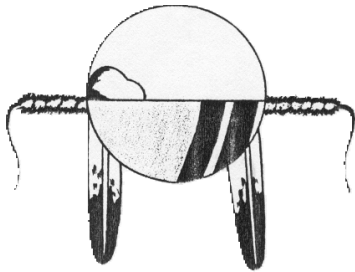


GRAND TRAVERSE BAND EARLY HEAD START, HEAD START & GREAT START READINESS PROGRAMS CENTER-BASED PARENT HANDBOOK

2020-2021



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



GTB BENODJENH CENTER
2600 N. STRONGHEART WAY
Peshawbestown, MI 49682
(231)534-7650
FAX (231) 534-7583



Benodjenh Center Staff Directory

| | |
|---|----------------------|
| Joyce McClellan, EHS/HSGSRP/Childcare Director | 534-7380 |
| Trista Erickson, HS/GSRP Ed. & Fam. Serv. Coord. | 534-7994 |
| Chelsea Fink, EHS/HS/GSRP Health/Disabilities Coordinator | 534-7382 |
| Leona Burfield, EHS Ed. & Fam. Serv. Coord. | 534-7929 |
| Lisa Falk, HS/GSRP Teacher | 534-7881 |
| Alia Shaw, HS/GSRP Assistant Teacher | 534-7881 |
| Delia Shawandase, HS/GSRP Classroom/Bus Aide | 534-7881 |
| Angeleia Gann, HS Teacher | 534-7383 |
| Alejandra Castellanos, HS Assistant Teacher | 534-7383 |
| Vacant, Head Start Classroom/Bus Aide | 534-7383 |
| Christine Newstead, EHS Teacher | 534-7194 |
| Amanda Mass, EHS Assistant Teacher | 534-7194 |
| Michelle Madrigal-Perez, EHS Classroom/Bus Aide | 534-7194 |
| Aimee McClellan, EHS Teacher | 534-7337 |
| Danielle Franco-Hernandez, EHS Assist. Teacher | 534-7337 |
| Vacant, EHS Classroom/Bus Aide | 534-7337 |
| Anne Kiogima, EHS Home Visitor | 534-7280 |
| Cheyenne Kiogima, EHS Home Visitor | 534-7280 |
| Vacant, EHS Home Visitor | 534-7280 |
| Brad Strand, Bus Driver/Maintenance | 342-6359 |
| Vacant, TC Bus Driver | 342-7571 |
| Kathy Worden, Office Manager | 534-7650 or 534-7883 |
| Francis Wanageshik, Child Care Giver | 534-7250 |
| Victoria Chippewa, Child Care Giver | 534-7250 |
| Vacant, Child Care Giver | 534-7250 |
| Rick Klumb, Cook | 534-7650 |
| Nancy Kiogima, Family Spirit Home Visitor | 649-0065 |
| Vacant, Healthy Start Nurse | 534-7280 |

You are always welcome to call your child's teacher or any of the other staff, however, unless it is an emergency, please do not call the classrooms during class times (Monday, Wednesday, & Friday-Early Head Start/Head Start/GSRP: 9:00a.m.-3:00p.m.). Any of the coordinators would be happy to assist you during these times. We appreciate your following this rule, as it lets the teaching staff stay more focused on the children.

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Mission Statement

"In order for a child to achieve a positive self concept it is essential that he/she be allowed success in his/her development. Together with parents, staff and community members the resources and experiences will be provided whereby the child will attain this success."

Philosophy Of Education

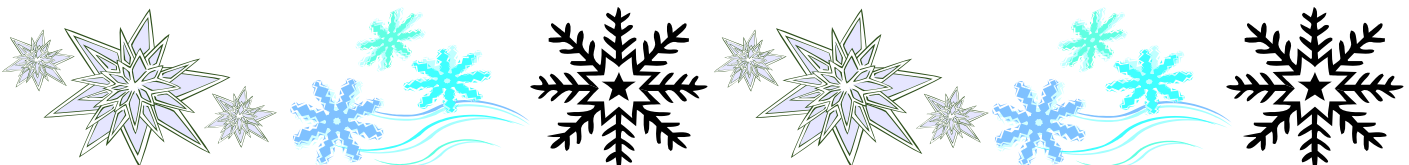
We believe that children learn best when their basic needs are met. Children need a safe, secure, and inviting environment in order to feel comfortable. Quality relationships and interactions between staff and peers paired with a balance of child initiated and teacher directed activities is how children will gain the tools necessary for school readiness and ultimately life long success.

Frequently Asked Questions...

****Addendum attached will supersede all coinciding information.**

- **My child was sent home with head lice. When can he/she return?**
It is the policy of the Benodjenh Center that when a child is sent home with head lice, they cannot return UNTIL AFTER treatment and all lice and viable nits are removed from the child's hair. **Before your child can return to the Benodjenh Center, you must accompany your child to the center and their head will be checked by Center Staff before they may stay.**
- ***1 My child had a fever and sore throat last night but this morning appears to be fine. Can he/she still come to school?**
No. Your child must be fever-free for at least 24 hours without the aid of fever-reducing medications before returning to school. (For example, if your child had a fever Monday evening, or was sent home from school on Monday with a fever, he/she could not return to the center until Wednesday).
- **What is a Family Partnership Agreement?**
A Family Partnership Agreement is a tool used to help families identify their own strengths and use those strengths to reach goals that they have set for themselves. Family goals can be anything—making repairs on your home, finding new housing, finding reliable transportation, signing up for WIC or SNAP, continuing education, job training, etc. This is a voluntary process, though each family will be encouraged to participate.
- **What is Policy Council?**
Policy Council is made up of a combination of Early Head Start, Head Start and GSRP parents and community members. The members of the Policy Council meet with staff on a monthly basis to discuss what is going on in the programs. They also approve and/or disapprove things such as the program's policies and procedures, budgets, funding applications, etc.
- **I get the monthly newsletter, why do I need to attend the family dinners/parent meetings?**
The Family Dinners/Parent Meetings are a great way to meet some of the other families in the program. This is also a chance for parents to voice their concerns, make suggestions, comments, etc. with staff and give input into the program and activities in the classroom. In addition, Parent Meeting topics are based on the Parent Survey in which families fill out at Parent Orientation.
- **Can my child bring a toy to school?**
No. We ask that all toys be left at home so that they don't get lost, broken or end up causing confusion about who the toy belongs to.
- **I didn't have time to feed my child breakfast, can I send something for him/her to eat on the bus?**
No. One of the bus rules is that no food or drink is allowed on the bus. Food and drink on the bus can not only be a safety hazard, but it can also cause disagreements between the children. Your child will be offered breakfast upon arrival to the center.

- **My child has a bad cold, can he/she stay inside when the rest of the children go out?**
No. Our policy is: If your child is too sick to go outside then they are too sick to be at school.
- **Can I drop my child off early or pick them up later?**
No. Unless your child is enrolled in Child Care and you are paying for their time either before or after the Early Head Start/Head Start/GSRP (M, W, & F 9:00a.m.-3:00p.m.) day, your child cannot be dropped off early or picked up later.
- **What should I do if my child will be absent?**
Please call the center at 534-7650 to report your child's absence as soon as possible, and please be sure to give a reason for the absence. If we do not hear from you, staff will contact you within 1 hour of the program's start time.
- **Can I send medication to school with my child?**
No. If your child will be taking a PRESCRIPTION medication during school hours, you must come into the center and fill out a Permission to Administer Medication form. Non-prescription medication can be administered only with a doctor's note or it may be given by the parent. (Exception: Diaper Rash Cream, Teething Gel, and Sunscreen can be administered without a doctor's note, however the parent/guardian MUST come into the center and complete a Permission to Administer Medication form).
- ***2 When is the best time for me to visit my child's classroom?**
Anytime! We have an open door policy and parents/guardians are welcome to spend time in their child's classroom whenever they can.
- **Will somebody return my call if I leave a voicemail message?**
Yes. Your phone call will be returned at the earliest possible time. It is much easier for us to respond to your needs when a message is left if we are away from our phones.
- ***3 Can I ride the bus with my child?**
Yes. We welcome parents/guardians to ride the bus and spend some time at school with their children.
- ***2 Can I send my other children to school with my Early Head Start/Head Start/GSRP student?**
No. Due to space constraints in the classroom and teacher to child ratios, we cannot have other children in the classrooms. Other children may only be in the classrooms when accompanied by a parent/guardian who is spending time in the classroom.
- **How do I find out if Early Head Start/Head Start/GSRP are cancelled due to weather?**
Early Head Start, Head Start, and GSRP will follow the schedule of Suttons Bay Public Schools. If Suttons Bay is delayed for 1 or 2 hours, EHS/HS/GSRP will be delayed for 1 or 2 hours. If Suttons Bay is closed, there will be **NO** EHS/HS/GSRP classes. At times, the Tribal Council will close GTB Government programs due to weather related concerns, and the Benodjenh Center will also be closed at these times. Please call the GTB Emergency Information and Closure Line at 534-SNOW to find out if Tribal programs are open on snowy days. We encourage you to make alternate arrangements in the event this occurs. Also, if Traverse City Schools are delayed or cancelled, the Traverse City EHS (1 yr. and above)/Head Start/GSRP bus will not run, and your child's absence will be excused. Another good way to receive communications from us is to sign up for our Remind text blast. Using your smart phone, just text @gtbbe to 81010 or text @gtbbe to (734) 365-7217, or to receive messages via e-mail, send gtbbe@mail.remind.com



Overview

The Early Head Start, Head Start, and GSRP Programs are funded by the Federal and State Governments and supplemented by Tribal funds. Congress appropriated the money and the responsibility for administering Early Head Start & Head Start to the Department of Health and Human Services. The Great Start Readiness Program (GSRP) is funded by a grant awarded by the Michigan Department of Education.

Although Early Head Start & Head Start serve most children between birth and five years (and pregnant women) in the area, priority is given to specific groups. These are:

- * Children from families with income at or below the federal poverty guidelines
- * Children with disabilities
- * Children in Foster care/Guardianship
- * Children/Families that are homeless
- * Birth to three years old for Early Head Start, three to five years old for Head Start/GSRP
- * Pregnant women
- * Tribal members
- * People living on or near the Reservation

After these groups are served, the program is able to enroll 49% of children from families with incomes above the federal poverty guidelines as space allows.

In order to guarantee quality Early Head Start and Head Start Programs, the Department of Health and Human Services has established guidelines for the operation of Head Start and Early Head Start. These guidelines are called Performance Standards and they list the minimum services all Early Head Start and Head Start Programs are required to provide. Anyone wishing for a copy of the Performance Standards may request one from the office.

All Head Start and Great Start Readiness Program (GSRP) policies and regulations must be applied to the blended slots, with the highest standard from either program adhered to. All children funded by the GSRP/Head Start Blend must qualify for and be concurrently enrolled in both programs. Children in the class may be funded from a variety of sources, but all must attend for the full day.

Although GSRP and EHS/HS are designed to serve two different populations of children/families, both programs share a common goal: to ensure as many at-risk children as possible are able to benefit from high-quality preschool programs. The Benodjenh Center is also a proud partner with Michigan's Great Start Readiness Program (GSRP), providing high quality preschool programming for qualifying four year old children. The enrollment process is below.

Enrollment Requirements

- * Completed Enrollment Packet (*****If any part of the application is false, your participation in any of the Benodjenh Center's Early Childhood Programs may be terminated and may be subject to legal action.**)
- * Proof of income
- * Up-to-date Record of Immunizations
- * Current Physical Exam
- * Current Dental Exam (for children 1 year and older)
- * Proof of Income
- * Child's Birth Certificate
- * For Head Start...a child must turn 3 years old by September 1st and for GSRP-a child must turn 4 years old by September 1st of the current school year

~~All of these items must be on file within 90 days in order for your child to continue attending the Center Based Programs. If you are enrolled in the Home Based program, your Home Visitor will assist you in gathering these documents.

Eligibility/Selection Criteria

After completing and returning the Early Head Start/Head Start/GSRP Application for your child, an Eligibility/Selection Criteria Form will be filled out and your child will be assigned "points" based on their eligibility for the programs. Children will be accepted based on these points. Eligibility factors include (but are not limited to): Income Eligibility (the Federally established Poverty Guidelines are used to make this determination), Homelessness, Foster Care, Special Needs of child, Age of child, Need for Services, Parental status, and other factors. While GTB Members are given priority when income eligibility factors are met, these programs are open to all individuals regardless of Tribal affiliation.

Attendance

*****FEDERAL GUIDELINES REQUIRE HEAD START TO MAINTAIN AN 85% AVERAGE DAILY ATTENDANCE RATE. A NOTE OR CALL FROM A PARENT OR GUARDIAN IS REQUIRED IN ORDER TO EXCUSE ANY CHILD'S ABSENCE. IF WE DO NOT HEAR FROM YOU WITHIN 1 HOUR OF OUR PROGRAM'S START TIME (9:00A.M.), WE WILL BE CONTACTING YOU TO ENSURE THE WELL BEING OF YOUR CHILD** (Head Start Performance Standard #1302.16 {1} A program must implement a process to ensure children are safe when they do not arrive at school. If a child is unexpectedly absent and a parent has not contacted the program within one hour of the program's start time, the program must attempt to contact the parent to ensure the child's well being).

Attendance is important for your child's learning and development. Please be sure to call the center at 534-7650 to let us know if your child will be absent for the day. Due to the fact that our program is full and we have a waiting list, after 4 consecutive absences, staff will reach out to parents/caregivers to have a conversation to better understand your family's needs and to put together a support to ensure attendance.

The following are definitions of an excused absence from the Federal Register:

- * A child is hospitalized
- * A child is incapacitated due to serious illness/injury
- * A child contracts a communicable disease (virus or flu, head lice, etc.)
- * A child has other health ailments which temporarily prevent attendance such as asthma
- * There is a death in the family
- * A child cannot attend class because he/she has received medical treatment or therapy at the time when school is being held
- * The child's attendance is affected by a family situation
- * Weather conditions
- * Transportation, water, and/or heater problems may necessitate closing the center

****See addendum for specific COVID-19 symptoms.**

Hours of Operation

Early Head Start/Head Start/GSRP class days are Monday, Wednesday, & Friday from 9:00 a.m.-3:00 p.m. Children may not be dropped off early or picked up late from the classrooms. If you need your child to arrive prior to 9:00 a.m. or stay after 3:00 p.m., you will need to complete a contract for Child Care. This can be done at the front office at the Benodjenh Center. The hours for Child Care are Monday-Friday from 7:30a.m.-5:30p.m. If your child is not picked up by 5:30p.m., staff will attempt to make contact with you as well as the people that you have designated on your child's emergency contact card. If we are unable to make contact with you or any of your designated emergency contacts and your child is not picked up by 6:00 p.m., Benodjenh Staff will contact GTB Law Enforcement.

School Calendar 2020-2021

Monday, October 19.....School begins
 Monday, November 2.....**Center Closed**, All Souls Day
 Wednesday, November 11.....**Center Closed**, Veteran’s Day
 Thursday & Friday, November 26 & 27.....**Center Closed**, Thanksgiving Break
 December 18-January 1, 2021.....NO EHS/HS/GSRP classes-Christmas Break
 December 24-25.....**Center Closed**-Christmas Holiday
 December 31-Jan 1, 2021.....**Center Closed**-New Years Holiday
 Monday, January 4, 2021.....Classes Resume
 Monday-Thursday, March 29-April 1.....NO Classes, Spring Break
 Monday, April 5.....School Resumes
 Thursday, May 27.....**Center Closed**, Federal Recognition Day
 Monday, May 31.....**Center Closed**, Memorial Day
 Monday, July 5.....**Center Closed**, Independence Day Observed
 Thursday, July. 29.....Last Day of School

**Please keep in mind that Early Head Start, Head Start, and GSRP are YEAR-ROUND programs and your child’s attendance during the summer months is expected. Extra days have been built into the calendar to make up for cancelled classes/closings, however, additional days will be added if needed.



*4 Field Trips

Occasionally the Head Start/GSRP classrooms take a partial or all day field trip. Families with children in both Head Start/GSRP classrooms are asked to let each child only participate in the trips their class attends. If other siblings need to attend the field trip, it will be the responsibility of the parents/guardians to supervise them during the trip. If meals and/or admission/activity fees are a part of the field trip, parents/guardians will need to cover the expense of any siblings going. Parent/guardian fees and meals will be covered by the program. Due to the fact that the buses only offer limited seating, only enrolled children and their parent(s)/guardian(s), as well as staff will be allowed to ride the bus during the trip. Others will need to follow the bus or meet the class at the event.

Every effort will be made to notify parents of a field trip at least three days in advance, although you have already signed a permission slip at the beginning of the year allowing your child to participate in all Head Start/GSRP field trips. However, you have the option to withhold your child from any field trips. It is the parent’s responsibility to explain to the child the reason for not going and to find alternative care.



Weather Rule

Early Head Start/Head Start/GSRP will make every attempt to remain open. However, if Early Head Start/Head Start/GSRP must close because of snow or other inclement conditions, we will make every effort to attempt to contact you. If you are uncertain, call the Benodjenh Center at 534-7650. The guidelines for Early Head Start/Head Start/GSRP cancellations are as follows:

Early Head Start/Head Start/GSRP will follow Suttons Bay Schools. If Suttons Bay Schools are delayed for 1 or 2 hours, then Early Head Start/Head Start/GSRP will be delayed for 1 or 2 hours. If Suttons Bay Schools are closed, then Early Head Start/Head Start/GSRP will be closed (child care will be available if there is no Early Head Start/Head Start/GSRP). For children riding the Traverse City bus, the same applies. In addition, if Traverse City Schools are delayed or closed and Suttons Bay Schools are open and running on schedule, the Traverse City bus run will be cancelled. On occasion, the Tribal Council has closed Tribal programs due to inclement weather. Please contact the GTB Emergency Information and Closure Line at 534-SNOW on bad weather days to determine if Tribal Government operations (including EHS/HS/GSRP and Child Care) are open. In the event GTB Governmental operations are delayed or closed due to weather conditions, the Benodjenh Center will follow the delay or closing. **This includes Child Care.** We recommend you have a back up plan for child care in these instances. ***Note: If the temperature is 90 degrees or above including the heat index, only 1 air conditioned bus will run.**

Cancelled Classroom Policy

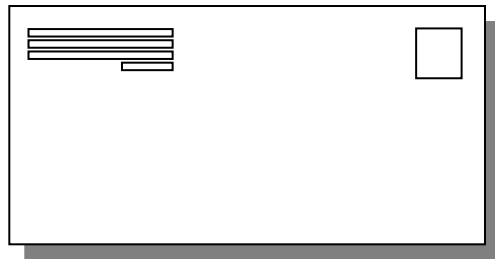
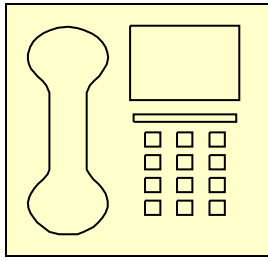
On occasion, it is necessary to cancel individual classes. We will make every attempt to ensure that this does not happen, however, it is our policy that if all 3 staff from a classroom are absent, then class will be cancelled for the day. The bus will not pick up children from the cancelled class. Child care will be available in the event of a cancellation. Due to short staffing on these days, we would encourage you to keep your children home unless you are working or going to school. Extra days are built into our calendar, and if we fall below the required amount (173 days), extra days will be added to the end of the school year to reach this number. We open at 7:30a.m. and staff won't know if a class will need to be cancelled until then. We apologize in advance for any inconvenience this may cause.

Smoking Policy

The Grand Traverse Band Early Head Start/Head Start/GSRP Programs prohibit smoking at all times, in all spaces utilized by the program. Tobacco use of any kind, other than for cultural use, is prohibited by any child, staff member, parent, or volunteer within the facility. This includes: classrooms, staff offices, kitchens, restrooms, parent and staff meeting rooms, hallways, outdoor play areas, and vehicles used for transporting children. We also request that parents refrain from smoking during home visits and when taking your child to and from the bus.

Early Head Start/Head Start/GSRP staff, parents, or volunteers, are prohibited from smoking when Early Head Start/Head Start/GSRP activities are taking place away from the facility (field trips, neighborhood walks, or other outdoor group activities).

Staff members, parents, or volunteers must smoke out of sight of the children and be at least 300 feet away from the Benodjenh Center or 300 feet away from an activity off site. **Smoking is prohibited in the pick-up/drop-off area and in the parking lot.**



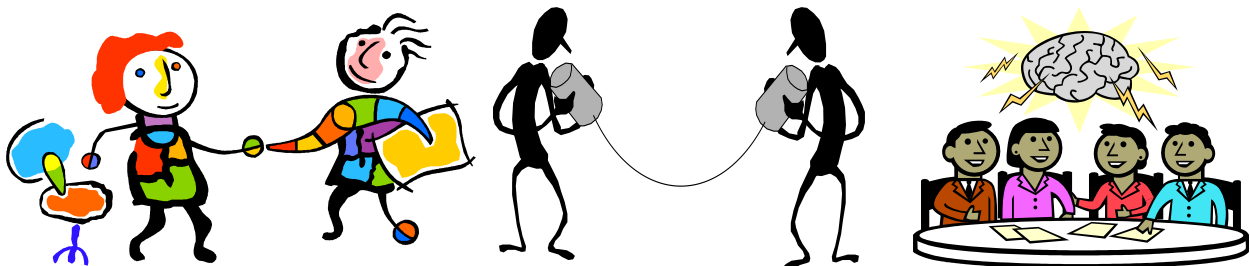
Communication

We do our best to keep parents/guardians informed of what is happening in the classrooms, center, Home Based program, and any events that may be of interest to families. *²While we have an open door policy as far as parents participating in the classrooms with their children, we know that this is not always possible. Our Early Head Start/Head Start/GSRP teachers send home weekly notes to let parents/guardians know what their child has been learning about and doing in the classroom. A monthly program-wide newsletter is sent out to families with general information about what has been going on at the center and in the Home Based program, parent training opportunities, Dinner/Parent Meeting dates, special events, community resources, health information, nutrition information, at home activity suggestions, to name a few.

*⁵Family Dinners/Parent Meetings take place each month at the Benodjenh Center for all parents/families involved in either the Center Based or Home Based programs. All parents/guardians are invited and encouraged to attend these events. **The Home Based Program offers socialization experiences one time each month at various locations for families to participate in. These are great opportunities to get to know some other parents with young children. This is also a chance for parents/guardians to be involved in the decision making process of the Early Head Start/Head Start/GSRP Programs. We sincerely value your opinions and ideas and look forward to your suggestions. If you are not able to attend Family Dinners/Parent Meetings, please feel free to contact any of the Early Head Start/Head Start/GSRP staff to discuss any concerns, find out what is going on in the classrooms/center, or ask any questions you may have.

*⁶Connections between home and school are critical to our program and your child's success. A few ways that we support this connection is through Parent/Teacher Conferences and Home Visits. Parent/Teacher Conferences occur in September and July and home Visits occur between November/December and March/April.

*²Please feel free to stop in or call any of the staff at any time to be updated on classroom events, home based activities, concerns, or suggestions.



Discipline Policy

Center Rules:

1. We keep our (hands and feet) body to ourselves.
2. Walking feet inside, running feet outside.
3. Quiet voices inside, loud voices outside. Kind, helpful words.
4. Gentle touches
5. You can go outside or leave the classroom/center only with a teacher or designated adult.

Procedure for Discipline:

1. Politely and firmly tell the child to comply with the rule he/she has broken. Remind the child of the rule.
2. If inappropriate behavior continues, ask to help the child comply with the rule she/he has broken.
3. If inappropriate behavior persists, teachers will use age appropriate strategies to help guide the child through steps to acceptable behavior.
4. Children who continue to exhibit inappropriate behavior will be offered the "safe place" to regain control of themselves.
5. Redirection techniques will be used with all children. Removal from the situation will be reserved for unsafe situations.

In addition:

Staff will use positive methods of behavior management that encourages self-control, self-direction, self-esteem and cooperation. All Early Head Start/Head Start/GSRP teachers and staff use the following conflict resolution process:

- Gather information from the children (what happened, what upset the children).
- Restate the problem
- Ask the children for solutions and encourage them to choose one together.
- Be prepared to give follow-up support when children act on their decisions.

Should behaviors become unsafe, overwhelming, or overly disruptive; parents or the classroom staff will work with building support staff and the parents/caregivers to set up a supportive plan to best meet the needs of the child.

Staff are **PROHIBITED** from using the following as a means of punishment:

1. Hitting, shaking, biting, pinching or inflicting any form of corporal punishment.
2. Restricting a child's movement by binding or tying him/her.
3. Inflicting mental or emotional punishment, such as humiliating, shaming, or threatening a child.
4. Using food as a reward or punishment, or depriving a child of meals, snacks, rest, or necessary toilet use.
5. Confining a child in an enclosed area, such as a closet, locked room, box or similar cubicle.

Non-severe discipline or restraint may be used as a **LAST RESORT**, 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. All staff are trained in Non-Violent Crisis Intervention (NVCI) through the Crisis Prevention Institute (CPI).

*Benodjenh staff also use Conscious Discipline techniques. For more information on Conscious Discipline, please contact your child's teacher.

Behavioral and Emotional Intervention Process

1. If a staff member has a concern or notices changes in the behavior or emotional state of a child, the teacher will contact the parent(s) to discuss the situation. Staff and parents will complete a Devereaux Early Childhood Assessment (DECA) for the child at this time if one has not been completed previously. The DECA is a social/emotional assessment which addresses things like aggression, attention issues, self-regulation issues, and withdrawal/depression.
2. The health history of the child will be reviewed to determine if behavioral challenges may have an underlying physical cause.
3. Behavioral concerns will be documented on a daily basis (or as incidents occur) for two weeks by the classroom staff as long as the behavior or emotional state of the child is not too severe.
 - * At the end of the two week time frame, a meeting between the classroom staff, parent(s), and other appropriate Management staff will take place to review the observational summaries, DECA, incident reports, and any other relevant documentation. Input from the parent(s) will be sought at this time for developing a plan for the child. This plan will be documented in the child's Individualized Education Service Plan (IESP).
 - * Consent from the parent(s) will be obtained to allow the Mental Health Consultant (MHC) or Traverse Bay Area Intermediate School District (TBAISD) Behavioral Consultant/School Social Worker to observe the child in the classroom as well as to review the documentation listed above.
 - * The appropriate consultant will review documentation and conduct an individual observation of the child. The observation will be followed by a meeting with the staff to develop a written positive behavior plan.
 - * Three to four weeks after the consultation, the consultant will conduct a meeting with the appropriate staff and parent(s) if possible, to review behavior plan strategies, determine if strategies have been successful, and to revise/add additional changes as needed.
 - * If challenging behaviors continue to pose a significant concern, the Health/Disabilities Coordinator will seek consent from the parent(s) to contact TBAISD to work with staff and parent(s) in the development of a Functional Behavior Assessment.
4. If the behavior or emotional state is too severe, the appropriate consultant and staff members will meet with the parent(s) to initiate the referral process to an appropriate agency.
5. GTB Benodjenh Center will follow these steps after it has been determined by an appropriate professional that the child has special needs:
 - * Set up a meeting between the parent(s), teacher, and other appropriate staff and the professional that is providing the services to the child.
 - * Develop an Individualized Education Plan/Individualized Family Service Plan (IEP/IFSP) and implement it at the earliest possible time.
 - * Monitor the child's progress through classroom observations, home visits, parent reports, anecdotal notes, revision of the IEP/IFSP and frequent parent contacts.
6. Documentation of the process of helping the child and family will be completed and kept in the child's file.
7. Staff will do everything they can to ensure your child's success in our center. If behavior becomes unsafe or excessive, a meeting with parents/caregivers will be scheduled to discuss next steps and put together a supportive action plan.

Aggressive/Severe Behavior Policy

Defined as deliberate, repeated and uncontrolled attacks on others physically or verbally, not limited to the following examples:

- *Excessive swearing (repeatedly swearing, other children begin to swear)
- *Physical aggression (hitting, biting, kicking, throwing objects, turning over tables, etc.)
- *Violent threats (shooting, stabbing, etc.)

In cases where a child's severe/aggressive behavior becomes a consistent problem and disrupts the classroom, the classroom staff will document the behavior and place it in the child's file and following procedure will occur:

1. Children who exhibit inappropriate behavior will be offered the "safe place" to regain control of themselves, and a note (incident report) is sent home. Should several offenses occur in one day, each offense will be documented. Only one note will be sent home per day and may indicate several offenses if necessary.
2. After three notes home, parents will be called in to meet with the staff to discuss what to do to change the child's behavior. They will discuss how to work consistently between home and school to address the behavior. If this meeting cannot occur within a week, the child may not be able to return to the program until the meeting takes place.
3. If the child's behavior injures another person (child or staff), the child's parent/guardian may be required to pick up the child from the center. If a parent/guardian cannot be reached, the center may utilize the authorized list of persons submitted by the parent/guardian on the Emergency Consent Form.
4. *7 If the behavior does not improve within the designated amount of time as agreed upon, the parent or another adult may be required to accompany the child in the classroom and/or on special activities such as field trips.

Note: Ongoing and/or extreme behavioral concerns may require a referral or consultation with the Tribal or Local Mental Health, Social Worker or ISD Behavioral Specialist. Counseling may be recommended/encouraged as part of the improvement plan.

Grievance Procedure

1. Parent/Community member should discuss their concern or complaint with the Teacher and/or the appropriate Management Staff member.
2. If the matter is not resolved, the parent/community member should contact the Benodjenh Center Director explaining their concern/complaint in writing.
3. If the matter is still not resolved following a meeting with the Benodjenh Center Director, the Director will notify the Policy Council and request an emergency meeting.
4. If the matter cannot be resolved, the Benodjenh Center Director will take the matter to the Department 12 Supervisor/Tribal Manager.

Pick-Up/Drop-Off

If there is a change in the place your child will be picked up or dropped off, call or stop into the Benodjenh Center by 7:30 a.m. If there is any change in the place your child is to be dropped off, call or stop into the center to report the change by 2:00 p.m.

Busses are expected to wait no more than two (2) minutes for student pick-up/drop-off. If no one is home at the time of drop-off, Bus Driver or Bus Aide will:

1. Wait two minutes.
2. Check back with the main office for message.
3. If no message, take child back to center (**you will be charged for child care starting at 3:00p.m.**).
4. No child is to be dropped off with any one under the age of 16 **and must be listed on the emergency contact card.**
5. Anyone escorting a child on/off the bus must be listed on the child's Emergency Contact Card.
6. Anyone who is picking up a child must be able to provide picture ID or picture verification from the parent to identify themselves before the child will be released.

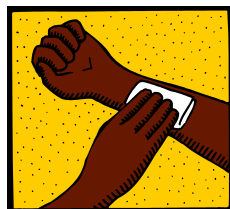


* Bus Rules

- * Early Head Start/Head Start/GSRP children will be returned to the place they were picked up. If there is to be a change in pick-up or drop-off, **NOTICE** must be given as stated above.
- * Parents must notify the center when a child will not be attending class and give a reason why they will be absent.
- * Parents should notify staff a week in advance of moving.
- * Children should be dressed and ready when the bus arrives. If your child misses the bus, it is your responsibility to bring your child to school. (Staff **CANNOT** transport your children to school for you).
- * The Bus Aide will assist your child with getting buckled and unbuckled, however the parent must escort the child to and from the bus. **Please note that the area 20 feet around the bus is called the "DANGER ZONE." No child/parent should be around this area unless they are being escorted on or off the bus.**
- * When a child is dropped off at home, the parent or a person aged 16 or older who is listed on the child's Emergency Procedure Card must be present to receive the child, and must present picture ID before the child is released.
- * If no one is at home, or if the adult who is to receive the child is not designated on the child's emergency procedure card, the child will be returned to the Benodjenh Center (and charged for child care starting at 3:00p.m.) and it will be the parent's responsibility to see that the child is picked up by 5:30p.m. If not, the steps outlined in the Hours of Operation section (pg. 7) will be followed.
- * The child must be escorted by parent/guardian or anyone at least 16 years of age and specified by documentation on the emergency contact card and cross at least ten feet from the front of the bus.
- * Only Early Head Start/Head Start/GSRP children and parent volunteers will ride the bus to and from the center.
- * There is **NO** food, drink, or smoking on the bus.
- * Toys **CANNOT** be sent with the child.
- * There will be at least two (2) adults on the bus at all times.
- * ⁸Parents who transport their child to Early Head Start/Head Start/GSRP must accompany the child into the building and to their classroom.
- * ⁸The Bus Aide will determine if a child is ill at the time he/she boards the bus based upon defined conditions of exclusion (see page 36). A sick child will be returned to the parent(s).
- * When the bus returns to the Benodjenh Center, and the children have gotten off, the Bus Aide as well as the Bus Driver will do a final inspection of the bus to ensure that no children or belongings are left on the bus. This will be documented on the Bus Log as well as signed off by each staff person on the bus.
- * If the temperature is 90 degrees or above including the heat index, the bus will **NOT** run and you will need to make arrangements to transport your child/ren on hot days.

When Injury Occurs on the Bus

1. The Bus Driver and Aide will be trained in First Aid & CPR procedures.
2. When traveling TO and FROM school:
 - A. Minor Injury (I.e. cut, bruise, bump)
 1. Bus Aide will provide general first aid if necessary.
 2. Bus Aide will complete an Incident report while on the bus or upon arrival at the Benodjenh Center and will submit a copy to the parents and a copy to the Health & Disabilities Coordinator.
 3. If the injury occurs on the way to school, the Bus Aide and Driver will accompany child to the Health & Disabilities Coordinator. The Health & Disabilities Coordinator will examine the child and will contact the parent if necessary. The Bus Aide will also notify the Health & Disabilities Coordinator who will contact the parent to check on the status of the child if necessary.
 4. If injury occurs on the ride home, the Bus Aide will explain to the parent or adult at the bus stop the nature of the injury and first aid steps that were taken. An incident report will be completed and given to the parent(s) the following day.
 - B. Major Injury (I.e. knocked unconscious or bleeding heavily)
 1. Bus Driver will stop the bus and call 911 so the child can be brought to the hospital.
 2. All Staff are trained in CPR/First Aid and will assess the situation and utilize the appropriate skills.
 3. Call the Health & Disabilities Coordinator or Director at the center.
 4. The Health & Disabilities Coordinator or Director will notify parent and offer transportation to either site of accident or hospital.
 5. A Early Head Start/Head Start/GSRP staff person will drive to the site of the accident so that an adult can accompany the child in the ambulance. If the parent has arrived at the site of the accident, the Early Head Start/Head Start/GSRP staff need not go in the ambulance.
 6. A cellular phone will be on board each bus. Also, incident reports will be placed on all buses and will be completed at or shortly after the occurrence of any accident involving a child. Incident reports will be completed by the Bus Aide and will be witnessed by the Bus Driver.



Pedestrian Safety

A message for Parents of Preschool Children...

Here are some facts you should know:

- † Most preschoolers are injured near their home or on their own street.
- † Most crashes involving preschool children happen between 3 p.m. and 6 p.m.
- † Most crashes involving preschoolers occur in fair and warm weather.
- † Twice as many preschool boys are injured than preschool girls.

This is How You Can Prevent These Tragedies

- † Supervise preschoolers at all times. Preschoolers should NOT be allowed to cross the street alone. Teach them who can help them cross the street safely.
- † Teach by explaining. Explain to your child the safe way to cross a street. Say: "When I cross a street, I always stop at the curb. I look for cars. I look left for any traffic coming, and then I look right for traffic coming that way. Then I look left again. When it is clear, I cross the street and keep looking left and right."
- † Teach by example. When you cross a street with your child, ALWAYS:
 - † Stop at the curb.
 - † Look Left-Right- Left for traffic in all directions.
 - † Cross when it is clear.
 - † Keep looking for cars as you cross.
- † Encourage your child. As you both safely cross the street together, praise your child for copying your safe actions or words. Practice what you teach at ALL times.

A Message for Parents of Elementary School Children...

Below are some common myths that children believe about being a pedestrian. Make sure your child knows the facts.

Myth: A green light means it is safe to cross.

Fact: A green light means that you may stop and search for cars. Before you step off the curb, look LEFT-RIGHT-LEFT, and if it is safe to do so, cross and keep looking left and right as you do so. Be alert for vehicles making a right turn on red.

Myth: You are safe in a crosswalk.

Fact: You may cross at a crosswalk, but before you do, you must stop at the curb. Look LEFT-RIGHT-LEFT for cars. When it is clear, cross and keep looking left and right.

Myth: If you see the driver, the driver sees you.

Fact: the driver may not see you. Make certain the driver sees you and stops before you cross in front of the car. Try to make eye contact with the driver.

Myth: The driver will stop if you are in a crosswalk or at a green light

Fact: The driver may not see you. The driver's view may be blocked. The driver may run a traffic light illegally. The driver may turn without looking for pedestrians.

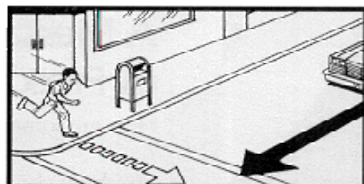
Myth: Wearing white at night makes you visible to drivers.

Fact: Even if you and your child wear white clothes, drivers will have a difficult time seeing you at night. Carry a flashlight. Wear reflective clothing. Walk facing traffic.

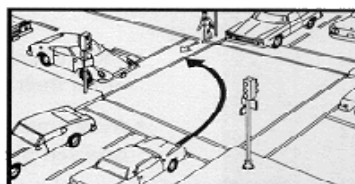
Remember, when crossing a street, your child should always:

- † Stop at the edge of parked cars, the curb or other vehicles.
- † Look LEFT-RIGHT-LEFT for moving cars.
- † Cross when clear, and keep looking left and right.
- † Walk, not run or dart, into the street.
- † Look for signs that a car is about to move (rear lights, exhaust smoke, sound of motor, wheels turning).
- † Walk alertly.

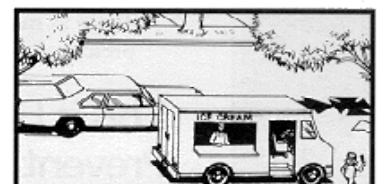
Common Crash Situations



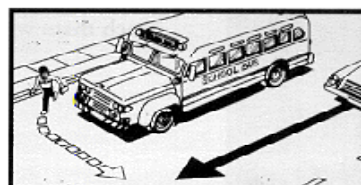
Child darting out into street at corner or mid-block



Vehicle turning into path of child



Child hidden by ice cream truck



Child hidden by bus and driver does not stop



Vehicle backing up in roadway, driveway, or parking lot

What Do We Do All Day?

Curriculum: In Early Head Start/Head Start/GSRP classrooms, The Creative Curriculum is used. This is a research based comprehensive curriculum in which serves children from birth to 5 years old (The Creative Curriculum For Infants, Toddlers, & Twos & The Creative Curriculum For Preschool). It focuses on strategies for addressing the needs of all children, including those who have special needs or second language learners in the appropriate development of the following skills; social and emotional, literacy, math, science/discovery, social studies, the arts, and technology.

Developmental Screening & On-going Child Assessment: We begin the year by using the ESI-R & ASQ-3 to screen your child and that gives us a starting point in respect to their developmental levels. Throughout the year, an on-going observational assessment tool; Teaching Strategies GOLD is used to assess your child's growth and development. This assessment has 3 Checkpoint Periods where growth can be tracked.

In the Early Head Start/Head Start/GSRP Programs, we bring your child to the center for six hours (6 children enrolled in the EHS Program and 10 children in the HS/GSRP Program) each day, Monday, Wednesday, & Friday. Each day is organized around a number of both teacher directed and child initiated activities. These activities are labeled and defined in the following ways:

Large Group: All adults and children participate in activities that are planned around the children's interests and developmental levels. Activities may include but are not limited to the following: music and movement, cooperative play, projects, and other events meaningful to children.

Anishinaabemowin: An Odawa Instructor comes into the classrooms for 15-30 minutes each day to teach the Native Language to the children. This is done in a large group setting where all children are invited to participate.

***⁹Small Group:** Each teacher works with a group of 2-4 children in the Head Start/GSRP classrooms and in the Early Head Start classrooms groups of 2-3. He/she selects an activity that he/she feels will help strengthen a skill area for these children. Some areas may include cutting, number concept, color identification, language development, and large muscle activities to name a few.

***¹⁰Mealtimes:** Each teacher models good eating habits and manners while enjoying conversation with and between the children. Breakfast is also a time for the children to plan for free choice. Lunch is also a time for the children to follow up and review each child's earlier planning.

***¹¹Free Choice:** During this play period (which will last at least one hour), the children are able to select activities within the classroom. (Each classroom is divided up into various centers, for example: Dramatic Play, Art, Reading, Blocks, etc.) In addition, this is a time for the teachers to interact, model, support learning/interactions between children, and individualize with the children.

***¹²Outside Time:** The children spend at least 30-60 minutes outside every day, weather permitting where they may participate in a teacher directed activity or an activity they choose. Regardless of which activity is taking place, teachers are always there to guide the children in their play. This time may or may not be split up into two or more different time periods as seen in the sample daily schedule on page 18.

Rest Time: Each child is offered at least 45 minutes of rest time each day. If a child does not fall sleep during that period of time, they are offered an alternative quiet activity (reading a book, puzzles, an art activity, etc.). Teachers sit in close proximity and provide support as well as pat backs during this time.

Sample Daily Schedules

| <u>Early Head Start Classroom</u> | | <u>Head Start/GSRP Classrooms</u> | |
|-----------------------------------|--|-----------------------------------|---|
| 9:00-9:15 | Arrival | 9:00-9:15 | *Outside Time |
| 9:15-9:30 | Toileting/Diaper Change | 9:15-9:30 | Morning Meeting (Large Group) |
| 9:30-10:00 | Breakfast * ¹² (Family Style) Brush | 9:30-10:15 | Handwashing, Breakfast * ¹⁰ (Family Style), * ¹³ Tooth ing & Planning |
| 10:00-10:30 | Free Choice & Individualization | 10:15-11:15 | Free Choice & Individualizing (Do) |
| 10:30-11:00 | Creative Arts/Sm. Grp./Sensory Play | | |
| 11:00-11:30 | Toileting/Diapering | 11:15-12:00 | Clean-up Time & Review |
| 11:30-12:00 | Anishinaabemowin | 12:00-12:15 | Anishinaabemowin |
| 12:00-12:30 | Outside/Gross Motor Time | 12:15-12:30 | Small Group Activity |
| 12:30-1:00 | Lunch | 12:30-1:30 | Lunch/Transition to Rest Time |
| 1:00-2:30 | Nap Time | 1:30-2:30 | Rest Time/Quiet Activity |
| 2:30-3:00 | Wake-up/Toileting/Diapering/Snack | 2:30-3:00 | Snack |
| 3:00 | Departure | 3:00 | Departure |

~Note: Classrooms use a variation of these schedules.

Outside time: Please remember that **all classes go outside daily** unless it is below 20 degrees (including wind chill) or above 90 degrees (including heat index). Please make sure to send appropriate outdoor clothing daily with your child/ren. As previously stated, if your child is too sick to go outside they are too sick to come to school. We do not have enough staff for one person to stay inside with a few children and another one to go outside with the rest of the class. Adult/child ratios must be met at all times.

Health Plan

Early Head Start/Head Start/GSRP's commitment to wellness embraces a comprehensive vision of health for children, families, and staff. The objective of this section of the Early Head Start/Head Start/GSRP Programs Performance Standards is to ensure that, through collaboration among families, staff, and health professionals, all child health and developmental concerns are identified. Additionally, all children and families are linked to an ongoing source of continuous, accessible care to meet their health needs.

GTB Early Head Start/Head Start/GSRP is committed to connecting families to:

1. A comprehensive health services program which includes a broad range of: medical, dental, mental health and nutrition services to enrolled children, to assist the child's physical emotional, cognitive, and social development toward the overall goal of social competence.
2. Promote preventative health services and early intervention.
3. Provide the child's family with information, resources and referrals to help the family establish a medical home.

You must have a documented physical and dental (dental for every child by the eruption of their first tooth) examination for your child on file at the Benodjenh Center. We recommend to all families to get their physical and dental documentation in within 30 days, however the absolute requirement is within 90 days of enrollment into the Early Head Start/Head Start/GSRP Programs.

During the course of the school year, developmental, hearing, vision, speech/articulation, social/emotional, health, and dental screenings will occur with the possible assistance of other agencies on an ongoing basis. Parents will be contacted with the results if follow up is necessary so they can determine where referrals will be sent. In the classroom, we provide your child with health education covering areas such as dental/tooth brushing, nutrition/proper eating habits, and overall health & safety/taking care of their body in general.

In the fall and again in the spring your child's weight and height will be measured . If you are concerned about your child's weight, please contact the Health & Disabilities Coordinator.

****If there is an infectious disease process going on in the classroom (such as shigella, scabies, chicken pox, etc.) you will be informed. PLEASE DO NOT SEND YOUR CHILD TO SCHOOL IF HE/SHE IS SICK.**

Administering Medicine During School Hours

Prior to sending medicine to be administered to your child during school hours, you must come into the Benodjenh Center to sign a permission slip allowing us to give medication to your child. Prescription medications must:

- * Be sent in the original container with the original label
- * Include the child's name
- * Include the name of the child's doctor
- * Include the name of the medication
- * Include the issue date of the medication
- * Include the dosage, frequency and duration the medicine should be given
- * The route of administration (for example, oral)
- * Special precautions (for example, taken with food)
- * Storage requirements (for example, refrigeration)
- * Expiration Date

Unless we have a doctor's note stating that a non-prescription medication is to be given to a child during school hours (with the reason for the medication and the dosage clearly stated) non-prescription medications will not be administered to children. The only exception to this rule will be as follows: Diaper Rash Cream and Teething Gel may be administered without a doctor's note, however the parent must bring the medication in and complete a Permission to Administer Medication form. The parent/guardian must complete and sign the permission slip. This must be done at the Benodjenh Center. **DO NOT SEND MEDICATION TO SCHOOL WITH YOUR CHILD ON THE BUS OR IN THEIR BACKPACK/BOOKBAG.** The Early Head Start/Head Start/GSRP staff will not give medicine without permission. Remember, if your child is sick, keep him or her at home.

***14 Child Illness Policy**

When a child becomes ill, is found ill, or is sent to school ill, it is Benodjenh Center Policy to contact the parent or guardian to come and take the child home. If the parent is not home other arrangements must be made for child care. Please do not send your child to school if he/she has any of the following symptoms:

- | | |
|---|---|
| **Nausea | **Head Lice or Scabies |
| **Stomach Pain | **Eye Discharge (Contact Doctor) |
| **Fever | **Diarrhea |
| **Ear pain or drainage (Contact Doctor) | **Vomiting |
| **Heavy Nasal Discharge | **Exposure to Chicken Pox or Measles |
| **Constant Cough | **Other signs of illness including behavior change, which limits the child's ability to participate. |

If your child has any symptoms which increase or persist, contact your doctor. Please see the appendix (pages 43-45 for the complete Exclusion/Re-Admission Policy for the Benodjenh Center, and consult it in the event your child has or is diagnosed with an illness to determine when it is recommended that your child is safe to return to school.

If a child comes to school ill, other students are exposed to the illness and it is more of a strain on a sick child to leave home and it could increase their recovery time. If your child is sent home from school ill, it will be noted on the incident report the earliest date they may return. Any child sent to school when ill or becomes ill in school will be sent home. ^{*15}As the child's parent, you are responsible for making arrangements to have your child picked up within 30 minutes of being contacted.

If a child becomes ill or injured at school and needs emergency care, the Benodjenh Center will call 911 and the parents will be contacted. Once the parent is reached it is their responsibility to join their child immediately or as soon as possible.

Don't forget, we go outside EVERY DAY weather permitting. If your child is too sick to go outside, your child is too sick to come to school.

***16 Mental Health**

The Grand Traverse Band Early Head Start/Head Start/GSRP contracts with a Mental Health Consultant who visits the center twice each month. The purpose of the Mental Health Consultant is to promote social and emotional well-being. The Mental Health Consultant will conduct classroom observations at least quarterly. This will help with any identified concerns originated by the parents and/or classroom staff. Meetings with the Mental Health Consultant will occur after the observations to develop a plan of action by the EHS/HS/GSRP staff, with input from the families. The Mental Health Consultant is available to meet with individual parents as needed. If further services are indicated, referrals to appropriate agencies will be made.

Currently the Mental Health Consultant is Maggie Sprattmoran, MA, MS, LPC, IMH-Level 4. If you would like to talk to or meet with Maggie, please contact our Health & Disabilities Coordinator at 534-7382 to set up a time that is convenient for both of you.

***17 Head Lice Policy**

The GTB Benodjenh Center classroom staff will conduct head checks on the first day of each week that the child is in attendance to monitor cases of head lice. In the event that a live louse is found, management staff will contact the child's parent to pick up the child as soon as possible. An incident report will be completed by classroom staff which will be given to the parent when the child is picked up. Children will not be removed from the classrooms upon the discovery of head lice. Children will be allowed to remain in the classroom until the parent arrives to pick up the child. Parents must make arrangements to have their child picked up within 30 minutes of being contacted.

******A parent whose child had been sent home on the previous day will be required to treat their child for head lice. Parents must bring their child back to the Benodjenh Center to have their child's head checked by Benodjenh Center staff. The child will be permitted to stay if no lice or viable nits (nits located less than ¼" of the scalp) are found. If live lice and/or viable nits are still present, the child will be sent home with the parent. If the child returns with non-viable nits and no live lice, the parent will be encouraged to continue to remove these nits from the child's hair, and the child will be permitted to stay at the Benodjenh Center.

******If nits with no lice are found in a child's hair, management staff will notify the parent by phone, and an incident report will be completed by classroom staff and sent home with the child at the end of the day. Parents will be requested to remove all nits from their child's hair. A child will not be excluded from the center upon the discovery of nits (either viable or non-viable). However, parents of children who have been found to have viable nits will be required to bring the child in the next day to have their child's head checked by Benodjenh Staff. The child may return when free of viable nits.

Lice Information Sheet

The management of Head Lice involves a three (3) step process: Application of lice shampoo, nit removal, and preparation of the environment.

- * Over use or misuse increases the potential for absorption into the bloodstream and possibility of adverse effects.
- * Only expose the hair to the shampoo. Have your child lean over the sink and drape a towel over the shoulders. If shampoo gets in eyes, flush out with water immediately. Wear rubber gloves if possible when applying.
- * Do not use the shampoo on children under one year of age. If children are under two years of age, consult a doctor before applying. If pregnant, consult with a doctor before treating self or others.
- * All persons known to have contact with an infected person should be examined and treated only if they are found to be infested.

Nit Removal

- * Examine for nits in a natural light near window with a magnifying glass. They must be either slid down the shaft of hair or picked from the hair to be removed.
- * Slightly damp hair best accomplishes the task of removal.
- * Use a fine tooth comb and start with a section of hair on the tip of the head. The teeth of the comb should be placed in a one inch strand of hair as close to the scalp as possible. Comb with a firm even motion away from the scalp all the way to the end of the strand of hair.
- * The treated persons should then be checked daily for 10-14 days for evidence of lice and newly laid eggs.

Preparing the Environment

- * Spraying classrooms and homes is no longer recommended because the chemicals are more toxic to humans and animals when they are inhaled or breathed in.
- * All washable clothing, towels, and bed linens should be washed in hot water and dried with a dryer for at least 20 minutes. Dry-clean non-washable items. If dry-cleaning is not an option, seal articles in a plastic bag for 14 days.
- * Carpets, car seats, pillows, stuffed animals, rugs, mattresses, and upholstered furniture need to be thoroughly vacuumed. Head lice do not hop, fly or jump, but can crawl and though they do not live off household pets, they can hitch a ride to an uninfested person.
- * Soak combs, brushes, and hair accessories in lice-killing product for one hour or in boiling water for ten minutes.



Nutrition

The Early Head Start/Head Start/GSRP Programs utilize the services of a Registered Dietitian. As an Early Head Start/Head Start/GSRP parent, you and your children are eligible for nutrition consultation services at no cost. The Registered Dietitian is available to discuss any nutrition concerns in regards to your child(ren) or family. In addition, the Early Head Start/Head Start/GSRP Programs will weigh and measure your child throughout the year and will report to you any findings that may be of concern. The Early Head Start/Head Start/GSRP Programs will then provide a referral for your child to the Registered Dietitian.

In order to meet the nutrition requirements of the Early Head Start/Head Start/GSRP Performance Standards, we attempt to do the following things:

Provide Early Head Start/Head Start/GSRP children and their families with nutrition information which will help them to understand the importance of eating properly.

In Early Head Start/Head Start/GSRP, we serve the children breakfast at 9:30 a.m. and a hot lunch at 12:30 p.m. Our menus are approved by a registered dietitian.

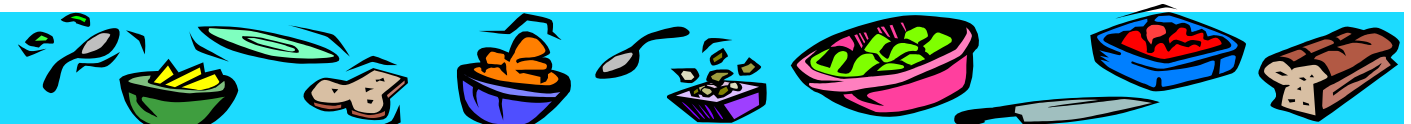
The GTB Early Head Start/Head Start/GSRP Programs are participants in the Child and Adult Care Food Program (CACFP), a United States Department of Agriculture (USDA) program. The CACFP provides cash reimbursement to child care programs for nutritious meals and helps children develop positive eating habits. It is administered by the Michigan Department of Education.

The primary goal of the CACFP is to serve nutritious meals to children attending child care centers and day care homes. Healthful diets help children learn and grow. Children served nutritious meals and snacks are more likely to develop at a healthy physical and intellectual pace. Proper nutrition during the early years ensures fewer physical and educational problems later in life. Good nutrition is the recipe for an all around happier child.

Through the Child and Adult Care Food Program you can be assured that your child is getting balanced, nutritious meals and developing healthy lifelong eating habits. As a participant in the CACFP, your child care center receives reimbursement for serving nutritious meals and snacks. Meals and snacks must meet the USDA nutritional requirements outlined on the next two pages.

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish). Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). USDA is an equal opportunity provider and employer.

Occasionally the children help to prepare a portion of food. They are always encouraged to set the table and to serve themselves. These are things you can also do at home. We encourage children to talk and enjoy their time eating.



Michigan Department of Education
Child and Adult Care Food Program
Where Healthy Eating Becomes a Habit

Parent Information Sheet

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

Through the CACFP you can be assured that your child is getting balanced, nutritious meals and developing healthy lifelong eating habits. Proper nutrition during the early years ensures fewer physical and educational problems later in life. As a participant in the CACFP, your child care center receives reimbursement for serving nutritious meals and snacks. Meals and snacks must meet the USDA meal pattern Requirements listed below.

Breakfast:

Milk,
Fruit, Vegetable, or Juice
Grain/Bread

Lunch and Supper:

Milk
2 Fruit/Vegetable servings
Grain/Bread
Meat or Meat alternate

Children less than one year old: Foods in the infant meal pattern vary according to the infant's age. If your child is less than one year old, please request the infant meal pattern requirements from our center.

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:

Insert name of child care center OR
Insert address of child care center
Insert phone number of childcare center

Child and Adult Care Food Program
Michigan Department of Education
P.O. Box 30008
 Lansing, Michigan 48909
(517) 373-7391

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; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.



Infant Meal Pattern

| Breakfast | |
|--|--|
| Birth through 5 months | 6 through 11 months |
| 4-6 fluid ounces breastmilk ¹ or formula ² | 6-8 fluid ounces breastmilk ¹ or formula ² ; and 0-4 tablespoons infant cereal ^{2,3} meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0-2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces or ½cup of yogurt ⁴ ; or a combination of the above ⁵ ; and 0-2 tablespoons vegetable or fruit or a combination of both ^{5,6} |

¹Breastmilk or formula, or portions of both, must be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.

²Infant formula and dry infant cereal must be iron-fortified.

³Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.

⁴Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

⁵A serving of this component is required when the infant is developmentally ready to accept it.

⁶Fruit and vegetable juices must not be served.

Infant Meal Pattern

| Lunch and Supper | |
|--|--|
| Birth through 5 months | 6 through 11 months |
| 4-6 fluid ounces breastmilk ¹ or formula ² | 6-8 fluid ounces breastmilk ¹ or formula ² ; and 0-4 tablespoons infant cereal ^{2,3} meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0-2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces or ½cup of yogurt ⁴ ; or a combination of the above ⁵ ; and 0-2 tablespoons vegetable or fruit or a combination of both ^{5,6} |

¹ Breastmilk or formula, or portions of both, must be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.

² Infant formula and dry infant cereal must be iron-fortified.

³ Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.

⁴ Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

⁵ A serving of this component is required when the infant is developmentally ready to accept it.

⁶ Fruit and vegetable juices must not be served.

**CHILD MEAL PATTERN**

| Breakfast (Select all three components for a reimbursable meal) | | | | |
|---|-----------------|-----------------|------------------|--|
| Food Components and Food Items¹ | Ages 1-2 | Ages 3-5 | Ages 6-12 | Ages 13-18² (at-risk afterschool programs and emergency shelters) |
| Fluid Milk³ | 4 fluid ounces | 6 fluid ounces | 8 fluid ounces | 8 fluid ounces |
| Vegetables, fruits, or portions of both⁴ | ¼ cup | ½ cup | ½ cup | ½ cup |
| Grains (oz eq)^{5,6,7} | | | | |
| Whole grain-rich or enriched bread | ½ slice | ½ slice | 1 slice | 1 slice |
| Whole grain-rich or enriched bread product, such as biscuit, roll or muffin | ½ serving | ½ serving | 1 serving | 1 serving |
| Whole grain-rich, enriched or fortified cooked breakfast cereal ⁸ , cereal grain, and/or pasta | ¼ cup | ¼ cup | ½ cup | ½ cup |
| Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) ^{8,9} | | | | |
| Flakes or rounds | ½ cup | ½ cup | 1 cup | 1 cup |
| Puffed cereal | ¾ cup | ¾ cup | 1 ¼ cup | 1 ¼ cup |
| Granola | ⅛ cup | ⅛ cup | ¼ cup | ¼ cup |

¹ Must serve all three components for a reimbursable meal. Offer versus serve is an option for at-risk afterschool participants.

² Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.

³ Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old and older.

⁴ Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

⁵ At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.

⁶ Meat and meat alternates may be used to meet the entire grains requirement a maximum of three times a week. One ounce of meat and meat alternates is equal to one ounce equivalent of grains.

⁷ Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.

⁸ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

⁹ Beginning October 1, 2019, the minimum serving size specified in this section for ready-to-eat breakfast cereals must be served. Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereals is ¼ cup for children ages 1-2; 1/3 cup for children ages 3-5; and ¾ cup for children ages 6-12.

CHILD MEAL PATTERN

| Lunch and Supper | | | | |
|--|-------------------|-------------------|-------------------|---|
| (Select all five components for a reimbursable meal) | | | | |
| Food Components and Food Items ¹ | Ages 1-2 | Ages 3-5 | Ages 6-12 | Ages 13-18 ² <small>(at-risk afterschool programs and emergency shelters)</small> |
| Fluid Milk³ | 4 fluid ounces | 6 fluid ounces | 8 fluid ounces | 8 fluid ounces |
| Meat/meat alternates | | | | |
| Lean meat, poultry, or fish | 1 ounce | 1 ½ ounce | 2 ounces | 2 ounces |
| Tofu, soy product, or alternate protein products ⁴ | 1 ounce | 1 ½ ounce | 2 ounces | 2 ounces |
| Cheese | 1 ounce | 1 ½ ounce | 2 ounces | 2 ounces |
| Large egg | ½ | ¾ | 1 | 1 |
| Cooked dry beans or peas | ¼ cup | ⅜ cup | ½ cup | ½ cup |
| Peanut butter or soy nut butter or other nut or seed butters | 2 tbsp | 3 tbsp | 4 tbsp | 4 tbsp |
| Yogurt, plain or flavored unsweetened or sweetened ⁵ | 4 ounces or ½ cup | 6 ounces or ¾ cup | 8 ounces or 1 cup | 8 ounces or 1 cup |
| The following may be used to meet no more than 50% of the requirement: Peanuts, soy nuts, tree nuts, or seeds, as listed in program guidance, or an equivalent quantity of any combination of the above meat/meat alternates (1 ounces of nuts/seeds = 1 ounce of cooked lean meat, poultry, or fish) | ½ ounce = 50% | ¾ ounce = 50% | 1 ounce = 50% | 1 ounce = 50% |
| Vegetables⁶ | ½ cup | ¼ cup | ½ cup | ½ cup |
| Fruits^{6,7} | ½ cup | ¼ cup | ¼ cup | ¼ cup |
| Grains (oz eq)^{8,9} | | | | |
| Whole grain-rich or enriched bread | ½ slice | ½ slice | 1 slice | 1 slice |
| Whole grain-rich or enriched bread product, such as biscuit, roll or muffin | ½ serving | ½ serving | 1 serving | 1 serving |
| Whole grain-rich, enriched or fortified cooked breakfast cereal ¹⁰ , cereal grain, and/or pasta | ¼ cup | ¼ cup | ½ cup | ½ cup |

¹ Must serve all five components for a reimbursable meal. Offer versus serve is an option for at-risk afterschool participants.

- ² Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.
- ³ Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old and older.
- ⁴ Alternate protein products must meet the requirements in Appendix A to Part 226.
- ⁵ Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
- ⁶ Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
- ⁷ A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different kinds of vegetables must be served.
- ⁸ At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards the grains requirement.
- ⁹ Beginning October 1, 2019, ounce equivalents are used to determine the quantity of the creditable grain.
- ¹⁰ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

Early Childhood Development

The objectives of the Early Childhood Development Federal Performance Standards and the State Standards of Quality for Pre-kindergarten are to:

- Provide children with a learning environment and the varied experiences which will help them develop socially, intellectually, physically, and emotionally in a manner appropriate to their age and stage of development toward the overall goal of social competence.
- Integrate the educational aspects of the various Early Head Start/Head Start/GSRP focus areas in the daily program of activities.
- Involve parents in educational activities of the program to enhance their roles as the principle influence on their child's education and development.
- Assist parents to increase knowledge, skills, and experience in child growth and development.
- Identify and reinforce experiences which occur in the home that parents can utilize as educational activities for their children.

In addition, School Readiness Goals are established at the beginning of each year for the Early Head Start/Head Start/GSRP Programs with the input of staff and parents. The Ages & Stages Questionnaire (ASQ-3) is used in conjunction with parents as a conversation starter for the purpose of learning each child's strengths as well as their areas of improvement. This process helps teachers and parents with the initial setting of long and short term goals for each child. Please contact your child's teacher for more information.

Family Partnerships

The objectives of the Family Partnerships portion of the Performance Standards are as follows:

- Establish and maintain an outreach and recruitment process which systematically insures enrollment of eligible children.
- Provide enrollment of eligible children regardless of sex, race, creed or disabling conditions.
- Encourage parent participation in the center, at home and with other related activities.
- Assist the family in its own efforts to improve the condition and quality of family life.
- Make parents aware of community services and resources and facilitate their use.

The purpose of the Family Partnership portion of the Performance Standards is to provide a link with Early Head Start/Head Start/GSRP families and available community resources. The Education & Family Services Coordinators are available for recruitment and enrollment, coordination of social service referrals and follow-up, home visits, advocacy/support and emergency assistance. The Early Head Start/Head Start/GSRP Programs furnish information through handouts, notes, newsletters, and parent meetings as well as personal contacts.

Each family will be asked to complete a Family Partnership Agreement, which is a tool used to help families identify and set goals for themselves. The Family Partnership Agreement process will be initiated at the first parent/teacher conference and updated at each home visit and parent teacher conference for center-based students. The Education & Family Services Coordinators are available to assist with the process of meeting goals through community resources, support and advocacy. For those families that have children both in Home Based as well as Center Based programs, the Home Visitor will assist you with the Family Partnership Agreement.



Community Partnerships

The objectives of the Community Partnerships portion of the Performance Standards are as follows:

- Establish ongoing collaborative relationships with community organizations.
- Promote the access of Native American children and families to services, as well as all enrolled families that are responsive to their needs.
- Take an active role in community planning to encourage strong communication, cooperation, and the sharing of information among agencies and their community partners and to improve the delivery of community services to children and families in accordance with the agency's confidentiality policies.

The Grand Traverse Band Early Head Start/Head Start/GSRP Programs currently has Community Partnership Agreements with several GTB programs, and agencies within the community, including (this is not a complete listing):

- Leelanau County Family Coordinating Council (for the purpose of making referrals to Parenting Communities).
- Anishnaabemowin Language Program (for the purpose of daily language classes in the Early Head Start/Head Start/GSRP classrooms, staff/parent training).
- GTB Benodjenh Child Care Center (for the purpose of coordination of services).
- Traverse Bay Area Intermediate School District (for the purpose of coordination of services for children with special needs or children being evaluated for special needs).
- Suttons Bay Elementary School (for the purpose of transitioning children and families smoothly into kindergarten).
- GTB Health & Dental Clinics.
- Benzie/Leelanau District Health Department.

We are constantly working on adding more programs and agencies to our list of community partnerships which may be of value to our Early Head Start/Head Start/GSRP families and programs.



Children with Disabilities

The intent of the Special Education mandate for the Early Head Start/Head Start/GSRP Programs is to:

- Serve children with disabilities in an integrated environment with other Early Head Start, Head Start, and GSRP children.
- Provide for the individual needs of the child.
- Work closely with other agencies and organizations serving children with disabilities in order to identify these children and provide the full range of services necessary to meet the child's developmental needs.

Referral Policy

As an Early Childhood Center, we work to provide a comprehensive approach to meeting the needs of your child and family. If you are concerned or your child's teacher has a concern we will work alongside you to determine if a referral is needed to better support your child. Referrals include: speech and language, gross/fine motor, social-emotional, and behavioral needs. We would **NEVER** make a referral without your permission/consent.

Child Abuse & Neglect

All Early Head Start/Head Start/GSRP staff are mandated to report any form of suspected child abuse or neglect, within the community or within the program.

All Grand Traverse Band Early Head Start/Head Start/GSRP employees are required to go through a background check at the time of employment. Teachers, staff, volunteers, and substitutes are not allowed to use physical means of correction on children.

All tribal employees are required to report all suspected cases of child abuse and neglect, this also includes medical neglect. Medical neglect is defined as a parent or guardian's failure to provide adequate medical or dental care for a child. This is particularly applied to cases where medical care is needed to treat a specific injury or illness, and lack of that care seriously jeopardizes the child's health. This can also be applied to instances where the child is in need of psychiatric help or emotional/mental health counseling, and the parent or caregiver refuses to provide it. Under Michigan law, medical neglect is considered to be a form of child abuse, and is therefore illegal. Parents in Michigan who are accused of medical neglect, or not providing their children with necessary medical care, can be charged with child abuse.

If any tribal employee has reason to believe a child is being abused, he or she must report this information to the State of Michigan Department of Human Services (Centralized Intake), Protective Services Investigator, Anishinaabek Family Services (AFS) Coordinator/Worker, Tribal Law Enforcement, or the Family Services Caseworker. If you would like to see the entire GTB Early Head Start/Head Start/GSRP Child Abuse and Neglect Policy, please contact management staff.

Family Engagement

Family Engagement is crucial to the success of the Early Head Start/Head Start/GSRP Programs. We believe that your child's education has been going on since birth and continues with each day. We are pleased that you have allowed us to become a part of your child's early learning and hope that this handbook will alert you to the guidelines of the programs and that you will gain an understanding of how it functions with the best interest of your child in mind.

There are many ways in which parents can participate in their child's education and development while he/she is in the Early Head Start/Head Start/GSRP Programs.

1. Become an involved parent: Participate in the process of making decisions about the nature and operation of the program either at the center level (Parent Committee) or the program level (Policy Council).

A Functions of the Parent Committee

1. **All parents** of Early Head Start/Head Start/GSRP children are members of the parent committee.
2. To elect the officers of the Parent Committee-Chair, Vice Chair & Recording Officer.
3. Parents work together with teachers to decide what kinds of learning experiences the children will receive.
4. Parents work together with the EHS/HS/GSRP Education & Family Services Coordinators to decide upon parent activities and/or educational programs which could occur at the meetings.
5. To participate in the democratic selection of representatives to the Policy Council
6. As a committee, provide recommendations for program ideas/needs to the center Policy Council representatives and the EHS/HS/GSRP Education Coordinators.
7. To establish lines of communication between the center and those parents or other community members who are not actively involved in the program.

B. Functions of the Policy Council

The Policy Council shall have the **Operating Responsibility** to carry out and perform the following functions

- a) 1304.50(d)(2)(v) Establish and maintain procedures for hearing and working with the grantee or delegate agency to resolve community complaints about the program.

The Policy Council Shall have the authority to **Approve or Disapprove** the following matters before the decision is finalized or action is taken by the Tribal Council, Tribal Administrator or Early Head Start/Head Start/GSRP Director.

- a) 1304.50(d)(1)(iii) Procedures for program planning in accordance with this Part and the requirements of 45CFR 1305.3.

- b) 1304.50(d)(1)(iv) The program's philosophy and long-and short-range goals and objectives (see 45CFR 1304.51 (a) and 45 CFR 1305.3 for additional requirements regarding program planning.)
- c) 1304.50(d)(1)(v) The selection of delegate agencies and their service areas (this regulation is binding on Policy Councils exclusively) (see 45 CFR1301.33 and 45CFR 1305.3(a) for additional requirements about delegate agency and service area selection, respectively).
- d) 1304.50(d)(1)(vii) Criteria for defining recruitment, selection and enrollment priorities, in accordance with the requirements of 45CFR 1305.
- e) 1304.50(d)(1)(i) All funding applications and amendments to funding applications for Early Head Start/Head Start/GSRP, including administrative services, prior to the submission of such applications to the grantee (in the case of Policy Committees) or to HHS (in the case of Policy Councils).
- f) 1304.50(f) Policy Council, Policy Committee and Parent Committee reimbursement. Grantee and delegate agencies must enable low income members to participate fully in their group responsibilities by providing, if necessary, reimbursement for reasonable expenses incurred by the members.
- g) 1304.50(d)(1)(viii) The annual self-assessment of the grantee or delegate agency's progress in carrying out the programmatic and fiscal intent of its grant application, including planning other actions that may result from the review of the annual audit and findings from the Federal monitoring review (see 45CFR 1304.51(i)(1) for additional requirements about the annual self assessment).
- h) 1304.50(d)(1)(vi) The composition of the Policy Council or the Policy Committee and the procedures by which policy group members are chosen.
- i) 1304.50(d)(1)(ii) Procedures describing how the governing body and the appropriate policy group will implement shared decision making.
- j) 1304.50(h) Internal dispute resolution. Each grantee and delegate agency and Policy Council or Policy Committee jointly must establish written procedures for resolving internal disputes, including impasse procedures, between the governing body and policy group.
- k) 1304.50(d)(1)(ix) Program personnel policies and subsequent changes to those policies, in accordance with 45CFR 1301.31, including standards of conduct for program staff, consultants, and volunteers.
- l) 1304.50(d)(1)(x) Decisions to hire or terminate the Early Head Start or Head Start Director of the grantee agency.
- m) 1304.50(d)(1)(xi) Decisions to hire or terminate any person who works primarily for the Early Head Start/Head Start/GSRP Programs of the grantee agency.

The Policy Council shall have the authority to **be consulted** concerning the following matters before any decision is made or approval is granted to give advice or information but not to make the decision or grant approval:

- a) The identification of child development needs in the area to be served.
- b) The assurance that standards for acquiring space, equipment and supplies are met.

The Policy Council **may be consulted** for information, advice or recommendations on the following function:

- a) Direct the Early Head Start/Head Start/GSRP staff in day to day operations.

The Policy Council's major management functions connected with the Early Head Start/Head Start/GSRP Programs have been outlined in the above responsibilities and authority. In addition to those listed functions, Policy Council shall:

- a) Plan, coordinate and organize agency wide activities for parents with assistance of staff.
 - b) Engage in public relations activities concerning the Early Head Start/Head Start/GSRP Programs.
 - c) Recruit volunteer services from parents, community residents, community organizations and mobilize community resources to meet identical needs.
2. School Readiness Advisory Committee-due to the rural nature of the 5 county region, this committee consists of multiple collaborative efforts of existing groups including: The Great Start Collaborative, 5toOne Parent Groups, Great Start Parent Coalition, Great Start Readiness Program Parent Advisory Committees, Great Start to Quality Northwest Resource Center and continuous opportunities for feedback using technology. The School Readiness Advisory Committee meets as needed for special issues not currently addressed within existing structures.

Great Start Collaborative-Every county in Michigan is part of a Great Start Collaborative. Every Collaborative includes parents, service providers, partners, and stakeholders who contribute their time and expertise to help make sure children receive the best care and education we can provide. Locally, the Great Start Collaborative Traverse Bay consists of: Antrim, Benzie, Grand Traverse, Kalkaska, and Leelanau Counties.

Great Start Parent Coalition-A volunteer group of parents working to ensure that all families have access to information, programs, and services in their community.

If you would like to be involved in any of these committees, please contact TBAISD Early Childhood Office at (231) 922-6437 or find us at www.facebook.com/greatstartparents

3. *2 Participate in the Classroom as an Observer or a Volunteer

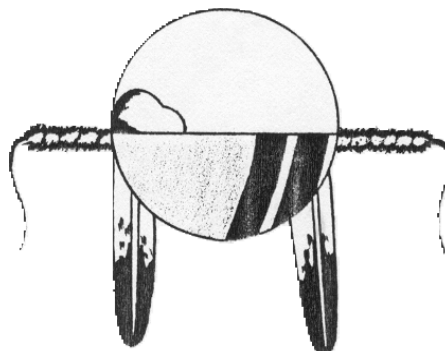
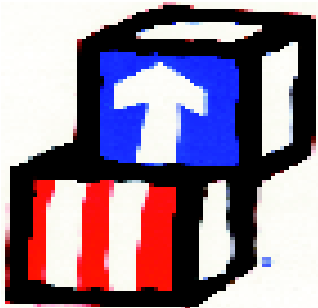
- A. Observe: Visit the classroom and see how your child works and plays with others and eat breakfast or lunch with your child.
- B. Volunteer: Assist staff and children with daily Early Head Start/Head Start/GSRP activities in and out of the classroom. This could include assisting teacher as an Aide in the classroom, assist as a Bus Aide on a field trip or assist the Health Coordinator with various health screenings.

4. Activities for Parents Which They Have Helped to Develop

- A. Parents may plan educational programs and/or parent activities in areas which are of interest to them. The EHS/HS/GSRP Education & Family Services Coordinators should provide resources as needed by parents to carry out these programs which could be held at parent committee meetings.
- B. Parents may also wish to work together on community issues which are of common concern, such as health, housing, welfare, and education.
- C. Parent groups may sponsor activities and programs which will be of benefit to the families in their community.

APPENDIX

Please take some time to familiarize yourself with the following examples of forms which may come home with your child during the school year. ****** Also review the exclusion-readmission policy to make sure your child is healthy enough to return to school after an illness. In addition, please read through the Injury Prevention Policy as well as the Emergency Contact Policy.





Parent Notice of Program Measurement*

The Grand Traverse Band Benodjenh Center is required to work with the Michigan Department of Education (MDE) to measure the effect of the state-wide Great Start Readiness Program (GSRP). Information is sometimes collected about GSRP staff, enrolled children, and their families. Program staff or a representative from MDE might:

- Ask parents questions about their child and family.
- Observe children in the classroom.
- Measure what children know about letters, words, and numbers, etc.

Ask teachers how children are learning and growing.

Information from you and about your child will not be shared with others in any way that you or your child could be identified. It is protected by law.

Questions? Please contact:

~The Grand Traverse Band Benodjenh Center at (231) 534-7650.

~The MDE Office of Great Start, Early Childhood Education and Family Services, at

* mde-gsrp@michigan.gov,

* 517-373-8483, or

* 608 W. Allegan, P.O. Box 30008, Lansing, MI 48909.

* Provided to parents upon enrollment and/or included in the GSRP Parent Handbook.

Revised 9/2020

Office of Great Start Outcomes

Children are born healthy.

Children are healthy, thriving, and developmentally on track from birth to third grade.

Children are developmentally ready to succeed in school at time of school entry.

Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of the third grade.

Benodjenh Center

Parent Volunteer Confidentiality Agreement

The undersigned as a volunteer, parent, or staff member of the Benodjenh Center agrees to hold any information about children, children's families, and/or staff members in strict confidence and not divulge any information to any person.

"Confidential information" includes, but is not limited to, personally identifiable information such as surnames, telephone numbers, addresses, email, etc. In particular, medical information about students, and information about their disabilities, special needs, any learned encounters or information obtained due to your volunteerism shall be protected as Confidential Information.

In lieu of each individual child's parental rights, permission is not granted by any volunteer to take or distribute pictures.

I hereby confirm that I have read and understand this Confidentiality agreement.

Signature:

Date:

Print Name:

Date:

SOCIAL MEDIA POLICY

In the area of social media (print, broadcast, digital, and online), the following rules and guidelines apply in the use of social media for volunteers.

1. All information published on any volunteer's blog, Facebook page, Myspace, or any other website must comply with the Benodjenh Center's confidentiality policy.
2. Should you decide to create a personal blog or website, be sure to provide a clear disclaimer that the views expressed in the blog are the author's alone and do not represent the views of the Benodjenh Center.
3. Be aware that comments, posts or actions captured via digital or file images can affect the image of the Benodjenh Center.

You may not use the Benodjenh Center logos or trademarks without written consent.

I hereby confirm that I have read and understand the Social Media Policy of the Benodjenh Center.

SIGNATURE DATE

PRINT NAME DATE

GTB Benodjenh Early Head Start/Head Start/GSRP
Illness/Incident Report

Date of Report: _____ Time of Report: _____

Name (& Signature) of Person filling out report: _____

Personal Information:

Name of child; _____ Birth Date: _____

Name of parents: _____ Phone: _____

Description of Illness or Atypical Behavior

Symptoms: _____

Person Notified: _____

Course of Action: _____

Name(s) of adult witness: _____

Description of Incident Resulting (or which may result) in Injury

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

How incident occurred: _____

Course of Action taken by Staff (include name): Also include any first-aid administered _____

Name(s) of Adult Witnesses: _____

Was there a visible Injury: _____ Describe: _____

Were parents notified: Yes No If yes, date and time contacted: _____

Course of Action Taken by Parent (if known): _____

Name (& signature) of supervisor on duty: _____

Distribution: Original: Parent Copies to: Classroom file & Health Coordinator

rev. 9/2020

Grand Traverse Band Early Head Start Daily Report

Child's Name: _____ Date: _____

Arrival Time: _____ am/pm Departure Time: _____ am/pm

For tomorrow your child needs: change of clothes: _____
other: _____

Health check: Today I was (am & pm): _____ good _____ sluggish/tired _____ ill
_____ cheerful _____ content _____ fussy other: _____

Diaper Log: 7:30a.m.-5:30p.m.

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |

W=Wet BM=Bowel Movement Ck=Checked Tr=Tried T=Toileted A=Asked

Nap time: _____ to _____ comments: _____

| Meals: | None | Some | Most/All | Seconds | Comments: |
|-----------|------|------|----------|---------|-----------|
| Breakfast | | | | | |
| Lunch | | | | | |
| PM Snack | | | | | |

Daily Activities/Observations:

Language Development: _____
 Literacy: _____
 Mathematics: _____
 Science: _____
 Creative Arts: _____
 Social & Emotional Development: _____
 Approaches to Learning: _____
 Physical Health & Development: _____

Primary Caregiver Comments: _____

rev. 9/2020

PERMISSION TO ADMINISTER MEDICATION

I, _____, hereby give my consent for the Grand
(Parent/Guardian Signature)
Traverse Band Early Head Start/Head Start/GSRP Program (s) to administer medication to my
child,

_____, from _____ to _____.
(Child's Name) (Date) (Date)

Reason the medication is being given: _____.

Check the label on the bottle for the following information and record below:

Child's name: _____

Today's date: _____

Name of medication: _____

Amount of dose needed: _____

Frequency of dose to be given: _____

Time(s) of day for administration: _____

Name of Doctor: _____

Special storage instruction given: _____

Expiration date of medication, if the medication is for repeated use over an extended period
of time: _____

Medication has safety lock closure: Yes _____ No _____

Side effects to expect and actions to take: _____

PLEASE DO NOT WRITE BELOW THIS LINE

| Name of person/title administering meds. | Date | Identify name of medication | Dose given | Time given |
|--|-------|-----------------------------|------------|------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Notes/Observed side effects: (include date, time and name of staff person)

****Exclusion/Re-Admission Policy (see exclusion policy related to COVID-19)**

1. **POLICY:** The Grand Traverse Band Benodjenh Center shall not deny admission to or send home any child because of illness unless the child is unable to actively participate in program activities, they expose other children and staff to illness or they are at risk for being exposed to other illnesses when their resistance is low.
2. **PROCEDURE:** In order to ensure that children and staff are not unnecessarily excluded from Benodjenh Center activities and to protect the health of the children and staff, the following actions will be taken:
 - a. **Children Exclusion and Re-Admission**
 - (1) The Grand Traverse Band Benodjenh Center will not deny admission or exclude any enrolled child from program participation for a long-term period solely on the basis of his or her health care needs or medication requirements unless keeping a child in care poses a significant risk to the health or safety of the child or other children, staff or visitors and the risk cannot be eliminated or reduced to acceptable levels through reasonable modifications in procedures, policies or staffing. Long-term exclusion of a child can only be approved by the Head Start Director or designee after consultation with the child's parent/guardian, health care provider and the Health/Disabilities Coordinator.
 - (2) The following are symptoms warranting short-term exclusion from and for re-admission to the Benodjenh Center. These conditions apply to children, staff and volunteers.
 - (a) Fever of 100.4° F
 - (b) Symptoms and signs of possible severe illness such as lethargy, uncontrolled coughing, irritability, persistent crying, difficulty breathing, or wheezing, until medical evaluation allows inclusion.
 - (c) Vomiting on two or more occasions within a 24-hour period, until the vomiting resolves, or a health care provider determines the illness to be non-communicable, and the child is not in danger of dehydration. Child must be symptom free for 24 hours before returning.
 - (d) Diarrhea on 2 or more occasions with increased stool water or decreased form that is not contained by a diaper. Child must be symptom free for 24 hours before returning.
 - (e) Stiff neck with one or more of the above symptoms, until a medical evaluation involves inclusion.
 - (f) Mouth sores with drooling, unless a health care provider or health official determines the condition is noninfectious.
 - (g) Rash with fever or behavior change until a health care provider determines that these symptoms do not indicate a communicable disease.
 - (h) White or yellow eye discharge or pinkeye. Children can be readmitted after:
 - 1) Medical diagnosis to rule out bacterial infection, or
 - 2) 24 hours on antibiotic treatment.
 - (3) The following diagnosed conditions warrant exclusion from and re-admission to the Benodjenh Center. These conditions apply to children, staff and volunteers:
 - (a) Tuberculosis, until a health care provider or health official states that the child can attend.
 - (b) Impetigo, until 24 hours after treatment has been initiated.
 - (c) Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and the cessation of fever.
 - (d) Chicken pox, until 7 days after onset of rash or until all sores have dried and crusted, or with permission by their health care provider.
 - (e) Pertussis (Whooping Cough), until 5 days of appropriate antibiotic treatment to prevent an infection have been completed.
 - (f) Mumps, until 9 days after onset of parotid gland swelling.
 - (g) Hepatitis-A virus, until 1 week after onset of illness or as directed by the health department when passive immunoprophylaxis has been administered to appropriate children and staff.

- (h) Measles, until 6 days after onset of rash.
- (i) Rubella, until 6 days after onset of rash.
- (j) Shingles (herpes zoster), exclusion only on recommendation of child's health care provider. Sores shall be covered by clothing or a dressing until the sores have crusted.
- (k) Children with open oozing sores, which cannot be covered, until:
 - 1) 24 hours after starting antibiotic treatment, or
 - 2) Sores are properly covered (e.g. bandage/clothing, staff-gloves), or
 - 3) Sores have healed.
- (l) Diphtheria, until after therapy is complete and child has had negative cultures.
- (m) Influenza, until 24 hours after antiviral treatment has been initiated.
- (n) Polio, until medical evaluation allows inclusion.
- (o) Fifth disease, until 7 days after rash begins.
- (p) Diarrhea due to Shigella or Campylobacter, until diarrhea and fever are absent.
- (q) Diarrhea due to Salmonella or Typhi, until after 3 consecutive negative cultures.
- (r) Giardia infection, until 5 days after treatment has been initiated.
- (s) RSV, exclusion for at least 5 days and until medical evaluation allows inclusion.
- (t) Pneumonia, exclusion for at least 5 days and until medical evaluation allows inclusion.
- (u) Neisseria Meningitidis, exclusion until medical evaluation allows inclusion.
- (v) Lice, scabies or other infestations, until treatment is complete and, in the case of lice, child is free of viable nits.

In the case of Head Lice, Staff and parents/guardians will adhere to the following policy:

The GTB Benodjenh Center classroom staff will conduct head checks on the first day of each week that the child is in attendance to monitor cases of head lice. In the event that a live louse is found, management staff will contact the child's parent to pick up the child as soon as possible. An incident report will be completed by classroom staff which will be given to the parent when the child is picked up. Children will not be removed from the classrooms upon the discovery of head lice. Children will be allowed to remain in the classroom until the parent arrives to pick up the child.

A parent whose child had been sent home on the previous day will be required to treat their child for head lice. Parents/guardians must bring their child back to the Benodjenh Center to have their child's head checked by Benodjenh Center staff which will be conducted in private. The child will be permitted to stay if no lice or viable nit (nits located less than ¼" of the scalp) are found. If live lice and/or viable nits are still present, the child will be sent home with the parent. If the child returns with non-viable nits and no live lice, the parent will be encouraged to continue to remove these nits from the child's hair, and the child will be permitted to stay at the Benodjenh Center.

If nits with no lice are found in a child's hair, management staff will notify the parent by phone, and an incident report will be completed by classroom staff and sent home with the child at the end of the day. Parents/guardians will be requested to remove all nits from their child's hair. A child will not be excluded from the center upon the discovery of nits (either viable or non-viable). However, parents/guardians of children who have been found to have viable nits will be required to bring the child in the next day to have their child's head checked by Benodjenh Staff. The child may return when free of viable nits.

- (3) During the day, a child who exhibits any of the above symptoms will be sent home only after a manager evaluates the child and deems that the symptoms warrant exclusion.
 - (4) If a child must be sent home because of an illness, when it is determined to be necessary, the staff will place the child in quiet isolation and attend to their needs to the extent that this attention does not compromise the care of the other children. **The isolation area/room for the Benodjenh Center is located in the Resting & Testing Room. A child with uncontrolled diarrhea or vomiting shall be provided separate care in the isolation area, apart from other children until the child's parent arrives to remove the child from the Center. All classroom equipment that was used by the sick individual will be sanitized before others are allowed to use it. All surfaces in the Resting and Testing room will be disinfected after an ill child has occupied it. *¹⁸The parent room will serve as the isolation room for all COVID-19 related symptoms.
 - (5) If a child is sent home because of an illness, that child may not return the next day or as according to the re-admission requirements outlined above for specific conditions. (Example: If a child is sent home from the center on Monday, they may not return until Wednesday when 24 hour exclusion applies.) If the Head Start Health/Disabilities Coordinator has concerns about a child's ability to safely return to the Benodjenh Center, we reserve the right to request a note from the child's health care provider.
 - (6) When a child is excluded from attending the Benodjenh Center, the staff will note this in the Illness/Incident Report Forms.
 - (7) Parents/guardians or guardians of children attending the Benodjenh Center are required to disclose to the care givers and tribal health officials if the child is a carrier of or is infected with any of the above-listed symptoms or communicable diseases, as soon as the parent or guardian is aware of the condition.
 - (8) For any of the above listed symptoms or diseases, the parent or guardian is required to remove their child from the Benodjenh Center for the specified exclusion period.
 - (9) The Benodjenh Center will not require mandatory testing or screening of students for communicable diseases as a condition precedent to receiving services, either initially or annually. However, if care givers or health officials have reasonable cause to believe that a child is a carrier of a communicable disease, such child may be required to submit to an appropriate medical examination.
 - (10) At the discretion of the Head Start Director or designee and/or the Health/Disabilities Coordinator, notification may be made to a parent if a child has been potentially exposed to a communicable disease. All confidentiality issues and regulations will be upheld at all times during this notification.
 - (11) The number of personnel who are aware of the child's condition will be kept to an absolute minimum needed to assure proper care of the child and to deal with situations where potential for transmission may increase (e.g. where there is a bleeding injury). The child's right to confidentiality shall be maintained with respect to the fact that the child has or is a carrier of a chronic communicable disease, and with respect to any records, provided that nothing herein shall prohibit or prevent the disclosure of information that may be required by state or federal law or regulation promulgated thereunder.
- b. Non-Exclusion Conditions: Certain conditions do not constitute a reason for denying admission to, or sending a child home from the Benodjenh Center, unless the child is determined by the GTB Medical Director to contribute to transmission of the illness at the facility. Exclusion of children for any of the following conditions will be decided by the Head Start Director or designee with consultation of the child's parent/guardian and the child's health care provider
- (1) Cytomegalovirus (CMV) infection.
 - (2) Hepatitis-B virus carrier state and have no behavioral or medical risk factors.
 - (3) HIV infection and have no behavioral or medical risk factors.

Injury Prevention Policy

The Benodjenh Center will take every precaution necessary to prevent the occurrence of injuries and reduce the severity of those injuries through education, providing and maintaining a culture of safety, and providing adequate and active supervision of the children. All staff, students, and parents/guardians will be educated on the importance of modeling safe behavior. Education about the following topics will be provided:

- ~Seat Belt and Child Restraint Use
- ~Pedestrian Safety
- ~Playground Safety
- ~Fire/Burn safety
- ~Bicycle Safety
- ~Firearm Safety
- ~Poison Prevention

Emergency Contact Policy

In the event of an illness, injury, emergency situation, or other event the parent/guardian will be contacted immediately. The Benodjenh Center staff will clearly explain to the parent/guardian what has occurred and how their child was involved. Staff will identify the severity of the injury or illness, what First Aid or other care was provided and what further medical care has or will be required. The parent/guardian will be informed of where their child is located, how sick, or injured they are, and what is needed of them. All illnesses and injuries that occur at the Benodjenh Center will be documented on the "Illness/Injury Report" form. These forms are completed in triplicate so that one copy is sent home to the parent/guardian, one to be kept in the child's medical file, and one in the child's classroom file.