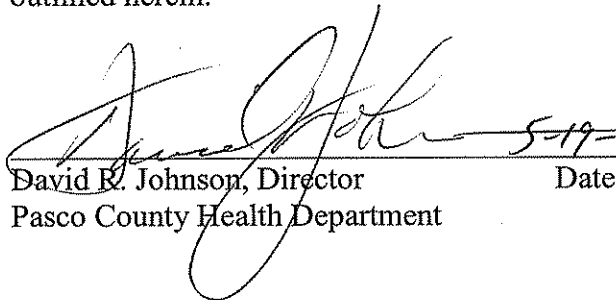
Fetal Development
 Smoking cessation
 Alcohol and drug exposure
 Environmental Hazards
 Child Birth Classes
 Parenting Classes
 Family Planning
 Miscarriage Support
 SIDS
 Grief Counselling Referrals
 Infant Toddler First Aid CPR Training
 How to Apply for Medicaid and Florida Kid Care
 Identification of Nutritional Needs
 Nutrition Counselling & Intervention
 Identification of the Nutritional Needs of the Community
 Home Visit Within Two Weeks of Birth
 Breast Feeding Support

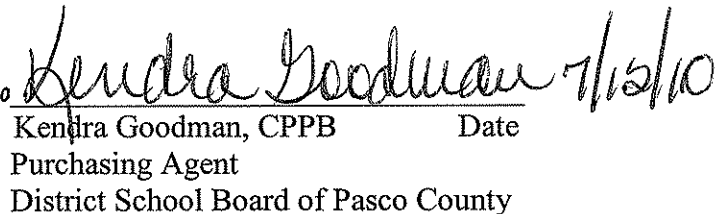
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Food Budgeting/ Menu Planning
Attachment and Bonding

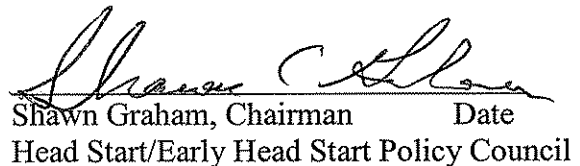
- The parties will maintain confidentiality of all data, files and client records related to the services provided pursuant to the agreement and shall comply with all State and Federal laws including, but not limited to, Sections 384.29, 381.004, 392.65 and 456.057 Florida Statutes. Both parties shall assure compliance with HIPAA as well as all regulations promulgated there under (45 CFR parts 160, 162, and 164).
- A referral form mutually agreed upon by both partners will be used to document the need for services, the treatment recommended and services received. A sample referral form is attached hereto (Exhibit B).
- A Release for Information form that is mutually agreed upon by both partners will be used to document that confidentiality procedures have been followed (Exhibit C).
- A representative from the Pasco County Health Department will participate as a member of the Head Start Health Advisory Committee.
- A representative from the Pasco County Health Department will be available as needed to provide training to parents on health related topics mentioned in this agreement.

I have read the above and agree to provide Child Health Check Up (EPSDT physicals), nutrition services and prenatal health care to expectant mothers, infants, toddlers and preschool children enrolled in Pasco Prekindergarten Services (Head Start/Early Head Start and VPK/Title I) as outlined herein.


_____ 5-19-2010
David R. Johnson, Director Date
Pasco County Health Department


_____ 7/12/10
Kendra Goodman, CPPB Date
Purchasing Agent
District School Board of Pasco County


_____ 6/3/2010
Beth E. Rawls, Director Date
Prekindergarten Services


_____ Date
Shawn Graham, Chairman Date
Head Start/Early Head Start Policy Council

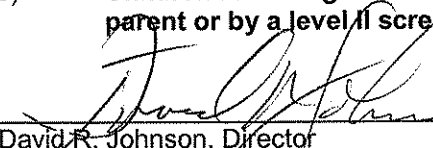
Allen Altman, Chairman Date
District School Board of Pasco County

Attachment A – Pasco County Health Department

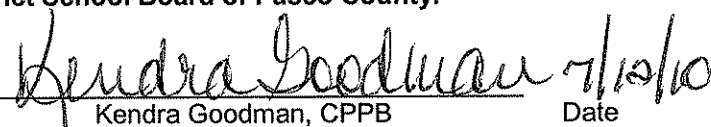
A) This contract is subject to Act of God or government regulation, disaster, strikes, civil disorder, or other emergency making it illegal or impossible to provide facilities or hold the events. Should Pasco County Health Department cancel this contract for reasons other than Act of God, etc., and another date time cannot be mutually agreed upon, Pasco County Health Department shall refund all monies (including deposits) to the School Board.

In addition, when the Department of Homeland Security issues a "Red Alert Status," the District School Board of Pasco County has the right to cancel this agreement without penalty and Pasco County Health Department shall refund all unearned monies (including deposits) to the School Board within thirty (30) calendar days.

- B) As provided for under common law, and to the extent specifically authorized by Section 768.28, Florida Statutes, Pasco County Health Department hereby agrees to indemnify and hold the District harmless from and against all damages of any nature whatsoever which are caused or materially contributed to by the negligent acts of any officer, employee, and agent or other representative of (vendor name) and which are not caused or materially contributed to by any officer, employee, agent or other representative of the District.
- C) Termination of Contract: This contract may be terminated when it is in the best interest of the District within 30 days notice. Contracts cancelled by the vendor because of non-performance may result in exclusion from participating on any other similar contracts offered by any public school in Pasco County, FL. Contracts cancelled because of non-performance will be excluded from future business with the District for the full term of the contract plus one year.
- D) Venue for any and all legal action regarding or arising out of the transaction covered herein shall be solely in the appropriate Court in and for Pasco County, State of Florida.
- E) This contract is governed by the laws put forth by the State of Florida.
- F) The School Board normally issues payment for services within 30 days from receipt of invoices, provided the services have been received in a satisfactory and proper manner. No advance payments will be made.
- G) The company and/or individual shall remain independent and not an employee or agent of the Board for the purpose of providing services not otherwise available to the Board.
- H) Pasco County Health Department shall not assign, sublet, or otherwise dispose of, without first obtaining the written consent of the Board, any portion of services to be performed under this Contract.
- I) Pasco County Health Department shall comply with all applicable laws, ordinances, codes, and statutes of any and all local, state, or national governing bodies included within this section. Pasco County Health Department shall comply with the regulations of the Civil Rights Act of 1964, in which no person in the United States shall on the grounds of race, creed, color, or national origin be excluded from participation in or be denied the proceeds of, or be subject to discrimination in the performance of this Contract.
- J) **Children receiving treatment at Pasco County Health Department will be accompanied at all times by a parent or by a level II screened employee of the District School Board of Pasco County.**



David R. Johnson, Director
Pasco County Health Department
Date 5-19-2010



Kendra Goodman, CPPB
Purchasing Agent
District School Board of Pasco County
Date 7/10/10



Beth E. Rawls, Director
Prekindergarten Services
Date 6/3/2010

Up-dated 10/13/09

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Pasco County Head Start/Early Head Start

Dental Treatment Guidelines

The dentist will provide treatment to the Head Start/Early Head Start children not less than 30 months of age assigned to him/her under the following conditions:

Covered Services:

Because of budget limitations, Head Start/Early Head Start can provide only those services which will give the greatest long term benefit to the child. **Please contact the program office to discuss exceptions on a per-child basis.**

1. Prophylaxis is allowed for all children.
2. Fluoride treatment may be provided to all children.
3. Teeth not restored may be extracted when deemed necessary at the sole discretion of the dentist.
4. Polycarbonate crowns are not to be used.
5. Bitewing and limited periapical x-rays are the only x-rays permitted, if they are indicated.
6. Space maintainers and orthodontic appliances are not included as basic services due to the prolonged follow-up that may be required.
7. Head Start/Early Head Start cannot pay for sealants.

Method of Payment:

1. If a child is not covered under Medicaid or any other insurance, the program will pay for services. The dentist will be reimbursed by the District School Board of Pasco County through a purchase order.
2. A standing purchase order will be issued to the dental office by August 1 to:
 - a. Cover initial dental examinations of non-Medicaid children preparing to enter the program.
 - b. Cover treatment costs of \$500.00 per child or less during the program year.
3. **Prior approval should be obtained from the program bookkeeper for treatment costing greater than \$500.00.** The approval should be obtained by mailing or calling for a case that needs immediate treatment. A separate purchase order may be issued and treatment should not begin until this authorization is received by the dental office.

Documentation of Service:

1. Prior to beginning dental treatment, the dentist will provide the program with a treatment plan and cost estimate for each child. The program requests both Medicaid and non-Medicaid treatment plans. An itemized statement of completion is also required for both Medicaid and non-Medicaid children.
2. Families of enrolled children will be provided with a yellow Dental Exam Form and shall be instructed to make an appointment with the dental provider of their choice. This completed

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[Signature] 7/12/10 *[Signature]*

form should be returned to the program by the parent or the Family Service Worker/Social Educator/Home Visitor if appointments have been missed. These Head Start/Early Head Start staff members can provide transportation and other needed assistance in order to increase compliance.

Beth E. Rawls

Beth E. Rawls, Director
Pre-kindergarten Services

Date

David R. Johnson

David R. Johnson, MD, MS, MHA, Director
Pasco County Health Department

Date

5-19-2010

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REFERRAL FORM

CLIENT AND FAMILY INFORMATION

Please Type or Print Legibly

Client's Name	Date of Birth (mm/dd/yy)	Social Security Number	Medicaid Number
Parent/Guardian Name			
Telephone Number	Mailing Address		

Referred To:
Address:

From (name of person making referral):	Title:	Telephone Number:
Agency:		
Address:		

Reason for Referral/Notes to Referral Agency:	
<p>LIST SERVICES AUTHORIZED</p> <p>Rate Authorized:</p> <p><input type="checkbox"/> Applicable Medicaid Rate <input type="checkbox"/> Up to _____ Dollars</p> <p><input type="checkbox"/> Per Contract <input type="checkbox"/> No Payment Authorized</p> <p>If on Medipass or HMO, indicate authorization number</p> <p>Medipass/HMO #: _____</p> <p>Expiration Date: _____</p>	
<p>Response to Referral Originator:</p>	
Referring Person's Signature	Date
Respondent's Signature	Date

DH 5055, Apr 08
 (Obsoletes previous edition, which may not be used.)
 Stock Number: 5744-000-5055-07

Distribution of Copies
 WHITE & YELLOW - To Referral Source
 PINK - Retained by Referring Agency

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Kathy 7/12/10

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AUTHORIZATION TO DISCLOSE CONFIDENTIAL INFORMATION

INFORMATION MAY BE DISCLOSED BY:

Person/Facility: _____ Phone #: _____

Address: _____ Fax #: _____

INFORMATION MAY BE DISCLOSED TO:

Person/Facility: _____ Phone #: _____

Address: _____ Fax #: _____

INFORMATION TO BE DISCLOSED: (Initial Selection)

- | | |
|--|---|
| <input type="checkbox"/> General Medical Record(s) | <input type="checkbox"/> Immunizations |
| <input type="checkbox"/> History and Physical Results | <input type="checkbox"/> Prenatal Records |
| <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Consultations |
| <input type="checkbox"/> Diagnostic Test Reports (Specify Type of test(s)) _____ | |
| <input type="checkbox"/> Other: (specify) _____ | |

I specifically authorize release of information relating to: (initial selection)

STD HIV/AIDS TB Drug/Alcohol Mental Health WIC Eligibility Early Intervention

PURPOSE OF DISCLOSURE:

Continuity of Care Personal Use Other (specify) _____

EXPIRATION DATE: This authorization will expire (insert date or event) _____, I understand that if I fail to specify an expiration date or event, this authorization will expire twelve (12) months from the date on which it was signed.

REDISCLASURE: I understand that once the above information is disclosed, it may be redisclosed by the recipient and the information may not be protected by federal privacy laws or regulations.

CONDITIONING: I understand that completing this authorization form is voluntary. I realize that treatment will not be denied if I refuse to sign this form.

REVOCATION: I understand that I have the right to revoke this authorization any time. If I revoke this authorization, I understand that I must do so in writing and that I must present my revocation to the medical record department. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company, Medicaid and Medicare.

Client/Representative Signature

Date

Printed Name

Representative's Relationship to Client

Witness (optional)

Date

Client Name: _____

ID#: _____

DOB: _____

Original: To File Copy: To Client Copy: To Accompany Disclosure

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Kathy 7/12/10

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Heather Fiorentino, Superintendent

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Department of Prekindergarten Services Central 813-794-2730 West 727-774-2730 East 352-524-2730

2010-2011 HEAD START PROGRAM ACCEPTANCE/ORIENTATION NOTIFICATION

Dear Parent/Guardian:

Your child has been accepted into the Pasco County Head Start Program. We hope you share in our excitement as we look forward to working with you and your family. In order for your child to begin school, you and your child must attend Orientation which will be scheduled by your Family Services Worker or Social Educator. **It will be necessary for you to bring all of the required documents indicated below in order to officially register your child into the program.**

1. Certificate of Immunization (Blue DH Form #680) **Immunization must be complete or up-to-date and must contain a health professional's signature**
2. Child Health Check-Up (Goldenrod DH Form #3040, or physician-signed form)
3. Child Health Information (Enclosed in red folder)
4. School Registration Packet (Enclosed in red folder)
5. Hemoglobin Result (Form enclosed, or you may use the provider's form)
Hemoglobin must be dated within 6 months prior to entering Early Head Start.
6. Lead blood test results (Form enclosed, or health provider form, or physical form)
7. Dental Exam (Form enclosed, dated within 1 year)
8. **ALL OTHER ENCLOSED FORMS NEED TO BE COMPLETED AND BROUGHT TO Orientation**

The purpose of Orientation is for you and your child to learn more about the Pre-K experience. Please try to refrain from bringing other children. Orientation may last about 2 hours and will include:

- Meeting your child's teacher
- Learning about the Head Start Program
- Completing and turning in required program paperwork
- Participating in Bus Transportation training
- Having your child measured for a bus safety vest (If applicable)

Family Label

Your child's teacher will be scheduling a home visit with your family during the first month of school. This is a requirement of your family's participation in Head Start. The purpose of the home visit is to learn more about your child's development and interests in a relaxed environment. During this home visit you will also be setting some family goals.

Families requesting Head Start enrollment in a school outside of their designated school zone CANNOT be guaranteed enrollment in the same school for kindergarten.

Please carry this letter with you to medical and dental appointments; it is your identification as an enrolled Head Start Family. **If your address or telephone number changes, or if you do not intend to have your child attend this program, please notify Prekindergarten Services immediately!**

We look forward to seeing you soon!

Rev AR 8/09 FCP 112

CONTRACT REVIEWED
AND APPROVED:
[Signature] 7/12/10 *[Signature]*



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Department of Prekindergarten Services
813/ 794-2730 Fax: 813/ 794-2736
727/ 774-2730
352/ 524-2730

2010-2011 Head Start Program Orientation Notification

Congratulations on your child being accepted into the Pasco County Head Start Program. In order for your child to begin school, you and your child must attend Orientation at the school as follows:

School Label

Child's Label

The purpose of Orientation is for you and your child to learn more about the Pre-K experience. Please try to refrain from bringing other children. **Orientation may last about 2 hours and will include:**

- Meeting your child's teacher
- Learning about the Head Start Program
- Completing and turning in required program paperwork
- Participating in Bus Transportation training
- Having your child measured for a bus safety vest (If applicable)
- Possibly having your child's speech and hearing checked

Your child's teacher will be scheduling a home visit with your family during the first month of school. This is a requirement of your family's participation in Head Start. The purpose of the home visit is to learn more about your child's development and interests in a relaxed environment. During this home visit you will also be setting some family goals.

Families requesting Head Start enrollment in a school outside of their designated school zone CANNOT be guaranteed enrollment in the same school for kindergarten.

Please carry this letter with you to medical and dental appointments; it is your identification as an enrolled family. **If your address or telephone number changes, or if you do not intend to have your child attend this program, please notify Prekindergarten Services immediately!**

See additional information on the back of this letter if you are interested in transportation. Transportation is provided by the District School Board of Pasco County if you live within the boundaries of the school that was selected for your child.

We look forward to seeing you and your child at Orientation.

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Department of Prekindergarten Services Central 813-794-2730 West 727-774-2730 East 352-524-2730

2010-2011 HEAD START PROGRAM ACCEPTANCE/REGISTRATION NOTIFICATION

Dear Parent/Guardian:

Your child has been accepted into the Pasco County Head Start Program. We hope you share in our excitement for the upcoming school year as we look forward to working with you and your family. **The first day of school for Head Start children is August 24, 2009. It will be necessary for you to bring all of the required documents indicated below in order to officially register your child into the program.** Refer to the red folder for instructions and additional forms that need to be completed. Please plan to come to the following location on June 16, 2009 between the hours of 9:00 am to 5:00 pm:

**Alice Hall (In front of Zephyr Park)
38116 5th Avenue
Zephyrhills, FL 33542
(East on 54 from Wesley Chapel or North on 301 then west on 54)**

Prekindergarten Services staff will be available at these locations to assist you with the registration process. **You must bring the following required documents in order to register your child.** (Make Health Appointments NOW!):

1. **Certificate of Immunization (Blue DH Form #680) Immunization must be complete or up-to-date and must contain a health professional's signature**
2. **Child Health Check-Up (Goldenrod DH Form #3040, or physician-signed form)**
3. **Child Health Information (Enclosed)**
4. **School Registration Packet (Enclosed)**
5. **ALL OTHER ENCLOSED FORMS NEED TO BE COMPLETED AND BROUGHT TO REGISTRATION ON JUNE 16**

The following three requirements are also required for program participation and may be submitted on June 16, 2009 or prior to school beginning:

1. **Hemoglobin Result (Form enclosed, or you may use the provider's form) Hemoglobin must be dated within 6 months prior to entering Early Head Start.**
2. **Lead blood test results (Form enclosed, or health provider form, or physical form)**
3. **Dental Exam (Form enclosed, dated within 1 year)**

Please carry this letter with you to medical and dental appointments; it is your identification as an enrolled Head Start Family. If your address or telephone number changes, or if you do not intend to have your child attend this program, please notify Prekindergarten Services immediately!

We look forward to seeing you soon!

Rev. AR 5709 FCP 112

Family Label

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Wds 7/12/10 *ck*



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Heather Fiorentino, Superintendent

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Department of Prekindergarten Services Central 813-794-2730 West 727-774-2730 East 352-524-2730

2010-2011 EARLY HEAD START HOME BASED PROGRAM ACCEPTANCE/REGISTRATION NOTIFICATION

Dear Parent/Guardian:

Your child has been accepted into the Pasco County Early Head Start Home Based Program. We hope you share in our excitement for the upcoming school year as we look forward to working with you and your family. A Home Visitor from the Early Head Start program will be contacting you to discuss your child's acceptance into the program. An Orientation meeting will be scheduled in conjunction with a Socialization meeting. This information will come from your assigned Home Visitor later in the summer. **You will need to have the following items for your child at the time of the Orientation** (Make Health Appointments NOW!):

1. **Certificate of Immunization (Blue DH Form #680) Immunization must be complete or up-to-date and must contain a health professional's signature**
2. **Child Health Check-Up (Goldenrod DH Form #3040, or physician-signed form) (Follow the recommended schedule based on age of the child)**
3. **Birth Certificate or other approved proof of birth (Parent provides)**
4. **Child Health Information (Enclosed)**
5. **School Registration Packet (Enclosed)**
6. **ALL OTHER ENCLOSED FORMS NEED TO BE COMPLETED BY THE WEEK OF JULY 13TH**

Please refer to red folder for instructions and additional forms to be completed. The following three requirements are also for program participation:

1. **Hemoglobin Result (Form enclosed, or you may use the provider's form) Hemoglobin must be dated within 6 months prior to entering Early Head Start.**
2. **Lead blood test results (Form enclosed, or health provider form, or physical form)**
3. **Dental Exam (Form enclosed, dated within 1 year)**

Please carry this letter with you to medical and dental appointments; it is your identification as an enrolled Early Head Start Family. If your address or telephone number changes, or if you do not intend to have your child attend this program, please notify Prekindergarten Services immediately!

We look forward to seeing you soon!

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727/774-2730
352/524-2730

2010-2011 Early Head Start Center Based Program

Orientation Notification

Congratulations on your child being accepted into the Pasco County Early Head Start Program. The first day of school for Early Head Start children is **August 24, 2009**. **In order for your child to begin school, you and your child must attend Orientation at the school as follows:**

School Label

Child's Label

The purpose of Orientation is for you and your child to learn more about the Early Head Start experience. Please try to refrain from bringing other children if possible. **Orientation may last about 2 hours and will include:**

Meeting your child's Caregiver/Home Visitor
Learning about the Early Head Start Program
Completing and turning in required program paperwork
Participating in Bus Transportation training

Your child's teacher will be scheduling a home visit with your family during the first month of school. This is a requirement of your family's participation in Head Start. The purpose of the home visit is to learn more about your child's development and interests in a relaxed environment. During this home visit you will also be setting some family goals.

Please carry this letter with you to medical and dental appointments; it is your identification as an enrolled family. **If your address or telephone number changes, or if you do not intend to have your child attend this program, please notify Prekindergarten Services immediately!**

We look forward to seeing you and your child at Orientation.