

# Early Head Start Learning Centers



## Parent / Guardian Handbook 2023-2024



### 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/Family & Center Specialist. Private information will not be shared outside of the Agency without 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

Licensing inspection reports, special investigation reports, and related corrective action plans for the last 3 years can be viewed at <https://www.michigan.gov/lara/bureau-list/cclb/rules>

### 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](http://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 guardian; 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 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 responsive and relevant. Engagement as a parent/guardian comes in many forms, whether you choose to participate in curriculum-based activities with your child at home, join us in the classroom or at family events, or participate in Policy Council, we aim to create a community where you and your child feel connected and supported. 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, Kyrie, Victor, and Vincent)  
Parent Policy Council Chairperson*

231-947-3780 or 800-632-7334

[www.nmcaa.net](http://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 Part Day (HS)

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

### Head Start Extended Day (HS)

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

### Great Start Readiness Program (GSRP) Only 4 Years Old by September 1<sup>st</sup>

- 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](http://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 the QR Code to start the application today!**



Benzie, Grand Traverse, and Leelanau <b>231-947-3780 or 800-632-7334</b>	Missaukee, Roscommon, and Wexford <b>231-775-9781 or 800-443-2297</b>	Antrim, Charlevoix, Emmet, and Kalkaska <b>231-347-9070 or 800-443-5518</b>
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## **NMCAA Early Childhood Programs Grievance 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 and/or the Executive Director. Every attempt will be made to resolve the situation immediately. However, should an individual wish to file a formal grievance, they will use the NMCAA Program Grievance form (complaint-1). Upon receipt of the completed form, an interview with the complainant will be scheduled within 30 working days. A Notice of Grievance Review will be set to the complainant with further information. Attendees: Early Childhood Programs Director, any pertinent staff members, a representative of the Policy Council Executive Committee, and the complainant with support he/she may choose.

The complaint will be reviewed, and appropriate action taken. Notice of this action will be mailed to the complainant within 5 working days. Should the complainant wish further review, all documents pertaining to the grievance will be forwarded to the Agency Executive Director with a request for review by the appropriate committee of the NMCAA Board of Directors. Action taken by the Board will be considered final.

### **Parent/Guardian Participation**

NMCAA early childhood programs could not exist without tremendous parent involvement and interest in the program. In Early Head Start and Head Start, parents/guardians are considered their child's first and most important teacher and advocate. We are accepting of all families and their diverse backgrounds so that everyone feels valued and included. We appreciate that everyone is equal, and we avoid making assumptions about anyone. Thank you to all parents who lend their strengths to the program.

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/Guardian 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/guardians, and specialists/stakeholders. The committee reviews local operations, including recruitment/enrollment, classroom observations and child outcome data, and other issues important to parents/guardians. The committee needs parents/guardians to be part of the decision-making process governing your local center. All parents/guardians 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.

### **Policy Council**

Policy Council is one of the governing bodies of the Early Head Start and Head Start program and acts as the parents'/guardians' 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 Assessment, Family Needs Assessment, Application Packet, family goal process, and reflective practice.
- 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 Child Family Development Programs 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/Guardian Meetings/Family Engagement**

Parent/Guardian 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 have opportunities to 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.

The parent/guardian committee from each center and childcare collaborative site elects a representative to serve on Policy Council. Each Policy Council parent/guardian represents a classroom teacher.

## **Sharing and Providing Input**

### **Parents/guardians can provide input about the operation of the program:**

- Become active at your center.
- Share your family traditions and talents with us so we can learn from you!
- Talk with other parents/guardians and staff about the program and ways that each person can help.
- Use the What do You Think About Program form in the classroom to share ideas or thoughts about the program.
- Offer opportunities for decision-making activities within the local advisory structure.
- Share ideas and input about ways to improve program quality.
- Inquire about paid subbing opportunities.
- If elected, Head Start parents/guardians may serve as Policy Council representatives.
- Head Start parents/guardians may assist and support the current Policy Council Representative.

## 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 or Family & Center Specialist, 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; they 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 utilize Learning Genie and 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. These activities may be counted as in-kind.

## School Readiness Home Visits and Teacher Conferences

Home visits and 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 supporting 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 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!

### **Learning Genie Mobile App**

- Our program uses a tool called Learning Genie to communicate with you about school events, at home learning activities, resources for your family, educational opportunities, health requirements and so much more....
- All you have to do is download the Learning Genie Parent App (make sure it's the one for parents!) and we'll walk you through the next steps.
- We are excited to build a connection with you and become a partner 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/guardians and a parent/guardian 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 a 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**

#### **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 would benefit from 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/guardian 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:

- Advocates and a resource for you
- Parent/guardian educators

#### 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

When you join the Early Head Start Program, we start building a partnership with your family to help your child get ready for school and have positive outcomes for your family. Congratulations on being enrolled! We have different ways to work together, like talking with teachers in the classroom, having meetings for parents or guardians, organizing events for families to participate in, offering workshops, visiting your home, and having conferences with teachers. Our program is made to fit the needs of each family.

We will ask you to fill out two important surveys during the year: the **Family Needs Assessment** (done once) and the **Family Outcomes Tool** (done twice). These surveys help us understand your family's strengths and celebrate them with you. The Family Outcomes Tool also shows us how your family's daily routines change and grow over the year.

The Family & Center Specialist (FCS) will talk with you about the surveys and help you set a **Family Goal** based on your interests and needs. The FCS will support you, and help you find any needed resources in the community. By working together, we can help your child succeed and support positive outcomes for your family.

## NMCAA Early Childhood Parenting Curriculum: Your Journey Together

"**YJT**" is a program that helps families learn and develop skills to become stronger and more resilient. Being resilient means being able to handle and overcome challenges in life. **YJT** teaches parents and guardians how to turn everyday routines, activities, and relationships into opportunities to build resilience. Building resilience also helps children and families with their emotions and relationships. **YJT** concepts and activities can be used during home visits, teacher conferences, and to meet individual family needs. The **YJT** program is sensitive to trauma and focuses on empowering parents and creating safe, trusting, and healing relationships for all families, no matter their background.

## 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 receive educational experiences based on their needs.

NMCAA 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 ways: parent/guardian handbook, parent/guardian meetings, family engagement events, newsletters, visits to the classrooms, conversations, home visits, and 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.

## DEIA (Diversity, Equity, Inclusion and Accessibility)

NMCAA honors DEIA, which means that we create programming and environments that are respectful. We are accepting of all people and their diverse backgrounds so that everyone feels valued and included. We appreciate that everyone is equal, and we avoid making assumptions about anyone. Program staff and families are expected to agree to be respectful to all children, families, and staff and only use kind words and actions, treating everyone with dignity. Program staff and families are also expected to not say anything hurtful about the following:

- **race** (color of person's skin)
- **ethnicity** (person's cultural background & where they come from)
- **religion** (person's beliefs and practices)
- **abilities** (what a person can or cannot do)
- **family structure** (different kinds of family's people have)
- **body structure and physical traits** (how a person looks)
- **sexual orientation and whom someone loves** (who people are attracted to)
- **gender identity and how people identify themselves** (how people see themselves as male, female, or something else)
- **education level** (how many years of education someone has)
- **financial situation** (how much money someone has)

## 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 persistence and problem-solving skills when completing tasks.

## Social and Emotional Development

- Children will increasingly regulate their emotions and behaviors to build connections and navigate their interactions with others.

## Language and Communication

- Children will understand, follow, and use appropriate social and conversational tools when interacting with others.

## Literacy

- Children will demonstrate basic print concepts by age 3, leading to a knowledge of the alphabet by age 5.

## Cognition and General Knowledge

- Children will use play to increase their understanding of symbolic representation as it relates to mathematical concepts such as number names and count sequence.

## Perceptual, Motor, and Physical Development

- Children and adults will participate in family style meals that promote relationships, nutritious food choices, and eating habits.

## 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](http://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.

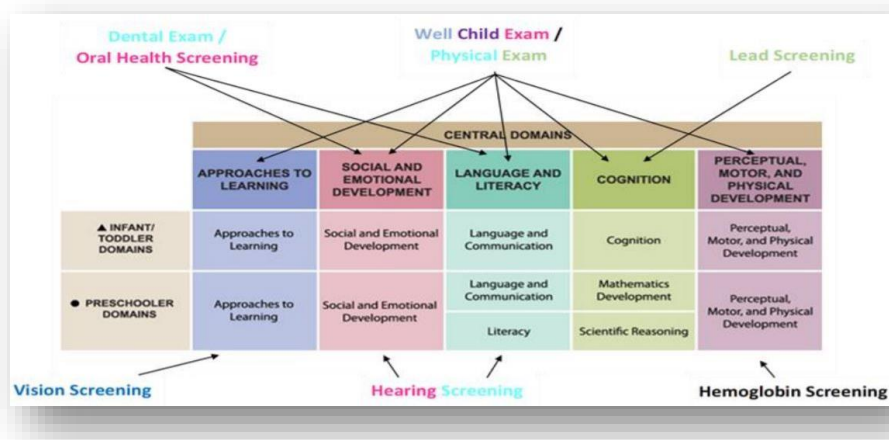
**Nurturing and Responsive Relationships:** Early relationships shape children's learning and development. Children thrive when adults support their strengths and needs. Responsive adults help children feel safe and valued and learn how to get along well with others.

**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 Child and Family Development families, professionals, and other volunteers from the community.

NMCAA employs Recruitment and Health Specialists (R&H) to support families in their health needs. This includes determining immunization and health statuses are up to date for enrolled children according to the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). This happens within the first 30 days of enrollment in Head Start or within 90 days of enrollment in Early Head Start from their healthcare provider.

Additionally, Child and Family Development programs require all children to complete a growth assessment (2 years and older), 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 for Head Start. R&H or Child Family Specialist (CFS) communicates with families regarding any children needing follow-up care.

Recruitment and Health Specialists educate families regarding the importance of up-to-date medical and oral health requirements and immunizations and how it connects to school readiness. R&H determines if a family has a medical home and dental home, along with health insurance coverage. Families that do not

have continuous care are given a list of health and dental professionals in the area. R&H will assist families in applying for Medicaid when they do not have health insurance coverage; Child and Family Development funds can be used to help families pay for health requirements once approved.

R&H 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, home visitors, and families about any updates or needs a family may have.

To limit the potential spread of communicable diseases 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 sanitizing and disinfecting procedures to minimize opportunities for person-to-person exposure. Handwashing and Routine Center Cleaning signs are posted in all classrooms and socialization spaces for staff, children, families, and volunteers.

## 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 8:15am to 3:15pm 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/guardians. 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. Parents/guardians will receive documentation of diapering/toileting through Learning Genie or the Child's Daily Report.

## 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/Guardians 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/guardians/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/Guardians and Volunteers will refrain from the following:**

- Carrying, pulling, or pushing by limbs, aggressively moving, 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 or delaying any of the following as a consequence: 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 families.

**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](http://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



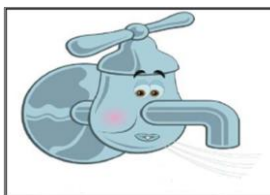
The S.T.A.R. Exercise **S**top/Smile; **T**ake a deep breath **A**nd **R**elax.

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 always supervised.

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 staff 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 Specialist 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 develops symptoms of illness during care hours:

- When a child develops new signs or symptoms of illness the program will notify the parents/guardians, and the teacher/primary caregiver or FCS will determine whether the child will be sent home when the illness:
  - Prevents the child from participating comfortably in activities.
  - Results in a need for care that is greater than the staff can provide without compromising the health and safety of other children.
  - Poses a risk of the spread of harmful diseases to others.
  - Causes a fever above 100.4 °F, behavior change or other signs and symptoms of illness.
    - Symptoms may include sore throat, rash, shortness of breath or difficulty breathing (without recent physical activity), continuous cough, fatigue, extreme fussiness, flushed cheeks, muscle or body aches, headache, congestion or runny nose, nausea or vomiting, and/or diarrhea.
- When the symptoms meet the criteria listed above:
  - Staff will notify parents/guardians of children who have symptoms that require exclusion, and parent/guardians will be asked to remove children from the early care and education setting as soon as possible. Staff may recommend contacting the child's primary care physician/medical provider.
    - 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.
  - For children whose symptoms do not require exclusion, verbal or written notification to the parent/guardian at the end of the day is acceptable.
  - Most conditions that require exclusion do not require a primary health care provider visit before re-entering care.
  - Child Information Records must be up-to-date with working emergency contact phone numbers.
- Parent/Guardian notification will be immediate for emergency or urgent issues. 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.

### 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 timelines.

*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.

<b>It's "HOW" You Say It That Counts</b>	
<b><i>Say what you want the child to do</i></b>	<b><i>Avoid saying it this way</i></b>
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?

## 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.

For the safety of all children, and due to health and/or allergy concerns, please make sure any food/snacks from home are not brought to school.

## 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, the State of Michigan Licensing Rules for Child Care Centers, and the local school district when applicable.

## Weather Policy

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

- If the public school is cancelled for the entire day, the local Early Head Start will also be closed.
- If the public school is delayed in the morning, the local Early Head Start program may follow the public-school scheduled delay.
- 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 in-person on the Child Information Record as soon as possible.



## 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/guardian. 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**.

If the Early Head Start center is in a public school, we will abide by their policy which may require that children be **free of live lice and nits** before they can return to the center.

### **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.

#### **Questions or Information**

Head Lice website (CDC): <http://www.cdc.gov/parasites/lice/head/index.html>

Head Lice Manual (MDHHS): <https://www.michigan.gov/->

## 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.

- **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 a 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. Your child may not be able to attend school until their required medication is at the center.**
- **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 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

1. Date to Begin Giving Medication	2. Date to Stop Medication
3. Time Medication is to be Given	4. Amount (dosage) of Medication Each Time Given
5. Frequency (daily, weekly, monthly, etc.)	6. Route (oral, inhalant, injectable, topical)
7. Storage of Medication	8. Reason for Medication
9. Medication Expiration Date	10. Date of Training
11. Name of Health Care Provider	12. Phone Number
13. Additional Instructions (side effects, medication returned end of day, etc.)	
14. Signature of Parent/Guardian	

### TO BE COMPLETED BY CAREGIVER

Date	Medication	Actual Time Administered	Amount Given	Staff Signature

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

## Medication Authorization Guidance

A few reminders:

- The Medication Authorization Form must stay with the medication.
- Medication will be returned to the child's parent or destroyed when the parent determines it is no longer needed or it has expired.
- Emergency medications (EpiPen, inhaler) are always stored out of the reach of children but are always quickly accessible (rescue medication 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.
- Non-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, in the refrigerator, and on the bus.
- Medication cannot be added to a child's beverage or food unless indicated on the prescription label.
- 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 instructions noted in box 13. 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, complete and Illness/Incident, make a verbal report to Licensing within 24 hours. Complete the Incident Report State of Michigan form (BCAL 4605) within 72 hours.
- A program must 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 or any matter for which notification or a report to state or local authorities is required by applicable law, including at a minimum:
- Administration staff will refer to the Special Investigations and OHS Reporting form for additional documentation requirements when following up with the Office of Head Start.
- 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. If the release is signed, it is not necessary to complete this form for items listed in this bullet. Triple antibiotic ointment and diaper cream must be labeled with the child's name.

## 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

NMCAA honors DEIA (Diversity, Equity, Inclusion and Accessibility), which means that we create programming and environments that are respectful. We are accepting of all people and their diverse backgrounds so that everyone feels valued and included. We *appreciate that* everyone is equal and avoid making assumptions about anyone. When preparing for celebrations, program staff will consider how all the following are being respected:

- **race** (social term often used based on skin color and or ancestry)
- **ethnicity** (person's cultural background)
- **religion** (person's beliefs and practices)
- **differing abilities**
- **family structure** (different kinds of family's people have)
- **body type and physical traits** (how a person looks)
- **gender identity** and how they identify themselves (how people see themselves as male, female, etc.)
- **sexual orientation** and whom they love (who people are attracted to)
- **education level**
- **financial situation** (how much money someone has)
- Before planning celebrations, consider the backgrounds of all the families in your group and how the celebration may impact each person's sense of inclusion.
  - Consider how the planned activities reflect the children's life experiences, as well as broaden their insight into the lives and experiences of others.
  - Keep in mind, cultures have their own set of rules and expectations, and cultural concepts are best taught by using the children's varied family heritages and community resources.
  - Avoid teaching stereotypes from the past.
  - Learn about family traditions and use them when possible (i.e. songs parent/guardians sing to children, games they play, etc.)
- Celebrations are an opportunity to highlight children's learning and experiences in NMCAA early childhood programs. When celebrating the children and their work use pictures, videos, and displays to show children's accomplishments.
  - Be careful not to confuse celebrations with holidays. (i.e., Halloween, Thanksgiving, Christmas, Valentine's Day, etc.)
- Activities need to be open ended and process oriented so that ALL children can be involved successfully.
- Concepts being presented must be developmentally appropriate.
- Preparation should not dominate a month's worth of activities.
- If food consumption is involved in a celebration:
  - We cannot ask parents/guardians 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.)
  - Involve children in food preparation as much as possible, always keeping food allergies in mind.
  - Nutritious foods must be strongly encouraged and provided whenever possible.
- Celebrations held after hours should also follow these guidelines.
- Celebrations held after hours cannot be used as substitutes for classroom or home visiting time.
  - We cannot imply or request individual parents/guardians to provide gifts, money, or materials for celebrations.

If you need clarification on any point about this policy talk to your Ed. Coach, Coordinator, or PSC.

# Celebration Policy Guidance

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

When planning and setting up the environment to include items below, ensure the children and families can see themselves reflected in the materials, and that the materials are representative of the diverse world we live in. Be mindful of where the materials come from, consider things such as: authenticity, who the author or artist is, and what's their background.

## **This is what we CAN DO:**

- have all kinds of books and read by request or choice.
- have music in a wide variety of styles and authentic instruments.
- talk about different types of homes, families, work, and foods.
- display posters and artwork, have dolls, puzzles, clothing in dramatic play, and cooking items that represent a variety of people, including differing races, ethnicities, abilities, family structure, different body types and physical traits,
- display artwork covering a variety of periods and styles.
- celebrate the seasons, using items like pumpkins, clovers, pinecones, gourds etc...
- send valentines home when brought in by a child.
- learn and share words in another language.
- set up the environment to represent diversity.
- have parents/guardians share about their culture and traditions...if they ask to
- have parents/guardians contribute to the dramatic play area by sending in empty boxes, cans, etc. from foods they eat.

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

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 currently participate 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 feedback to classrooms and vendors based on the nutrition analyst's findings, as necessary.

We meet the needs of children, families, and staff by providing nutritional family-style meals and snacks to the children and staff, providing foods that are low in fat, sugar and salt, increased servings of fresh fruits and vegetables, adding a meat/meat alternate to breakfast, teaching servings sizes, introducing children and families to different foods, modeling for children and families, and learning about and respecting different cultures through food. We work with families to meet their children's individual nutritional needs, providing food substitutions when needed. We also hold family engagement activities that include meals and/or snacks that follow our nutritional requirements.

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. Additionally, all of our planned, CACFP-approved menus are posted and accessible to families and staff.

### **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).\*

<b>Breakfast</b>	<b>Lunch and Supper</b>	<b>Snack (serve 2 different food items from the 5 food components groups below)</b>
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](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](mailto: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 95<sup>th</sup> percentile or at or below the 5<sup>th</sup> 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.

## **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 childcare centers that may apply pesticides on the property to provide an annual notification to parents of students attending the facility.

Procedures:

- Staff will contact the facilities Coordinator, 231.357.2965 before any type of pesticide is used. Pesticides need to be applied by certified applicators.
- 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 by a professional pest control company, staff will ensure that the Advance Notice of Pesticide Treatment sign is posted on the main NMCAA childcare 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.**

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 can 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:

- It will be posted at the main Head Start entrance(s) of the school, not less than 48 hours prior to the treatment.
- By the following method (that is checked), not less than 48 hours prior to treatment:



- Posted on our website [www.nmcaa.net/publicinfo.asp](http://www.nmcaa.net/publicinfo.asp)
- Via email
- A written notice that is sent home with each child

- 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 Stockfish  
 Telephone: 231.346.2162  
 Email: [kstockfish@nmcaa.net](mailto:kstockfish@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).

## Mandated Reporter Policy and Procedures

### Mandated Reporter Policy and Procedures:

Child and Family Development staff, childcare 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.
- The NMCAA Early Childhood Programs Director must submit reports, as appropriate, to the responsible HHS official immediately or as soon as practicable, to mean without delay, but no later than seven calendar days following 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.
  - Administration staff will refer to the Special Investigations and OHS Reporting form for additional documentation requirements when following up with the Office of Head Start.
- The ISD/GSRP consultant must be notified within 24 hours of a special investigation being initiated by Licensing and Regulatory Affairs for GSRP funded programs.
- **For childcare collaborative center staff ONLY:** Regarding child abuse and neglect, the Collaborative and EHS Center-based Manager must be notified within 12 hours of submitting a BCAL-4605 to Licensing and Regulatory Affairs, or when a special investigation is initiated by Licensing and Regulatory Affairs.
- Licensing will be notified with 24 hrs. by phone, fax or email when:
  - A child is lost or left unsupervised, or an incident involving an allegation of inappropriate contact occurs at the center. And a BCAL-4605 report will be submitted within 72 hrs.
  - 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.
- 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.
  - 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 childcare providers and seek further guidance from a supervisor.
- Staff and families will 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. <https://www.nmcaahr.com/eap-resources.html>
- Other staff wellness support resources can be found at [Staff Wellness - NMCAA HEAD START \(nmcaahs.com\)](https://www.nmcaahr.com/staff-wellness)
- Child and Family Development staff, childcare 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.

## 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 volunteers following the Head Start Program Performance Standards, Great Start Readiness Program requirements, and the Licensing Rules for Child Care Centers. Volunteers will not have unsupervised contact with children unless they have completed the childcare background check process or have been added to the Child Information Record by the parent/guardian.

**Volunteers may include, but are not limited to, the following:** ISD staff, mental health consultants, Foster Grandparents, 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 Procedures:

- 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.**
  - **EXCEPTION:** Unsupervised ISD volunteers (COMBINATION ROOM ISD CONSULTANTS AT BLAIR, LINCOLN ST, AND TRAVERSE HEIGHTS) that have completed the CCBC process and been deemed "eligible," will be connected to the identified license. These consultants will follow all LARA/Head Start/GSRP requirements. These identified consultants, with permission and acknowledgement of the management staff, may be left alone with children.
  - ALL other ISD and mental health consultants will follow the Volunteer Screening Policy requirements, and when approved by the parent and documented on the Child Information Record, may meet with children alone after signing them out of the classroom.
- In addition to a PSOR/CCBC 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).
- **The PSOR clearance and APOT must be completed on an annual basis for returning volunteers. The CCBC process must be renewed every five years.**
  - 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 employment or 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.

### **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.ncjrs.gov/pandoc/servlets/servlet/PublicWebSite) can also be used to meet this requirement.

### **Volunteering in the Classroom**

- Volunteers with children will need to make other arrangements for their care while volunteering. We are unable to allow children not enrolled in that particular classroom to accompany the volunteer.
- 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**

- (Staff Position) declare emergency. Alert staff about emergency and begin evacuation procedure. Call 911.
- (Staff Position) retrieve Child Information Records, Emergency Care Plans, Safety & Emergency Preparedness Kits, Grab and Go Binder, daily attendance record and emergency phone numbers.
- (Staff Position) will 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 \_\_\_\_\_.** **Staff person responsible for releasing students \_\_\_\_\_.**
- Wait for all clear before returning to the building.

### **TORNADO-SHELTER IN PLACE**

- (Staff Member) declare emergency. Alert staff about emergency and begin shelter in place. Call 9-1-1.
- (Staff Member) will retrieve Child Information Records, Emergency Care Plans, Safety & Emergency Preparedness Kits, Grab and Go Binder, daily attendance record, and emergency phone numbers.
- (Staff Member) will 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 \_\_\_\_\_.** **Staff person responsible for releasing students \_\_\_\_\_.**
- 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)**

- (Staff member) declares emergency and decide the best emergency response: **evacuate or shelter in place.**
- (Staff Member) retrieves Child Information Records, Emergency Care Plans, Safety & Emergency Preparedness Kits, Grab and Go Binder, daily attendance record, and emergency phone numbers.
- (Staff Members) 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 \_\_\_\_\_.** **Staff person responsible for releasing students \_\_\_\_\_.**
- 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.
- (Staff Position) will stay with the injured child and administer the appropriate first aid.
- (Staff Position) 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.

- (Staff Position) will care 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.

# Air Quality and Outdoor Activity Guidance for Schools

Regular physical activity — at least 60 minutes each day — promotes health and fitness. The table below shows when and how to modify outdoor physical activity based on the Air Quality Index. This guidance can help protect the health of all children, including teenagers, who are more sensitive than adults to air pollution. Check the air quality daily at [www.airnow.gov](http://www.airnow.gov).

Air Quality Index	Outdoor Activity Guidance
 <p>green</p> <p>GOOD</p>	<p>Great day to be active outside!</p>
 <p>yellow</p> <p>MODERATE</p>	<p>Good day to be active outside!</p> <p>Students who are unusually sensitive to air pollution could have symptoms.*</p>
 <p>orange</p> <p>UNHEALTHY FOR SENSITIVE GROUPS</p>	<p>It's OK to be active outside, especially for <b>short activities</b> such as recess and physical education (PE).</p> <p>For <b>longer activities</b> such as athletic practice, take more breaks and do less intense activities.</p> <p>Watch for symptoms and take action as needed.*</p> <p>Students with asthma should follow their asthma action plans and keep their quick-relief medicine handy.</p>
 <p>red</p> <p>UNHEALTHY</p>	<p>For <b>all outdoor activities</b>, take more breaks and do less intense activities.</p> <p>Consider moving <b>longer or more intense activities</b> indoors or rescheduling them to another day or time.</p> <p>Watch for symptoms and take action as needed.*</p> <p>Students with asthma should follow their asthma action plans and keep their quick-relief medicine handy.</p>
 <p>purple</p> <p>VERY UNHEALTHY</p>	<p>Move <b>all activities</b> indoors or reschedule them to another day.</p>

## \* Watch for Symptoms

Air pollution can make asthma symptoms worse and trigger attacks. Symptoms of asthma include coughing, wheezing, difficulty breathing, and chest tightness. Even students who do not have asthma could experience these symptoms.

### If symptoms occur:

The student might need to take a break, do a less intense activity, stop all activity, go indoors, or use quick-relief medicine as prescribed. If symptoms don't improve, get medical help.

## Go for 60!

CDC recommends that children get 60 or more minutes of physical activity each day. [www.cdc.gov/healthyyouth/physicalactivity/guidelines.htm](http://www.cdc.gov/healthyyouth/physicalactivity/guidelines.htm)

## Plan Ahead for Ozone

There is less ozone in the morning. On days when ozone is expected to be at unhealthy levels, plan outdoor activities in the morning.



## Questions and Answers

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### How long can students stay outside when the air quality is unhealthy?

There is no exact amount of time. The worse the air quality, the more important it is to take breaks, do less intense activities, and watch for symptoms. Remember that students with asthma will be more sensitive to unhealthy air.

### Why should students take breaks and do less intense activities when air quality is unhealthy?

Students breathe harder when they are active for a longer period of time or when they do more intense activities. More pollution enters the lungs when a person is breathing harder. It helps to:

- ✓ reduce the amount of time students are breathing hard (e.g., take breaks; rotate players frequently)
- ✓ reduce the intensity of activities so students are not breathing so hard (e.g., walk instead of run)

### Are there times when air pollution is expected to be worse?

**Ozone pollution** is often worse on hot sunny days, especially during the afternoon and early evening. Plan outdoor activities in the morning, when air quality is better and it is not as hot.

**Particle pollution** can be high any time of day. Since vehicle exhaust contains particle pollution, limit activity near idling cars and buses and near busy roads, especially during rush hours. Also, limit outdoor activity when there is smoke in the air.

### How can I find out the daily air quality?

Go to [www.airnow.gov](http://www.airnow.gov). Many cities have an Air Quality Index (AQI) *forecast* that tells you what the local air quality will be later today or tomorrow, and a *current* AQI that tells you what the local air quality is now. The AirNow website also tells you whether the pollutant of concern is ozone or particle pollution. Sign up for emails, download the free AirNow app, or install the free AirNow widget on your website. You can also find out how to participate (and register your school) in the School Flag Program ([www.airnow.gov/schoolflag](http://www.airnow.gov/schoolflag)).

### If students stay inside because of unhealthy outdoor air quality, can they still be active?

It depends on which pollutant is causing the problem:

**Ozone pollution:** If windows are closed, the amount of ozone should be much lower indoors, so it is OK to keep students moving.

**Particle pollution:** If the building has a forced air heating or cooling system that filters out particles then the amount of particle pollution should be lower indoors, and it is OK to keep students moving. It is important that the particle filtration system is installed properly and well maintained.

### What physical activities can students do inside?

Encourage indoor activities that keep all students moving. Plan activities that include aerobic exercise as well as muscle and bone strengthening components (e.g., jumping, skipping, sit-ups, pushups). If a gymnasium or open space is accessible, promote activities that use equipment, such as cones, hula hoops, and sports balls. If restricted to the classroom, encourage students to come up with fun ways to get everyone moving (e.g., act out action words from a story). Teachers and recess supervisors can work with PE teachers to identify additional indoor activities.

### What is an asthma action plan?

An asthma action plan is a written plan developed with a student's doctor for daily management of asthma. It includes medication plans, control of triggers, and how to recognize and manage worsening asthma symptoms. See [www.cdc.gov/asthma/actionplan.html](http://www.cdc.gov/asthma/actionplan.html) for a link to sample asthma action plans. When asthma is well managed and well controlled, students should be able to participate fully in all activities. For a booklet on "Asthma and Physical Activity in the School," see <http://www.nhlbi.nih.gov/health/resources/lung/asthma-physical-activity.htm>.

## Great Start to Quality

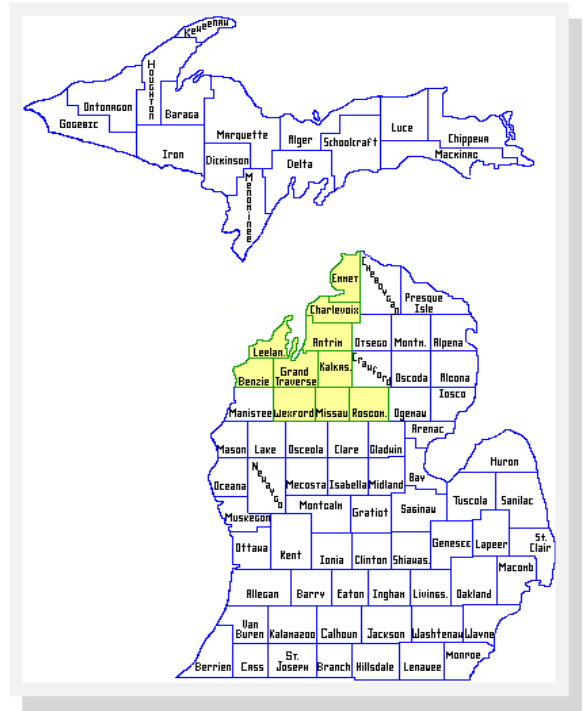
Great Start to Quality is Michigan's system, which sets quality standards and evaluates the quality of early care and education programs. It is funded by the Department of Education. Great Start to Quality includes 10 Resource Centers across the state that work with programs to take steps to improve their quality. Great Start to Quality also shares information about programs with families and helps families select the right program for their needs.

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

Please call for information about services that may be of help to you.

<p>3963 3 Mile Road Traverse City, MI 49686 231-947-3780 800-632-7334</p>
<p>2240 Mitchell Park Dr., Unit A Petoskey, MI 49770 231-347-9070 800-443-5518</p>
<p>1640 Marty Paul Cadillac, MI 49601 231-775-9781 800-443-2297</p>




### 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  
9-8-8

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](http://www.mi211.org/get-help/crisis-services)



# CORNERSTONES OF CULTURE

**Nurturing**


**Mindful**

**Compassionate**

**Accountable**

**Appreciative**

- 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.



**nmcaa**

HELPING PEOPLE. CHANGING LIVES.

northwest michigan community action agency a community action partnership

**NMCAA's mission is to foster positive change by providing opportunities and promote self-sufficiency, improving the quality of life and building stronger, more connected communities.**

**Vision: NMCAA drives the change that strengthens communities where ALL PEOPLE have opportunities to achieve their full potential.**

**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.**

\*These materials were developed under a grant awarded by the Michigan Department of Education