

To: All Staff
From: Human Resources
RE: Employment Opportunities

NORTHCOAST CHILDREN'S SERVICES JOB OPENINGS:

BILINGUAL HOME VISITOR, Eureka (EHS)

Provide weekly home visits and facilitates parent & child play groups. Requires AA/AS degree in Early Childhood Education, Psychology, Social Work or a related field OR 24 Head Start related units.

Bilingual required. F/T 40 hrs./wk \$20.53-\$21.54/hr Open Until Filled.

HOME VISITOR, Eureka (HS)

Provide weekly home visits and facilitates parent & child play groups. Requires AA/AS degree in Early Childhood Education, Psychology, Social Work or a related field OR 24 Head Start related units.

Bilingual required. F/T 40 hrs./wk \$20.28-\$21.29/hr Open Until Filled.

ASSISTANT TEACHERS, (Various Locations) Eureka, Crescenty City

Assist center staff in the day-to-day operation of the classroom for a preschool program. 6-12 ECE units preferred or enrolled in ECE classes and have 6 months' experience working with children.

P/T 25-28 hrs./wk. \$16.99-\$18.73/hr. Open until Filled

Special Aide, NCSITC (Partnership)

Provide support & supervision to one child following an individualized plan to accommodate the child's special needs and/or behavior issues. Requires experience working with young children. 6-12 ECE units preferred.

P/T 28 hrs./wk. 16.99-\$18.73/hr Open Until Filled

ASSOCIATE TEACHER, Willow Creek (Head Start)

Assists teacher in the implementation and supervision of activities for preschool children. Requires a minimum of 12 ECE units—including core classes—and at least one-year experience working with young children. **F/T 32 hrs./wk.**

\$19.19-\$20.15hr. Open Until Filled

(Temporary) CENTER DIRECTOR, Willow Creek (HS)

Responsibilities include the overall management of a Head Start center base program. Must meet Teacher Level on Child Development Permit Matrix, plus 3 units in Administration (BA/BS Degree in Child Development or a related field preferred). Requires a minimum of 2 yrs. exp. working with preschool children in a group setting.

emporary F/T 40 hr./wk. (M-Fri); \$22.47-\$24.77/hr. Open Until Filled

TEACHER, Jefferson, McKinleyville (EHS)

Responsible for development & implementation of classroom activities—providing support and supervision for a toddler program. Must have 12 core in ECE/CD (with 3 units in Infant/Toddler Development or Curriculum), and meet Associate Teacher Level on the Child Development Permit Matrix **P/T position: 28 hrs./wk. \$19.73-\$21.76/hr. Open Until Filled.**

TEACHER, Fortuna 1 (Ptnr)

Responsible for development & implementation of classroom activities—providing support and supervision for a toddler program. Must have 12 core in ECE/CD (with 3 units in Infant/Toddler Development or Curriculum), and meet Associate Teacher Level on the Child Development Permit Matrix **F/T position: 40 hrs./wk. \$19.73-\$21.76/hr. Open Until Filled.**

TEAM TEACHER, Alice Birney 1 (Partnership)

Responsible for the development & implementation of classroom activities for preschool children. Must have 12 core units in ECE/CD , meet Associate Teacher level on Child Development Permit Matrix or higher.

F/T M-Fri\$ 20.00-\$21.00/hr. Open Until Filled.

HOUSEKEEPER, Arcata, Worthington (Head Start, Stte)

Perform duties required to keep site clean, sanitized & orderly. Must have experience & knowledge of basic tools & methods utilized in custodial work and have the ability to learn and follow health & safety requirements.

P/T 5-6 hrs/wk. \$16.99/hr. Open Until Filled

HUMBOLDT BRIDGES TO SUCCESS AND
THE HUMBOLDT COUNTY OFFICE OF
EDUCATION PRESENT

FREE

ACT Parent Program

FOR FAMILIES WITH CHILDREN AGES 0-8 YEARS

Starts September 19, 2023

Additional Tuesdays, 5:30-7:30pm:

Sept. 26

Oct. 3, 10, 17, 24

Nov. 14, 28

Dec. 5

Location: Humboldt County Office of Education
901 Myrtle Avenue, Eureka

*Dinner
Included and
Childcare
Provided
for Children
Ages 0-8*

In this Training Series you will:

- Learn about your child's development.
- Increase positive parenting skills and practices.
- Be supported in creating a nurturing, safe, and healthy environment for your family.



For more information and to register contact Ev at (707) 633-3065

Made possible with a generous grant from the First 5/DHHS ACEs Collaborative



My Teachers Want to Know

We are glad to be open and welcoming you and your child back to our program! As we return, our teachers want to make the transition as smooth as possible. The pandemic has impacted every family in different ways. We want to make sure we are responsive to your child's needs and help you and your child feel supported. To the extent that you feel comfortable, we ask if you would please share any information that would be beneficial for your child's teacher to know. We have provided a few questions below that will help us get a better idea of how things are going and how to support your child. Please feel free to answer only those questions you feel comfortable with.

1. Have there been any changes to your child's environment at home that might impact their transition back to school that you want us to know about? (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Moved to new location | <input type="checkbox"/> Change in who is regularly living in the home |
| <input type="checkbox"/> Family member(s) now working from home | <input type="checkbox"/> Change in caregiver (e.g., grandparent with your child during the day, sitter was with child while school was closed) |
| <input type="checkbox"/> Change in schedule or routines (e.g., working hours of family member changed so child had to be up earlier) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Family impacted by illness/death | _____ |

2. During the "stay at home" time away from school, my child... (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> missed seeing friends at school. | <input type="checkbox"/> was more anxious and nervous. |
| <input type="checkbox"/> enjoyed having more family time. | <input type="checkbox"/> was frustrated easily or had more meltdowns. |
| <input type="checkbox"/> had a difficult time with not being able to go places we usually go. | <input type="checkbox"/> was clingy and did not want to leave family members. |
| <input type="checkbox"/> was okay with changes in our routines. | <input type="checkbox"/> had a change in sleeping patterns. |
| <input type="checkbox"/> was worried about someone who was ill. | <input type="checkbox"/> had a change in eating patterns. |
| <input type="checkbox"/> seemed sad or withdrawn. | <input type="checkbox"/> Other: _____ |
| | _____ |

3. We want to effectively support your child at school. What strategies work best when your child experiences challenges or difficulties? (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Engaging in a calming activity. Please specify: _____ | <input type="checkbox"/> Talking with them about their feelings |
| <input type="checkbox"/> Receiving a hug | <input type="checkbox"/> Playing a favorite game or a favorite toy. Please specify: _____ |
| <input type="checkbox"/> Going for a walk | <input type="checkbox"/> Using visual supports (e.g., visual schedule, visual choices) |
| <input type="checkbox"/> Reading a book with an adult | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Giving them time to calm down | _____ |

4. How can we help you support your child at home? Do you need resources or support to help your child at home with any of the following? (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Morning routine | <input type="checkbox"/> Following directions | <input type="checkbox"/> Transitioning out of school |
| <input type="checkbox"/> Grooming routine | <input type="checkbox"/> Playing alone | <input type="checkbox"/> Trips within the community |
| <input type="checkbox"/> Meal-times | <input type="checkbox"/> Playing with others | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Riding in the car | <input type="checkbox"/> Handling frustration or anger | _____ |
| <input type="checkbox"/> Naptime | <input type="checkbox"/> When a visitor comes to the house | _____ |
| <input type="checkbox"/> Bedtime | <input type="checkbox"/> Transitioning to school | |

5. We want to be in touch with you and make sure you can share information with us. What is the best way for us to have communication with each other? (select all that work best for you):

- | | |
|--|---|
| <input type="checkbox"/> Email (best email) _____ | <input type="checkbox"/> Notes from home to school/school to home |
| <input type="checkbox"/> Phone calls (best number) _____ | <input type="checkbox"/> School App |
| <input type="checkbox"/> Texts (best number) _____ | |

6. If needed, please feel free to share any other information that would be helpful for your child's teacher to know about your child's time at home:

Mis maestros quieren saber

¡Estamos encantados de reabrir y poder darle la bienvenida a usted y a su hijo/a a nuestro programa! A medida que volvemos, nuestros profesores quieren hacer la transición lo más fluida posible. La pandemia ha impactado a cada familia de diferentes maneras. Queremos asegurarnos de responder a las necesidades de su hijo/a y de ayudarles a usted y a su hijo/a a sentirse apoyados. En la medida en que se sienta cómodo, le pedimos si por favor podría compartir cualquier información que al maestro de su hijo/a le beneficiaría saber. Le ofrecemos algunas preguntas a continuación que nos ayudarán a tener una mejor idea de cómo van las cosas y cómo apoyar a su hijo/a. Por favor, siéntase libre de responder solo a las preguntas con las que se sienta cómodo.

1. ¿Ha habido algún cambio en el entorno de su hijo/a en casa que pueda afectar su transición de regreso a la escuela que usted quiera que sepamos? (marque todas las que correspondan):

- | | |
|---|--|
| <input type="checkbox"/> Se mudó a una nueva ubicación | <input type="checkbox"/> Cambio en quién vive regularmente en el hogar |
| <input type="checkbox"/> Los miembros de la familia ahora trabajan desde casa | <input type="checkbox"/> Cambio en el cuidador (p. ej., abuelo con su hijo/a durante el día, niñera cuidando al niño mientras la escuela estaba cerrada) |
| <input type="checkbox"/> Cambio en el horario o las rutinas (p. ej., cambios en las horas de trabajo de los miembros de la familia, por lo que el niño debe levantarse antes) | <input type="checkbox"/> Otro: _____ |
| <input type="checkbox"/> Familia afectada por enfermedad/muerte | _____ |

2. Durante el tiempo de “quedarse en casa” sin ir a la escuela, mi hijo/a... (marque todas las que correspondan):

- | | |
|---|--|
| <input type="checkbox"/> extrañaba verse con amigos de la escuela. | <input type="checkbox"/> se frustraba fácilmente o tenía más crisis. |
| <input type="checkbox"/> disfrutaba de tener más tiempo en familia. | <input type="checkbox"/> era apegado y no quería alejarse de los miembros de la familia. |
| <input type="checkbox"/> pasaba mal por no poder ir a lugares a los que solemos ir. | <input type="checkbox"/> tuvo un cambio en los patrones de sueño. |
| <input type="checkbox"/> estaba bien con los cambios en nuestras rutinas. | <input type="checkbox"/> tuvo un cambio en los patrones de alimentación. |
| <input type="checkbox"/> estaba preocupado por alguien que estaba enfermo. | <input type="checkbox"/> Otro: _____ |
| <input type="checkbox"/> parecía triste o retraído. | _____ |
| <input type="checkbox"/> estaba más ansioso y nervioso. | _____ |

3. Queremos apoyar eficazmente a su hijo/a en la escuela. ¿Qué estrategias funcionan mejor cuando su hijo/a experimenta desafíos o dificultades? (marque todas las que correspondan):

- | | |
|--|---|
| <input type="checkbox"/> Participar en una actividad calmante. Por favor, especifique: _____ | <input type="checkbox"/> Jugar un juego favorito o con un juguete favorito. Por favor, especifique: _____ |
| <input type="checkbox"/> Recibir un abrazo | <input type="checkbox"/> Usar apoyos visuales (p. ej., calendario visual, opciones visuales) |
| <input type="checkbox"/> Ir a dar un paseo | <input type="checkbox"/> Otro: _____ |
| <input type="checkbox"/> Leer un libro con un adulto | _____ |
| <input type="checkbox"/> Darle tiempo para calmarse | _____ |
| <input type="checkbox"/> Hablar con él/ella sobre sus sentimientos | _____ |

4. ¿Cómo podemos ayudarle a apoyar a su hijo/a en casa? ¿Necesita recursos o apoyo para ayudar a su hijo/a en casa con cualquiera de los siguientes? (marque todas las que correspondan):

- | | | |
|---|--|---|
| <input type="checkbox"/> Rutina matutina | <input type="checkbox"/> Seguir instrucciones | <input type="checkbox"/> Transición fuera de la escuela |
| <input type="checkbox"/> Rutina de aseo | <input type="checkbox"/> Jugar solo/a | <input type="checkbox"/> Viajes dentro de la comunidad |
| <input type="checkbox"/> Horario de las comidas | <input type="checkbox"/> Jugar con otros | <input type="checkbox"/> Otro: _____ |
| <input type="checkbox"/> Andar en el automóvil | <input type="checkbox"/> Manejar la frustración o la ira | _____ |
| <input type="checkbox"/> Hora de la siesta | <input type="checkbox"/> Cuando un visitante viene a la casa | _____ |
| <input type="checkbox"/> Hora de acostarse | <input type="checkbox"/> Transición a la escuela | _____ |

5. Queremos estar en contacto con usted y asegurarnos de que pueda compartir información con nosotros. ¿Cuál es la mejor manera de comunicarnos entre nosotros? (seleccione todo lo que mejor funcione para usted):

- | | |
|--|---|
| <input type="checkbox"/> Correo electrónico (correo electrónico preferido) _____ | <input type="checkbox"/> Notas de casa a escuela/escuela a casa |
| <input type="checkbox"/> Llamadas telefónicas (número preferido) _____ | <input type="checkbox"/> Aplicación de la escuela |
| <input type="checkbox"/> Mensajes de texto (número preferido) _____ | |

6. Si es necesario, no dude en compartir cualquier otra información de utilidad para que el maestro de su hijo/a sepa acerca del tiempo de su hijo/a en casa:

PAINT THE STREET!

TWO STREET MURAL RE-FRESHES IN THE CREAMERY

Painters of all ages and experience levels welcome. If you're interested in painting with Playhouse folks, we plan to block off the street, play music, share stories and push paint!

Mon. Sep. 4th
8th and L
7 AM - 4 PM

Sun. Sep. 10th
9th and L
7 AM - 4 PM



Big thanks to Ace in Arcata for the paint!!

Del Norte Covid-19 Testing

Get Vaccinated!

COVID-19 vaccines are one of the most important tools to end the COVID-19 pandemic. A safe, effective, no-cost vaccine is available to everyone in Del Norte County. Getting vaccinated can help prevent you from getting seriously ill from the virus and protect those around you as well.

Vaccine Locations

Del Norte Public Health

1st and 3rd Tuesday of every month
9:00 am - 11:30 am and 1:30 pm - 3:30 pm.

[Appointments Required](#)

Local Pharmacies Offering Vaccines

CVS Pharmacy (Moderna) Walk-in subject to availability.

<https://www.cvs.com/immunizations/covid-19-vaccine>

Rite Aid Pharmacy (Moderna) Via Appointment

<https://www.riteaid.com/covid-19>

Safeway Pharmacy (Moderna) Via Appointment on Wednesdays only

<https://www.safeway.com/vaccinations/home>

Walgreens Pharmacy (Pfizer, Moderna, Janssen) Walk-ins subject to availability.

<https://www.walgreens.com/findcare/vaccination/covid-19/location-screening>

1-800-WALGREENS (1-800-925-4733)

Walmart Pharmacy (Moderna) Walk-ins during pharmacy hours.

<https://www.walmart.com/cp/immunizations-flu-shots/1228302>

Talk to your Primary Health Provider.

Many healthcare offices offer Covid-19 vaccinations. Talk to your Doctor.

Get Tested.

We recommend getting tested as soon as possible if you are experiencing COVID-19 symptoms, even if you are vaccinated.

You should also get tested if:

- You have been in close contact with someone who has COVID-19
- You have taken part in activities that put you at higher risk for COVID-19, such as travel, attending large gatherings, or being in crowded indoor settings
- Your employer requires routine screening

Free Rapid Tests

A limited amount of free rapid tests are available through Public Health. Please call to check availability at 707-464-0861.

They can be picked up at:

400 L Street
Crescent City, CA 95531

Humboldt Covid-19 Testing

Testing

Californians in need of COVID-19 testing can purchase over the counter (OTC) tests at local stores or pharmacies or order through their health insurers or the federal government at special.usps.com/testkits.

Individuals who use OTC tests and do not have a health care provider may access test-to-treat services by contacting Sesame Telehealth at sesamecare.com/covidca or by calling 1-833-686-5051.

COVID-19 Vaccine Resource List

1. Vaccine Info

Get vaccinated—it's safe, effective, and free

Appointments are available for all residents age 5 and up through the state's My Turn system. Schedule an appointment at myturn.ca.gov or call 1-833-422-4255.

For step-by-step directions on scheduling a vaccination appointment, click [here for English](#) and [here for Spanish](#).

If you have questions or need assistance navigating this process, call Public Health at 1-707-445-6201.

Many local pharmacies are offering COVID-19 vaccine in partnership with the county and federal government. Most pharmacies allow walk-ins, but please call ahead to confirm. Go to vaccines.gov or text your ZIP code to 438829 to check availability at participating pharmacies, or click on the individual links below.



Additional Doses

Additional doses of the mRNA COVID-19 vaccines are available for those who are immunocompromised 28 days after they complete the initial series. An additional dose of the Pfizer or Moderna vaccine is recommended for immunocompromised individuals to achieve maximum protection from the vaccine series. People are encouraged to talk to their health care provider about whether an additional dose is appropriate for them. For more information about additional doses of COVID-19 vaccine, go to cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html.

Boosters

Residents who completed a two-dose series of the Pfizer-BioNTech or Moderna COVID-19 vaccine at least 5 months ago are encouraged to get a booster dose.

Residents who received the Johnson & Johnson COVID-19 vaccine at least two months ago are encouraged to get a booster dose.

Residents may choose to receive any authorized or approved vaccine as their booster dose.

For more information about COVID-19 vaccine boosters, go to cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html.

Del Norte

**Community
Transmission Level**

**Transmisión
Comunitaria**

Low

Masking is
Strongly Recommended

Baja

Se Recomienda
Mascarilla



Humboldt

**Community
Transmission Level**

**Transmisión
Comunitaria**



Low

Masking is
Strongly Recommended



Baja

Se Recomienda
Mascarilla

