

Parent Handbook

Prairie Band Potawatomi Nation Early Childhood Education Center

Ben-no-tteh Wigwam

(House of the Child)

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Head Start/Early Head Start Enrollment Policies

Enrollment Options:

From the “Supervisors’ Manual for the Head Start Home-Based Program Option”:

For many families, the home environment provides the ideal place to focus on child development, parenting education, and family support. The Head Start home-based option provides a unique opportunity to provide needed services to:

- families who do not need or want center-based child care;
- families who want and are able to use the home environment and everyday routines as the child’s primary learning environment;
- families who are experiencing life circumstances that prevent them from participating in more structured settings
- families such as those suffering from health problems or who require more intensive parent-child intervention; or
- families who live in rural communities where center-based services are not feasible.

As both Center and Home-Based services are available in our Center, care will be given to ensuring families are enrolled in the program best suited to their family dynamics and needs. At times, spots become available in only one program option (Center or Home Based). At this time, consideration of circumstances and the Point Criteria Form will be examined by the HS/EHS Program Manger and recommendations will be made to Policy Council. Policy Council has the final decision regarding enrollment.

The Center-Based option may be selected if both parents/the parent are/is attending work, school, or extended training. Parent/Guardian must obtain Employers’ signature verifying Work Schedule upon enrollment. For Parents/guardians attending school, an official class schedule will be submitted before child’s first day of attendance. Enrollment in the Center-Based program is contingent upon the family’s work/education circumstances. Families will be transferred to the Home Based option after 30 days of unemployment or withdrawal from school or training. All parents are required to pick up their children after the completion of Early Head Start hours, unless the child is enrolled in the Child Care program.

The Home-Based option will be selected if both parents/the parent are/is not working or attending education/training. The Home-Based option will be selected for all prenatal families. Special Circumstances will be considered for families wanting the Center-Based option who do not meet the work/education criteria.

Enrollment is always based on availability of spots and use of the Point Criteria Form.

SPECIAL CIRCUMSTANCES

Special circumstances are at the sole discretion of Policy Council. Parents will be required to provide appropriate documentation to support their request. Policy Council meetings are held once a month and families will be notified of the outcome afterward by the HS/EHS Program Manager. All names and other identifying markers will be excluded from requests.

OPERATING HOURS

The Early Head Start children enrolled in the Center Based option will attend Monday through Friday, 8:00am to 12:00pm. Early Head Start children enrolled in the Home Based option will meet with the Home Visitor at least once a week for a minimum of 1.5 hours. Early Head Start operates the entire year on a June 1st – May 31st calendar.

Although EHS operates yearlong, a few scheduled breaks do occur. Breaks will be posted in advance for staff training, spring break, and winter break. No EHS center based classes or home visits will be conducted during these times. However, wraparound child care services may be available.

EARLY HEAD START ATTENDANCE POLICY

Federal regulations require Early Head Start-Center Based to maintain 85% of enrolled children in attendance at all times. Cooperation is needed from parents to help children maintain regular attendance. Parents will be expected to call the center regarding their child's illness or reason for absence, in order to be excused.

EHS CENTER BASED ABSENCES & HOME BASED MISSED VISITS

If Center-Based children are sick, or out of the center for other reasons, the center should be notified immediately. After three days of absence without notice, children will be transferred to the Home-Based option. To be re-enrolled, children will be put on a waiting list for an open slot.

If it is necessary to miss a home visit, the Home Visitor should be notified as soon as possible. Families will be put on 7-day probation after 3 failed visit attempts (or 14 days of no visit). If a visit is not conducted during the probation period, families will be dropped from Early Head Start.

Another child must be enrolled within thirty days (30) to maintain full enrollment in Early Head Start and assist families in need of services. There is a long waiting list of parents needing services.

INCLUSION POLICY:

Early Head Start adheres to the Parent Handbook of the Prairie Band Potawatomi Early Childhood Education Center. Families enrolled in Early Head Start, regardless of program option, are subject to all policies, procedures, and other requirements written in the Parent Handbook. Please refer to the Parent Handbook for any questions you may have regarding issues not addressed in this addendum.

Classroom Policies

Child Care Attendance Policy

The Prairie Band Potawatomi Early Childhood Education Center is open from 7:00am to 5:30pm Monday through Friday. You may drop child care children off or pick the children up anytime between these hours. Child Care is from parents that are working or attending education/training on a full-time basis.

On March 11, 2011, the PBP Tribal Council approved a new attendance policy, which was recommended by the PBP ECEC Inter-agency Coordinating Council. The minutes from the ICC meeting are available upon request.

Both Parents must be working or attending education/training. Actual hours worked and scheduled class hours will be considered as work or education/training. If parents do not reside together, the information from the parent with residential custody will be supported. The custodial/guardian will be the primary contact person between the center and families. Legal documentation will be required upon enrollment or as soon as status of residence changes. If the parent works at night, a total of eight hours from the time off will be allowed for sleep time. On parents' days off, children will not be expected in child care.

If you are not working or attending education/training, your children cannot attend childcare. Parent/Guardian must obtain Employers' signature verifying Work Schedule upon enrollment. For Parents/guardians attending school, an official class schedule will be submitted before child's first day of child care attendance. All parents are required to pick up their children after the completion of their workday before errands, etc. This is an Honor System. If a child does not attend and the Parent does not notify the center within three days of the first consecutive absence, child care services will be dropped. The family will be required to re-apply.

If you are notified there is an opening for childcare services and one or both parents/guardians are unemployed, they will have up to 14 calendar days from acceptance of available spot to obtain employment. If parents/guardians are unable to find employment, the child will be placed on the childcare waiting list.

The policy was decreased to three days to be more consistent with Head Start. In some cases, children are enrolled in both programs. Since the child care program is growing each year, there is an urgency to address the need for child care by many families who are working or attending school on a full time basis and ensure child care slots are for those in most need.

The PBP ECEC is unable to provide "drop-in care". This term refers to irregular attendance of a child in child care not attending or not attending on a regularly scheduled basis. It is a funding requirement that we provide child care to parent's working or attending school on a full-time basis. The following illustrates drop-in care, which, cannot be provided: Monthly Calendar (X indicates child's attendance)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			X			
	X			X		
	X	X			X	

LATE PICK-UP AFTER 5:30 pm

All parents are to pick up their children by 5:30 p.m. If a child is left after that time, the staff will call the emergency contacts and, if necessary, PBP Social Services and/or Tribal Police. Parents/guardians need to contact the center if they will be late and inform the staff of the emergency.

SPECIAL CIRCUMSTANCES

If special circumstances arise, it is at the Director's discretion to determine child care provisions necessary, depending on the individual family's circumstances. Stop by the Director's office, complete and submit a Special Circumstance/Exception Form. Parents may consult the management staff in the absence of the Director. Exceptions are granted if a medical emergency arises or death of a family member occurs that affects the child's immediate family. The immediate family includes parent, grandparent, brother or sister.

The following definitions apply to this policy:

1. Parent – includes biological and individuals acting as the child's parents.
2. Grandparent – a parent of the child's mother or father.

3. Brother or sister – includes biological, adopted, step, legal wards, foster and other persons related to the child.
4. Medical emergency – means any illness, injury impairment or physical or mental condition that involves any capacity (i.e. inability to go to school, work, or perform other regular daily activities).

In the case of a medical emergency the enrolled child would be able to remain in child care until alternative child care is arranged and not to exceed four working days. In regards to a death of a family member, the enrolled child would be able to remain in child care while parents are attending services (i.e. wake and funeral). Parents must inform the Director. Failure to do so may result in the family losing their child care slot. If a medical emergency exceeds four working days, an exception will be made on an individual basis, and the caregiver is required to meet with the Director to discuss a reasonable solution.

Exceptions would also be granted for parent's appointments to the doctor. Parents would be required to bring in documentation similar to the documentation for employers stating these appointments.

CHILD CARE PRESCHOOL

The child care children enrolled for the morning session (class D) will attend Monday – Thursday 8:00 am – 11:30 am. Child care services are provided to enrolled children before and after those hours. Cooperation is needed from parents to help maintain regular attendance. Parents will be expected to call the center regarding their child's illness or reason for absence, in order to maintain consistency and effective child outcomes.

HEAD START

The Head Start children enrolled for the morning session (Class A&E) will attend Monday through Thursday, 8:00am to 11:30am. The Head Start children enrolled for the afternoon session (Class C&F will attend Monday – Thursday, 12:00 – 3:30 pm. These classes do not have school on Fridays, unless it is necessary to make up a school day or a special field trip is planned.

The Head Start children in Class B are provided Head Start services Monday through Thursday from 8:00am to 3:30 pm with wraparound child care services before and after these hours.

HEAD START ATTENDANCE POLICY

Federal regulations require Head Start to maintain 85% of enrolled children in attendance at all times. Cooperation is needed from parents to help children maintain regular attendance. Parents will be expected to call the center or tell the bus driver regarding their child's illness or reason for absence, in order to be excused.

HEAD START & CHILD CARE ABSENCES

If children are sick or out of the center for other reasons, the center should be notified, immediately. After three days of absence without notice, children will be dropped from the program. To be re-enrolled, children will be put on a waiting list for an open slot. Another child must be enrolled within thirty days (30) to maintain full enrollment in Head Start and assist families in need of child care services. There is a long waiting list of parents needing services.

CHILD HEAD COUNT POLICY

PBPN Early Childhood Education Center employees are dedicated to maintaining a healthy and safe environment for all the children in our care. Therefore, it is our policy to practice child head count procedures.

Classrooms will post the actual classroom ratio (ACR) on dry erase boards each day. Teachers will count children upon arrival, at meal times, and upon each child's departure. The dry erase board will reflect the number of children and teachers in the classroom at each of these times.

A head count will be performed in the classroom before visiting the playground &/or Boys & Girls Club (BGC). A head count will be performed on the playground or in the BGC gym before returning to the classroom to ensure the ACR and the head count match. This will help ensure no child is left alone.

Classrooms will not visit the playground or BGC when operating on less than two (2) teachers unless they are cooperating with another classroom to guarantee a minimum of two teachers are available at all times or the ACR is half the maximum child to staff ratio. For example, the ratio in classrooms where the primary age is 3-5 is 10:1. In these classrooms, a solo teacher may visit the playground once the ACR is 5:1 or less and only if a communication device is available.

Solo teachers will inform the Management Team prior to visiting the playground or BGC and will take a communication device (cellular telephone, walkie-talkie, etc.). A cellular phone that does not have reliable reception is NOT to be used as a communication device. The teacher will be responsible for determining which communication device will be used and will let the Management Team know how they plan to communicate with the Center in the event of an emergency. The Management Team will check on the solo teacher at regular intervals. This is for the safety of the children and staff.

Field trips require special attention. Field trips will be cancelled in the event that a minimum of 3 (three) staff, including the bus driver, are not available. Teachers will count the children numerous times during field trips including, but not limited to, before leaving the classroom, on the bus prior to departing the Center, upon exiting the bus at the field trip facility, immediately upon entering the field trip facility, during the field trip visit, prior to boarding the school bus, prior to departing the field trip facility, prior to entering the Center, and immediately upon returning to the classroom. Redundancy policies pertaining to transportation will be observed.

EMERGENCY NUMBERS

All parents must give at least two working daytime phone numbers to the center for emergency contact. Your child may need you. We need to be able to reach you, or your representative at all times. Thus, it is very important that you keep the center advised of your current contact numbers. Please notify staff, immediately, of any changes.

INCLEMENT WEATHER

To maintain the safety of the children at all times, classes will be dismissed when weather or road conditions are dangerous. Parents will be notified by phone, if school is cancelled during class time. Otherwise, listen to WIBW for USD #337 dismissals. I understand that if PBP Tribal operations close due to Administrative leave during normal business hours, I will be called to pick up my child. Advanced backup care is advised, please contact ERC for referral.

TRANSPORTATION

Maintaining Head Start Route schedules are important in a smooth-running program. Please have your child ready on time and be visible to the bus driver upon return. Parents are asked to walk their child on the bus and get them off the bus during the first week of school. Let us know in advance, if there are any route changes or if other adults will be assisting your child, in your absence. Contact the center staff at 966-2707 or 966-2527, when your child is not riding. The center will contact the bus driver.

FIELD TRIPS

Field trips are considered an integral part of the educational program and will be supervised by responsible adults. PBP Tribal Licensing requires a signed parental permission for field trips off school grounds. Permission slips for your child to participate in such field trips will be handed out in advance of all field trips.

CLOTHING

Parents should send children to the Center dressed properly for the season and weather. Always send children in winter with socks and clothing that covers the body. Send jackets, gloves, hats and boots. If boots are worn send a regular pair of shoes for the classroom. Please dress your children in washable and comfortable play clothes in which they can manage themselves as much as possible.

We also request that you bring **one complete set of extra clothes** in the event of an accident at mealtime, water play, toileting, etc.

REST PERIODS

Child care children will have a quiet time each afternoon. Children are expected to rest quietly on cots, allowing those who need to sleep the opportunity to do so.

DISRUPTIVE BEHAVIOR

When dealing with children who exhibit challenging and disruptive classroom behavior, the following steps will be implemented in order to provide a positive experience for all children in the classroom-learning environment.

1. Training on positive teaching methods will be provided to all staff during Preservice.
2. Positive discipline (teaching) will be used at all times on all children, without bias. Positive teaching methods include redirecting, positive attention and praise, problem-solving, offering 2 acceptable choices, language coaching, recognizing and preventing behavior triggers, reserving a place in the classroom to calm down, and, as a last resort, separating the child completely away from the other children to allow time to regain self-control with close adult supervision.
3. If positive teaching methods are ineffective and a safety concern arises in the classroom for the child &/or others (including the teacher) OR the teacher cannot teach the classroom because of a child's disruptive behavior, the teacher will ask that a member of the Management Team join the classroom. Behaviors that are a safety concern include, but are not limited to: excessive* punching, kicking, biting, scratching, or throwing of toys/furniture with a force that causes risk of physical harm or that leaves marks such as bruises; repeatedly running out of the classroom, spitting, and excessive use of profanity.

*Excessive means greater than 3 attempts in a half hour time period &/or a behavior that lasts longer than 15 minutes.

4. The teaching staff &/or Management Team will document specific and meaningful observations of the behavior. This would include the child's:
 - Words/gestures/actions
 - Facial expressions
 - Date & time
 - Location or area in the classroom/playground/bus
 - How many peers or adults were involved
 - How much time was involved
 - What occurred just before the behavior started
5. A meeting with parents or guardians will be conducted to discuss and write a plan of action for school and at home, if applicable.
6. If the behavior continues, staff & parents will meet again to discuss further options which may include inviting a mental health professional or social worker in to discuss solutions. Referrals may be made to mental health professionals if appropriate.
7. The plan will be implemented and reviewed as often as necessary to help the child improve or eliminate inappropriate behavior.
8. If the behavior is not eliminated **OR** the behavior causes extraordinary harm to another (ie blood, broken limbs, &/or loss of breath or consciousness), the child may be removed from the Child Care program. Children enrolled in Head Start may be offered another classroom option.

The health & safety of all the children is considered a priority at Ben-no-tteh Wigwam. Therefore, the Center reserves the right to immediately exclude children displaying excessively disruptive or dangerous behavior until a plan of action can be agreed upon and completed by Center staff & parents.

HEALTH POLICIES

IMMUNIZATION INFORMATION

Head Start regulations and Child Care Licensing requires our program to assure children are protected against childhood diseases with the proper number of doses for their age. Upon enrollment, program staff will be available to assist you in getting your child's immunizations updated of current. The PBP Health and Wellness Center, Jackson County Health Department, or your family doctor may be contacted for immunization records.

HEALTH ASSESSMENTS

The PBP ECEC will be working with the PBP Health and Wealth Center and other health providers in obtaining health assessments for children entering the child's program. Parents will be encouraged to make and be present for the appointments. Children should have a health assessment prior to enrollment. The health assessment includes hemoglobin/hemacrit (blood test), vision, blood pressure, development, height, and weight. **These forms need to be updated two weeks prior to the expiration date on the health assessment.**

DENTAL EXAMS

The PBP ECEC will cooperate with local Dental resources to provide exams at the center for enrolled children. Parents/Guardians are welcome to be present for the exams. Follow-up care will be referred out as needed.

HEALTH POLICIES RATIONALE

The center is licensed to serve **well children**. We must have a yearly health assessment and current immunization in your child's file. Disease and illness can often be contagious and easily spread. Additionally, the personal contact and interaction of young children and the faculty are such that germs are shared on a regular basis. Even with conscientious hygiene practices, both at home and the center, illness and disease can spread. As per licensing requirements, we have adopted the following policies and procedures to help us reduce/minimize the exposure to illnesses to our children, staff, and families. This will ensure a much healthier environment for everyone.

DAILY HEALTH ASSESSMENT POLICY

1. **POLICY:** The PBP ECEC shall conduct daily health assessments of children in a manner that is comfortable to the children to determine the health of the child and any recent illness of the child or injuries to the child.
2. **PROCEDURE:** In order to identify conditions that may require medical attention and to protect the health of the children, staff, and families, the following actions will be taken:
 - a. The PBP ECEC will receive annual training from the PBP Health and Wellness Center on conducting a health assessment.
 - b. The daily attendance sheet will include a highlighted box that indicates if the daily health assessment was conducted and symptoms observed. A description of the child's symptoms will be written on the back of the form. An illness Incident Report will be completed and placed in the child's health record. This form records data for the entire group of children for each month and helps identify patterns of illness for an individual child or the group in a center.
 - c. The staff shall observe the children throughout the day for any of the following that may indicate a health concern:
 - i. Changes in behavior or appearance from those observed during the previous day's attendance.
 - ii. Skin rashes, itchy skin, or itchy scalp.
 - iii. Increase in body temperature, determined by taking the child's temperature, if there is a change in the child's behavior or appearance (such as runny nose, cough, pink eye, etc).
 - iv. Complaints of pain or not feeling well
 - d. If any of the above conditions are noted, the staff will inform the Program Managers. The Case Manager will obtain feedback/strategies from the Program Managers to discuss the written observations with the parent.
 - e. The Daily Attendance Sheets will be reviewed monthly by the Head Start/ Early Head Start Program Manager to identify any illness or injury trends among the students.

INCIDENT LOG POLICY

1. **POLICY:** The PBP ECEC shall maintain an incident log of illness and injuries to promote the health and safety of the children and staff, to identify disease outbreaks and determine injury trends, and implement effective interventions.
2. **PROCEDURE:** In order to document how injuries and illnesses occurred, what was done for the child as a result of an injury or illness, and what steps were taken to protect health, the following actions will be taken:

a. Illness

- i.** The Illness Incident Form will be completed for any child who is identified as ill during the daily health assessment or during the day when symptoms appear
- ii.** When more serious illnesses occurs that requires first aid or medical attention to a child or adult, the Teaching staff will treat the illness as a Medical Emergency and follow the procedures presented in Section VI.E of the PBP ECEC Health and Safety Plan
- iii.** The parent/guardian will be notified immediately of an illness that requires professional medical attention. The staff will document this notification of parent/guardian on the Illness Incident Form.
- iv.** The Illness Incident Report shall be completed in triplicate. A copy of the report will be distributed as follows:
 - 1.** A copy shall be given to the child's parent or legal guardian or discussed with the parent when they pick the child up from the center (or the ill adult).
 - 2.** One copy shall be kept in the child's or staff medical file.
 - 3.** One copy shall be kept in a chronologically filed illness log in the Manager's office.
- v.** The completed Illness Incident Form will be maintained in the child's health record for three years. The Illness Incident Form will be made available to health care professionals and the Health Advisor for review and analysis only with parental permission.
- vi.** The Head Start/Early Head Start Program Manager will prepare a summary report of all illnesses observed quarterly for review by the Interagency Coordinating Council/Health Advisory Committee and the Health Advisor. This report will not identify children, but will identify disease trends.

b. Injury Incident

- i.** When an injury occurs in the PBP ECEC to a child or adult, the Teaching Staff or Program Manager will complete the Injury Incident Report Form. The completed injury report forms shall be made available to the Interagency Coordinating Council/Health Advisory Committee and the Health Advisor for review and analysis only with parental/adult's permission.
- ii.** The Injury Incident Report shall be completed in triplicate. A copy of the report will be distributed as follows:
 - 1.** One copy shall be given to the child's parent or legal guardian or discussed with parent when they pick the child up from the center (or the injured adult).
 - 2.** One copy shall be kept in the child or staff's file.
 - 3.** One copy shall be in chronologically filed injury log in the Manager's office.
- iii.** When a more serious injury occurs that requires first aid or medical attention to a child or adult, the Director will treat the injury as a Medical Emergency and follow the procedures presented in Section VI.E of the PBP ECEC Health and Safety Plan.
- iv.** The parent/guardian will be notified immediately of an injury that requires professional medical attention. The staff will document this notification of parent/guardian on the Injury Incident Form.

EXCLUSION/RE-ADMISSION POLICY

1. **POLICY:** The PBP ECEC 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. Parents will be given advance notification prior to children being sent home for an illness.
2. **PROCEDURE:** In order to ensure that children and staff are not unnecessarily excluded from PBP ECEC activities and to protect the health of the children and staff, **parents will be asked not to bring their children to the center if they have any of the symptoms listed below**, and the following actions will be taken:

- a. Children Exclusion and Re-Admission

- i. The PBP ECEC will not deny admission nor 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. The PBP ECEC Director can only approve long-term exclusion of a child after consultation with the child's parent/guardian, health care provider and PBP ECEC Program Managers.
- ii. The following are conditions of short-term exclusion from and for re-admission to the PPB ECEC.

Normal Body Temperature is a Range. The PBP ECEC uses Therma Scan, which is inserted in the ear to check body temperature:

Normal Ranges using Therma Scan for:

Ages 0-2	97.5 – 100.4° F (36.4 – 38.0 ° C)
Ages 3-10	97.0 – 100.4° F (36.4 – 38.0° C)

A child's whose body temperature over the normal range will be considered a fever. The range of normal varies from person to person and can be influenced by many factors such as time of day, level of activity, medications, and gender.

A child with a fever AND who also have one or more of the following:

- Diarrhea
- Ear Ache
- Sore Throat

- Rash
 - Shows sign of irritability or confusion
- 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 2 or more occasions within eight (8) hours of care, 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.
 - d. Diarrhea, abnormal loose watery stools. If a parent believes diarrhea is caused from teething, medication, or food intolerance, a physician's note will be required.
 - e. Mouth sores with drooling, unless a health care provider or health official determines the condition is noninfectious.
 - f. Rash with fever, an undiagnosed rash that was not seen before, or behavior change until a health care provider determines that these symptoms do not indicate a communicable disease.
 - g. Eye discharge or pinkeye. Children can be readmitted after:
 - i. Medical diagnosis to rule out bacterial infection, or
 - ii. 24-hours on antibiotic treatment.
 - h. Tuberculosis, until a health care provider or health official states that the child can attend.
 - i. Impetigo, until 24 hours after treatment has been initiated.
 - j. Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and the cessation of the fever.
 - k. Chicken pox after onset of rash or until all sores have dried and crusted, or with permission by their health care provider.
 - l. Pertussis (whooping cough), until 5 days of appropriate antibiotic treatment to prevent an infection has been completed.
 - m. Mumps, until 9 days after onset of parotid gland swelling.
 - n. 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.
 - o. Measles, until 6 days after onset of rash.
 - p. Rubella, until 6 days after onset of rash.
 - q. Shingles (herpes zoster), exclusion only recommendation of child's health care provider. Clothing or a dressing shall cover sores until the sores have crusted.
 - r. Children with open oozing sores, which cannot be covered, will not be allowed to be at the center until:
 - 24 hours after starting antibiotic treatment, or
 - Sores are properly covered (e.g. bandage/clothing, staff gloves), or
 - Sores have healed.
 - s. The Head Lice Exclusion Policy will be as follows:
 - 1st occurrence: excluded from center until treatment of head lice shampoo has been applied and the child is nit free. Information will be given to parents/guardian's on

effective cleaning of persons and home. Second treatment of shampoo will be required after ten days of initial application to kill any hatched eggs. Management staff will check child to ensure head has been cleaned of nits before readmittance to the classroom.

2nd occurrence: repeat same steps above.

3rd occurrence: will be asked to visit local health care provider for prescription shampoo.

4th occurrence: Mandatory referral to PBP ECEC Family Service Specialist, for continual support of steps 1, 2, 3.

After five (5) occurrences from initial exclusion within a thirty (30) day period, The Director of the center will be notified and then a letter sent to parent/guardian discontinuing services until situation is taken care of and a note to return from doctor is received.

- t. Scabies or other infestation, until 24 hours after treatment has been initiated and a note has been obtained.

Please do not send your child to school until they have been symptom free for at least 24 hours.

1. If a child must be sent home because of an illness, 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 center is located in the workroom or management office.
2. 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.
3. If the Center Administrator or Program Manager has concerns about a child's ability to safely return to the center, we Reserve the right to request a note from the child's parent health care provider.
4. When a child is excluded from attending the Child Care center, the staff will note this in an Illness Incident Report or Injury Incident Report (refer to section II.H of the PBP ECEC Health and Safety Plan)

CHILD ABUSE POLICY

The Kansas Child Protection Act K.S.A. 38-716-38-724 mandates that suspected cases of child abuse or neglect are reported to the appropriate authorities. Head Start and Child Care employees are mandated reporters who report to the PBP Social Service Program or State of Kansas.

DISCIPLINE POLICY

Tribal regulation for licensing prohibits the use of punishment, which is humiliating, frightening, or physically harmful to the child. Prohibited methods of punishment include:

1. Corporal punishment: such as spanking with hand or any implement, shaking, twisting, squeezing, biting, slapping, pulling hair, yanking the arm, or any similar activity.
2. Any abuse or maltreatment of a child
3. Verbal abuse, profanity, sarcasm, threats, or derogatory remarks about the child or the child's family.
4. Binding, tying to restrict movement, taping the mouth, or enclosing in a confined space such as a closet, locked room, or any area where a child cannot be seen or supervised.
5. Withholding or forcing foods as punishment.
6. Demanding physical exercise, rest, or strenuous or bizarre postures.
7. Exposing a child to extremes of temperature *see temperature policy
8. Toilet learning/training methods that punish, demean, or humiliate a child
9. Emotional abuse including: rejecting, terrorizing, extended ignoring, isolation, or corruption
10. Any form of public or private humiliation, including threats of physical punishment
11. Taking away as punishment physical activity &/or outdoor time (recess)
12. Placing a child in a crib for a time-out or for disciplinary reasons
13. Placing substances, which sting or burn the child's mouth or tongue or other parts of the body.

All Ben-no-tteh Wigwam and Head Start staff and volunteers will abide by these regulations. Failure to abide by these regulations may result in disciplinary action or termination.

MEDICATIONS ADMINISTRATION POLICY

Reference: PPB ECEC Health and Safety Plan section II.F Medication Handling, Storage and Administration Policy

1. **POLICY:** The PBP ECEC designated staff will properly store and administer medication, following the written authorization of the child's parent/guardian **AND** physician to safe guard the health of the children, staff, and families.
2. **PROCEDURE:** In order to ensure the safe handling, storage, and administration of medicines to the children, the following actions will be taken:
 - a. The PBP ECEC and the Parent must complete the "Authorization for Dispensing Medication to Children" form, which specifies the conditions for the Administration Plan. The Administration Plan will specify the dosage, expiration date, and time in which the medication will be given. The parent's signature is required as consent for administration of medications to their child. A picture of the child would be taken and attached to the plan. If a child is diagnosed with Asthma, an Asthma Action Plan will be used to identify symptoms and assist in the administration of asthma medication. The immediate care physician will need to fill out the PBP ECEC Asthma Action Plan to be followed by staff. A child's medication will be sent home when it is no longer needed or has expired.
 - b. The Center Administrator will ensure that staff members are annually trained on the administration, handling, and storage of medications. The annual training is provided at

Preservice Training in August. The Center Administrator will ensure that staff arriving after Preservice Training will be trained on the administration, handling, and storage of medications during the first week of employment and prior administering, handling, and storing medication.

- c. The designated staff members, who have been properly trained, are responsible for administering medications and keeping documentation of the date and time the medication was given on the Daily Medication Form, as well as the expiration date and any reactions that may have occurred.
- d. The Parent/Guardian will bring the medication to the Center and hand it directly to the child's Case Manager. The Case Manager will take the medication from the parent/guardian and:
 1. Ensure that an "Authorization for Dispensing Medication to Children" form is completed and signed by the Parent for the child and that the medication to be administered is in compliance with the physician's written orders (prescription).
 2. Ensure there is a prescription by a health care provider.
 3. Complete the Medication Labeling Checklist Form to determine if all the information required on the label is provided on medication brought to the center by Parent/Guardian.
- e. The Case Manager will record any medications given during the day on the "Authorization for Dispensing Medication to Children" form for each child taking medication. These forms will be maintained in the child's medical record.
- f. A new "Authorization for Dispensing Medication to Children" form will need to be completed monthly for medications that are to be given longer than a month. This will ensure that no dosage, time, expiration, or other changes have been made to the prescription by a medical provider.
- g. A new "Authorization for Dispensing Medication to Children" form will need to be completed if an illness returns and the same medication is prescribed by a medical professional. This will ensure the proper dosage, times, and expiration are documented for the safety and health of the child, family, and staff.
- h. The Case Manager will review any potential reactions that a child may have had to a medication with the Management Team. The staff will observe the child for adverse reactions to the medication and record their observations on the "Authorization for Dispensing Medication to Children" form. Adverse reactions could include:
 - Signs of being tired, or sleepy
 - Moodiness
 - Aggressiveness
 - Physical reactions, such as, rashes, swelling, or breathing difficulty
- i. Prescription Medications:
 - i. Prescription medications will be administered to children only with signed parental consent AND the medication must be in the original container from the pharmacy and properly labeled (see section II.F.2.d (3) of the PBP ECEC Health and Safety Plan).

- ii. The Parent/Guardian must provide information on any adverse reactions that may be associated with use of the prescription medication as provided by the health care provider or the pharmacy. The first dose of the medication will be given by the Parent/Guardian at home for observation of the child for any adverse reactions.
- j. Non-Prescription Medications (over the counter drugs):
 1. Examples of non-prescription medication include:
 - Antihistamines
 - Non aspirin fever reducers/pain relievers
 - Non-narcotic cough suppressants
 - Decongestants
 - Anti-itching ointments/lotions intended to relieve itching
 - Diaper ointments, intended for use with “diaper rash”
 - Sunscreen
 - Vitamins
 - Anti-diarrhea medications
 2. In accordance with Head Start Performance Standard 1304.22.c.3, medications, including non-prescription/OTC will not be given unless the medication is prescribed by a physician, is in its original container, and the “Authorization for Dispensing Medication to Children” form includes the dose and frequency for the child, as well as an expiration date. The medication must be age-appropriate.
- k. Storage of medication:
 - i. Medications will be stored inaccessible to children, under lock and key, and at the proper temperature. The following storage procedures are used:
 1. All medications are stored with child-proof-caps and in a locked cabinet that is in a location inaccessible to children. A medical storage cabinet is located in each room.
 2. All medications are stored at the proper temperature (refrigerated or non-refrigerated)
 3. Refrigerated medications will be stored in leak-proof lock boxes and in such a manner as not to contaminate food and not to be contaminated by food
 4. Medications shall not be used after the expiration date. Medications will be handed directly to the parent/guardian after the expiration date if medication is still present in the container.
 5. Medications that must be transported on field trips or other activities will be transported in a locked box and at the proper temperature, using an ice chest if necessary.
 6. With the exception of diaper ointments and/or sunscreen, all external medications will be stored in a locked box. Diaper ointments will be kept out of children’s reach in the diapering area with the child’s name on the ointment bottle. Sunscreens will be kept in a locked cabinet in the classroom with the child’s name on the bottle.

DIAPERING / TOILETING

Reference: PBP ECEC Health and Safety Plan section N.f Infectious Disease Control, Diaper Changing

- a. Diapers worn by children shall be able to contain urine and stool and minimize fecal containment of the children, staff, environment surfaces, and objects in the PBP ECEC.
- b. The use of modern disposable paper diapers is associated with less fecal containment of the PBP ECEC.
- c. On a diapered child's arrival at the center, their assigned teacher will check for wetness or feces.
- d. The assigned staff will check their diapered children's diapers for wetness or feces at least hourly or when the child indicates discomfort or exhibits behavior that suggests a soiled or wet diaper. The child shall be changed promptly when found to be wet or soiled.
- e. The following diaper changing procedures are posted in the diaper changing area consistent of the following:
 - i. Wash hands (refer to PBP ECEC Health & Safety Plan section 11N2(c) of plan.
 - ii. Gather necessary materials, i.e. clean diaper, wiper, clean clothing if needed.
 - iii. Put-on disposable gloves (not required).
 - iv. Place single use cover on the table (if part of center practice)
 - v. Child is gently placed on the approved diaper-changing table. Soiled diaper is removed and placed in a plastic lined and foot-peddle type covered waste receptacle (foot peddle type is best).
 - vi. The child's diaper (peri-anal) area is cleaned from front to back with a clean, damp wipe for each stroke.
 - vii. Wash hands (refer to PBP ECEC Health & Safety Plan section 11N2(c) of plan.
 - viii. Topical cream/ointment lotion is applied only when the infant room staff has received signed parent's written request. The parental permission shall be kept in the child's medical record (refer to PBP ECEC Health & Safety Plan section II.F.2h (3).
 - ix. Put on clean disposable diaper and clean clothing if the child's clothing is soiled.
 - x. Child's hands are washed. Infant or child can now return to other children.
 - xi. Single use table cover is put in covered waste receptacle (if using single –use cover is part of Center's practice).
 - xii. Disinfect diaper changing table using ¼ cup chlorine bleach to a gallon of water.
 - xiii. Remove and dispose of gloves.
 - xiv. Wash hands.
- f. Children shall be diapered only on the approved diaper-changing table and on no other surface.
 1. Diaper changing tables shall be kept in good repair and shall be cleaned and disinfected after each use. The tables shall be cleaned to remove visible soil, followed by wiping with an

- approved disinfectant (1/4 cup chlorine bleach in a gallon of water). Disposable non-absorbent paper covers are not used at the center.
2. Soiled diapers shall be stored in containers separate from other waste and labeled with SOILED DIAPERS. The washable containers are provided with plastic, disposable linings and are located within arm's reach of each changing table. The soiled diaper containers are kept tightly covered when not in use.
 3. Diaper containers shall be cleaned and sanitized at least weekly or as needed when there is a build-up of soil diaper containers.
 4. Soiled diaper containers shall be emptied at least daily or as often as necessary to prevent the accumulation of soiled diapers in the container.

POTTY TRAINING TODDLERS

Children under 24 months of age will be potty trained only after consultation between the parent and the primary caregiver. Parents will need to provide disposable diapers, wipes, training pants and changes of appropriate seasonal clothing including underwear, shirt, pants and socks. Soiled clothing articles will be placed in a plastic bag, sealed and sent home with child's parent at departure time.

PRESCHOOLERS AND KINDERGARTNERS

Preschoolers and Kindergartners will be encouraged to bring extra change of clothing in case they're needed. Children will follow a bathroom procedure with encouragement by the caregivers that includes flushing the toilet, independent dressing if able, washing their hands with running water, soap, and drying with disposable paper towels. The bathroom area will be disinfected daily and when necessary. In addition, trash will be disposed of. Soiled articles will be placed in a bag, sealed and sent home with the child's parent (or placed in the child's backpack) at departure time.

NUTRITION

NUTRITIOUS MEALS AND SNACKS

Eating nutritious food and learning good mealtime behaviors are important for children due to the rapid growth and the major development changes that they may undergo. Attractive, bite-sized foods appropriate to the children's age and based on planned, written and USDA approved menus will be served to Head Start and Child Care children. Mealtimes provide an opportunity for developing social and motor skills. Other important opportunities include:

- Learning about foods, eating and nutrition.
- Providing children, parents and staff with nutrition education.
- Providing follow-up nutrition services to children and families as needed, such as, special dietary adaptations.
- Encouraging parent involvement in menu ideas and in planning nutrition activities.

HANDWASHING

Proper hand washing is an important part of preparing and serving nutritious meals on a daily basis. Staff and volunteers are present to set an example, guide, and involve children. The child-sized hand washing sinks help children feel comfortable and aid their independence.

SOCIAL EXPERIENCE

Meal times are fun and relaxed, a time of good humor and conversations. Staff enjoys talking with the children and encouraging them to socialize and share their thoughts, memories or desires. This is an opportunity to build communication skills and relationships with peers.

LEARNING EXPERIENCES

Head Start and Child Care staff provides opportunities to learn colors, textures, sizes, smells, shapes, different temperatures and food changes during weekly classroom nutrition experiences, as well as safety.

Other important notes about meal times

- All meals are served family style, children serve themselves
- Children are involved in table setting at meal times
- Children are encouraged, not forced to eat, try new foods or clean their plates
- Children are encouraged to clean up their own spills
- Children will help with after meal clean-up
- All adults and children eat/drink the same food at meal times, unless a medical note is received from the child's/adult doctor
- Children are encouraged to practice good manners
- Staff and volunteers are important role models for the children, they should always mirror positive attitudes about the food being served and eaten.
- The tables are disinfected before and after use
- Children with special needs will receive any particular foods or assistance in eating that they may require

HOLIDAY/BIRTHDAY TREATS

Birthdays and holidays are celebrated in special ways (dinners, special hats, vests, songs, and small gifts).

SWEETS sent in with a child will not be consumed here at the center. Head Start regulations do not allow this.

INFANTS

Bottles of formula or breast milk are labeled with each child's name and date to prevent possible exchange or exposure to a communicable disease. Infants are held during bottle-feeding to promote a nurturing relationship and prevent choking, tooth decay, and ear infections. Older infants are placed in a sitting position for meals. Bottles, caps, and nipples and eating surfaces are cleaned and disinfected before and after use.

PARENT PARTICIPATION

Parents/Guardian's ideas and comments are always welcomed when planning the Menu. Parents are also welcomed to join their child for mealtime.

VOLUNTEER POLICY

Parents and community people are encouraged to support their local programs by helping with classroom activities, attending parent meetings, serving on committees, and communicating to the rest of the community their interest & support in Head Start, Early Head Start or Child Care.

DEFINITIONS:

- 1) Volunteer: Any non-staff individual 18 years or older (including parents/guardians of program children) who intend to perform duties/tasks for the program &/or assist staff with program activities. Volunteers, including adult students, are not replacements for staff. They cannot be counted as part of the staff to student ratio. Volunteers will not have unsupervised contact with program children other than their own unless written permission (Release To Form) from the parent(s) is on file.
- 2) Regular Volunteer: Any volunteer who performs duties more than twice a month OR more than 4 hours a month. Tribal Licensing and Head Start regulations require that each regular volunteer have a current **T.B. Skin test** on file at the center. The T.B. Skin test can be obtained at the PBP Health and Wellness Center, local health department, or private physician. Anyone wishing to know more about the T.B. Skin test can contact the center. Regular volunteers must also successfully complete a background check and drug screening process, which is required of everyone having regular contact with children.
- 3) Visitor: Any non-staff individual (including program parents/guardians & family members) who do not meet the volunteer definition. Visitors are encouraged to visit locations/classrooms where their child(ren) are in attendance. However, visitors are not allowed in areas that they do not have children in attendance. Visitors will not perform program duties nor have unsupervised contact with program children other than their own unless written permission from the parent(s) is on file.
- 4) Program Visitors: A staff member of another agency who is performing duties for said agency in cooperation with Ben-no-tteh Wigwam. Examples would be PBPN Language Department, CRELI, Jackson County Health Department, & Building Maintenance. Program Visitors may visit classrooms with Management approval & knowledge but must always be under the supervision of Ben-no-tteh Wigwam staff. They will not have unsupervised contact with any child (unless that child is their own) without the written permission of the parents/guardians.

Volunteers will find that their time is exciting, challenging, and rewarding. The staff will be glad to answer any questions about how children learn through play and Head Start Philosophy. Enjoy the children and your time with them. Give children the opportunity to try and solve their problems and offering sincere praise and encouragement.

Treat each child as a unique individual, as we would expect teachers to treat our own children.

Guidelines for Volunteers, Visitors, & Program Visitors:

1. Treat children and staff with respect and courtesy.
2. Be pleasant and friendly to children and others.
3. Get down on the child's level when speaking.
4. Provide guidance in a positive and meaningful manner.
5. Be a good role model at mealtime by trying the foods served.
6. Be patient and understanding.
7. Ask for volunteer training if you are unsure of expectations.
8. Ben-no-tteh Wigwam is non-smoking. However, staff can direct you to a smoking area.
9. Please sign an In-kind form for your donation of time, mileage, and/or item(s). Head Start requires tracking of In-kind contributions to match federal grant monies.

Everyone is to abide by the Confidentiality Policy. This means respecting the privacy of others by not making critical judgments of casual information, observation, or a child's comment. Also, all visitors & volunteers are asked to allow staff to address behavior challenges.

All volunteers & visitors will be asked to sign-in at the front desk upon arrival.

Lastly, volunteers and visitors may be asked to sign the Code of Conduct. Failure to abide by the Code of Conduct may result in removal from the volunteer program, banishment from the premises for no fewer than 30 days, &/or other consequences reasonable to the circumstance. The Center maintains the right to provide a safe and violence-free environment for children, staff, volunteers, and visitors.

Please remember you are a role model to children while you are at the Ben-no-tteh Wigwam.

CONFIDENTIALITY

Staff respects the privacy of personal information regarding PBP ECEC children and families. Child and family information will be kept in a locked file in the office. Only Program Staff who track the child's health and developmental progress will have access to the file for business use. Information that is recorded and maintained is essential to provide services. Anyone else will need written permission from the child's parent or guardian. Since volunteers will also hear and see personal information while they are in the center, they are expected to respect the Confidentiality of children and families.

FANNY PACK POLICY

Fanny Packs are required of all Child Care, Head Start, and Early Head Start teaching staff to wear during classroom hours or while caring for the children.

Included in your fanny packs, every Teacher/Child Care Aide must have any emergency contact list for all children in their care and the following:

- Name, address, phone numbers, age of child, emergency contacts, last tetanus and hospital preference.
- Fire station, Hospitals, Doctors, Poison Control Center Numbers
- Rubber Gloves
- Band Aides
- Ice Pack
- Kleenex
- Hand Sanitizer
- Sterile pads (2x2)
- Antiseptic towelettes

- Sticky note pad and pen
- Ziploc bag to dispose used Kleenex, band aids, etc.

EMERGENCY PLANS

Reference: Licensing PBP Health and Safety Plan Section VI. Emergency Plan

VI. A Emergency Policy

1. POLICY: The PBP ECEC will ensure that the children and staff are safe and secure while at the center during natural or man-made emergencies or while on travel away from the center.

2. PROCEDURE: In order to reduce the risk to children and staff and ensure proper medical care is provided during an emergency event, the following actions will be taken.

(a) The following types of emergencies could occur in the PBP ECEC region;

- Medical emergencies
- Bus and transportation emergencies
- Industrial accidents
- Weather emergencies
- Death of a child or Staff Member
- Lost or Missing Children
- Hostage situations
- Bus jacking

Responsibilities:

1. The Director:

- Has the direct authority for the classroom, staff, and visitors at the Center. The decision to implement the emergency plan is the Director's, or their designee.
- The Director is the principal decision maker for the PBP ECEC.
- For any emergency situation, the Director is the principle spokesperson for the PBP ECEC.
- In the event that either children or staff is injured, the Center Director will implement the Medical Emergency Procedures found in the PBP ECEC Health and Safety Plan Section VI.E of the Plan.
- The Director will determine if it is safe to re-enter the building after evacuation based on the recommendations of emergency response personnel.
- The Director will prepare a written report on any emergency event to include when and where the event occurred, what the emergency was, what actions were taken to safeguard the children and staff, any emergency response and who responded, any injuries that occurred, the severity and to whom (specific names, ages, and injuries), actions that will prevent reoccurrences of the emergency.

2. Teaching Staff:

- a. The Teaching Staff designated will collect and carry the Emergency Contact Information file and the Daily Attendance Log is evacuation of the Center is required.
- b. The Teaching Staff will assemble all children and adults inside the classroom and notify the Director if any are missing (refer to PBP ECEC Health and Safety Plan Section: VI.J. Missing Child Policy).
- c. The Teaching Staff will supervise the children once outside the center at the safe assembly point.
- d. The Teaching Staff will, if needed, administer emergency first aid.

3. Support Staff including: Kitchen, Bus Driver, Bus Monitor, and Front Desk Person

- a. In the event of emergency, person present will call 911. \
- b. All support staff will assist the evacuation and supervision of children once they have evacuated the center.
- c. The support staff, if needed, administers emergency first aid.
- d. Support Staff will assist with locating any missing children.

VI.B Emergency Contact Policy

1. POLICY: The PBP ECEC will ensure that the parents/guardians of children can be contacted and kept informed in the event of an emergency.

2. PROCEDURES: In order to keep parent/guardian informed on the health of their children and to help a child involved in an emergency situation, the following actions will be taken:

- (1) Emergency contact information for each child shall be maintained in an Emergency Contact File that accompanies the children on any outings or field trips. Emergency contact information for each child is recorded on the Emergency Contact Information Form and includes:
 - (a) Names and telephone numbers (home, work, and cell) of the parent/guardian or legal guardians.
 - (b) Names and telephone number of the child's usual source of medical and dental care.
 - (c) Information on the child's health insurance, including the name of the insurance carrier, identification number, and the subscriber's name.
 - (d) Special conditions, disabilities, allergies, or medical, dental information and picture identifying child.
 - (e) Parent/guardian written consent, in case emergency care is needed.

- (2) In the event of an illness, injury, emergency situation or other event where immediate Contact of the Parent/Guardian is necessary, the Case Manager will:
 - (a) Call the Parent/Guardian using the Emergency Contact Information provided by the Parent. The Case Manager will calmly and clearly explain to the Parent what has occurred and how

- their child was involved, the severity of injury or illness, what first aid or care has been provided by the staff, and what further medical care has been required. The parent needs to know where their child is, how sick or injured their child is how and when their child became sick or injured and what is needed to the parent/guardian.
- (b) In the event the Parent/Guardian cannot be located, normally 15 minutes to an hour, depending on the severity of emergency, the Case Manager will contact the other people authorized by the Parent on the Emergency Contact List. The person taking custody of the child will sign the child out using the Daily Sign In/Sign-Out Sheet.
 - (c) If neither the Parent/Guardian nor any of the emergency contacts can be located, the Case Manager will contact the PBP Social Service Office.
 - (d) In the event that Emergency Contact procedures are implemented, the Case Manager will complete the Injury Incident or Illness Incident Report Form, which ever appropriate, and include who was contacted, the time of the contact and who finally did pick up the child.

VI.C Emergency Evacuation Policy

1. POLICY: The PBP ECEC staff will ensure any emergency evacuation of the Center is conducted in a calm, safe, and efficient manner to avoid any injury or adverse effect to the children and staff.

2. PROCEDURES: These emergency evacuation procedures apply to emergency evacuation of the Center only. Emergency evacuation procedures for Bus and Transportation emergencies are presented in the PBP ECEC Health and Safety Plan Section VI.D of the Plan. In order to ensure the safe and orderly evacuation of the Center by Infants, Toddlers, Special Needs Children, and other Children and Staff, the following actions will be taken:

- (a) Emergency Evacuation: In the event that an emergency evacuation is required, the Director or designee will implement the following emergency evacuation procedures:
 - i. That the Center is/or has been evacuate
 - ii. The nature and extent of the emergency (i.e. fire, chemical spill, violent visitor, etc),
 - iii. How many people are at the PBP ECEC, and
 - iv. Any specific information requested to assist with the response.
- (b) When the “fire” alarm is sounded, Teaching Staff will make sure all of their children are accounted for and will verify this using the daily attendance sheet. The Teaching Staff will place any special needs children in evacuation wheel chairs or strollers when applicable.
- (c) The Teaching Staff will lead the children from the classroom and the PBP ECEC to the designated safe assembly location. The safe assembly location is The PBP Senior Center and the PBP Boys and Girls Club. The Teaching Staff will, if necessary take charge of any wheel chairs or evacuation strollers and push the wheelchair/stroller in front of the group. If any children are not accounted for, the Classroom Teacher &/or the Teaching Staff will immediately notify Program Managers before evacuating the other children. The Children will then be evacuated from the Center.
- (d) The Program Managers will be the last people out of the building and will ensure that all children and staff have safely evacuated the Center. Once outside, the Administrative Assistant and Office Assistant will verify, based on the daily attendance sheets, that all of the Children have been evacuated.

- (e) The Program Managers will wait for emergency assistance to arrive and will make the decision to initiate the Emergency Contact Procedures to have children picked up by their parent/guardian. The Center will not be re-entered unless cleared by the emergency response personnel and approved by Program Managers.

AUTHORIZED PERSONS LIST

Parents/guardians must provide PBP Head Start/Child Care with a list of names of persons (16 or older) who may pick their child up from the Center. For the safety of the child, no one else will be permitted to pick up the child. All authorized persons must sign the sign-in/sign-out sheet when bringing a child or picking a child up at the Center. Newly authorized persons who are unknown to staff may be asked to show identification before being allowed to pick up a child.

* If an authorized person comes to pick up a child, the child will be detained until an authorized person comes to pick him/her up. **NO EXCEPTIONS!**

SMOKING POLICY

Smoking is not permitted in areas where there is sensitive or hazardous material and in other areas designated by the Center.

Smoking is not permitted in any office work area. This is a **NO SMOKING** facility. Center staff shall at no time smoke in client's home. Smoking is not permitted in Head Start/Child Care vehicles.

Employees and visitors are expected to honor the non-smoking environment.

PARENTAL INVOLVEMENT

FAMILY PARTNERSHIPS

PARENTAL INVOLVEMENT IS AN IMPORTANT PART OF HEAD START/EHS/CHILD CARE. Parents can become involved in a variety of ways. Parents are welcome to visit the child's classroom, serve on center committees, Policy Council, and attend family night. The objectives of the parent involvement and family partnerships approach are to support and enhance the parent's role as the principal influence and prime educator of their children.

Parent involvement offers opportunity for parents to contribute to the Head Start or Early Head Start Program and to their communities. Here are some suggestions to get involved:

- Participation in making decisions about the nature and operation of the Program.
- Participation in the classroom as paid employees, volunteers, or observers.
- Participation in activities, which they have helped to develop.
- Working with their children in their own home in cooperation with the staff of the Center.

PARENT ACTIVITIES

Throughout the program year, parents will be encouraged to attend a variety of parent and family gatherings. Parents will have the opportunity to plan informational programs and future family activities.

PARENT COMMITTEE

Upon enrollment in the Head Start and Early Head Start Program, parents are automatically members of the Parent Committee. Parent Committee members must carry out at least the following minimum responsibilities:

1. Advise staff in developing and implementing local program policies and services.
2. Plan, conduct and participate in formal as well as programs and activities for parents and staff;
and
3. Within the guidelines established by the Tribal Council and the Policy Council, participate in the recruitment and screening of Early Head Start and Head Start employees.
4. Nominate parent and community representatives to the Policy Council each year.

POLICY COUNCIL

The Policy Council must work in partnership with key management staff and the Tribal Council to develop, review, and approve or disapprove policies and procedures, funding applications, child enrollment applications, program philosophy, and short / long range goals and objectives. Policy Council follows bi-Laws developed, reviewed and approved with the Policy & Tribal Council.

HOME VISITS

The Center Teaching Staff will make home visits throughout the year to discuss the educational progress and goals for the Head Start & Early Head Start child. Home visits provide an opportunity for parents and staff to share, plan, and write down ideas to help the child with home learning experiences and share about community resources.

SOCIAL SERVICES

The Social Services of Head Start support family strengths to help meet their individual or family goals. Head Start feels that families can make their own decisions. We will assist the family's ability and confidence to identify and assess in goal setting if the family desires.

Throughout the year the teaching staff will work with families to provide information and referrals to help achieve their goals. This process is referred to as the Family Partnership Process.

The Family Partnership Process considers the overall needs of families. Staff will serve as advocates in community networking and coordination. Recruitment and Enrollment of children is an on-going focus to assure Head Start & Early Head Start availability to families, based on enrollment criteria established by the Policy Council.

OPEN COMMUNICATION

Maintaining open communication on a daily or the most frequent basis is very important to plan and provide appropriate experiences for the children. An open door for casual communication allows parents and community members to visit and express comments, opinions, suggestions and ideas. Together, we must work, as a TEAM to meet the individual and developmental needs of our children.

PARENTING SKILLS

Parenting is an important part of having healthy families. At the Ben-no-tteh Wigwam, parenting sessions are offered upon request throughout the year. These sessions are presented by management and community members that help our families build on the strengths we have as native people.

TRANSITIONS

CHILDREN

When caregivers (parents/teachers) help children move into a new environment, the results you may see are:

- Continuity of earlier experiences
- Increases motivation and openness to new experiences
- Enhanced self-confidence
- Improved relations with other children and adults
- A greater sense of trust between teachers and children.

PARENTS

When parents are involved in the transition process, the parents may gain:

- Increased confidence in their child's ability to achieve
- Improved self-confidence in their ability to communicate with staff and make an influence
- A sense of pride and commitment to their involvement in their child's education
- A greater knowledge and appreciation of early childhood education.

CENTER

The Prairie Band Potawatomi Early Childhood Education supports transitions by:

- Being available to talk to Parents about the Child's new environment
- Setting up a tour or visit of the building and classroom
- Reading books to children about moving and changes
- Listening to children about their feelings, concerns, or questions
- Informing children and parents about rules in the new environment
- Being a link between parents and community resources
- Collaborating with U.S.D. #337 Elementary School Staff to provide kindergarten transition
- Documenting and tracking each child's health and development to support continuity of care

TRANSITION INTO HEAD START

Each transition in our lives is like a journey that takes time, preparation and planning. The transition to new setting of Head Start offers children and families lots of experiences and opportunities. Children do not know what to expect in a new setting. Head Start Staff will help you and your child experience a smooth transition into the classroom.

Some tips to help Parents the first few days of Head Start are:

- Separation anxiety is normal, especially if this is a first time away from parents. Be patient, give encouragement, changes will come.
- Prepare your child for the first few days of Head Start; visit the center beforehand if possible, read stories about “the first day of school” look around the classroom for familiar items, read schedules and posters together.
- Become involved in your child’s new classroom. Ask how you can participate in activities.

EARLY INTERVENTION SERVICES

PART C PROGRAM

Services at the PBP ECEC include a wide range of options for families. The Infant/Toddler Program funded by the Kansas Part C Program, serves children under age of three who may have developmental delays. Together, the Early Head Start Program Manager/Part C Coordinator and Speech/Language Pathologist assist and support families with the Children under the age of three.

EARLY HEAD START

The Family Service Specialist, EHS Teacher, and EHS Program Manager work with the EHS Program serving twelve families in the home and center. Individual Progress and Family Service Plans are developed in cooperation with parents and educational staff.

INTERAGENCY AGREEMENT

An interagency agreement has been implemented with USD #337 to provide special education services to children 3-5 years of age. The school district provides two Early Education Childhood Education Teachers in collaboration with the PBP Nation who work within four Head Start Classrooms. Head Start assures that 10% of the funded enrollment is filled with children with special needs. By this collaborative agreement, children with special needs are served in the least restrictive environment, which prohibits unnecessary isolation of special needs children. The needs of the child are met by the development of an Individual Education Plan (IEP) from the Child’s Parents and Educational Staff.

HEALTH FAIR

The PBP Interagency Coordinating Council sponsors spring and fall health fairs, offering children 0-5 years of age an opportunity to receive health and developmental screenings. Case Manager, Primary Caregivers or the Family Services Specialist, as well as, the Management Staff support this process.

If a parent has a concern about their child’s development, parents can call the center (785-966-2527, 785-966-2707) for screenings, referrals or early intervention services.

GRIEVANCE PROCEDURE

The PBP Head Start Policy Council has approved the following procedure to assure that parents and community members are provided an opportunity to express legitimate concerns in respect to the application of any rules and regulations. The following steps are applicable to Head Start, Early Head Start and Child Care as indicted.

- Step 1 A Parent or Community Person shall make a written complaint to the Head Start/EHS/Child Care Staff and clearly state the concern or problem within three (3) days of the occurrence.
- Step 2 The Head Start/EHS/Child Care Staff will respond within three (3) working days of the written complaint. If satisfaction is not received, then the party submitting the complaint should send it to the PBP ECEC Program Director. The Director has three (3) working days to resolve the problem.
- Step 3 Child Care: if the problem is not solved with satisfaction within three (3) working days, the party submitting the complaint will bring the problem before the Tribal Council. The Tribal Council will submit a solution to the grievance within five (5) working days.
- Head Start/Early Head Start: If the problem is not solved with satisfaction within three (3) working days, the party submitting the complaint will bring the problem before the executive members of the Policy Council. The committee will submit a solution to the problem within five (5) working days.
- Step 4 Head Start/Early Head Start: If the problem is still not resolved with satisfaction, the party submitting the complaint will bring the problem before the Tribal Council. The Tribal Council will submit a solution to the problem within five (5) working days.

Ben-no-tteh Wigwam Code of Conduct ~ Parents, Visitors, Policy Council, and Staff

To ensure all children, families and visitors experience Head Start, Childcare and Early Head Start as a consistent, comfortable and appropriate early childhood development opportunity, we ask everyone to help us promote this by supporting the following:

All visitors and volunteers will participate with all children in all areas.

Please do not single out your child. It is an exciting experience for your child when you visit their classroom. We encourage you to sit with your child, but please remember all our children would love to have you participate with them as well. Some parents do not have open schedules to allow them to visit as often as they would like, therefore, your attention to all our children would be appreciated.

Information will be kept confidential

As a parent, visitor, policy council member or staff, I agree to respect the privacy of personal information regarding Head Start / Childcare children and families.

Please refrain from “yelling” when correcting a child.

Whether it is your own child or another child within the classroom, on field trips or any Child, Family or Community function, please recognize that yelling at a child is not looked upon as good practice.

Physical punishment such as spanking and forcibly grabbing your child will not be permitted as a means of discipline.

We respect that all families and cultures may practice diverse child rearing practices. However, we must ask everyone to please refrain from spanking or using physical force with children when visiting our program. We encourage you to give the children directives or suggestions for behavior modification. Otherwise, alert the teaching staff to any behavior or situation that may need attention.

No “bad language” will be allowed.

Please remember this facility is a child based program and a place of business. We will not allow any inappropriate language.

No adult gossip will be tolerated.

We encourage all visitors to interact and openly communicate with the Ben-no-tteh Wigwam and other visitors. While doing so, we ask that you refrain from “adult gossip sessions”.

Personal Issues

Any conflictive and personal issues between visitors are to be left outside. Any concerns involving Ben-no-tteh Wigwam Staff may be brought to the attention of the Director of Program Managers. Your concerns are a priority and will be addressed following policies and procedures. We cannot condone any unethical or unsafe actions.

Smoking is Not Allowed

Smoking is not permitted in or outside our facility (Visible to children & families). There is a designated smoking area located outside at the East End of the Ben-no-tteh Wigwam.

I have read and understand the above Ben-no-tteh Wigwam Visitor’s Code of Conduct Policy. I hereby agree to promote a balanced child development program by practicing and supporting said policy.

Parent/Guardian

Date