Early Learning Center
Early Head Start

Family Handbook 2026-2027

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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NMCAA Commitment to Families

At NMCAA, we believe every child and family deserves to feel welcomed, respected, and supported. We value the experiences and strengths each family brings and strive to create a warm, responsive environment where families feel connected and are encouraged to take part in our community.
In accordance with Section 654 of the Head Start Act, our program will not discriminate based on race, creed, color, national origin, sex, political affiliation, or beliefs in all programs, project, and activity operations.

Child & Family Development

NMCAA early childhood programs promote 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 or Family & Center Specialist. Private information will not be shared outside of the Agency without your written permission, except when necessary to meet legal, regulatory, or program requirements as described in the Annual Notice. 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.

Annual Notice and Procedures to Protect Personally Identifiable Information

NMCAA Early Childhood Programs are committed to protecting family privacy.

- To better serve children and families, NMCAA may share information across NMCAA programs on a need-to-know basis. This helps coordinate services, make referrals, reduce duplication, and ensure families receive the support and resources available to them. NMCAA is also required to share certain information with the State of Michigan for program administration, reporting, service coordination, and compliance with program requirements.
- All information is handled securely and in accordance with applicable privacy and confidentiality laws. NMCAA discloses only the minimum amount of information necessary to meet the purpose of the disclosure. Some information sharing requires parent consent, while other disclosures may occur as permitted or required by law.
- Families who wish to opt out of information sharing for NMCAA program service coordination should contact their Family Specialist.

A complete copy of the Annual Notice and Procedures to Protect Personally Identifiable Information (PII) is available at www.nmcaa.net. A hard copy will be provided upon request.

Licensing Inspection Reports

Licensing inspection reports are available to families at www.michigan.gov/michildcare .Please ask the Family & Center Specialist to use a computer or iPad to look up these reports if desired.

WELCOME!

From Our Family to Yours

Dear Families,

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

Whether you're an expectant parent or enrolling a child in one of our infant, toddler, or preschool programs, we are honored to be part of your journey. Thank you for choosing to partner with us to give your child a strong and joyful start.

At NMCAA, we strive to create spaces where every child and family feels safe, supported, and truly seen. We invite you to share your family's traditions, values, and hopes—these insights help us tailor our care and learning to meet your child's individual needs.

Family engagement is at the heart of all we do. Your voice and participation help shape our program and ensure it remains responsive and meaningful. Whether it's reading with your child at home, joining us for classroom activities, attending family events, or serving on Policy Council, there are many ways to be involved—big or small. We'll meet you where you are.

We're excited to get to know you and your child. We believe in the power of relationships and look forward to a year filled with connection, growth, and discovery—for your child, and for your whole family.

Please don't hesitate to reach out with questions, concerns, or ideas. We're here to support you every step of the way.

Sincerely,

Shannon Phelps (mother of Klayton & George)
Child and Family Development Director

Melanie Chaney (mother of Henry, Ellery, & Enslee)
Parent Policy Council Chairperson

231-947-3780 or 800-632-7334 www.nmcaa.net

Program Options with NMCAA

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

Birth to Three Year Old Program Options

Early Head Start Learning Centers

- 7 hours per day, Monday through Friday, 46 weeks per year. (ELC Discovery is a hybrid model with home visiting in the summer instead.)
- 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

Preschool & Child Care 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 (HS)

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

Child Care Collaborations

- 3 and 4 year old programs start in September and end in May or June.
- Full day, year-round program for Infant and Toddlers classrooms
- Head Start and Early Head Start services are provided by child care providers at the child care center.

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

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

Strong Beginnings (SB) 3 Years Old by September 1st

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

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 interest form at www.nmcaa.net or call us for an appointment with a recruitment specialist. Your efforts in sharing the benefits of these programs with others will help our program and impact the life of a child.

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

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

NMCAA Child and Family Development Programs Grievance Procedure

Unresolved grievances regarding NMCAA child development programs will be referred to the Child and Family Development Director and/or the Executive Director.

1. 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).
2. 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 sent to the complainant with further information.
3. Attendees:
    a. Any pertinent staff members
    b. A representative of the Policy Council Executive Committee
    c. The complainant, with support he/she may choose.
4. The complaint will be reviewed, and appropriate action taken. Notice of this action will be mailed to the complainant within 5 working days.
5. 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.

This procedure shall be posted at all centers for parents and community members to access.

This Grievance Procedure is part of NMCAA's commitment to upholding written standards of conduct that:

- Establish and regularly update formal procedures for disclosing, addressing, and resolving any conflict of interest—or appearance of a conflict of interest—by members of the governing body, officers, employees of the Head Start agency, and consultants or agents who provide services or goods to the agency;
- Address complaints, including investigations when appropriate; and
- To the extent practicable and appropriate, and at the discretion of the governing body, establish advisory committees to oversee key responsibilities related to program governance and the continuous improvement of the Early Head Start program.

Parent/Guardian Participation Groups

NMCAA early childhood programs could not exist without the involvement and interest of parents and guardians. You are your child's most important teacher!

We welcome all families and aim for respect, connection, and open communication. Thank you to all who share your time, ideas, and strengths with the program.

Parent/Guardian Advisory Committee

Each center has an advisory committee/family participation group which meets at least two times per year. The committee consists of classroom staff, 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/guardians and early childhood professionals gather to discuss important issues impacting children and families.

Additionally the Parent/Guardian Advisory Committee from each Early Head Start classroom elects a representative to serve on Policy Council.

Policy Council

Policy Council is the governing body of the Early 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 Primary Teacher or Family Center Specialist about how to become involved!

Please watch our Policy Council Video for more information!

https://www.youtube.com/watch?v=icwq8iIeChI

Health and Mental Health Services Advisory Committee

The purpose of the Health and Mental Health Services Advisory Committee (HMHSAC) 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.

The range of functions of the committee 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 and mental health.
- Build community partnerships to facilitate access to additional mental health resources and services.
- 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 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.

Family and Caregiver Partnerships: Engaging in the Classroom

Engaging in the classroom is a rewarding experience that benefits our entire community. As your student's first and most important teacher, your presence significantly enhances the learning environment, offering valuable support to both the staff and all students.

Here are some effective ways to partner with us:

- **Be an observer:** Take time to watch, listen, and understand the classroom dynamics. Experience the joy of **watching the children learn through play**. By becoming familiar with daily activities, you will feel more connected to the educational journey.
- **Connect Through Play:** Dive into activities alongside your student. Let them guide you, which *strengthens your bond* while encouraging their creativity and confidence.
- **Collaborate with Staff:** Lend a hand with daily routines and activities. Our teaching staff value your partnership and will provide clear guidance on how best to assist. For the safety of our community, ***volunteers always work alongside staff*** and are never left alone with the children.
- **Supporting All Students**. As children adapt to the idea of sharing their family members or caregivers with their peers at school, it is beneficial to let them know your role is to **support all of their classmates** while you are volunteering.
- **We warmly invite you to join us whenever possible!** Our education staff is ready with specific suggestions to make your volunteer experience fulfilling and impactful. Together, we can create a **vibrant, supportive learning environment** for all children.

Parent/Guardian Participation

Early Head Start could not exist without the involvement and interest of parents and guardians. You are your child's most important teacher!

Getting Involved & Supporting Your Child's Learning

When parents and guardians participate in our program, everybody wins! Your involvement gives your child a positive view of school, helps staff better support your family, and strengthens our community.

Best of all, **your time, input, and participation directly count as In-Kind contributions**, which provide essential support for our program.

Ways to Participate & Earn In-Kind

Learning at Home

- **Monthly Activities:** Teachers share fun activities based on *Creative Curriculum* goals via **Learning Genie** and monthly calendars. Completing these learning opportunities at home with your child counts directly toward our program's **In-Kind** goals.
- **Custom Family Ideas:** You can request personalized ideas from teaching staff for fun educational activities at home, another great way to support your child's total preschool experience.

Sharing Your Voice & Guidance

- **Program Input:** Share your ideas, family traditions, and feedback using the *"What Do You Think About the Program?"* form in the classroom or speak directly with staff. Your guidance helps us continuously improve program quality.

- **Leadership Roles:** Head Start parents/guardians can participate in local decision-making by running for election as a **Policy Council Representative** or supporting current representatives. Your leadership hours and decision-making time count as In-Kind service.

Connecting & Volunteering at the Center

- **Center Involvement:** Become active at your center by sharing your talents, cultural traditions, or volunteering time. Staff learn from you just as you learn from them!
- **Work & Community:** Connect with other families and staff to explore ways each person can help. Be sure to also inquire about **paid substitute opportunities** if you are interested in joining our team!

School Readiness Home Visits and Parent/Guardian Teacher Conferences

You will have the opportunity to participate in 2 Home visits and 2 Parent/Guardian Teacher Conferences each year. These visits are important in building relationships with your child's Primary Teacher and supporting your child's success in the Early Head Start experience while preparing them for school and life.

Home Visits

The education staff visit your home 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.
- Talk about learning opportunities available in your home and choose a school readiness goal that you and your child can work on together.
- Tell you more about our curriculum and your child's developmental progress based on the assessment tool used throughout the year.
- The 1st home visit will occur shortly before or after the first day of attendance, and then ongoing each fall. The 2nd home visit is scheduled every spring.

Parent/Guardian Teacher Conferences

- A scheduled meeting that takes place in the classroom with your child's Primary Teacher and you to discuss your child's growth and development using the data on the GOLD assessment tool.
- Typically 45 minutes long and occur in November/December and in February.
- A time for you to ask questions about your child's school experience and to set goals for your child's continued growth.

If 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 for communication about your child, family needs, school events, school closures, at home learning activities, resources of your family, educational opportunities, health requirements and so much more.
- We are excited to build a connection with you and become a partner in your child's education.
- Please download the Learning Genie Parent App (make sure it's the one for parents!) and we'll walk you through the next steps.

Screenings, Observations and Developmental Assessments

The program individualizes instruction to support each child's strengths, needs, and overall development. Teachers learn about children through screenings, observations, assessments, 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-3) and the Ages and Stages Questionnaire: Social Emotional (ASQ-S/E) for developmental screening tools to monitor 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.

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**, and/or behavioral concerns at home and/or school, we may partner with families to use the Devereux Early Childhood Assessment, E-DECA, or the E-DECA Clinical to help families and Teachers with Conscious Discipline Strategies to support daily routines and responses for the child and the adults.
Please contact your child's Primary Teacher if you have any questions regarding any of the above screenings and assessments.

Special Needs

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 group also helps facilitate family involvement as a means of improving services for the 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 Partnership Process

Teachers, Family Center Specialists and your Recruitment & Health Specialists are your advocates and support your child and family through the year. **Staff will involve both parents/guardians** within the same home or in separate homes for communications (phone/texting), home visits, parent teacher conferences, family events, parent/guardian meetings, workshops, socializations, individualized child support meetings and all program offerings, unless there is a "No Contact Order" provided. **Non-custodial parents (without a No Contact Order) will be offered** separate home visits, parent teacher conferences, and communications. When possible, we encourage the benefits from co-parenting, keeping children's wellness and best interests in mind. Thank you to all who share your time, ideas, and strengths with the program.

We believe in strong family partnerships to help your child get ready for school and for you to have positive outcomes for your family. We support the strengths and needs of your whole family, without judgment.

Your child(ren) benefit from your involvement and we learn from you!

The family partnership process has many opportunities for you:

- Participating in Parent Teacher conferences; individualized meetings as needed; fun family engagement events and parent/guardian meetings/workshops based on your interests.

- Resources are offered for Family well-being, including safety, health, mental health and financial stability.
- Individualized services for children with disabilities, as needed.
- Recognizing parent/guardian strengths and encouraging confidence and skills that promote child development, early learning, and school readiness skills.
- Identifying family's individual strengths/needs and providing or referring to wanted resources.
- Accomplishing health screenings.
- *Celebrating and working together for good attendance at school.*
- 2 Teacher Home Visits - Focusing on your child's strengths, development and school readiness skills.
- 1 Home Visit (or more if wanted) with your FES focusing on your family strengths and any needs you identify.
- Completing our Family Surveys – The Family Needs Assessment (done once) and the Family Outcome Tool (done twice) helps your FES celebrate your family strengths and identify areas you want support for. Your FES will then connect you with resources or referrals you want.
- Partner with your FES to schedule a Home Visit focusing on "Circles of Support" (who helps take good care of you), reviewing the Family Needs Assessment and the first Family Outcome Tool as a part of the Family Goal/Focus setting.
- Any areas that you identify for wanting support can become a family focus/goal during your FES Home Visit.
- All program opportunities, family surveys and child assessments identify family strengths and needs are related to the Head Start Parent, Family and Community Engagement Outcomes:
- *Family well-being, parent-child relationships, families as lifelong educators, families as learners, family engagement in transitions, family connections to peers and their communities, and families as advocates and leaders.*

Help Me Grow (HMG) Michigan

HMG is an affiliate of Help Me Grow so that all families in our GSRP programs and county wide can connect with Help Me Grow and can access local community services and resources in one location. Whether a parent has a concern or wants to know more about their child's development, Help Me Grow can help. For more information go to www.helpmegrow-mi.org and click on your county to get started.

Parenting Curriculum: Your Journey Together

"YJT" is a program that helps families develop skills to become stronger and more resilient. Being resilient means being able to handle and overcome challenges in life. *Protective Factors* (Positive and supportive relationships, resources, and experiences) help build resilience. **YJT** supports families in turning daily routines into opportunities to build resilience.

YJT is required at family events, meetings, workshops, and home visits. The concepts and activities can also be used during home visit or parent teacher conferences for specific family needs to support you as the caregivers of your children. **YJT** is trauma-sensitive and focuses on empowering families to have safe, trusting, and supportive relationships.

Cultural Competency Plan

At NMCAA Early Head Start, we value the individual backgrounds, languages, and traditions that families bring. Our goal is to create a welcoming environment where every family is respected and supported. We believe that when we honor who children are and where they come from, they thrive — both in school and in life.

Our Cultural Competency Plan helps guide how we provide services in a way that respects and supports every child's and family's culture, race, ethnicity, and religion. By recognizing and responding to the unique needs of our enrolled children and families, we support children's learning, family connections, and school readiness.

How We Support Culture in the Classroom and at Home
In our classrooms, you'll find:

- Books, dolls, and toys that reflect different cultures.
- Opportunities for children to explore foods from around the world.
- Celebrations and stories that honor a variety of family traditions.
- Weekly lesson plans that include input from families—your ideas help shape what we do!

We invite and encourage families to share traditions, recipes, music, clothing, and stories from home. When you're involved, your child sees their culture celebrated and learns to appreciate others too. We love it when families visit the classroom to lead an activity or share something special!

Keeping Families Informed and Involved
We make sure families know about our cultural commitment through:

- Family handbooks and newsletters
- Family events and classroom visits
- Parent/Guardian meetings, home visits, and conferences
- Everyday conversations with teachers and staff
- Offer separate Home Visits, Parent Teacher Conferences and communication shared with parents from different households, and non-custodial parents (without a No Contact Order)

Our staff receive regular training and coaching to better understand and support the unique experiences and backgrounds of all our families. We're here to learn from you and walk alongside you on your child's early learning journey.

We also work closely with four Intermediate School Districts (ISDs) in our service area. These partnerships allow us to:

- Offer special education services tailored to each child's needs.
- Receive support from Early Childhood Specialists who observe classrooms and help ensure that children's cultures are represented and celebrated.
- Plan classroom activities that reflect the children and families currently enrolled in our program.

Early Head Start Curriculum Statement

The most important goal of our curriculum is to have a guide that is intentional, flexible, and relational in meeting children's basic needs, fostering secure attachments, and promoting other aspects of social-emotional development, and supporting cognition and brain development. ***The Creative Curriculum for Infants, Toddlers and Twos*** leads Teacher 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 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

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

Approaches to Learning

- Children will demonstrate resilience, 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 age-appropriate understanding of print concepts and build their

knowledge of the alphabet.

Mathematics Development - 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.

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 foods have the 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 for 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, speech and language skills. Sensory screening helps identify children who may need vision or hearing support.

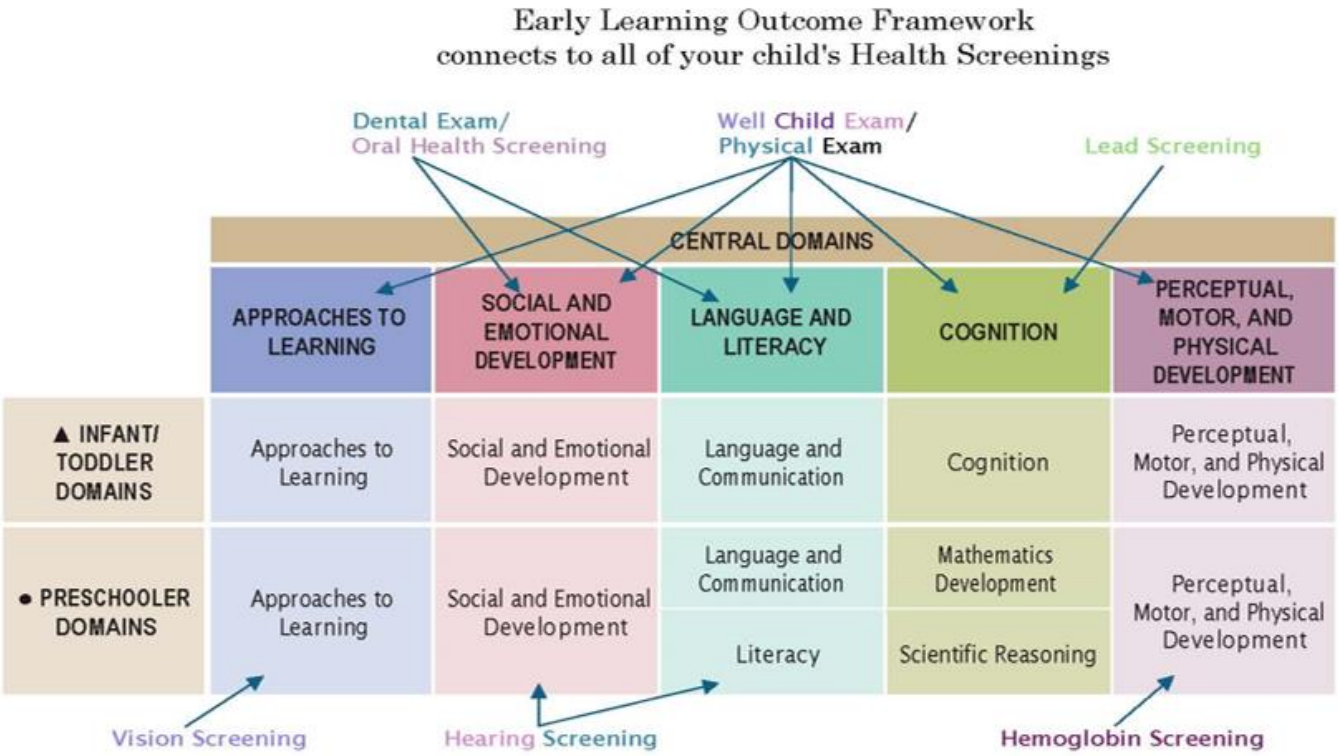
Mental Health: Beginning at birth, children need positive relationships with the adults who care for them. When children learn to recognize and share their feelings with trusted adults, they feel good about themselves. These relationships help them develop the confidence to learn new skills. Children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



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 Department of Lifelong Education, Advancement, and Potential along with our Head Start 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 Early Head Start. R&H 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. When a child is absent and the family has not contacted the classroom, classroom staff will attempt to make 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 at least 3 days each week during offered EHS programming hours 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. Staff can provide ideas and help.
- 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 another parent/guardian for backup.
- When possible, schedule medical appointments and extended trips when school is not in session.

If your child has too many absences—explained or unexplained:
If you are unable to maintain regular attendance, center 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 no 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. While on the waitlist, we can revisit program options for your child, should your circumstances change.

Admission, Withdrawal, Fees, and Exclusion Policy

Admission: Children are enrolled based on a waitlist prioritized and developed in response to our community needs.

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 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 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. For children still in diapers, we will provide diapers while in care at the center. When a child is ready, the primary teacher 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.

Typical Daily Schedule

Routines are very important for children.

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 Child and Family Program Guidance Policy

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

- Encourage positive self-esteem, cooperation, self-regulation, 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.
- Maintain a safe, secure, and supportive environment for all children, families, staff and volunteers and protect them 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 not use prohibited means of discipline with children including but not limited to:

- Carrying, pulling, or pushing by limbs, aggressively moving, dragging, hitting, shaking, biting, pinching, spanking, or inflicting physical violence/corporal punishment.
    - 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 (adjacent room, closet, locked room, box, hallway, darkened area, play area, or another area where a child cannot be seen or supervised, cubicle, or similar enclosure). Examples of inappropriate restraint include but are not limited to: Holding a child with too much physical force. Holding a child down on a sleep surface. Sitting on a child. Confining a child to a highchair, swing, car seat, crib, 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: 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. A plan must be developed in collaboration with the parent or guardian with the parent or guardian giving final approval of the plan. This must be gentle and no longer than necessary. See R 400.8280(4)**

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.

Ways to Support your Child & Good Things to Remember…

1. It is important to speak in a calm, kind voice. Taking deep breaths is a way to stay composed and to help you stay calm.
2. Get down to the child's physical level, if possible. Stoop or sit on a low chair so that they 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 by saying what you want the child to do, rather than what you do not want them to do. 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; they need to associate with peers.
7. Keep your voice, tone, and facial expressions kind.

It's "How" You Say It that Counts

Say what you want the child to do:	Avoid Saying it this way:
Sit down when you slide.	Don't stand up when you slide
Dig in the sand.	Don't throw 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 with a 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.
Put a paint shirt on.	Don't you want an apron on?

Conscious Discipline®

Conscious Discipline® is an emotional and behavior management program that teaches us to be aware of our own feelings. Parents/guardians may be asked to complete an "eDECA", which includes Conscious Discipline strategies within each child assessment. These assessments can be used for specific children and/or for supporting 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, helps decrease power struggles and builds life skills in relating to others.

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;
- 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

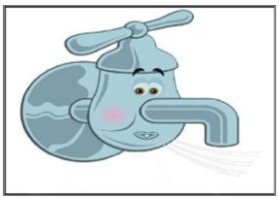
Relaxation Techniques to Increase Calming and Coping

The S.T.A.R. **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 the top of the inside of your mouth; this integrates the brain.

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



The Drain 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 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 deeply and 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 children are supervised at all times.

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

All 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 on buses. It can also be practiced by families as a tool to use at home. Please ask your child's Primary Teacher or Family & Center Specialist for more resources.

There are Six Active Supervision Strategies

1. Set up the environment
2. Position the 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 family 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.

Emergency Procedure

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 in emergency procedures upon hire and no less than twice a year. Refer to the Drill and Safety Check Log and Emergency Preparedness and Response Plan for additional guidance.

FIRE-EVACUATION

Plans are posted in a place <u>VISIBLE</u> to staff, volunteers, and parents

- A Staff member will declare emergency. Alert other staff about the emergency and begin evacuation procedure. Call 9-1-1.
- A Staff member will retrieve Child Information Records, Emergency Care Plans, Safety & Emergency Preparedness Kits (if applicable), Green Grab and Go Binder, daily attendance record and emergency phone numbers.
- Staff 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. Use strollers if cribs are unavailable. The primary caregiver is responsible for evacuating their own group.)
- Staff members will accommodate 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 a secondary evacuation route.
- The evacuation meeting site will be listed in each classroom's Emergency Procedures Posting.
- The secondary evacuation meeting site will be listed in each classroom's Emergency Procedures Posting.
- 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 listed in each classroom's Emergency Procedures Posting. A staff person responsible for releasing students.
- Continuity of Operations: If the building is determined to be unsafe for re-entry, children will be transported to the designated relocation site for continued supervision and family reunification.
- Wait for all clear before returning to the building.

TORNADO, FLOOD, OR OTHER WEATHER EVENTS-SHELTER IN PLACE

Plans are posted in a place <u>VISIBLE</u> to staff, volunteers, and parents

- A Staff member will declare emergency. Alert other staff about the emergency and begin evacuation procedure. Call 9-1-1.
- A Staff member will retrieve Child Information Records, Emergency Care Plans, Safety & Emergency Preparedness Kits, if applicable, Green Grab and Go Binder, daily attendance record and emergency phone numbers.
- Staff 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. Use strollers if cribs are unavailable. The primary caregiver is responsible for evacuating their own group.)
- Staff members will accommodate 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 a secondary evacuation route.
- The evacuation meeting site will be listed in each classroom's Emergency Procedures Posting.
- The secondary evacuation meeting site will be listed in each classroom's Emergency Procedures Posting.

- Upon guiding the 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 listed in each classroom's Emergency Procedures Posting. A staff person responsible for releasing students.
- 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.
- Continuity of Operations: If the building is determined to be unsafe following the tornado or severe weather event, children will be transported to the designated relocation site for continued supervision and family reunification. Staff will maintain head counts and ensure emergency care plans, medications, and required documentation accompany the group.
- Wait for all clear before leaving shelter and resuming daily activities or begin evacuation procedures if the building is no longer structurally safe.

POWER OUTAGE – SHELTER-IN-PLACE OR EVACUATION

Plans are posted in a place <u>VISIBLE</u> to staff, volunteers, and parents

- A Staff member will declare emergency. Alert other staff about the emergency and begin evacuation procedure. Call 9-1-1.
- A Staff member will retrieve Child Information Records, Emergency Care Plans, Safety & Emergency Preparedness Kits, if applicable, Green Grab and Go Binder, daily attendance record and emergency phone numbers.
- Staff will assess safety of the building. For shelter-in-place procedures, it is recommended to check circuit breakers, unplug large appliances, ensure stoves/ovens are turned off, etc.
- Shelter or evacuate as necessary.
- Staff members will accommodate 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. See emergency care plans for specific details related to the need for power.
- Staff will maintain supervision and head counts.
- Staff will notify families by phone, email, text, or classroom communication app.
- Continuity of Operations: Wait for all clear before re-entering the building, leaving the shelter in place location, and/or resuming daily operations; begin evacuation procedures if the building is no longer structurally safe. If the outage lasts for more than 60 minutes, main office doors should be locked, and a closure sign be posted. Child and Family Development programs will follow the reunification protocol.

LOCKDOWNS AND OTHER EMERGENCY PREPAREDNESS AND RESPONSE PLANS ARE INCLUDED IN THE EMERGENCY PREPAREDNESS AND RESPONSE PLAN LOCATED IN THE GREEN GRAB AND GO BINDER.

OTHER NATURAL OR HUMAN CAUSED EVENTS/EMERGENCIES (I.E.: EXTREME WEATHER EVENTS, BOMB THREATS, GAS LEAK, CHEMICAL SPILL, SEWER BACK-UP, TRANPORTATION DISASTERS, WATER MAIN BREAK)
Plans are maintained in a place <u>KNOWN</u> and
<u>EASILY ACCESSIBLE</u> to staff, volunteers, and parents.

- A Staff member will declare emergency. Alert other staff about the emergency and begin evacuation procedure. Call 9-1-1.
- A Staff member will retrieve Child Information Records, Emergency Care Plans, Safety & Emergency Preparedness Kits (if applicable), Green Grab and Go Binder, daily attendance record and emergency phone numbers.
- Staff 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. Use strollers if cribs are unavailable. The primary caregiver is responsible for evacuating their own group.)

- Staff members will accommodate 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 a secondary evacuation route.
- The evacuation meeting site will be listed in each classroom's Emergency Procedures Posting.
- The secondary evacuation meeting site will be listed in each classroom's Emergency Procedures Posting.
- Upon guiding the 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 listed in each classroom's Emergency Procedures Posting. A staff person responsible for releasing students.
- 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.
- 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), Emergency Preparedness and Response Plan Kit, the Child Information Records, and the emergency phone numbers.
- Stay with the injured child and administer the appropriate first aid.
- A staff member will locate in the Green Grab and Go Binder both the emergency phone numbers and the Child Information Records to contact a parent or other emergency contact details listed on the card.
- Call
  911

- A staff member 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 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 CHILD CARE LICENSING BUREAU (CCLB)- Reporting completed by Licensee Designee

- If the death of a child occurs in care, immediately report the death, in-person or via phone, directly to the child's parent. Report the death to CCLB within 24 hours, via phone.
- Report to the child's parent on the same day as the incident and to CCLB within 24 hours, directly or via phone, fax, or email, if a child is lost or left unsupervised.
- Report to the child's parent and CCLB, directly or via phone, fax, or email, within 24 hours of the occurrence of any of the following: (a) An incident involving an allegation of inappropriate contact. (b) A fire on the premises of the center that requires the use of fire suppression equipment or results in loss of life or property. (c) The center is evacuated for any reason.
- Report to CCLB, via phone, fax, or email, 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.

- Submit a written report to CCLB for the bullets in this section within 72 hours of the verbal report to the department. Keep a copy of the report on file at the center. A copy will be provided to Program Support Staff and uploaded into ChildPlus.
- Follow OHS, GSRP, and Strong Beginnings reporting requirements using the Accident, Injury, Incident, and Illness Reporting Policy and Procedures.
- Other incidents, accidents, injuries or illnesses will be reported to the child's parent by phone call, text, Learning Genie App, Accident/Injury/Incident/ Illness Report, or in person. The type of communication will be determined by the severity of the situation.

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.

Accident, Injury, Incident, and Illness Reporting Policy and Procedures

Policy

Follow reporting requirements for accidents, injuries, incidents, illnesses/exposure to food allergens and any other significant incidents affecting the health and safety of program participants. Refer parents/guardians to the Family Handbook and the Accident, Injury, Incident, and Illness Report.

Procedures

Due to the stressful nature of these types of situations and reporting requirements, contact your supervisor for direction, clarity, and support.

Child Care Licensing Bureau

If an accident, injury, incident, illness or any other significant incident affecting the health and safety of children occurs, determine the best way to communicate with the parent/guardian. The lead teacher should prioritize contacting the family, but there may be instances when an assistant teacher will need to make that connection. In addition to contacting the parent/guardian, complete an Accident, Injury, Incident, and Illness Report to send home the day of the incident.

Notification will occur **immediately via telephone call** to the parent/guardian, or emergency contact if needed, for **serious** accidents, injuries, illnesses or incidents. Serious injuries, or incidents such as but not limited to head injuries, injuries requiring medical attention, allergic reactions, cracked/broken teeth, seizures, asthma attacks, unconscious child, fever, vomiting, incidents involving lost child, physical discipline of a child by a staff member, alleged sexual contact between children to between a child and staff/ volunteer…etc.

Notification will occur no later than **at pick up time** for **minor** injuries, accidents, incidents, or wet/soiled clothes. Injuries such as a minor scrape on the knee may only require staff to apply first aid and complete the Accident, Injury, Incident and Illness Report. Notify the parent/guardian at pick up verbally while providing the written report.

Accident: Notify the child's parent/guardian if an accident occurs. An accident is defined as an unintentional event that causes injury. Notification will occur **immediately via telephone call** to parent/guardian for **serious** accidents. **Minor** accidents may be communicated in person, through Learning Genie, text message, and by sending the Accident, Injury, Incident, and Illness Report sent at the end of the day.

- A **serious accident** includes, but is not limited to the following:

- A child trips on their cot, cries, and is inconsolable, even without any appearance of an injury.

- A **minor accident** includes, but is not limited to the following:
  - Tripping over toys
  - Bumping into furniture
  - A child slips on a wet floor and hits their elbow.
  - Insect Bite- Causing minor irritation WITHOUT an allergic reaction.

Injury: Notify the child's parent/guardian if an injury occurs. An injury is defined as any physical harm or damage to the child regardless of severity. Notification will occur **immediately via telephone call** to parent/guardian for **serious** injuries. **Minor** injuries may be communicated in person, through Learning Genie, text message, and by sending the Accident, Injury, Incident, and Illness Report sent at the end of the day.

- A **serious injury** includes, but is not limited to the following:
  - Broken Bones
  - Severe Pains
  - Chipped or Cracked Teeth
  - Head Trauma/Head Bump or Injury causing a bump or bruising
  - Deep Cuts
  - Contusions or Lacerations
  - Animal Bites
  - Severe Sprains

- A **minor injury** includes, but is not limited to the following:
  - Cuts with minimal bleeding that does not soak through a band aid.

Incident: Notify the child's parent/guardian if an incident occurs. Notification will occur **immediately via telephone call** to parent/guardian for **serious** incidents. **Minor** incidents may be communicated in person, through Learning Genie, text message, and by sending the Accident, Injury, Incident, and Illness Report sent at the end of the day. An incident is defined as any unplanned or undesired event.

- A **serious incident** includes, but is not limited to the following:
  - The center is evacuated for any reason. An exception is if a classroom must be evacuated because of a child's behavior.
  - A child is lost or left unsupervised.
  - A child is released to or has access to an unauthorized individual.
  - An incident involving an allegation of inappropriate contact such as alleged sexual contact between children or a child and a staff member or volunteer.
  - Physical discipline of a child by a staff member or volunteer.
  - Unsupervised or Unrestricted exposure to vehicular traffic, extreme temperatures, risk of drowning, or risk of leaving the facility alone.
  - Leaving children in situations where they have access to dangerous chemicals or toxins, choking hazards, or life-threatening substances.
  - A child has a seizure that requires medical treatment, whether it is the first time or a known condition.

- A **minor incident** includes, but is not limited to the following:
  - Wet/soiled clothes.

Illness: Notify the child's parent/guardian if an illness occurs. An illness is described as a child being too ill to remain in the group. Notification will occur **immediately via telephone call** to parent/guardian.

- An **illness** includes, but is not limited to the following:

- Fever, diarrhea, vomiting, rash
- Crying or irritable for a longer time than typical for that specific child.
- Allergic reaction and food allergy
- There are changes in a child's health.

A child that is too ill to remain in the group should be cared for in a separate area until a parent/guardian arrives. The separate area may be an unlicensed space such as the hallway, but staff must supervise the child during this time.

- Food preparation areas may not be used as a space to care for an ill child.
- Items and facilities used by an ill child or adult must not be used by another individual until cleaned and disinfected.
- If a staff member, volunteer, or child in care has contracted a communicable disease, send home the corresponding health notice found on SharePoint.

The supervisor, or designated staff member, will notify CCLB, directly or via phone, fax, or email, within 24 hours of the occurrence and log an incident report into CCHIRP within 72 hours of the verbal report for any of the following:

- A child is lost or left unsupervised.
- Alleged sexual contact between children or a child and a staff member or volunteer.
- A fire on the premises of the center that requires the use of fire suppression equipment or results in loss of life or property.
- The center is evacuated for any reason.
- A child received medical treatment or is hospitalized for an injury, accident, or medical condition that occurred while the child was in care.

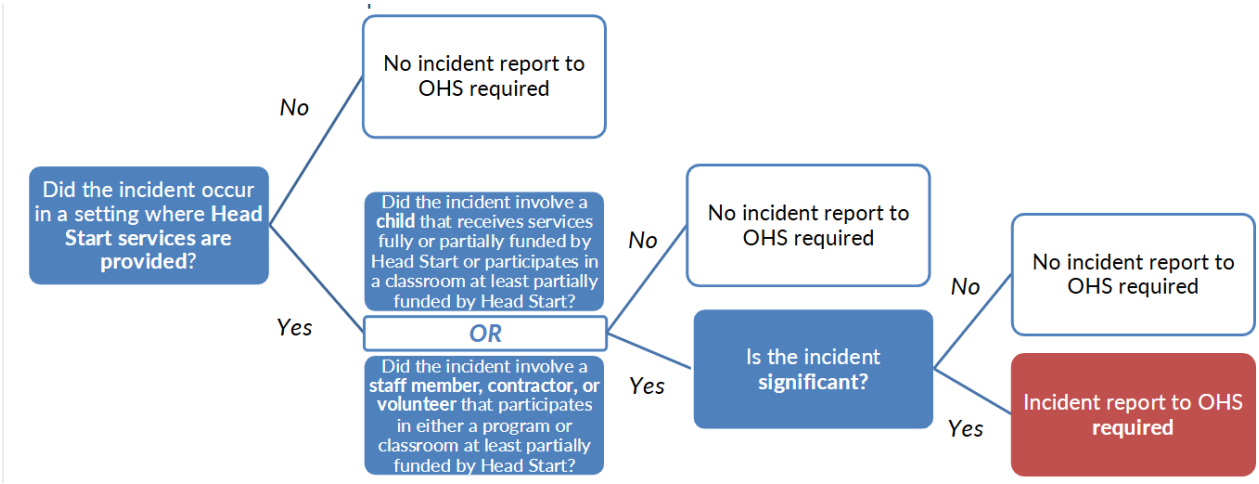
If the death of a child occurs in our care, the supervisor or designated staff member, will immediately report the death, in-person or via phone, directly to the child's parent/guardian. Report the death to CCLB within 24 hours, via phone.
If a classroom submits a report to CCLB and shares a license with a partnering classroom, it may be appropriate to inform the partnering classroom that a report has been made. Consult with the supervisor to determine the appropriate level of communication and next steps.

Great Start Readiness Program
The ISD and GSRP assigned consultant must be notified within 24 hours of an incident being reported to licensing, of a special investigation being initiated, a change from regular to provisional license, or continued provisional license. The supervisor, or designated staff member, will report the incident.

Office of Head Start
The Child and Family Development Director, or a designated staff member, will report all significant incidents that affect the health and safety of a child that occur in a Head Start setting where services are provided (e.g., playground, program-approved transportation, learning setting, bathroom, program-approved excursion, facility parking lot), **and** involve either 1) a child who participates in a setting that receives Head Start funds **or** 2) a staff, consultant, contractor, or volunteer who participates in a setting that receives Head Start funds. Programs are required to submit all incident reports, as appropriate, to the responsible HHS official immediately, but no later than seven calendar days (the day of the incident is Day 0) following the incident (45 CFR §1302.102(d)(1)(ii)).

- Any mandated reports regarding agency staff or volunteer compliance with federal, state, tribal, or local laws addressing child abuse and neglect or laws governing sex offenders.
- Suspected or known maltreatment or endangerment of a child by staff, consultants, contractors, and volunteers.
- Serious harm or injury of a child resulting from lack of preventative maintenance.
- Serious harm, injury, or endangerment of a child resulting from lack of supervision.

- Unauthorized release of a child from a Head Start facility, bus or other approved program transportation.
- 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.



Uploading of Reports

Reports will be stored as follows:

- Accident, Injury, Incident, and Illness Reports will be uploaded by classroom staff into SharePoint. Program Support will enter the information into ChildPlus.
- CCHIRP Incident Reports will be emailed to Program Support by supervisors. Reports will be uploaded under State Documentation in ChildPlus.
- Supervisors will attach the report from CCHIRP and/or the Special Investigations and OHS Reporting Form to confirm in an email to Program Support if OHS or the ISD were notified regarding the situation. Additionally, Program Support will upload that email into ChildPlus.

Internal Investigation Process

If an internal investigation is warranted, inform the direct supervisor immediately for guidance. Use steps 1-6 as a template for recording the documentation throughout the investigation. Also, review the NMCAA Personnel Policies for additional information regarding internal investigations.

1. Fact-Finding

   During the course of an internal investigation, there may be circumstances in which conducting an immediate interview with a staff member is determined to potentially compromise the integrity of the investigation. In such cases, the interview may be postponed and scheduled at a later, more appropriate time. When deemed appropriate, the supervisor, or a designated individual, will interview involved parties, including staff, witnesses, and, when appropriate, children.
   - Review physical evidence (e.g., video footage, incident reports, sign-in/out sheets).
   - Collect relevant documentation (e.g., schedules, rosters).
2. Reporting

   If required by law or regulation, appropriate external authorities will also be notified. The supervisor, or designated individual, will complete reporting requirements outlined in this guidance. If it has been determined no further reporting is required, that information must also be noted.
3. Confidentiality

   All information gathered will be treated with discretion. Only individuals with a legitimate role in the investigation will have access to the details.

4. Interim Measures
   Administrative leave or other safeguards may be used to ensure child safety during this time (e.g. classroom observations, additional staff on site).
5. Follow-Up
   Staff involved will receive feedback, support, or training as needed.
   - Corrective actions will be monitored to ensure effectiveness.
6. Attach additional information as needed.
7. Internal Investigation Report Documentation Storage
   The documentation containing the above details will be emailed to the supervisor and then shared with the Child Family Development Director for confidential storage in the CFD Mini-Management SharePoint page in the Internal Investigations file.

Employee Supports and Recovery

A range of support options are available to support employees navigate challenging times to promote their recovery and well-being. Employee support and recovery will be individualized due to the situation.

- Employee Assistance Program
- Reflective Supervision
- Supervisor and Coach Support
- Human Resources Support
- Consult the Wellness Supports Document

Staff Training

Classroom staff are trained on these policies and procedures at the Annual Pre-Service Orientation Training. There are other training opportunities listed in MiRegistry and the CFD Professional Development Hub.

What To Do When Your Child is Sick

Have a Plan

Have a back-up plan for care when your child is ill and cannot attend school. This may be a grandparent or friend that can care for your child if you need to work. Child Information Records must be up-to-date with working emergency contact phone numbers.

Program Policy

The program will notify parents/guardians when children develop new signs or symptoms of illness. If your child develops symptoms of illness during program hours, our policy is below for the health and safety of our children, families, and staff and to keep our centers open.

Develops Symptoms Before Arriving at School

A child should stay home if:

- They don't feel well enough to take part comfortably in routine activities.
- They need more care than staff members can give without compromising the health and safety of other children.
- They risk spreading harmful diseases.

Develops Symptoms While at School

If a child develops symptoms of illness that require exclusion, families will be notified to pick up their child as soon as possible. To help prevent the spread of illness, children who are sent home with a fever or other exclusionary symptoms may not return the next school day, following this period they may return once they have been fever-free and symptom-free for at least 24 hours without the use of medication. If a doctor was seen, the family will follow the doctor's recommendations of when to return back to school.

Once a family is contacted for pick up: The child will be isolated from other children and as many staff as possible (the child will not be left alone).

- The child will wait with a designated staff person.
- The child and designated staff will wait outside or in a safe, isolated location.
- Staff may recommend contacting the child's primary care physician/medical provider.

Symptoms, Family Contact and Next Steps

Symptoms	Notify Family - Stay at School	Notify Family – Pick Child Up
Fever	100°F and no other symptoms	101°F or above and behavioral changes or any other signs or symptoms. 100.4 for infants 2 months younger.
Diarrhea -2 loose or watery stools, uncharacteristic for the child.	Caused by antibiotics, foods, or juices.	Frequent loose or watery stools compared to child's normal pattern not caused by antibiotics or foods and juices. May include abdominal cramps, fever, generally not feeling well or vomiting. When there is a known classroom exposure.
Vomiting	If the child has vomited one time with no other symptoms. Example: crying, anxiety, coughing and gag reflexes	If the child has vomited two or more times. Or when there are also other symptoms: fever, hives, looks or acts very ill, head injury
Rash - red, bumpy, scaly, itchy, or swollen patches on the skin.	Rash without any other symptoms.	• Rash with behavior change or fever. • Has oozing/open wound that can't be covered. • Has bruising not associated with injury. • Has joint pain and rash. • Rapidly spreading rash consisting of pinpoint round spots with reddish-purple color. • Tender, red area of skin, especially if it is increasing in size or tenderness.
Behavior Changes	When child's behavior is non-typical for that child.	A child is considered too ill to remain in the group if one or more of the following conditions exists: • 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. • Infant: excessive or prolonged crying, overly fatigued, extreme fussiness
Emergency and Urgent Issues	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.	

Communicable and Contagious Disease

- If your child has a communicable disease, we will use the primary care providers' recommendations for returning 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.

Staff and Volunteer Communicable Disease Policy

Northwest Michigan Community Action Agency, Inc. recognizes that employees with communicable diseases 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 is needed and/or 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.
- Reasonable accommodations will be made for employees with communicable diseases, in accordance with NMCAA's Disabilities Accommodation Policy.

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 messy....we do lots of creative 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 and or injury prevention items.
- 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 training for parents/guardians 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.

Safety Education Training for Families includes:

- The need to escort their children to and from the bus or their own vehicle.
- Helping adult caregivers to reinforce bus safety procedures with their children.
- Encouraging families to practice vehicle safety in their everyday routines.
- Information on proper car seat instillation: https://www.michigan.gov/msp/divisions/ohsp/child-passenger-safety

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.
- 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 family members will communicate in a calm, positive manner that allows everyone to feel comfortable.

Our policy also requires that staff let someone know where they are all the time. 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 anyone 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.

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 may also close.
- **If weather is questionable, families have the choice to keep their child at home.**

Classroom Emergency Closures

If the center closes for an emergency, the FCS, Teacher, or Site Coordinator will contact parents/guardians by phone, text, Learning Genie app, or email as soon as it's determined safe to do so. Emergency closures may be due to illness, severe weather, or loss of utilities. It is vital that your child's emergency contacts are current. Please contact your child's Primary Teacher 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 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. If a minor is an authorized pick-up person, their name must be added to the Child Information Record and the Authorization for Releasing an Enrolled Child to a Minor form is completed.

Releasing Children to Authorized and Unauthorized/Unknown Adults

A child shall only be released to individuals authorized by the child's parent or guardian. A child shall be released to either parent or the child's guardian unless a court order prohibits release to a particular parent. A copy of the order prohibiting release must be maintained on file at the center. 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 or the child's guardian unless a court order prohibits release to a particular parent/guardian. 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 the safety of all staff and children.

Inkind

In order to fund your child's Early Head Start classroom, we must receive 25% of our total funding from local donations of time, money, materials, and services. This funding source is called **In Kind**.

This means we need help from parents and the local community to continue to operate our Early Head Start classroom. Parent involvement in their child's education is key to their future success and In Kind is a great way to be involved.

Here are some examples of ways you can provide In Kind for our program:

- Volunteering in the classroom, which may include:
    - Sharing a meal with your child at school
    - Playing outside with children during our outside time
    - Sharing a hobby or talent with the class (ex: singing, woodworking)
    - Reading stories to children
    - Bringing in "treasures" to share with children (ex: artwork, baseball card collections)
    - Cleaning/fixing/gardening/etc. to keep the center looking great

- Doing at-home activities to further your child's development:
    - Monthly or Weekly At-Home Activity Calendars
    - Activities that are tied to the Creative Curriculum or Parents as Teachers curriculum to help with your child's school readiness
- Helping with arrangements and participating in field trips, parent meetings, and family engagement activities
- Attending parent trainings
- Making/preparing materials for the classroom (ex: cutting out materials for an activity, making playdough, collecting materials necessary for the home visit activity)
- Travel time, mileage, and participation in an Open House, IFSP, IEP, IAP, Emergency Care Plans, and Transition Meetings
- Mileage to Parent/Teacher Conference
- Travel time and mileage for program-required medical/dental appointments, including WIC, Health Dept., and Dental Clinics North
- Donating materials to be used in the classroom
- Serving on Policy Council

Please ask your child's teacher or home visitor for additional options

Other Ways We Get In-Kind:

- Community "celebrities" visiting the classroom (ex: librarian, elementary school principal, firefighter)
- Donated materials from local businesses of food or supplies for classroom or parent activities
- Any volunteer time in the classroom (ex: college students, foster grandparents)

Head Lice Policy

If live lice or nits 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 they are **free of live lice and nits**. Families may be referred to the local Health Department for additional resources and supports.

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 the 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 step.

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/guardian 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 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.

Head Lice website (CDC):
https://www.cdc.gov/lice/about/head-lice.html?CDC_AAref_Val=https://www.cdc.gov/parasites/lice/head/index.html

Head Lice Manual (MDHHS)
https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder2/Folder41/Folder1/Folder141/MI_HL_Manual_Final_2013.pdf?rev=0d98bd1c91e149d2b727edb96b95cf84&hash=312BC846BFB2985CC713526A85BC853C

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.**
- **Medication shall not be added to a child's bottle, beverage or food unless indicated under the prescription label.**
- **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 _____Center_____ to give or apply the medication, _____Child Name_____, to my child, as follows:

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, as needed, etc.)	6. Route (oral, inhalant, injectable, topical)
7. If frequency is "as needed", describe when medication will be needed. (wheezing, soreness in the muscle, etc.)	
8. Storage of Medication	9. Reason for Medication
10. Medication Expiration Date (NOT the REFILL Date)	11. Date of Training
12. Name of Health Care Provider	13. Phone Number
14. Additional Instructions (side effects, medication returned end of day, etc.)	
15. Signature of Parent/Guardian Date	

TO BE COMPLETED BY CAREGIVER

Date	Medication	Actual Time Administered	Amount Given	Staff Signature

If an Error/Reaction to Medication occurs, document the incident below and complete an Accident, Illness, Injury, Incident Report Accident-Injury-Illness-Incident Report.docx

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 indoors and outdoors (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.
- Promptly and properly administer medications in an event of an allergic reaction according to the instructions in the child's care plan.
- Contact emergency medical services immediately if any child has a serious allergic reaction, a new suspected serious allergic reaction occurs with any child, or whenever epinephrine is administered, even if the child appears to have recovered from the allergic reaction.
- 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.
- 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 7. Describe when the medication will be needed (wheezing, soreness in the muscle, etc.).

- Describe error/reaction in detail on the Accident, Injury, Illness, Incident Report. **Accident-Injury-Illness-Incident Report.docx**. Refer to the Accident, Injury, Incident, and Illness Reporting Policy and Procedures.docx for more information.
- If a child is seen by a doctor or goes to the emergency room, complete an Accident, Injury, Illness, Incident Report, 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 repellant, 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. **Staff will label all parent approved products with the child's full 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/guardian 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. The parent/guardian will indicate who will be picking up the child by the center's posted closing time. The people picking them 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 DHHS Child Protective Services and or Non-Emergency Law Enforcement to determine next steps.

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 Primary Teacher.

Study Celebration Policy

We are committed to fair treatment, ensuring respect for everyone in our community. NMCAA prioritizes fair treatment and access to services for all participants, in compliance with Head Start guidance, we create programming and environments that are respectful. We accept all people and their backgrounds so that everyone feels valued and included. *We appreciate that* everyone is unique, and we avoid making assumptions about anyone. When preparing for study celebrations, program staff will consider how all children and families are respected.

- Before planning study celebrations, consider the backgrounds of all the families in your group and how it may impact each person's sense of belonging.
    - 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 parents/guardians sing to children, games they play, etc.)

- Study celebrations are an opportunity to highlight children's learning and experiences in NMCAA early childhood programs. In planning, consider how the celebration relates to what the children have learned throughout the course of the study. When celebrating the children and their work use pictures, videos, and displays to show children's accomplishments.
- Celebrating the conclusion of a study should not last a whole month. These are culminating events that celebrate what was learned throughout the study.
- Be careful not to confuse celebrations with holidays. (i.e., Halloween, Thanksgiving, Christmas, Valentine's Day, etc.) We do not endorse or promote any particular holiday. Activities need to be open-ended and process oriented so that ALL children can be involved successfully.
- The concepts presented must be developmentally appropriate.
- If food consumption is involved in a study celebration:
    - 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.
    - 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.)
- Study celebrations held after hours should also follow these guidelines.
- Study 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 choose to do an end-of-year gathering for your parents, please refer to the Family Engagement Guidance.

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

Study 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 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 their background is.

This is what we <u>CAN DO</u>:

- 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 families and children in the program
- 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, on field trips, 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 Caring for Our Children, National Health and Safety Performance Standards, 4th Edition, the following animals are prohibited and will not be kept at or brought onto the grounds of our facility:

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

- The Parent/Guardian Release form must be signed prior to the child's interaction with any animals 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 by 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 will instruct children on safe procedures to follow when in close proximity to these animals (for example, use a quiet voice so you don't startle the animal or keep hands to yourself when the animal is eating to avoid the animal's teeth).
- When animals are kept in the childcare facility, the following conditions shall be 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.

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 include the following:

- 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 regulations, 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 using a nutrition analyst.
- 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.

We share our nutrition information with children, families, and staff through our parent handbook, new child cover letter, new staff orientations, activities in the classroom, and yearly staff nutrition training. 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. Whether supplying breastmilk, or choosing infant iron fortified formula provided by the center, all families must complete the "Formula/Food Sign-off Statement" 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 childcare center is a participant in the Child and Adult Care Food Program (CACFP), a United States Department of Agriculture (USDA) program. In our classrooms children are served nutritionally balanced meals and snacks at no cost to families. The CACFP provides cash reimbursement to child and adult day care centers for nutritious meals and helps children and adults develop and maintain healthy eating habits. The CACFP is administered by the Michigan Department of Education (MDE).

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

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

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

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

*****NMCAA requires a protein component at breakfast**

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

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

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

OR

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

USDA Non-Discrimination Statement:

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

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

Program Growth Assessment

As a part of the program's health requirements, height and weight measurements are completed collected from their physical form for all children that are 2 years old and up. Body Mass Index (BMI) is a number calculated from a child's height and weight. According to the Centers for Disease Control and Prevention, BMI is used to screen children for healthy weight, obesity, overweight or underweight.

If a child's Body Mass Index (BMI) is found to be at or above the 95th percentile or at or below the 5th percentile, the program is required to follow-up with parents/guardians.

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. Nutrition Flyer, BMI, IMIL (3).docx

We want to be as supportive as possible because your child's health is a very important part of overall growth and development for school readiness. 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 methods described 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
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
Facility Coordinator
Telephone: 231.947.3780

* 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).

Volunteer Screening and Supervision Policy

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 **cannot** be counted in the ratio for childcare staff member to child ratios.

Volunteers may include, but are not limited to, the following: ISD staff, mental health consultants, Foster Grandparents, guest speakers, interns, non-classroom staff, transitioning EHS families, and parents/family members of enrolled children**.**

***** Parents/Guardians 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 will 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 1755 consultants (TRAVERSE HEIGHTS) that have completed the CCBC process and been deemed "eligible," will be connected to the identified license. These consultants will follow all CCLB/Head Start/GSRP/Strong Beginnings 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 they are mandated reporters of child abuse and child neglect and 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 followed per the Child Care Licensing Bureau requirements.**
- All copies, including originals, must be kept on file at the site until the person no longer volunteers at the center.

PSOR Instructions

- Go to the United States Department of Justice National Sex Offender Public Website (nsopw.gov)
- Type the volunteers first and last name in the search by name boxes. Then click "name 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 and place in the volunteer's file. Add a date of the search if needed.**

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.

Staff and Volunteer Mandated Reporting Policy

Abuse and neglect of children is against the law. This document outlines the program's policies on the Child Protection Law, mandated reporting, and child/abuse neglect. Child and Family Development staff, childcare collaborative center staff, consultants, contractors, and center volunteers are mandated reporters and required by law to immediately report suspected abuse and neglect to Child Protective Services.

Upon Suspicion of Neglect/Abuse

When child abuse and/or neglect is suspected, only obtain enough information to make a report. If a child or adult begins to disclose information regarding abuse and/or neglect, only ask open-ended questions to avoid leading the child or adult during the conversation.

- Determine whether a report needs to be made to the **Child Care Licensing Bureau (CCLB), Intermediate School District/Great Start Readiness Program/Strong Beginnings (ISD/GSRP) consultant, and/or the Office of Head Start (OHS).**
- Mandated reporters do not attempt to conduct their own investigation before or during the official investigation process by CCLB, CPS, and/or the OHS.
- In collaboration with Child Protective Services' guidance, it's best practice to avoid contacting the family when making a CPS report. Talk with your supervisor for individualized guidance, as needed.
- 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.

Reporting to CPS

Child and Family Development staff, childcare collaborative center staff, consultants, contractors, and center volunteers (including minors) are mandated reporters. Under the Child Protection Law, Child Protective Services (CPS) must be notified **immediately** when there is reasonable cause to suspect child abuse or child 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.

- If a verbal report has been made, a written report must follow. The Report of Suspected or Actual Child Abuse or Neglect (DHS-3200) form must be submitted to CPS within 72 hours.

- 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 must make the determination to report, not the Supervisor/Coordinator/Manager/etc. The reporting person shall also make a copy of the written report or electronic report available to their supervisor. Reporting the situation to the administration or another staff person does not relieve the employee or volunteer of their mandated responsibility to report to CPS.

Reporting to Child Care Licensing Bureau (CCLB)

- The Child Care Licensing Bureau will be notified within 24 hours 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. An incident report will be submitted in the Child Care Hub Information Records Portal (CCHIRP) within 72 hrs.
  - The Child Care Licensing Bureau telephone number for our entire service region is 1-517-284-9730.
  - **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 report in the Child Care Hub Information Records Portal (CCHIRP) to the Child Care Licensing Bureau, or when a special investigation is initiated by the Child Care Licensing Bureau. A discussion will be held between the Manager and/or Director regarding further action.

Reporting to OHS and ISD/GSRP/Strong Beginnings

- The NMCAA Early Childhood Programs Director must submit reports, as appropriate, to the responsible HHS official (OHS) immediately, but no later than seven calendar days, following any significant incidents affecting health or safety of program participants, 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.
  - Suspected or known maltreatment of endangerment of a child by staff, consultants, contractors, and volunteers.
  - 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 the Child Care Licensing Bureau for GSRP funded programs.

Safety of all Child and Family Development and Childcare Collaborative Center Staff

To ensure the safety of all Child and Family Development and Childcare Collaborative Center Staff who visit the home, immediate communication is crucial. NMCAA personnel working directly with the family, including, but not limited to, Family Engagement Specialists, Child Family Specialists, and anyone else going into the home, should be notified the day that a report has been made, so that all are aware of the situation. Coaches should also be notified in a timely manner. Staff should follow the confidentiality policy and not disclose any information to personnel who are not on a need-to-know basis.

Storage of Reports

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.

Training – Immediate Reporting

Child Protection Law and Mandated Reporting Training takes place during the Annual Pre-service Orientation Training prior to working with children and on an annual basis. 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.

Support

Support will be offered will be offered through the following:

- 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 1-800-442-0809.
- Other resources can be found in the Staff Wellness Supports document.

Child and Family Development staff, childcare collaborative center staff, consultants, contractors, and center volunteers (including minors) will cooperate with the Child Care Licensing Bureau and Child Protective Services agencies.

NMCAA will make every effort to retain children and families impacted by this process.

The use of tobacco, nicotine, or vaping products is prohibited
inside and outside of this building,
including parking lots, on school field trips, and in vehicles on school property.

Thank You

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.

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

* 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

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

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. 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).

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 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.

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August 2014

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. 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 50 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. To read more about our programs please use the QR code or go to https://nmcaa.net/

Office Locations:

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

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

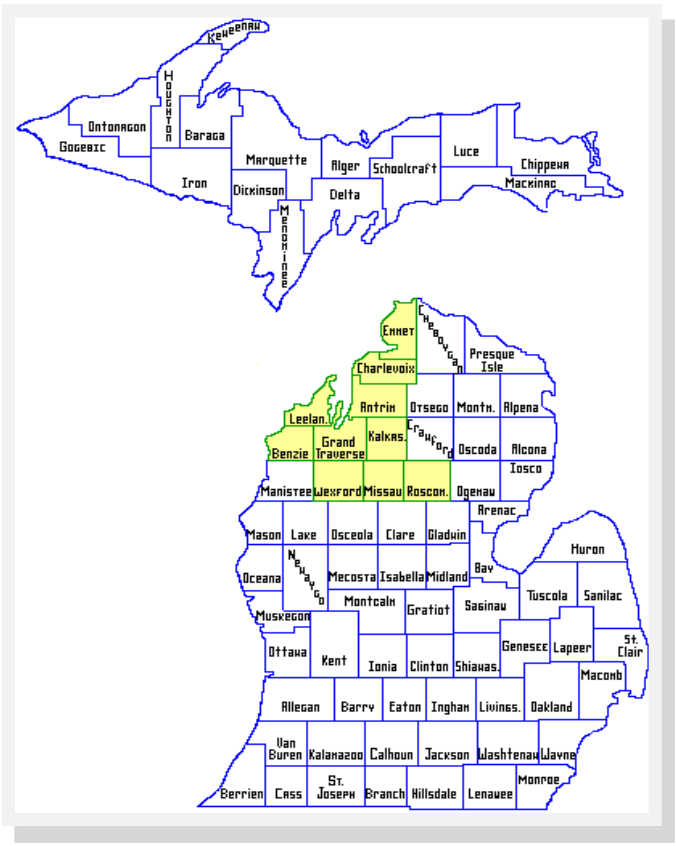
2240 Mitchell Park Dr., Unit A
Petoskey, MI 49770
231-347-9070 OR 800-443-5518

If you would like more information about Head Start, Great Start Readiness Programs, or Strong Beginnings please contact your local area office:

Traverse City: 1-231-947-3780 or 1-800-632-7334
Petoskey: 1-231-347-9070 or 1-800-443-5518
Cadillac: 1-231-775-9781 or 1-800-443-2297

You can also use our link to our website to read more about our Child and Family Development Programs:

https://nmcaa.net/nmcaa-child-and-family-development/



The following crisis hotlines are anonymous and have Counselors available to help with stressful situations.

National Suicide Prevention MDHSS

24 hours per day

9-8-8

For Benzie County 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

Michigan Mental Health Hotline

(866) 903-3787

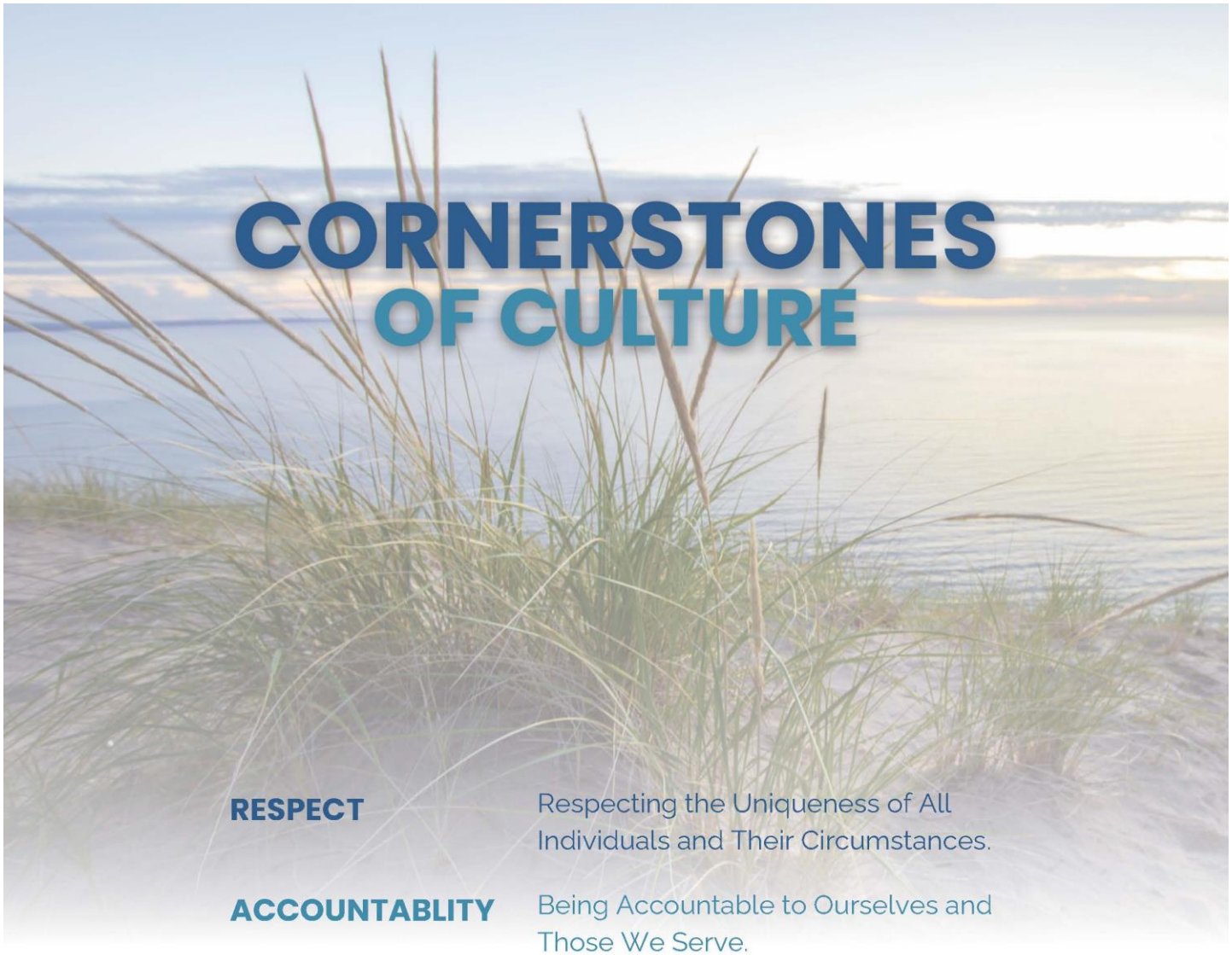
Multiple Positions Available

APPLY ONLINE at www.nmcaa.net or SCAN NOW!

Help make a positive impact in the lives of children and families!

We will provide training! No experience necessary!

Join our team!



CORNERSTONES OF CULTURE

RESPECT	Respecting the Uniqueness of All Individuals and Their Circumstances.
ACCOUNTABLITY	Being Accountable to Ourselves and Those We Serve.
ACCEPTANCE	Accepting and Supporting the Journey.
COMPASSION	Being Compassionate in ALL We Do.
COOPERATION	Continually Seeking Solutions for the Greater Good.

NMCAA

Northwest Michigan Community Action Agency

NMCAA

MISSION

NMCAA's fosters positive change. This happens by providing opportunities that 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.

Community Action PARTNERSHIP
Helping People. Changing Lives.

NORTHWEST MICHIGAN
Community Action Agency