

Early Head Start Learning Centers



Parent Handbook 2022-2023



NMCAA Program Philosophy

We believe that children need strong families in order to develop into mature adults who are productive members of society. Our goal is to nurture families. We will seek whatever support is available and advocate for what is needed to enable the children in each family to be successful in school and beyond.

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Child & Family Development

Early Head Start and Head Start promotes children's development through services that support early learning, health, safety, and family well-being.

Confidentiality

NMCAA early childhood programs value and respect the privacy of all families, children, caregivers, and staff. Education staff will only discuss information about your child with you. You may at times feel that you need to discuss personal affairs with your child's Teacher/Primary Caregiver. Teacher/Primary Caregivers will not share private information unless we have your written permission. Families will also respect the rights of others when visiting the center and attending program activities. Please refrain from discussing any child-to-child conversations, behaviors, or staff and family information outside the classroom.

Licensing Notebook

The center maintains a licensing notebook of licensing inspection reports, special investigation reports and related corrective action plans for the last 5 calendar years. The notebook will be available for your review during regular business hours. The Licensing Rules for Child Care Centers can be viewed at www.michigan.gov/documents/lara/BCAL_PUB_8_3_16_523999_7.pdf.

Personally Identifiable Information

NMCAA Early Childhood Programs will inform parents of their rights regarding the disclosure of Personally Identifiable Information (PII) from child records. The Annual Notice of Personally Identifiable Information can be found on our website: www.nmcaa.net.

A hard copy of the document will be provided upon your request.

WELCOME! From Our Family to Yours

Dear Families,

Welcome to the Northwest Michigan Community Action Agency (NMCAA) family!

Maybe you are an expectant parent; or maybe you are enrolling in one of our programs with an infant, toddler, or preschooler. In any case, we are honored that you have chosen us to join you in providing a great start to your child's learning experience.

It is our goal to create environments that are safe, secure, and foster a sense of belonging for all who enter. In order to do so, we encourage you to share about your family's culture and values, as well as your thoughts, wonders, and hopes for your little one. Together we can work to ensure our program is ready to best meet your child's individual needs.

Family engagement is a cornerstone of all that we do. It is participation on a number of levels, from families like you, that helps to make our programs supportive and relevant. Engagement as a parent comes in many forms. No matter your schedule, or amount of time available, we encourage you to ask your teacher or home visitor about ways you can become more involved.

As a program that cares about the entire family, we look forward to partnering with you on your parenting journey. Please feel free to contact us if you have any concerns, ideas, or questions along the way.

Sincerely,

*Shannon Phelps (mother of Klayton and George)
Early Childhood Programs Director*

AND

*Kat Byers (mother of Gregory, Kyrle, Victor, and Vincent)
Parent Policy Council Chairperson*

231-947-3780 or 800-632-7334

www.nmcaa.net

Program Options with NMCAA

All program options are designed to include children of all abilities.

Birth to Three Year Old Program Options

Early Head Start Learning Centers

- 6 hours per day, Monday through Friday, 46 weeks per year
- Families receive 2 parent-teacher conferences and 2 school readiness home visits
- Family Engagement Opportunities

Early Head Start Home Based

- Weekly Home Visits
- Year Round
- Playgroup Opportunities
- Serving Expectant Mothers

Three & Four Year Old Program Options

All families have the opportunity to participate in Family Engagement Events and will receive 2 parent-teacher conferences and 2 school readiness home visits with the program options in the sections below.

Head Start Single Session (HS)

- 4 hours per day, 4 days per week
- September to June
- Transportation options for your child may be available

Head Start Extended Day (HS)

- 7 hours per day, 4 days per week
- September to June
- Transportation options for your child may be available

Great Start Readiness Program (GSRP) Only 4 Years Old by September 1st

- 7 hours per day, 4 days per week
- September to May
- Transportation options for your child may be available

Child Care Partners (aka Collaborative Centers)

- Full day, year-round program
- Infant, Toddler, and Preschool classrooms
- Head Start provided by child care providers at the child care center.

Help Us Fill Our Classrooms - Spread the Word!

We need your help! As an enrolled family, you can help us spread the word about all our 0-5 child development opportunities. Please share information regarding our program options with other families and encourage them to complete an online pre-application at www.nmcaa.net or call us for an appointment with a recruitment specialist. Your efforts in sharing the benefits of these programs with others will help our program and impact the life of a child.

We are always taking applications! Use QR Code to start the application today!



Benzie, Grand Traverse, and Leelanau 231-947-3780 or 800-632-7334	Missaukee, Roscommon, and Wexford 231-775-9781 or 800-443-2297	Antrim, Charlevoix, Emmet, and Kalkaska 231-347-9070 or 800-443-5518
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NMCAA Early Childhood Programs Complaint Procedure

NMCAA Child Development Programs give program participants and the general community an opportunity to voice concerns about program services and delivery systems.

Unresolved complaints regarding NMCAA early childhood programs will be referred to the Early Childhood Programs Director. Every attempt will be made to resolve a complaint immediately. However, if an individual wishes to file a formal complaint, they may complete the NMCAA Complaint Procedure Form (available at each site) and send it to NMCAA, Early Childhood Programs, 3241 Racquet Club Dr., Suite A, Traverse City, MI 49684. NMCAA will contact the individual within 30 days after having received a completed complaint form.

Parent Participation

NMCAA early childhood programs could not exist without tremendous parent involvement and interest in the program. Thank you to all parents who lend their strengths to the program.

In Early Head Start and Head Start, parents are considered their child's first and most teacher and advocate. Parents/guardians also play many important roles within our early childhood programs and are vital to the success and quality of programs. Some ways you can be involved is through becoming a part of a parent committee or by joining Policy Council.

Parent Advisory Committee

Each center has an advisory committee meeting which meets at least two times per year. The committee consists of classroom staff, supervisors, parents, and specialists/stakeholders. The committee reviews local operations, including recruitment/enrollment, classroom observations and child outcome data, and other issues important to parents. The committee allows parents to be part of the decision-making process governing your local center. All parents are encouraged and welcome to attend these meetings.

Intermediate school districts work in collaboration with programs to also provide a data advisory committee and school readiness committee which meet periodically throughout the year. All parents are encouraged and welcome to attend these meetings as well. Each region hosts a Great Start Collaborative Parent Coalition where parents and early childhood professionals gather to discuss important issues impacting children and families.

The parent committee from each center and child care partner site elects a representative to serve on Policy Council.

Policy Council

Policy Council is one of the governing bodies of the Early Head Start and Head Start program and acts as the parents' voice in making decisions and providing input for the program. Policy Council is comprised of both parents/guardians of currently enrolled children and representatives of our community.

Some of the responsibilities of Policy Council include review and approval of all major program policies, grant applications, annual assessments, and financial audits. Policy Council members actively participate in making decisions regarding the operation of the program. A representative is present at most hiring interviews for key personnel; their input is sought and given due consideration.

Elected Policy Council members are reimbursed for child care and mileage from their home to the meeting site. Policy Council meets approximately 10 times per year and may take place remotely or in person. For either of these options, elected Policy council members are eligible to receive reimbursement for child care. When meetings take place in person, round trip mileage from home to the meeting site is also reimbursed. **Talk with your child's teacher or child care provider about how to become involved!**

Health Services Advisory Committee

The purpose of the Health Services Advisory Committee (HSAC) is to participate in planning, operation, and evaluation of program health policy and procedures. This committee also assists the program in meeting its goal of establishing community partnerships and developing collaborative relationships and agreements with community agencies and organizations. This committee meets at least 2 times per year. If you would like to be part of the committee, please let your Teacher/Primary Caregiver know.

The range of functions of the HSAC includes:

- Assisting the program in meeting the Head Start Program Performance Standards and NMCAA Safety and Emergency Preparedness Plan.
- Identifying health and wellness needs of children, families, staff, and communities through the Community Needs Assessment, Family Outcome Tool, intake, family goal process, and reflective practice.
- Brainstorming-identifying health and wellness barriers and finding support to overcome those barriers (physical, mental, and dental)
- Review current policies and procedures regarding health.
- Participating in the program's health implementation process.
- Assisting Head Start to identify health and wellness resources within the community to establish collaborative relationships.
- Guest speakers (families, staff, and professionals) will extend our knowledge in focus areas.
- Acting as child health advocates within the greater community.

Parent Meetings/Family Engagement

Parent meetings/family engagement activities provide opportunities that allow families and staff to work together and learn from one another while developing resilience, protective factors and accomplishing shared goals. During these opportunities, parents engage in the Head Start Parent Family and Community Engagement Outcomes: Family Well-Being, Positive Parent-Child Relationships, Families as Lifelong Educators, Families as Learners, Family Engagement in Transitions, Family Connections to Peers and Community and Families as Advocates and Leaders.

Participating in the Classroom

You may wonder how you can participate in the classroom. This will look different in each classroom as needs are unique to each room. However, there is always something to do and having an extra pair of hands is a great help to the entire classroom. Talk with your Teacher/Primary Caregiver, share your expertise, and find out what might be most helpful.

Some ways to get involved:

Be an observer: Watch, listen and learn what happens at the center during hours of operation. Watch your child learn during play. Become comfortable with the setting and activity schedule.

Focus on your child: Be a play participant. Follow your child's lead; he or she will draw you into play.

Assist the staff: Help with the daily program and routines. The education staff will welcome your assistance and provide you with guidance as to what tasks would be most helpful. As a volunteer, you will never be left alone with children.

Children often become more and more used to sharing their parent while at school. To help them feel secure follow their lead and slowly help them towards exploring their classroom and classmates. In the beginning, it may help to explain to your older toddler/preschooler that while you are at school, you will be a volunteer for all the children.

Benefits of Participating in the Classroom

While there are many benefits to the quality of programming when parents become involved, the benefits go beyond what you can see in the classrooms. Actively participating in your child's program gives you an understanding of what the program is doing for your child and how you can help and shows your child that you care about school. Plus, it provides the education staff with an opportunity to get to know you better. They can learn from you, and you can learn from them!

PLEASE, join us when you can and talk with your child's Teacher/Primary Caregiver about more specific suggestions for what you might do as a volunteer and how to become involved!

Participation at Home

Parents may also request assistance in implementing fun, educational activities in their own home. To reinforce and support the child's school readiness experience, staff members can provide parents with ideas about learning opportunities to continue the program at home. Additionally, Teachers/Primary Caregivers send home monthly calendars that describe fun activities you can do with your child. These activities are based on Creative Curriculum goals that support your child's growth and development.

School Readiness Home Visits and Parent/Teacher Conferences

Home visits and Parent/Teacher Conferences are a valuable part of the Early Head Start experience and each family has the opportunity for this unique way to strengthen the school to home connection with education staff twice a year. These visits are important in building relationships with your child's Teacher/Primary Caregivers and aiding your child's success in school and in life.

What to expect at School Readiness Home Visits:

- To make connections between the home and classroom setting so there are open lines of communication
- Learn more about your child and your hopes and dreams for them
- Share ideas about learning opportunities available in your home
- Tell you more about our curriculum and your child's development

What to expect at Parent/Teacher Conferences:

- A scheduled meeting that takes place in the classroom with your child's Teacher/Primary Caregiver and you to discuss your child's growth and development using the data on the GOLD assessment tool.
- The conferences are typically 45 minutes long and occur in December/January and in May.
- This is a time for you to ask questions about your child's school experience and to set goals for your child's continued growth.

If at some point you need to cancel a home visit or a parent/teacher conference, please call the center to reschedule. Thank you for participating in home visits and parent/teacher conferences!

MyTeachingStrategies Family Mobile App

In addition to School Readiness Home visits and Parent/Teacher Conferences, you can also stay informed about your child's ongoing development and learning through the MyTeachingStrategies mobile app.

Parent/guardians must submit an email address for each adult family member who wishes to access the mobile app. Your Teacher/Primary Caregiver will have an email sent to you so you can set up an account to access your child's assessment information. We look forward to this additional resource for partnering with you in your child's education.

Screenings, Observations and Developmental Assessments

The program individualizes instruction to support each child's strengths, needs, and overall development. Teacher/Primary Caregivers learn about children through screenings, observations, assessments, parent-teacher conferences, individual time with each child, and home visits. The knowledge gained from these experiences is shared with you and is also used for individualizing instruction for children.

Early Head Start uses Ages and Stages Questionnaire (ASQ) for a developmental screening tool. Each child is screened once a year to monitor their development. If concerns are noted, further resources and support can be provided by special education professionals. A referral for this special education service is discussed with parents and a parent signature is required on a consent form for the referral.

Children are assessed three or four times a year using the Teaching Strategies GOLD. This assessment is used to measure child growth and learning. To support social and emotional needs, we may use the Devereux Early Childhood Assessment (E-DECA) or the (E-DECA Clinical), and Diana Henry's Sensory Processing Measure (SPM-2).

Please contact your child's Teacher/Primary Caregiver if you have any questions regarding any of the above screenings and assessments.

Special Needs

Evaluations and Services

At least 10% of the children enrolled in Early Head Start have been diagnosed with a disability. Through the screenings, assessments, and observations, children are sometimes found to need further evaluation with a specialist trained in the area of concern, such as oral language/speech or motor/movement skills. If your child needs an evaluation, you will be informed immediately, and you will be asked to give written permission for further evaluation. We will work together to ensure that your child's needs are met and that you are aware of your rights every step of the way.

Michigan Alliance for Families - Call 1-800-552-4821

Michigan Alliance for Families provides information, support, and education to families of children and young adults with disabilities from birth to age 26. The alliance connects families to resources in their own community. The groups also help facilitate parent involvement as a means of improving services. Individuals with Disabilities Education Act (IDEA). Michigan Alliance can assist you in knowing your rights, effectively communicating your child's needs, and advising how to help your child develop and learn.

Family Partnerships

The Classroom Teaching staff are – Advocates for You

One of the teaching staff's roles in the program is to support families throughout their Early Head Start experience.

The classroom teaching staff in addition to being your child's Teacher/Primary Caregivers, are:

- An advocate
- A parent educator
- A resource

The classroom teaching and family specialist staff offer support and helps families to:

- Locate resources
- Discover strengths
- Set and achieve personal goals
- Obtain the necessary health screenings
- Understand how the program works
- Provide home visits to enrolled families as needed

Family Partnership Process

The family partnership process begins at recruitment. It's now time to celebrate your enrollment in the program. There are multiple ways we partner with families through classroom communications, parent meetings, family engagement events, workshops, home visits and parent teacher conferences. Our program is unique in many ways, including our design to meet the individual needs of families.

Families are asked to complete a required needs assessment called the **Family Needs Assessment**. Information gathered from this helps staff celebrate family strengths and areas of interest for more information and/or community resources and referrals.

Families are also asked to complete the **Family Outcomes Tool** survey twice during the year which helps staff individualize for families and determine areas of interest for more information through newsletters, handouts, links, videos, or workshops. This survey helps us determine if we have helped families grow during the school year.

Both surveys can be helpful when we ask families to consider **Family Goals**. These goals support school readiness skills and positive family outcomes. Families choose their personal family goals and staff support them in the process, including offering resources and/or community referrals. When families feel uncertain about setting a family goal, staff may ask them to consider their responses from both surveys.

Family Center Specialists are assigned to each Early Head Start Learning Center and are advocates for your unique family. We honor all families and their history and make-up. Family Center Specialist help families identify strengths, promote positive and nurturing family relationships, and support families in achieving their desired goals, needs and connections to community resources.

NMCAA Early Childhood Parenting Curriculum: Your Journey Together

"**YJT**" is designed to provide families with knowledge and skills that promote resilience, which supports families in better coping with life's challenges. **YJT** shows parents how to use everyday routines, activities and interactions as resilience-building opportunities, while also promoting the social and emotional well-being for children and families, infancy-preschool, including some resources through age 18. Concepts and parent handouts can be used for: home visits, parent-teacher conferences, individual family needs and parent discussions. **YJT** is a trauma-sensitive program, with the key elements of focusing on empowering parents and promoting a safe, trusting and healing environment.

Cultural Competency Plan

The purpose of the cultural competency plan is to develop a system that can effectively provide services to children and families of all cultures, races, ethnic backgrounds, and religions in a manner that recognizes values, affirms, and respects the worth of the children and families and protects and preserves the dignity of each. NMCAA believes that by addressing the cultural and linguistic needs of our children and families, it will improve access to health care, quality of education and better school readiness outcomes. It is important to value the culture, ethnicity, race and religion in the delivery of services that NMCAA provides to ensure a comprehensive and coordinated plan that includes interventions on levels of policy and procedure making, program administration and evaluation, and most importantly quality programming for all enrolled in the program.

NMCAA has many partnerships that help to ensure the cultural competency plan is executed. The agency works with four Intermediate School Districts in its service area. Each ISD brings a unique support based on their resources and capacity. They provide special education services to ensure all children are receiving education experiences based on their needs.

Early Head Start provides programs with the resources they need to purchase classroom materials and equipment to support the plan. There are activities planned through language experiences, creating food from different cultures, celebrations, books, and dolls so that currently enrolled children and families are reflected in the lesson plan experiences each week. Often the family's culture is represented in the activities

and we encourage parents to visit the classroom to implement the activity ideas they shared.

This information is shared with families through many different mediums: parent handbook, parent meetings, family engagement events, newsletters, visits to the classrooms, informal conversations, home visits, and parent-teacher conferences. NMCAA staff are culturally sensitive in their interactions with children and families. The staff are trained and coached to understand and respect each family and the uniqueness that each of them bring to the program.

Early Head Start Curriculum Statement

The most important goal of our curriculum is to have a guide that is intentional, flexible, and relational in meeting children's basic needs, fostering secure attachments, and promoting other aspects of social-emotional development, and supporting cognition and brain development. ***The Creative Curriculum for Infants, Toddlers and Twos*** leads Teacher/Primary Caregivers and families through all aspects of a developmentally appropriate program to provide excellent care and education for infants, toddlers, and twos. It allows for Teacher/Primary Caregivers to be intentional about the experiences they offer infants, toddlers, and twos while still having the flexibility to respond to the changing interests and abilities of the young children in their care.

While ***The Creative Curriculum for Infants, Toddlers, and Twos*** is 100% based in relational learning, it focuses on the whole child and the responsive environment to address the developing abilities and interests of infants, toddlers, and twos. In this setting, children are observed and then assessed three times a year. We use scientifically researched objectives/dimensions in the areas of social/emotional, physical, language, cognitive, and as children grow and continue to develop we include literacy, math, science, social studies and the arts.

Curriculum Areas

The relationships we develop with children, and the way we organize activities and the classroom will accomplish the goals of our curriculum and give your child a successful start in preschool.

Social/Emotional

- Strong, positive relationships help children develop trust, empathy, compassion, and a sense of right and wrong. We support children, foster their resilience, and their sense of comfort, safety, and confidence with nurturing relationships and being a part of a school family with a structured routine and rules. Social and emotional development is a gradual process of building the capacity to understand, experience, and manage emotions. Children learn to form friendships, communicate emotions, manage challenges, and develop independence, self-confidence, and self-regulation skills throughout early childhood and into preschool, which help them for school and life successes. We also promote the resilience of children's parents and/or caregivers.

Physical

- To increase children's **large muscle** skills (i.e., crawling, walking, running, and jumping) and be ready to develop more refined skills in preschool.
- Use the **small muscles** in their hands to do tasks (i.e., grasping, picking up small objects, and opening and closing simple containers) and be ready to develop more refined skills in preschool.

Cognitive

- To acquire thinking skills such as the ability to solve problems, to ask questions, and to think logically; sorting, classifying, comparing, and counting, and to use materials and imagination to show what they have learned.

Language

- To use words, sounds, and body language to communicate, to listen, and participate in conversations with others, and to increase children's vocabularies.

Literacy

- To foster an excitement about reading books and what they are hearing and learning. For older toddlers to participate during interactive read aloud times, and to be prepared to learn the purpose of print, recognize letters and words when they are in preschool.

Math

- To develop an understanding of mathematics by letting children interact with mathematic materials throughout their routines and experiences, and by introducing simple mathematical vocabulary to describe their actions and experiences.

Science

- To engage children in understanding and making connections with living things, the physical properties of materials, and the earth's environment.

Social Studies

- To teach children to begin to understand themselves within the context of their family and classroom community and how they relate to others.

Arts

- To give children the opportunities to explore art through hands-on sensory experiences and to draw, paint, construct, dramatize, sing, dance and move so that they make new discoveries and integrate what they are learning.

School Readiness Goals

Approaches to Learning

- Children will demonstrate positive approaches to learning by attending and engaging.

Social and Emotional Development

- Children will increasingly regulate their emotions and behaviors in order to participate cooperatively in group situations.

Language and Communication

- Children will use language to express their needs, ask questions, and engage in short conversations in a variety of settings.

Literacy

- Children will demonstrate phonological awareness by noticing and discriminating smaller units of sound.

Cognition

- Children will use play to increase their understanding of symbolic representation as it relates to mathematical concepts such as one to one correspondence and cardinality.

Perceptual, Motor, and Physical Development

- Children will demonstrate safe and healthy behaviors with increasing independence with support from adults.

Dual Language Learners

- Dual Language Learners will show progress in understanding, listening to, and speaking English.

To see NMCAA's School Readiness data visit www.nmcaa.net

School Readiness Begins with Health

Physical Health: Children who access ongoing health care have better attendance and are more engaged in learning. Consistent attendance helps children prepare for school. Routines such as handwashing help children stay healthy and avoid injuries.

Oral Health: Children with healthy teeth are better able to eat, speak, and focus on learning. Daily oral health hygiene and ongoing care from oral health professionals help make sure that children have healthy teeth.

Nutrition: Good nutrition is essential for children's brain development. Children who have access to nutritious food have energy to learn. Providing healthy snacks and meals helps children's bodies grow, giving them what they need to talk, play, and learn together.

Physical Activity and Motor Development: Staying active benefits young children's physical and cognitive development. Activities that get children moving build motor skills that are useful to reading, writing, and math skills.

Sleep and Rest: When children get enough sleep, they can pay attention, remember what they learn, and manage their feelings. When programs schedule times for a nap, rest or quiet activities, children can focus on learning.

Perceptual Development: When children use their senses to explore, it helps them learn about the world around them. A child's ability to see and hear affects their reading, writing, and speech and language skills. Sensory screening helps identify children who may need vision or hearing support.

Mental Health: Beginning at birth, children need positive relationships with the adults who care for them. When children learn to recognize and share their feelings with trusted adults, they feel good about themselves. These relationships help them develop the confidence to learn new skills. Children also learn how to manage their feelings, thoughts, and behavior.

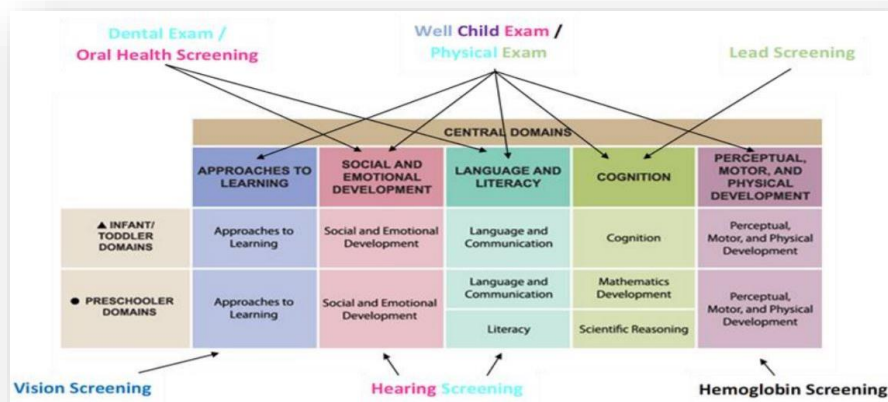
Nurturing and Responsive Relationships: Early relationships shape children's learning and development. Children thrive when adults support their strengths and needs. Responsive adults help children feel safe and valued and learn how to get along well with others.

Self-Regulation: Children who can manage their feelings can learn and play with peers. They are better able to plan, monitor and control their behavior. They can also adjust to changes in schedules and routines.

Prosocial Behavior: Children who get along with adults learn to work together and follow rules. They can also show concern for, and share, take turns and compromise with other children.

Play: When children play, they use their imagination and creativity. They also solve problems and learn to interact with others; skills that help them grow in all developmental areas.

Early Learning Outcome Framework connects to all of your child's Health Screenings



NMCAA Child and Family Development Health Plan

NMCAA is committed to protecting the health of our children, families, staff, and community. The following health plan is designed in response to guidance from the Michigan Department of Licensing and Regulatory Affairs and Health and Human Services along with our Head Start Program Performance Standards, in accordance with best practices from the Center for Disease Control and Prevention, and with everyone's well-being in mind. NMCAA provides high-quality health, oral health, mental health, and nutrition services that are developmentally, culturally, and linguistically appropriate and that will support each child's growth and school readiness. Our program has established and maintains a Health Services Advisory Committee that includes Early Head Start parents, professionals, and other volunteers from the community.

Family Center Specialist (FCS) work with families to be up-to-date on their immunizations and determine a child is up-to-date on a schedule for age appropriate preventive and primary care (Early and Periodic Screening, Diagnosis, and Treatment-EPSTD) within the first 30 days of enrollment in Early Head Start. Additionally, Child and Family Development programs require all children to complete a growth assessment, developmental screening, hearing screening and vision screening within the first 45 days of enrollment. Within the first 90 days, children must complete a blood pressure, lead test, anemia test and dental exam. FCS will communicate with families regarding any children needing follow-up care.

FCS communicate with families regarding the importance of up-to-date medical and oral health requirements and immunizations and how it connects to school readiness. FCS determine if a family has a medical home and dental home, and if they have health insurance coverage. Families that do not have continuous care are given a list of professionals in the area. For families that do not have health insurance coverage, FCS will assist families in applying for Medicaid. Child and Family Development funds can be used to help families pay for health requirements once approved.

FCS track all children's health requirements and immunizations electronically using ChildPlus and the Michigan Care Improvement Registry (MCIR). They are in regular communication with classroom staff and families about any updates or needs a family may have.

To limit the potential spread of COVID-19 and other illnesses, NMCAA Child and Family Development Programs have established procedures for handwashing, handling bodily fluids, cleaning, sanitizing, disinfecting, and controlling infection. This includes robust cleaning and disinfecting procedures and minimizing opportunities for person-to-person exposure. Handwashing and Routine Center Cleaning signs are posted in all classrooms for staff, children, families and volunteers to review.

Attendance

When your child will be absent:

Contact the classroom as soon as you know that your child will be absent. If your child rides the bus, classroom staff will notify the bus personnel. When a child is absent and the family has not contacted the classroom, classroom staff will attempt to make telephone/text contact with the family for the child's safety and well-being.

Build the habit of good attendance:

It is important for children to have regular attendance during EHS programming hours 8:30am to 2:30pm Monday through Friday. Consistency with routines and schedules helps children build confidence and trust in their environment and the people in it. Regular attendance supports school readiness even at a very young age.

What you can do:

- Set regular bedtime and morning routines.
- Keep your child home from school only when your child is truly sick. Complaints of a stomachache or headache may be a sign of anxiety and is not necessarily a reason to stay home. Talk to your child's doctor if you have any concerns.
- Classroom and other center staff, or other parents can help with advice to support your child's comfort at school and separation anxiety.

- Make plans for transportation to school if something comes up. Ask a family member, a neighbor, or other parent for backup.
- If possible, schedule medical appointments and extended trips when school is not in session.

If your child has too many absences--excused or unexcused:

If your child has too many absences, the staff will work together with you to make an attendance success plan. We want to help remove any barriers to regular attendance, if possible. If there is not any improvement in attendance, the Early Childhood Programs Director will determine if your child has ceased to attend, and your child may be placed back on the waitlist.

Admission, Withdrawal, Fees and Exclusion Policy

Admission: Children are enrolled based on a priority list developed by the federal government, staff, and parents. Those not enrolled are placed on a waitlist based on the highest family needs. Classroom vacancies will be filled within 30 days of their occurrence.

Withdrawal: Families are asked to notify classroom staff as soon as possible if they are planning to leave the program so another child can accept that placement.

Fees: Early Head Start does not require a fee/tuition to attend programming.

Exclusion: Children will not be excluded from the program. Education staff and administration will work with families to support children's social emotional success in the classroom. Alternate means of serving a child and family may be considered to maintain the health, well-being, or safety of all children and staff in a classroom.

Quiet Time Routine

Children will be given an opportunity to rest during a designated time every day according to each classroom's daily schedule. While quiet time is required by licensing regulations and Head Start Program Performance Standards the amount of time each child rests will be dependent on their individual needs. To support their developing needs children under 3 years of age shall be provided opportunities to rest regardless of the number of hours in care and children under 18 months of age are permitted to sleep on demand. As your child grows, teachers will follow their lead to support this special time of day. During quiet time, teachers/primary caregivers may help your child with relaxation by patting backs, rocking, dimming lighting, playing relaxing music, etc. For children who do not fall asleep during quiet time, teachers/primary caregivers will offer alternate quiet activities individualized to meet their developing needs and skills. As quiet time comes to an end, staff will begin to slowly open available areas of the classroom, turn up the brightness of lights (to comfort level of the children) and allow sleeping children to wake up on their own.

Toileting Guidance

Children do not have to be toilet trained to be enrolled.

We will support and encourage each child's readiness for independent self-help skills as they develop. When a child is ready, the teacher/primary caregiver will work together with the child's family to ensure toilet learning is consistent both at the center and the child's home.

Typical Daily Schedule

The classroom establishes a daily schedule that allows for:

Welcomes, Hellos, and Goodbyes: Staff will help parents and children say goodbye as we say our hellos and welcomes at the beginning of the day, and then again at the end of the day when children say goodbye to school and hello to their families.

Snack and Mealtimes: Children will be offered breakfast after arriving at the center and lunch at midday. Staff will also provide an afternoon snack after rest time. At all meals and snacks, classroom staff will sit and interact with children as they eat and enjoy breakfast together. Infants will be allowed to eat on demand throughout the day.

Indoor Experiences and Play: Staff will support children as they transition from breakfast to engaging in activities of their choice throughout the classroom. Staff will use this time to observe children's interactions and engagement to extend learning.

Small Group Times: As older toddlers and twos gather to explore, staff will use these naturally occurring small groups as a social learning experience and extend where children's interests are.

Outdoor Experiences and Play: Staff will supervise and interact with children while they explore the outdoors. Staff will introduce materials for the children to use to extend their ability to manipulate natural materials and learn from their outdoor environment.

Sleeping, Rest and Quiet Time: Rest time plans will be individualized to meet the needs of each child. Infants will be allowed to sleep on demand.

Diapering and Toileting: Staff will encourage children to use the bathroom and change diapers as needed. Washing hands after toileting and diaper changes.

NMCAA Early Childhood Guidance Policy

Staff, Collaborative Center Staff, Parents and Volunteers will adhere to the following:

- Encourage positive self-esteem, cooperation, self-control and self-direction.
- Model positive behaviors- be composed, empathetic, helpful, and respectful to all.
- Support social and emotional growth through observation by noticing and acknowledging specific behaviors/actions.
- Redirection is a primary tool for supporting infant and toddler behavior and will be used with all children, ages 0-5, when appropriate.
- Develop positive relationships and teach/model classroom and home visit expectations.
- Protect children/parents/staff/volunteers from harm.
- Practice and model personal space/boundaries and respect for ourselves and others.
- Supervise all children at all times and support parents in supervising their children at all times.

Staff, Collaborative Center Staff, Parents and Volunteers will refrain from the following:

- Carrying, dragging, hitting, shaking, biting, pinching, spanking, or inflicting physical violence.
 - Exception: Infants and non-mobile children may be carried for comfort, safety, and mobility.
- Placing any substances in a child's mouth, including but not limited to, soap, hot sauce, or vinegar.
- Restricting a child's movement by binding, tying, or confining in an enclosed area (closet, locked room, box, cubicle, etc.).
- Mentally/emotionally punishing such as: sarcastic remarks, humiliating, shaming, threatening, degrading, ridiculing, or time-outs.
- Depriving children of: meals/snacks/water, rest, toilet use, outdoor play, daily learning or gross motor activities.
- Using toilet learning/training methods that punish, demean, or humiliate a child.

- Isolated one-on-one interactions, favoritism or gift giving to individual children.
- Establishing a relationship with children outside of program activities or exchanging personal email, phone numbers or private interactions through social media or computer devices.
- Photographing children for purposes other than for program activities or for their family.

Specific Exceptions-Non-severe and developmentally appropriate discipline or restraint may be used when reasonably necessary, based on a child's development, to prevent a child from harming him/herself or to prevent a child from harming other persons or property.

Infants and Toddlers: Biting and other Physical Behaviors

Physical behaviors sometimes occur in early childhood. Physical behaviors may include but are not limited to biting, hitting, kicking, pushing, etc. While typical rough and tumble play offers opportunity to scaffold support for pro-social, assertive play, it is distinct and lacks intent to hurt or frighten another child. It is also typical for infants and toddlers to use these behaviors to communicate prior to developing language and social skills or when teething. With this in mind, **it is also our priority to keep all children safe and to provide a setting where all children can learn and develop skills.** Therefore, the following plan takes into account both children in every incident.

When an Incident Occurs

Our first priority is to attend to the child who has been hit/bitten/pushed, etc. If an injury occurs as a result of an incident, the child who was affected is comforted and any necessary first aid is given. Both parents/guardians are notified of injuries and an "Illness/Incident" report is completed and kept on file. To protect both children's confidentiality, at no time will either child's name be shared with either parents/guardians by any of the staff.

Second to safety, is teaching new skills. We approach hitting/biting/pushing, etc. by teaching children that biting hurts. Depending on the child's development and ability to communicate, this conversation may be more in depth or limited to simple sentences, (i.e. "Biting hurts."). Every child is unique and therefore, each incident is monitored to determine the most effective way to prevent future occurrences and develop new skills.

Every incident is an opportunity for all parties involved to practice, learn, and develop positive prosocial behaviors. For this discussion, we utilize the Conscious Discipline problem solving model. Please refer to our Guidance Policy for more information.

Beyond the Incident

In addition to teaching skills at the time of the incident, we recognize skills develop over time and throughout early childhood. Therefore, for very young infants/toddlers strategies may include redirection and proximity to prevent further incidents from occurring. We model/prompt language/social skills throughout every day, year-round to help all children become successful in a classroom setting with their peers.

*At no time will a child be put in a time out or punished, as this is **NOT helpful for infants and toddlers to learn new skills.** However, children will be encouraged, when applicable, to calm down with adult support in the Safe Space. For more information regarding Safe Space, please refer to Conscious Discipline techniques.

Conscious Discipline®

Conscious Discipline® is an emotional and behavior management program that teaches us to be aware of our own emotions. Our e-deca system gives Conscious Discipline Strategies within each child assessment. These can be used individually but can also be adapted for implementing Conscious Discipline within the classroom and home. Conscious Discipline helps us learn to think and cope with emotions and manage responses rather than react to life events. Conscious Discipline® is based on safety and building strong relationships; it helps decrease power struggles and builds life skills in relating to others. These concepts are from the Conscious Discipline® program and Loving Guidance www.consciousdiscipline.com

Research shows that schools/families using Conscious Discipline® have: increased academic achievement and positive teaching time at home/school; increased social skills, character development and positive home/school relationships; and decreased impulsivity, hyperactivity and aggression

7 Skills of Conscious Discipline®:

1. Composure ~ be the person you would like your children to become
2. Encouragement ~ build strong relationships
3. Assertiveness ~ set limits respectfully
4. Choices ~ build self-esteem and willpower
5. Positive Intent ~ create teachable moments
6. Empathy ~ handle fussing, fits and upset moments
7. Consequences ~ help children learn from their mistakes

Relaxation Techniques to Increase Calming and Coping



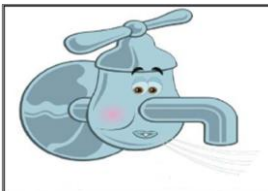
The S.T.A.R. Exercise **S**top/Smile; **T**ake a deep breath **A**nd **R**elax.

Release your breath slowly.



The Pretzel Exercise (Brain Gym) Stand; cross your ankles and hold your arms in front with your palms facing each other. Cross your arms and place hands together (like a clap). Fold them under your chin with your tongue pressed against top of the inside of your mouth; this integrates the brain.

Modification: Hug yourself - cross legs standing or do criss-cross apple sauce (sitting). Breathe in and slowly release your breath.



The Drain Exercise Hold your arms out in front - make your hands into fists. Tighten muscles in your arms - squinch your shoulders up to ears. Tightly squeeze muscles in your face. Take a deep breath and then breathe out slowly - relax, opening fists to let all of your stress drain out hands. Let mad feelings drain out of your body like flowing water.



The Balloon Exercise Put hands on head and lock fingers together. Breathe deeply - raise hands over head as you let breath fill up a pretend big balloon. Breathe in more and more air....then let the air out as you drop hands down to head.

Active Supervision

Keeping children safe is a top priority for our Early Head Start programs. Education staff ensure that children are supervised at all times.

Active supervision is an effective strategy for creating a safe environment and preventing injuries in young children. It transforms supervision from a passive approach to an active skill. Staff use this strategy to make sure that children of all ages explore their environments safely.

All Early Head Start educators are responsible for making sure that no child is left unsupervised. Active supervision is a strategy that works. It can be used in classrooms, playgrounds, during transitions, and transportation. It can also be practiced by families as a tool to use at home. Please ask your child's Teacher/Primary Caregivers or Family Center Specialists for more resources.

There are Six Active Supervision Strategies

1. Set up the environment
2. Position staff
3. Scan and count
4. Anticipate children's behavior
5. Engage and redirect
6. Listen

Injury Prevention Starts at Home

You can protect yourself and your family by taking action to prevent injuries at home!

You Can Prevent Burns at Home

- Keep matches and lighters out of reach of children.
- Install and maintain a smoke alarm. Remember to change the batteries!
- Cover electrical outlets.
- Turn pan handles on the stove inward and use back burners when cooking.
- Set the hot water heater to 120 degrees Fahrenheit (F) or less. Ask a friend or your landlord if you need help.
- Test bath water temperature before putting your child in it.

You Can Prevent Falls at Home

- Watch your child CONSTANTLY when they are in the bathroom.
- Install window guards on upper windows.
- Use stair gates at the top and bottom of stairs.
- Always use the safety latch in your child's chair or strollers.

You Can Prevent Poisonings at Home

- Keep all medicines and cleaning supplies in containers with safety caps and store them in a locked cabinet.
- Install a Carbon Monoxide (CO) detector in your home to save your child from CO poisoning.
- Act fast if you think your child has been poisoned! Call the Poison Control Centers 1-800-222-1222.

You Can Prevent Choking at Home

- Don't let children put small things in their mouths.
- Toys, household items, and food can all be choking hazards.
- Teach your child to chew his or her food fully before swallowing.
- Choose the foods you feed your child carefully— avoid popcorn, hard candy, nuts, hot dogs, grapes, and fish with bones.

You Can Prevent Drowning at Home

- Never leave your child unattended in a bathtub, bathroom, pool or even near a bucket.
- Install lid locks on all toilets and keep the lid closed.
- Never leave a child alone around water.
- Empty buckets after each use.

You Can Prevent Suffocation at Home

- Keep plastic shopping bags and trash bags away from your child.
- Keep toy chests, car trunks, and washer/dryer doors closed when not in use.
- Don't put pillows, blankets, bumpers, or toys in crib—these things can sometimes keep a baby from breathing.
- Place babies to sleep on their backs.

Parent Notification Plan and Reporting: Accidents/Injuries/Incident

While infants and toddlers are learning to coordinate their bodies and navigate their surroundings, they are bound to lose their footing, tumble over their own feet, skin their knee or even bump into things as they walk by. When an accident, injury, or incident happens at the center, we will be there to provide extra

comfort, any necessary first aid and be ready to take action in the event of an emergency. How we respond and report will vary based on the severity of the situation. For example, how we respond to typical "boo boos" will vary from how we respond to life threatening injuries. Our staff is CPR and First Aid certified and emergency contact information is readily available at the center. Please see the following breakdown of responses and parent notification for varying circumstances.

For all of the situations listed below staff will complete and send home an Illness/Incident Report the same day of the occurrence.

1. For minor accidents/injuries/incidents staff will provide comfort, and any necessary first aid.
2. For non-emergent accidents/injuries/incidents that alters a child's typical behavior, staff will contact the family as soon as possible to inform provide details of the situation, ongoing monitoring, and any other changes as they progress.
3. For injuries that warrant immediate medical treatment, staff will take emergency action, notify parent(s)/guardian(s) by phone, text, or a predetermined communication app as soon as possible, and make a verbal report to Licensing within 24 hours of the occurrence and submit a written BCAL-4605 Incident Report within 72 hours of the verbal report to the Michigan Department of Licensing and Regulatory Affairs.

Illness Policy

If a child or staff member has a temperature above 100.4 degrees and/or symptoms (fever or chills, shortness of breath or difficulty breathing (without recent physical activity), continuous cough, fatigue, extreme fussiness, flushed cheeks, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, rash, nausea or vomiting, and/or diarrhea) they will be sent home immediately with the recommendation to contact their primary care physician/medical provider. If anyone shows emergency warning signs (for example, trouble breathing, persistent pain/pressure in the chest, new confusion, inability to wake or stay awake, or bluish lips or face), we will seek medical care immediately.

If a child develops sick symptoms during care hours:

- Parents will be contacted for prompt pick-up.
- The child will be isolated from other children and as many staff as possible (the child will not be left alone).
- The child will wait with a designated staff person
- The child and designated staff will wait outside or in a safe, isolated location
- Child Information Records must be up-to-date with working emergency contact phone numbers.

Children Returning to the Program After Being Sick

- If your child has a fever or a continuous cough, they must be fever free for 24 hours after symptoms subside without the use of medicine that reduces fevers.
- If your child was vomiting or had diarrhea, they must be symptom free for 24 hours before returning to school.
- If your child has a communicable disease, we will use the primary care providers recommendations for returning back to school.
- If your child has been exposed to a contagious disease, classroom staff should be notified so that the incubation period can be discussed and it can be determined what dates, if any, your child should stay at home.

Reporting Communicable Illnesses

- Early Head Start classrooms are required by Michigan Law to report confirmed or suspected cases of communicable diseases to the local Health Department.
- Local reporting plays a key role in state and community efforts to control communicable disease.
- Early Head Start classrooms are required to notify families when a child in care has contracted a diagnosed communicable disease. The center is not allowed to release the name of the ill child to any other parent. In situations where the ill child has a diagnosed communicable disease that is

more serious than the common nuisance diseases (head lice, ringworm, scabies, impetigo, pinkeye, etc.), Michigan Law requires that the program notify the local health department. The local health department will help determine what information can be released to families and inform the center of any exclusion and re-admission time lines.

Adapted from: Caring for Our Children, American Academy of Pediatrics and American Public Health Association, 1992.

NMCAA Health Hygiene Information

NMCAA early childhood programs have established procedures for handwashing, handling bodily fluids, cleaning, sanitizing, disinfecting, and controlling infection, including universal precautions.

All staff, families, and volunteers at NMCAA centers must follow the posted health care information which include Handwashing, Routine Center Cleaning and Diaper Changing Procedure and Maintenance of Changing Tables/Surfaces

Additionally, as a required Orientation activity, each family enrolled in a NMCAA early childhood program will receive a Community Resource Directory listing local health-related resources.

NMCAA Communicable Disease Policy

Northwest Michigan Community Action Agency, Inc. recognizes that employees with communicable diseases, including HIV may wish to continue to engage in as many of their normal pursuits as their condition allows, including work.

- If an employee has been exposed to a contagious disease, management should be notified. Management will consult with the local Health Department to determine if a notification plan and/or needed facility sanitation requirements are needed. The local Health Department will help determine if a communication plan is necessary, and which information can be released to clients, employees, and volunteers, and inform the agency of any required exclusions and re-admission timelines.
- As long as employees are able to perform the essential functions of their positions with or without reasonable accommodation and medical evidence indicates their conditions are not a direct threat to themselves or others, they will be permitted to continue working and be treated consistently with other employees. At the same time, Northwest Michigan Community Action Agency seeks to provide a safe work environment for all employees and clients. Therefore, precautions should be taken to ensure that an employee's condition does not present a health and/or safety risk to other persons.

Ways to Support your Child's Behavior & Good Things to Remember...

1. It is important to speak in a calm, kind voice.
2. Get down to the child's physical level, if possible. Stoop or sit on a low chair so that s/he can see your face.
3. Go to the child; avoid calling them from across the room.
4. Speak in short, meaningful sentences that the child can understand.
5. Try to express your request in a positive way. This will help the child learn a better, more acceptable way of doing things.
6. Answer the child's questions but try not to monopolize the conversation; s/he needs to associate with peers.
7. Keep your voice, tone, and facial expressions kind.

It's "HOW" You Say It That Counts

<i>Say what you want the child to do</i>	<i>Avoid saying it this way</i>
Sit down when you slide	Don't stand up when you slide
Dig in the sand	Don't throw the sand
Sit in the swing	Don't stand on the swing
Use both hands when you climb	Watch it or you'll fall
Put the stick down	Don't play with the stick, you'll hurt someone
Keep the puzzle on the table	Don't dump the puzzle pieces on the floor
Talk in a quiet voice	Don't shout
Wipe your hands on the paper towel	Don't touch anything
Move back on your rug so everyone can see	You're in the way, the other children can't see
Walk around the swing	Watch it, the swing will hit you
Put a paint shirt on	Don't you want an apron on?
Walk in the classroom	Don't run

Safe Ways to Dress Your Child for School

We have a few suggestions about dressing your child for school:

- It is great when children wear comfortable play clothing that can get dirty....we do lots of messy things in our classrooms.
- For playing outside in the winter, it is important to have your child come to school with a snowsuit, mittens, hat and boots each day. **Put your child's name on these items.** Outside activities are a vital part of your child's whole development and a required part of our program.
- Shoes that tie, Velcro, or stay securely on your child's feet (like athletic shoes) will help prevent accidents. Sandals and flip-flops can be dangerous.
- Clothes that are easy for your child to fasten and unfasten can help them be more successful using the bathroom independently.
- Classroom staff can provide resources for those who may need children's clothing.
- During hours of programming, diapers, wipes, and diaper cream will be provided for infants and toddlers with written parent consent.

Bringing Items From Home

There are many reasons that children may want to bring things to school like their favorite toy, stuffed animal, or security blanket.

Except for rare occasions, we encourage children to leave these things at home. While we try to keep track, items from home can be damaged, lost or end up in someone else's backpack. Please keep things at home that are not necessary at school.

Check your child's backpack and pockets every day before they come to school. There is a chance that something dangerous could find its way into a backpack. Young children have little understanding of dangerous items such as guns or knives. **PLEASE** help us keep all children safe and secure.

Pedestrian Safety

Early Head Start provides trainings for parents and children in pedestrian safety at center orientations and/or home visits. This training is also reinforced throughout the program year.

Children Receive Safety Education Training which includes:

- Safe riding practices.
- Safety procedures for boarding and leaving the vehicle.
- Recognition of the danger zones around the vehicle.
- Emergency evacuation procedures, including participating in an emergency evacuation drill conducted on the vehicle the child will be riding.

Safety Education Training for Parents includes:

- The need to escort their children to and from the bus or their own vehicle.
- Helping parents to reinforce bus safety procedures with their children.
- Encouraging parents to practice vehicle safety in their everyday routines.

Parking Lot Guidance includes:

- Do not allow your child to get out of the car until you are at the child's door.
- Never leave children unattended when going to and from your car to the child care.
- Turn your car off, remove all children from the vehicle, lock it, and take the keys with you.

Program Safety

Safety is an important part of our program. Our goal is for you and your child to feel safe at our centers and events. It is also important that our staff feel safe at our centers, events, and when they are in your home.

At centers, events, and during home visits, staff and parents will communicate in a calm, positive manner that allows everyone to feel comfortable.

Our policy also requires that our staff let someone know where they are at all times. Because of this, staff may need to make a phone call when they arrive at your home for a home visit.

Regarding home visits, we ask that:

- Animals/pets are under control or contained
- The home visitor is aware of others in the home
- The home visitor is aware of any one in the home that is contagious or has a communicable disease
- Language and actions are non-threatening
- Firearms are stored safely

Safety Drills

Programs will conduct ongoing safety drills as required by Early Head Start and the State of Michigan Licensing Rules for Child Care Centers.

Weather Policy

Severe weather closings are determined by the local public school district.

- If the public school is delayed or cancelled for the entire day, the local Early Head Start will also be closed.
- If the public school closes early, the local Early Head Start will also close.
- **If weather is questionable, parents have the choice to keep their child at home.**

Classroom Emergency Closures

If the center closes for an emergency, the Teacher/Primary Caregiver will contact parents/guardians by phone, text, or email as soon as its determined safe to do so. Emergency closures may be due to illness, severe weather, or loss of utilities. During these unprecedented times it is vital that your child's emergency contacts are current. Please contact your child's Teacher/Primary Caregiver to make any changes.

Periods During Which the Center is Closed

The dates and periods when the center is closed vary considerably from site to site. Please check with your child's education staff to find out how the program year calendar, holidays, and breaks coincide with the public school calendar.

Request for Identification

Individuals who arrive to pick up your child but are not known to center staff will be asked for identification. Their name will be matched with the Child Information Record **before any child is released**. A copy will be made of the identification.

Releasing Children to Authorized and Unauthorized/Unknown Adults

Children will only be released to persons authorized by the parent. Children will be released to either parent unless a court order prohibits release to a particular parent. Children may only be released to adults authorized by parents or legal guardians whose identity has been verified by photo identification. Names, addresses, and telephone numbers of persons authorized to pick up child should be obtained during the enrollment process and regularly reviewed, along with clarification/documentation of any custody issues/court orders. The legal guardian(s) of the child should be established and documented at this time.

Child Custody Issues

It is our intent to meet the needs of children, especially when families may be experiencing difficult situations such as divorce, separation, or remarriage. Sharing information about such situations can help classroom staff and Family Center Specialists support your child through potentially difficult and challenging experiences. Staff hold this information in strict confidence. Our centers cannot legally restrict the non-custodial parent from visiting the child, reviewing the child's records, or picking up the child. A child shall be released to either parent unless a court order prohibits release to a particular parent. A copy of the order prohibiting release must be kept on file at the center. In case of conflicts, the proper authorities will be contacted to ensure safety of all staff and children.

In Kind

The funding we receive for our program is SO very important, and we need your help. When you become a part of our program, one of the words you begin to hear is "In Kind." What is it? Early Head Start programs are partially funded by the federal government. We must raise 25% of our funds through community support and that is known as In Kind.

Ways you can help our program collect In Kind:

- Volunteer in the classroom
- Complete at home activities with the monthly In Kind calendars
- Spend time with your child working on the school readiness goals that are set by you and the Teacher/Primary caregiver
- Participate in parent meetings, and family engagement activities
- Make/prepare materials for the classroom
- Donate goods or services to be used for program use
- Please ask your child's Teacher/Primary Caregiver for additional ideas

Your involvement in your child's education is key to their future success. You and your child benefit from time you spend participating in the types of activities listed above; that time and effort also benefits the overall program since it is considered In Kind.

Your In Kind contributions keep Head Start going! We thank you!

Head Lice Policy

If live lice are found in your child's hair, we will contact you to pick your child up from school as soon as possible. We ask that you keep your child at home until s/he is **free of live lice**.

Helpful steps in getting rid of Head Lice:

Step 1 Kill the Lice

- Buy a product that will kill the lice. We can also provide one.
- Apply the treatment according to directions.
- **WARNING!** Some products cannot be used on an infant, pregnant woman, nursing mother, individuals with cancer, individuals with asthma or other breathing difficulties and individuals who are allergic or sensitive to ragweed or chrysanthemums. Please read the label of the lice product to see restrictions and age requirements. Check with your doctor if you are unsure.

Step 2 Remove the Nits (Removing nits is the key to beating the problem.)

- Before applying treatment, it may be helpful to remove clothing that can become wet or stained during treatment.
- Apply lice medicine according to the instructions contained in the box or printed on the label. Pay special attention to instructions on the label or in the box regarding how long the medication should be left on the hair and how it should be washed out.
- **WARNING:** Do not use a combination shampoo/conditioner before using lice medicine. Do not re-wash the hair for 1-2 days after the lice medicine is removed.
- This is the most important step! If possible, have someone help keep your child occupied/relaxed by watching a video or "read" while you comb his or her hair. Comb the hair first with a regular comb to remove tangles, then with the fine toothed nit removal comb that comes with the treatment product.
- Do one section of hair at a time and pin back each section as it is completed.
- Wipe nit comb repeatedly with wet paper towel and discard the towels in a sealed plastic bag.
- Your lice killing product may recommend that you can apply lice egg remover or olive oil and lightly massage.
- If you use a lice egg remover or olive oil, wait at least three minutes before combing through again.
- Have the infested person put on clean clothing after treatment.
- It may require several hours each night for several nights to successfully remove all nits and lice.
- Combing with the nit comb may be repeated daily until no lice/nits are seen. Continue monitoring for two to three weeks.

Step 3 Cleaning the Environment

- Machine wash all bed linens, clothes, towels, etc.
- Use HOT, SOAPY water and dry at least 20 minutes on HOT cycle in dryer.
- Store all other exposed items (bike helmets, stuffed toys, etc.) in plastic bags for two weeks.
- Vacuum your house AND car (especially where your child's head has been).
- Discard vacuum bag.
- Disinfect combs, brushes, barrettes, etc. by soaking them in hot, soapy water (130°F) for 15 minutes.
- It is NOT necessary or suggested that you spray your home with chemicals if you carefully follow the above steps.

Step 4 Returning to School

- When treatment is complete, please plan to self-transport your child rather than sending him/her on the bus.
- Staff and parent together can then carefully recheck your child's hair to make sure that your child no longer has live lice (or live lice and nits if our center is in a public school and needs to abide by their policy).
- If you have a problem with this self-transport request, please contact your classroom Teacher/Primary Caregiver for help.
- We look forward to welcoming your child back into the daily routine of the classroom!

Please let us know if there is any other way we can help.

We can provide items such as: lice shampoo, egg loosener, lice combs, laundromat vouchers, plastic garbage bags, cleaning products and possible cleaning assistance.

Lice Advice Helpline 1-800-783-1919

Questions or Information

Head Lice website (CDC): <http://www.cdc.gov/parasites/lice> Head Lice Manual (MDHHS): [http://www.michigan.gov/documents/Final Michigan Head Lice Manual 106828](http://www.michigan.gov/documents/Final_Michigan_Head_Lice_Manual_106828)

Medication Authorization Form

Policy: Staff will follow the proper handling, storage, administration, and record keeping of administration of medication.

Procedure: Medication will be given to a child by staff only. When giving or applying medication to a child in care, the following must be completed by the parent/guardian for **each** medication. An interruption in medication will require a new authorization form. Send a copy of the completed log home each day when medication is dispensed.

TO BE COMPLETED BY PARENT/GUARDIAN

I give my permission for _____ to give or apply the medication,
(Facility)
_____, to my child, _____ as follows:
(Specify, prescribed medication) (Child's Name)

DIRECTIONS

• Date to Begin Giving Medication	• Date to Stop Medication
• Time Medication is to be Given	• Amount (dosage) of Medication Each Time Given
• Frequency (daily, weekly, monthly, etc)	• Route (oral, inhalant, injectable, topical)
• Storage of Medication	• Reason for Medication
• Medication Expiration Date	• Date of Training

• Name of Health Care Provider	• Phone Number
• Additional Instructions (side effects, medication returned end of day, etc.)	
• Signature of Parent/Guardian	

**** The instructions from the child's parent/guardian shall not conflict with the label directions as prescribed by the child's health care provider.**

TO BE COMPLETED BY CAREGIVER

Date	Medication	Actual Time Administered	Amount Given	Staff <u>Signature</u>

Date/Time	Error/Reaction to Medication	Action Taken	Parent/Guardian Notified (date/time)	Staff <u>Signature</u>

****Parents Please Note:**

- Only prescription medication can be dispensed.
- Medication **MUST** be sent to school in its original container, stored according to instructions and clearly labeled for the named child.
- Medication must have the pharmacy label indicating the physician's name, child's first and last name, instructions, name, and strength of the medication, and must be given according to those instructions.
- Your child is **NOT** to carry medication to school.
- Communicate any changes regarding medication with education staff.
- Your child's medication must be current. Update your child's prescription before it expires.

Medication Authorization Guidance

A few reminders:

- Only prescription medication can be dispensed.
- All medications are within their dates of expiration.
- Children may be unable to attend school until their required medication is at the center.
- Medication will be returned to the child's parent or destroyed when the parent determines it is no longer needed or it has expired.
- All medications, except for rescue/emergency medications, will be kept out of the reach of children and secured in a lock box. Lock boxes will be used in the classroom, and in the refrigerator.
- Emergency medications (Epi-pens, inhaler) are stored out of children's reach at the site and are always quickly accessible. They should not be stored in a locked box.
 - When emergency medications are stored in a backpack, ensure that the backpack is hung high enough to keep it out of the reach of children.
- Apply or dispense medication according to the directions on the original container, unless otherwise authorized by a written order of the child's physician.
- Medication cannot be added to a child's beverage or food unless indicated on the prescription label.
- The Medication Authorization Form must stay together with the medication.
- Completed records must be kept in the child's file.

- The staff member administering the medication must sign (full signature is required) the record each time. Do not use initials.
- If medication is used "as needed," there must be additional information added in that section. Describe when the medication will be needed (wheezing, soreness in the muscle, etc).
- Describe error/reaction in detail on the Illness/Incident Report.
- If a child is seen by a doctor or goes to the emergency room, make a verbal report to Licensing within 24 hours. Complete the Incident Report State of Michigan form (BCAL 4605) within 72 hours.
- Written authorization for triple antibiotic ointment, sunscreen, insect repellent, diapering cream, and hand lotion is obtained annually on the Parent/Guardian Release. Ensure the parent/guardian signature is on the release before using these products on a child.

County Transit System

Program regulations prohibit children riding alone on a County Transit System that is open to public riders. County Transit can be used when the parent rides to and from the center with the child.

Parent Pick Up Policy

It is essential that each child be picked up at or before the center's posted closing time.

If an emergency occurs that is going to interfere with normal pick up time, the parent/guardian needs to call the center as soon as possible to indicate who will be picking up the child by the center's posted closing time. The people picking up must be noted in the Emergency Contact section on the Child Information Record. **Please make sure the people who are listed as emergency contacts on the Child Information Record are reliable, have a working telephone number and are available to pick up your child. The emergency contact must provide a photo ID at pick up time to be copied by staff for the safety of the child.** If there is no contact by parent/guardian, the guidelines listed below will be followed.

1. The parent/guardian and persons listed on the Child Information Record form will be called three (3) times in 15 – minute intervals, beginning 5 minutes after the expected pick up time.
2. The staff will ensure the safety and well-being of the child at the center until the issues are resolved.
3. One hour after the school day, the program will contact the DHHS Child Protective Services.

We thank you for your cooperation in this matter. We know you understand that for the safety and well-being of your child, it is essential that children are picked up on time by the appropriate people.

If you are having a problem picking up your child on time, please speak with your child's Teacher/Primary Caregiver.

Celebration Policy

1. Activities need to be open-ended and process-oriented so that **ALL** children can be involved successfully.
2. Concepts being presented must be developmentally appropriate.
3. Preparation should not dominate a month's worth of activities.
4. Celebrations do not revolve around holidays (Halloween, Thanksgiving, Christmas, Valentine's Day, etc).
5. If food consumption is involved in a celebration:
 - A. We cannot ask parents specifically to provide these food items. (They may, however, volunteer to bring items or volunteer to give time: i.e.: set up, serve and clean up.)

- B. The children should be involved in the food preparation as much as possible, keeping food allergies in mind at all times.
 - C. Nutritious foods must be strongly encouraged and provided whenever possible.
6. When developing cultural experiences around a certain ethnic group's holiday:
 - A. Avoid teaching stereotypes from the past or giving the impression that other ethnic groups spend their daily life in celebration.
 - B. Cultural concepts are best taught by using the children's varied family heritages and community resources. Learn about family traditions and use when possible (i.e. song parents sing to children, games they play, etc.).
 7. Celebrations held after hours should also follow these guidelines.
 8. Celebration held after hours cannot be used as substitutes for classroom or home visiting time. When celebrating the children and their work use pictures, videos and displays to show children's accomplishments.
 9. We cannot imply or request of individual parents to provide gifts, money, or materials for center celebrations. Plan alternatives involving children in hands-on activities using program materials.
- If you need clarification on any point about this policy talk to your Family Center Specialist or EHS Teacher/Primary Caregiver.

Center Celebration Policy Guidance

Holiday traditions are family events celebrated differently from home to home. Staff will not plan activities specifically related to the religious, cultural or commercial holidays.

This is what we CAN DO:

- ...can have all kinds of books and read by request or choice
- ...can have music in a wide variety of styles
- ...can celebrate the seasons
- ...can use seasonal items ex: pumpkins, pine cones, gourds etc.
- ...can send valentines home when brought in by a child
- ...can talk about different types of homes, families, work and foods
- ...can display multi cultural posters
- ...can have multi cultural dolls
- ...can have authentic musical instruments
- ...can have multi cultural cooking items
- ...can learn and share words in another language
- ...can set up the environment to represent diversity
- ...can include multi cultural clothing in dramatic play
- ...can have parents share about their culture and traditions...if they ask to do so
- ...can have parents contribute to housekeeping - sending in empty boxes, cans, etc. from foods they eat
- ...can have multi cultural puzzles - including differing ability puzzles
- ...can display multi cultural artwork or artwork covering a variety of periods and styles

Animal and Pet Policy

Policy:

Animals can provide a variety of productive learning experiences for students. Our program is committed to the health and safety of each child and family we serve. It is for this reason and to ensure compliance this policy has been developed to define procedures for children's interactions with animals while in our care. These guidelines apply to animal and pet interactions in the classroom, during family engagement

activities, at socializations, and visiting pets.

Procedure:

Many types of animals carry salmonella, e-coli, rabies, parasites, fungi and/or a variety of other diseases that can be transferred to humans. As required or recommended by the above listed sources, the following animals are prohibited and will not be kept at or brought onto the grounds of our facility:

- Rabbits
- Bats
- Wolf-Dog Hybrids
- Aggressive animals
- Ferrets
- Squirrels
- Hermit Crabs
- Reptiles and amphibians
- Stray animals
- Turtles
- Poisonous animals
- Chicken and ducks
- Birds
- Animals less than one year of age
- Animals in estrus

The Parent/Guardian Release form must be signed prior to the child's interaction with any animal at school or on field trips. The Parent/Guardian Release form states: I give permission to have my child participate in activities that involve having/bringing animals into the classroom (Other than those animals on the prohibited list). Consult parents about possible pet allergies making sure that proper allergy paperwork is completed and there is no contact with that animal.

Any pet or animal present at the facility, indoors or outdoors, must be in good health, free from disease, be fully immunized, and be maintained on a flea, tick, and worm control program. A current (time-specified) certificate from a veterinarian shall be on file in the facility, stating that the specific pet is up-to-date with their immunizations and free from conditions that may pose a threat to children's health.

All contact between animals and children will be supervised by a staff person who is close enough to remove the child immediately if the animal shows signs of distress or the child shows signs of treating the animal inappropriately. The staff person will instruct children on safe procedures to follow when near these animals (**for example, not to provoke or startle animals or touch them when they are near their food**).

When animals are kept in the child care facility, the following conditions shall met:

- The living quarters of animals shall be enclosed and kept clean of waste to reduce the risk of human contact with this waste
- Animal litter boxes will not be located in areas accessible to children
- All animal litter will be removed immediately from children's areas and discarded as required by local health authorities
- Animal food supplies will be kept out of reach of children
- Live animals and fowl will be prohibited from food preparation, food storage, and eating areas
- Caregivers and children will wash their hands after handling animals, animal food or animal wastes. Follow the Handwashing guidelines posted in the classroom.

NMCAA Early Childhood Nutrition Plan

The purpose of our nutrition plan is to teach children, families, and staff the importance of nutritious eating through education, experience and by example.

Our nutrition plan is important to children, families, and staff as it provides a framework for supporting healthy food choices as well as nutritional resources for families and staff. Additionally, our plan encompasses regular communication regarding nutrition topics, which is so important in supporting the family-to-school connection.

The tools and resources we use in our program are:

We are currently participating with the Child and Adult Care Food Program (CACFP) and are in good standing. We follow CACFP guidelines, Head Start Program Performance Standards, Licensing, and use a nutrition analyst. We take advantage of grants and programs such as MSU extension. We collect and

evaluate planned and served monthly menus; our nutrition analyst reviews these each month.

We provide nutritious food to children and staff to meet their needs. We serve:

- Foods that are low in fat, sugar, and salt.
- More than the required serving sizes of fruits and vegetables at lunch
- A meat/meat alternate item with breakfast

We teach recommended serving sizes as well as introduce different foods and model eating them as an example to children and families. We use food to learn about and respect different cultures.

Family engagement activities include meals and/or snacks that follow our nutrition guidelines.

We share our nutrition information with children, families, and staff through our parent handbook, new child cover letter, new staff orientations, and yearly staff nutrition trainings. Menus will also be posted in the classroom with substitutions noted.

Infant and Toddler Feeding

Children will be served food and beverages according to their age and developmental level. For example, a young infant vs. an active toddler's meal plan will look different. Center staff will transition infants to table foods in accordance with the child's development and in agreement with the parent/guardian.

Breastfeeding Mothers

While infants will be provided iron fortified formula, breastfeeding mothers are encouraged to provide breastmilk for center staff to feed their child. Breastfeeding mothers can also breastfeed on site. Each center has a designated location for privacy per parent preference. When providing breastmilk for center feedings, parents are required to furnish breastmilk in clean, sanitary, bottles or beverage containers. The center has sanitary beverage containers on hand for this purpose and available to families for use. Parents must also label the container with the child's first name and last name, and date supplied to the center. Breastmilk may be supplied in a multi-day supply and kept in the refrigerator for up to 4 days or kept in the freezer for no more than 2 weeks. If supplying breastmilk, mother must complete the "Early Head Start Parent Request to Provide Food" prior to infant's attendance.

**Michigan Department of Education
Child and Adult Care Food Program**

Where Healthy Eating Becomes a Habit
Program Information Sheet

This care center is a participant in the Child and Adult Care Food Program (CACFP), a United States Department of Agriculture (USDA) program. The CACFP provides cash reimbursement to child and adult day care centers for nutritious meals and helps children and adults develop and maintain healthy eating habits. The CACFP is administered by the Michigan Department of Education (MDE).

Through the Child and Adult Care Food Program you can be assured each participant is getting balanced, nutritious meals and developing/maintaining healthy lifelong eating habits. Proper nutrition throughout life ensures fewer educational and physical problems later in life.

As a participant in the CACFP, your care center receives reimbursement for serving nutritious meals and snacks. Meals and snacks must meet the USDA meal pattern requirements listed below (Child Meal Pattern).*

Breakfast	Lunch and Supper	Snack (serve 2 different food items from the 5 food components groups below)
Milk/Breastmilk/Iron Fortified Formula	Milk/Breastmilk/Iron Fortified Formula	Milk/Breastmilk/Iron Fortified Formula
Meat or Meat Alternate***	Meat or Meat Alternate	Meat or Meat Alternate
Fruit, Vegetable, or a combination of both**	Vegetable	Vegetable
	Fruit or second vegetable	Fruit
Grain for children over 1yr old	Grain for children over 1yr old	Grain

**** NMCAA Requires a fruit at breakfast; vegetable is optional**

*****NMCAA Requires a protein component at breakfast**

MDE is required to verify the enrollment, attendance and meals/snacks typically consumed by children while they are in care. MDE staff may contact you regarding your child's participation in our day care center.

If you have any questions about the Child and Adult Care Food Program, please contact:

Northwest Michigan Community Action Agency,
Inc.
3963 3 Mile Road
Traverse City, MI 49686
231-947-3780
800-632-7334

Child and Adult Care Food Program
Michigan Department of Education
P.O. Box 30008
Lansing, MI 48909
517-241-5353

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) (http://www.ascr.usda.gov/complaint_filing_cust.html) online, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; Fax: (2) Fax:(202) 690-7442 or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

Program Growth Assessment

As a part of the program's health requirements, height and weight measurements are completed on all enrolled children or collected from their physical form for children that are 2 years old and up. Body Mass Index (BMI) is a number calculated from a child's height and weight. According to the Centers for Disease Control and Prevention, BMI is used to screen children for healthy weight, obesity, overweight or underweight. If a child's Body Mass Index (BMI) is found to be at or above the 95th percentile or at or below the 5th percentile, the program is required to follow-up with parents.

We realize one measurement does not show the full picture of your child's health history. For this reason, staff will have conversations with you to learn more about your child's history of height and weight.

We want to be as supportive as possible because your child's health is a very important part of overall growth and development. Staff will be able to provide you with more information on related topics and connect you with services as requested.

NMCAA Integrated Pest Management Plan

Policy:

Northwest Michigan Community Action Agency utilizes an Integrated Pest Management (IPM) approach to control pests. IPM is a pest management system that utilizes all suitable techniques in a total pest management system with the intent of preventing pests from reaching unacceptable levels or to reduce an existing population to an acceptable level. Pest management techniques emphasize sanitation, pest exclusion, and biological controls. One of the objectives of using an IPM approach is to reduce or eliminate the need for chemical applications of pesticides. However, certain situations may require the need for pesticides to be utilized. The State of Michigan requires child care centers that may apply pesticides on the property must provide an annual notification to parents of students attending the facility.

Procedures:

- Staff will contact the Facilities Coordinator before applying any type of pesticide.
- Staff will notify parents of any pesticide application prior to treatment using one of the described methods on the Annual Notification Regarding Possible Pesticide Use in NMCAA Child Development Centers or Facilities.
- When a pesticide treatment is applied, staff will ensure the Advance Notice of Pesticide Treatment sign is posted on the main NMCAA child care entrance door of the building or classroom used by children, parents, or clients.

Annual Notification Regarding Possible Pesticide Use in NMCAA Child Development Centers or Facilities

Date: _____

Dear parents and guardians (hereafter referred to as "parents"), we welcome you back to another exciting school year! Our school is dedicated to providing your children with a safe environment that is conducive to learning.

One item that contributes toward this objective is maintaining an environment that is free of potentially damaging and unwanted pests. This is accomplished with effective and economical treatments, while also minimizing your child's exposure to pesticides. Our school uses an Integrated Pest Management (IPM) program that seeks to use a variety of methods to control/minimize pest problems. Parents are able to review the IPM program and any records on pesticide applications.

As required by State of Michigan law, the school or daycare will provide advance notice regarding the non-emergency application of a pesticide such as an insecticide, fungicide or herbicide, other than a bait or gel formulation, that is made to the school or daycare buildings or grounds. Advance notice will be provided, even during periods when not in session. Advance notice is not given for the use of sanitizers, germicides, disinfectants or anti-microbial cleaners. In certain emergencies, such as an infestation of stinging insects, pesticides may be applied without advance notice to prevent injury to students, but the school or daycare will provide notice following any such application.

If treatment, of a pesticide, is deemed necessary by the IPM program coordinator all parents will be notified of the treatment by two methods:

- 1) It will be posted at the main Head Start entrance(s) of the school, not less than 48 hours prior to the treatment.
- 2) By the following method (that is checked), not less than 48 hours prior to treatment:
 - Posted on our website www.nmcaa.net/publicinfo.asp
 - Via email

- A written notice that is sent home with each child
- 3) Parents may also be notified by first-class mail postmarked three days prior to application.

*In the case of an emergency notification may not be able to be given prior to the treatment, in which case it will be posted/sent promptly after the treatment in the above described manner. Thank you for your understanding and interest in this matter.

Sincerely, NMCAA IPM coordinator

Printed Name: Kelly Stockfisch Telephone: 231.346.2162 Email: kstockfisch@nmcaa.net

*** To request notice of pesticide application by mail please send a letter to our office stating your request, making sure to include your correct name and return address. This must be done every year that you require notification by mail (this request will not carry over from one school year to the next).**

Staff and Volunteer Mandated Reporting Policy

Mandated Reporter Policy and Procedures:

Child and Family Development staff, child care collaborative center staff, and center volunteers (including minors) are mandated reporters. Under the Child Protection Law, staff and volunteers must contact Child Protective Services (CPS) immediately when they suspect child abuse and/or neglect. The immediate report must be made to Centralized Intake by calling or filing an online report. A verbal report must be followed by a written report. The written report must be submitted within 72 hours. Complete the Report of Suspected or Actual Child Abuse or Neglect (DHS-3200) form which includes all the information required by the law. The reporting person shall notify the person in charge or the next person in the line of supervision (Supervisor/Coordinator, Manager, etc.) of his or her finding and that the report has been made. The reporting person shall also make a copy of the written report or electronic report available to their supervisor and/or subsequent administrators. Reporting the situation to administration or another staff person does not relieve the employee or volunteer of their mandated responsibility to report to CPS.

- When child abuse and/or neglect is suspected, the staff or volunteer needs to only obtain enough information to make a report. If a child or adult starts disclosing information regarding abuse and/or neglect, the staff/volunteer must ask only open-ended questions, if necessary, to determine whether a report needs to be made to Licensing and Regulatory Affairs or CPS. **The staff/volunteer must not lead the child or adult during the conversation. The staff/volunteer must not attempt to conduct their own investigation either before reporting it to Licensing and Regulatory Affairs or CPS, or during the investigation.** A discussion will be held between the Manager and/or Director regarding further action
 - Licensing will be notified when:
 - An incident involving an allegation of inappropriate contact occurs at the center.
 - The Child Care Licensing telephone number for our entire service region is 1-866-856-0126.
 - Child Protective Services will be notified when:
 - Staff/volunteer suspects that a child has experienced abuse or neglect.
 - To make a report and/or access mandated reporting guidance, contact Child Protective Services at the Department of Health and Human Services Centralized Intake office at 1-855-444-3911 or make an online report at <https://www.michigan.gov/mdhhs/adult-child-serv/abuse-neglect/childrens/mandated-reporters>.
 - Report of Actual or Suspected Child Abuse or Neglect-3200 Report Storage:
 - Store separately from the child's file in a locked filing cabinet.
 - All 3200 reports are kept in a Confidential File for Child Protective Services Reports ONLY.
 - See the Program Drop Files document for children exiting or completing the program.
 - The ISD and a GSRP Consultant must be notified within 24 hours of a special investigation being initiated by Licensing and Regulatory Affairs for GSRP funded programs. A program must also submit reports, as appropriate, to the responsible HHS official immediately or as soon as practicable, related to any significant incidents affecting health and safety of program participants, program involvement in legal proceedings, or any matter for which notification or a report to state or local authorities is required by applicable law, including at a minimum:
 - Any reports regarding staff or volunteer compliance with federal, state, tribal, or local laws addressing child abuse and neglect or laws governing sex offenders.
- Child Protection Law and Mandated Reporting Training takes place during the Annual Pre-service Orientation and Training:
 - Topics addressed include the Child Protection Law, mandated reporter informational resources, guidance, and training videos on michigan.gov.
 - Individuals are encouraged to attend state and local mandatory reporter training opportunities as they are offered.
 - Staff and volunteers will learn what to expect after a report has been submitted:
 - If the complaint is not assigned for investigation, notification will be mailed from Centralized Intake within 5 business days of the complaint.

- If assigned for investigation, notification of the disposition of the investigation will be mailed within 10 business days of the completion of the investigation.
- Per Child Protective Services, do not contact the family when reporting suspected child abuse or neglect.
 - If approached by an individual who suspects being reported to CPS, staff and volunteers will remind the individual of the mandated reporter requirements for child care providers and seek further guidance from a supervisor.
- Staff and families will continue to be supported through this process:
 - Staff will have ongoing training and exposure to the strength-based and trauma sensitive family partnership practices, curricula and resources used by the program.
 - Home visiting staff and supervising staff have reflective practice available.
 - Mental Health Consultants and the Mental Health & PFCE Manager are available to reflect upon current practices and relationships with families to individualize planning for everyone involved.
 - The Employee Assistance Program (EAP) is available to all staff. Call 1-800-779-0449.
- Child and Family Development staff, child care collaborative center staff, and center volunteers (including minors) will cooperate with Licensing and Regulatory Affairs and Child Protective Services agencies.
- In recognizing that participation in our programs may be essential in supporting families, staff will make every effort to retain children and families impacted by this process.

My signature below certifies that:

- I am aware that abuse and neglect of children is against the law.
- I have been informed of the program’s policies on the Child Protection Law, Mandated Reporting, and child/abuse neglect.
- I am aware that all staff and volunteers are required by law to immediately report suspected abuse and neglect to Child Protective Services.

Additional acknowledgement for a volunteer:

- I am aware that volunteers, including parents, shall receive a Public Sex Offender Registry (PSOR) Clearance before having any contact with a child in care.
- Any individual who is registered on the Public Sex Offender Registry (PSOR) is prohibited from having contact with any child in care.
- See the Volunteer Screening and Supervision Policy and/or the Staff and Volunteer Required Paperwork chart for additional information.

Volunteer Screening and Supervision Policy

Head Start Program Performance Standards

A program must ensure that children are never left alone with volunteers.

Licensing Rules for Child Care Centers

Supervised volunteers must receive a public sex offender registry (PSOR) clearance prior to contact with children in care.

NMCAA Policy: To ensure the safety and well-being of all children in care, NMCAA will screen all volunteers following the Head Start Program Performance Standards, Great Start Readiness Program requirements, and the Licensing Rules for Child Care Centers. NMCAA will adhere to the most stringent rules and requirements. Unsupervised volunteers must be added to the Child Information Record by the parent/guardian. Supervised volunteers shall be supervised at all times by NMCAA staff and shall not have unsupervised contact with children.

NMCAA Procedures: Prior to contact with children in care, all volunteers shall undergo the following screening procedures: a PSOR clearance, complete Annual Pre-Service Orientation Training (APOT)-Volunteer, provide proof of Covid-19 vaccination or exemption, and obtain a tuberculosis (TB) screening, as applicable. ***The PSOR clearance and APOT must be completed on an annual basis for returning volunteers.*** Copies must be kept on file at the site until the person no longer volunteers at the center.

Volunteers may include, but are not limited to, the following: ISD staff, Mental Health Consultants, guest speakers, interns, and parents/family members of enrolled children. ****** Parents who spend time in the classroom, outside of regular drop off and pick up times, are considered volunteers and must complete the required screening paperwork.***

Screening Process

- All supervised volunteers shall receive a public sex offender registry (PSOR) clearance **before** having any contact with a child in care.
 - ***Any individual listed on the PSOR is prohibited from having contact with any child in care.***
- In addition to a PSOR clearance, the center will review the **Annual Pre-Service Orientation Training-Volunteer** forms with the volunteer. This includes signing the **Staff and Volunteer Mandated Reporting Policy** acknowledging the following information:
 - The individual is aware that abuse and neglect of children is against the law.
 - The individual has been informed of the center’s policies on child abuse and neglect.
 - The individual knows that all staff and volunteers are required by law to immediately report suspected abuse and neglect to Children’s Protective Services (CPS).

- A volunteer who has contact with children at least four hours per week for more than two consecutive weeks must be free from communicable tuberculosis (TB). Verification of TB status is required within one year before volunteering. Volunteers are responsible for the cost of their TB test.
- Copies must be kept on file at the site until the person no longer volunteers at the center.
- Provide proof of Covid-19 vaccination or exemption as required by the Office of Head Start. Proof will remain with the Human Resources Department.

PSOR Instructions

- Go to [Michigan State Police Sex Offender Registry](https://www.michigan.gov/msp/0,4643,7-123-1878_24961---,00.html): https://www.michigan.gov/msp/0,4643,7-123-1878_24961---,00.html
- Click on “**Search the Michigan Sex Offender Registry.**”
- On the next screen, click “**Search for Offenders in your Area**” at the bottom of the screen.
- Click on the “**Name**” tab: type in the name of the volunteer and click on “**Search.**”
- Review the results of the search:
 - Individuals without a profile or match on the PSOR may continue the volunteer process.
 - Individuals with a detailed profile on the PSOR must **NOT** have contact with any child in care.
- **Print a copy of the search screen, regardless of the profile results. INCLUDE the name of the potential volunteer and date the record search was conducted to the printed copy.**
- The [United States Department of Justice National Sex Offender Public Website \(nsopw.gov\)](https://www.nsopw.gov/) can also be used to meet this requirement

Volunteering in the Classroom

- All volunteers shall provide appropriate care and supervision of children at all times.
- All volunteers shall act in a manner that is conducive to the welfare of children.
- Volunteer interests shall determine their role in the classroom.
- Staff shall provide guidance and clear expectations with volunteers to assist them in successfully carrying out assigned duties.

Emergency Procedures Posting

Policy: Provide care for children and staff during an emergency following Head Start Program Performance Standards, Child Care Center Licensing Rules, Great Start Readiness Program Requirements and Great Start to Quality Guidance.

Procedure: Staff will be trained on emergency procedures upon hire. Refer to the Drill and Safety Check Log for additional documentation as needed. Also, refer to the Safety and Emergency Preparedness Plan for additional emergency and crisis management guidance.

FIRE-EVACUATION

- Declare emergency. Alert staff about emergency and begin evacuation procedure. Call 9-1-1.
- Retrieve Child Information Records, Emergency Care Plans, Safety & Emergency Preparedness Kits, Grab and Go Binder, daily attendance record and emergency phone numbers.
- Gather students at the nearest emergency exit and complete a head count. (Non-mobile infants and toddlers will be transported in an evacuation crib.)
- Staff members will accommodate for children with chronic medical conditions and/or special needs during an emergency by following individual emergency plans such as individualized plans (IFSP/IEP), Emergency Care Plans, and Action Plans. Ensure all required medications are available.
- Staff will refer to the posted evacuation route and safely move children to the evacuation meeting site. If blocked, use secondary evacuation route.
- **The evacuation meeting site is _____.**
- **The secondary evacuation meeting site is _____.**
- Upon exiting, staff will survey the scene, proceed if safe and repeat head count. If a child or adult is unaccounted for, alert first responders.
- Staff will notify families by phone, email, text, or classroom communication app as soon as possible to inform them of the emergency and reunite with their child.
- **Reunification Site is _____.**
- Wait for all clear before returning to the building.

TORNADO-SHELTER IN PLACE

- Declare emergency. Alert staff about emergency and begin shelter in place. Call 9-1-1.
- Retrieve Child Information Records, Emergency Care Plans, Safety & Emergency Preparedness Kits, Grab and Go Binder, daily attendance record, and emergency phone numbers.

- Gather students at the nearest emergency exit and complete a head count. (Non-mobile infants and toddlers will be transported in an evacuation crib.)
- Staff members will accommodate for children with chronic medical conditions and/or special needs during an emergency by following individual emergency plans such as individualized plans (IFSP/IEP), Emergency Care Plans, and Action Plans. Ensure all required medications are available.
- Staff will refer to the posted evacuation route and safely move children to the designated meeting site. If blocked, use the secondary route.
- **The designated shelter in place site is _____.** **The secondary designated shelter in place site is _____.**
- Upon guiding children to shelter in place, staff will survey the scene, proceed if safe and repeat head count. If a child or adult is unaccounted for, alert first responders.
- Staff will notify families by phone, email, text, or classroom communication app as soon as possible to inform them of the emergency and reunite with their child.
- **Reunification Site is _____.**
- Wait for all clear before leaving shelter and resuming daily activities or begin evacuation procedures if the building is no longer structurally safe.

LOCKDOWNS AND OTHER CRISIS MANAGEMENT PROCEDURES are included in the SAFETY AND EMERGENCY PREPAREDNESS PLAN located in the GRAB and GO BINDER

OTHER NATURAL OR HUMAN CAUSED EVENTS (I.E.: GAS LEAK, CHEMICAL SPILL, SEWER BACK-UP, FLOOD, POWER OUTAGE)

- Declare emergency and decide the best emergency response: **evacuate or shelter in place.**
- Retrieve Child Information Records, Emergency Care Plans, Safety & Emergency Preparedness Kits, Grab and Go Binder, daily attendance record, and emergency phone numbers.
- Gather students at the nearest emergency exit or shelter in place and complete a head count. (Non-mobile infants and toddlers will be transported in an evacuation crib.)
- Staff members will accommodate for children with chronic medical conditions and/or special needs during an emergency by following individual emergency plans such as individualized plans (IFSP/IEP), Emergency Care Plans, and Action Plans. Ensure all required medications are available.
- Staff will refer to the posted evacuation route and safely move children to the evacuation meeting site. If blocked, use secondary evacuation route.
- **The evacuation meeting site is _____.** **The secondary evacuation meeting site is _____.**
- **The designated shelter in place site is _____.** **The secondary designated shelter in place site is _____.**
- Upon exiting or guiding children to shelter in place, staff will survey the scene, proceed if safe and repeat head count. If a child or adult is unaccounted for, alert first responders.
- Staff will notify families by phone, email, text, or classroom communication app as soon as possible to inform them of the emergency and reunite with their child.
- **Reunification Site is _____.**
- Wait for all clear before re-entering the building, leaving the shelter in place location, and/or resuming daily activities; begin evacuation procedures if the building is no longer structurally safe.

SERIOUS ACCIDENT/INJURY PLAN

- Ensure that all staff and volunteers are aware of the location of the First Aid Kits (one kit for the classroom and one for outside), Safety and Emergency Preparedness Kit, the Child Information Records, and the emergency phone numbers.
- Stay with the injured child and administer the appropriate first aid.
- Locate in the Grab and Go Binder both the emergency phone numbers and the Child Information Records to contact a parent or other emergency contacts listed on the card.
- are for the other children present during this time by removing them from the immediate area if possible. (Non-mobile infants and toddlers will be transported in an evacuation crib.)
- Staff members will accommodate for children with chronic medical conditions and/or special needs during an emergency by following individual emergency plans such as individualized plans (IFSP/IEP), Emergency Care Plans, and Action Plans. Ensure all required medications are available.
- According to the parent's wishes and/or nature of the emergency, staff will plan for the child to be picked up or for an ambulance to transport the child to the hospital.
- Meeting sites and reunification sites will be determined by circumstance and/or emergency personnel.

INCIDENT, ACCIDENT, INJURY, ILLNESS, DEATH, FIRE REPORTING TO LICENSING AND REGULATORY AFFAIRS

- The center shall make a verbal report within 24 hours to Licensing for the occurrence of any of the following: a child is lost or left unsupervised, an incident involving an allegation of inappropriate contact, the death of a child in care, the center is evacuated for any reason, a fire on the premises of the center that requires the use of the fire suppression equipment or results in loss of life or property.
- In the event of death of a child in care, immediately report it, in person or via phone, directly to the child's parent. Other incidents, accidents, injuries or illnesses will be reported to the child's parent as soon as possible.
- A center shall make a verbal report to the department within 24 hours of notification by a parent that a child received medical treatment or was hospitalized for an injury, accident or medical condition that occurred while the child was in care.
- A center shall submit a written Incident Report (BCAL-4605) to LARA within 72 hours of the verbal report. A copy of the report shall be kept on file at the center. Additionally, staff will provide a copy to their Supervisor and Program Support Staff.



The use of tobacco or vaping products is prohibited inside and outside of this building, including parking lots. Thank you for your cooperation.

Great Start to Quality

NMCAA classrooms participate in Great Start to Quality, Michigan's tiered quality rating and improvement system for child care providers and preschool programs.

Great Start to Quality rates these program providers on a scale of one-to-five stars based on state quality standards of care, safety, professionalism, and early learning. These quality standards have been approved by the State Board of Education for child care and preschool, informed by early learning experts and parents.

Your child deserves the best, which is why NMCAA takes part in this important effort to help all Michigan's children have the highest quality experience.

Northwest Michigan Community Action Agency, Inc.

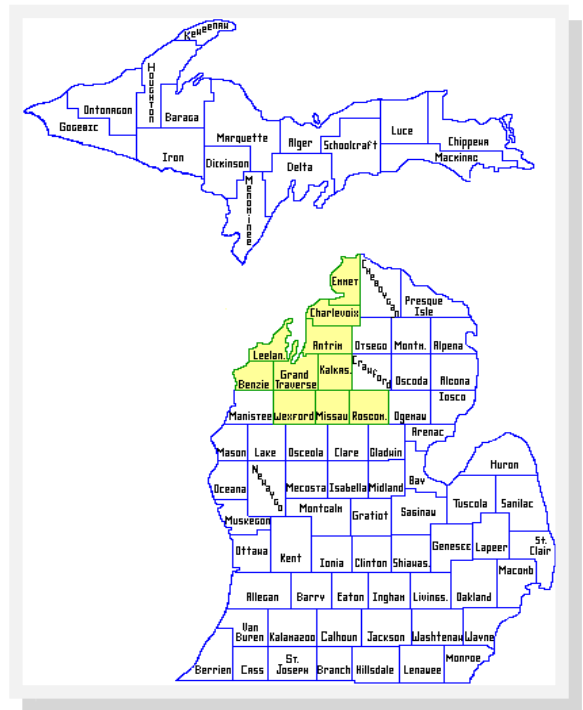
For more than 40 years case managers have connected people to services from Agency administered programs, like Early Head Start, Head Start, Veteran Supportive Service, Homeless Prevention, Meals on Wheels and Financial Management Services (which includes budget and housing counseling services). NMCAA is dedicated to strengthening communities by helping low income individuals and families achieve their personal goals of greater economic security, independence and self-sufficiency.

If you would like more information about Head Start, Early Head Start, Great Start Readiness Programs or any of the other services offered through NMCAA that may be of help to you, please call one of the numbers listed below.

3963 3 Mile Road
Traverse City, MI 49686
231-947-3780
800-632-7334

2240 Mitchell Park Dr., Unit A
Petoskey, MI 49770
231-347-9070
800-443-5518

1640 Marty Paul
Cadillac, MI 49601
231-775-9781
800-443-2297



CRISIS HOTLINES

The following crisis hotline is anonymous and has counselors available to help with stressful situations.

National Suicide Prevention MDHSS
24 hours per day
1-800-273-8255

Benzie Residents Call
Central Wellness Network
24 hours per day
1-877-398-2013

Crisis Services
Michigan 2-1-1
www.mi211.org/get-help/crisis-services

CORNERSTONES OF CULTURE

<p>Nurturing</p> <p>Mindful</p> <p>Compassionate</p> <p>Accountable</p> <p>Appreciative</p>	<ul style="list-style-type: none"> ▪ Promote a culture of support, empowerment, and collaboration. ▪ Respect, appreciate, and celebrate each other's differences. ▪ Promote ongoing agency goals and commit to team success. ▪ Share ideas, be open to suggestions, and maintain a positive attitude. ▪ Be professional, honest, and sincere to help create a trusting work environment.
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nmcaa

HELPING PEOPLE. CHANGING LIVES.

northwest michigan community action agency
a community action partnership

Mission: Helping people by linking services, resources and opportunities

Vision: NMCAA leads in strengthening our communities by empowering people to overcome barriers, build connections and improve their quality of life.

National Head Start Mission Statement: Head Start is a national program that promotes school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to enrolled children and families.