

# **PARENT HANDBOOK**

**Prairie Band Potawatomi Nation  
Early Childhood Education Center**

**Ben-no-tteh Wigwam  
(House of the Child)**

**15380 K Road  
Mayetta, Kansas 66509**

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## **2010-2011**

CHILDCARE ATTENDANCE POLICY

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

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

If you are not working or attending education/training, your children cannot attend childcare. Parent/Guardian must obtain Employer's signature verifying Work Schedule upon enrollment. 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, childcare services will be dropped. The family will be required to re-apply.

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 childcare program is growing each year, there is an urgency to address the need for childcare by many families who are working or attending school on a full time basis and ensure childcare slots are for those in most need.

On days custodial parent/guardian's are not working, training, school, your child will not be expected to attend child care. The custodial/guardian will be the primary contact person between the center and families. The necessary documentation will be obtained upon enrollment and before child's first day of attendance.

For parents/guardians attending school, an official class schedule will be submitted before child's first day of child care attendance.

The PBP ECEC is unable to provide "drop-in care". This term refers to irregular attendance of a child in childcare not attending or not attending on a regularly scheduled basis. It is a funding requirement that we provide childcare to parents working or attending school on a full-time basis. The following illustrates drop-in care, which can not 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 P.M.

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 childcare 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 incapacity (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 childcare until alternative childcare 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 childcare 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 childcare 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 through Thursday 8:00-11:30 a.m. Child Care services are provided to enrolled children before and after those hours. 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 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, 8:00-11:30 a.m. The Head Start children enrolled for the afternoon session (Class C&F) will attend Monday through Thursday, 12:00-3:30 p.m. 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 8:00 a.m. – 11:30 p.m. with wrap around childcare 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.

#### 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 of 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.

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 to 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 he can manage himself 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

Childcare 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. Positive discipline (teaching) will be used at all times, such as redirecting, positive attention and praise, problem-solving, 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.
2. Specific and meaningful observations of the behavior will be documented by teaching staff. This would include the child's:
  - Words and/or 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
3. A staffing meeting with parents or guardians will be conducted to discuss and write a plan of action for school and at home, if applicable.
4. The plan will be implemented and reviewed as often as necessary to help the child improve or eliminate inappropriate behavior.

## 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 you child's immunizations updated or current. The PBP Family Health 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 Family Health 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/hematocrit (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.

#### II.G 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 Family Health 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 were 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:

1. Changes in behavior or appearance from those observed during the previous day's attendance.
  2. Skin rashes, itchy skin, or itchy scalp.
  3. 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 eyes, etc.).
  4. 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 and discuss the written observations with the parent.
- e. The Daily Attendance Sheets will be reviewed monthly by the Family & Community Program Manager to identify any illness or injury trends among the students.

## II. H 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
    1. 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.
    2. 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 this plan.
    3. 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.
    4. The Illness Incident Report shall be completed in triplicate. A copy of the report will be distributed as follows:
      - a. One 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).
      - b. One copy shall be kept in the child's or staff medical file.
      - c. One copy shall be kept in a chronologically filed illness log in the Manager's office.
    5. 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.
    6. The Head Start Family & Community Program Manager will prepare a summary report of all illnesses observed quarterly for review Health Services Advisory

Committee and the Health Advisor. This report will not identify children, but will identify disease trends.

b. Injury Incident

1. 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 Health Advisor and Health Advisory Committee for review and analysis only with parental/adult's permission.
2. The Injury Incident Report shall be completed in triplicate. A copy of the report will be distributed as follows:
  - a. One 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 injured adult).
  - b. One copy shall be kept in the child or staff's file.
  - c. One copy shall be in a chronologically filed injury log in the Manager's office.
3. When a more serious injury occurs that requires first aid or medical attention to a child or adult, the Center Administrator will treat the injury as a medical Emergency and follow the procedures presented in Section VI.E of this Plan.
4. 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.

II. I 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 necessarily excluded from PBP ECEC 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 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 the PBP ECEC Health Coordinator.
2. The following are conditions of short-term exclusion from and for re-admission to the PBP ECEC.

- a. 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:

1. Diarrhea
  2. Ear ache
  3. Sore throat
  4. Rash
  5. Show 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 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 no indicate a communicable disease.
- g. Eye Discharge or pinkeye. Children can be readmitted after:
1. Medical diagnosis to rule out bacterial infection, or
  2. 24-hour hours on antibiotic treatment.
- h. Tuberculosis, until a health care provider on 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 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 have 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 on 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:
  - 1. 24 hours after starting antibiotic treatment, or
  - 2. Sores are properly covered (e.g. bandage/clothing, staff gloves),  
or
  - 3. Sores have healed.
- s. The Head Lice Exclusion Policy will be as follows:
  - 1. 1<sup>st</sup> 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.
  - 2. 2<sup>nd</sup> occurrence: repeat same steps as above.
  - 3. 3<sup>rd</sup> occurrence: Will be asked to visit local health care provider for prescription shampoo.
  - 4. 4<sup>th</sup> occurrence: Mandatory referral to Family Service Specialist, PBP ECEC Family Service Specialist for continual support of steps 1, 2, 3.
  - 5. 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.

**Parents will be asked not to bring their children to the Center if they have any of the above symptoms.**

**Please do no send your child to school until they have been symptom free for at least 24 hours.**

3. 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.
4. 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.
5. 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.
6. When a child is excluded from attending our childcare center the staff will note this in an Illness Incident Report or Injury Incident Report (refer to Section II.H of this 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 be reported to the appropriate authorities. Head Start and Child Care employees are mandated reporters who report to the PBP Social Service Program or Rehabilitation Service in Holton.

#### 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, slapping, swatting, pulling hair, yanking the arm, or any similar activity.
2. Verbal abuse, threats, or derogatory remarks about the child or the child's family
3. Binding or trying to restrict movement, or enclosing in a confined space such as a closet, locked room or similar cubicle.
4. Withholding or forcing foods.
5. Placing substances, which sting or burn the child's mouth or tongue or other parts of the body.

Head Start/Child Care staff and volunteers will abide by these regulations.

#### MEDICATIONS ADMINISTRATION POLICY

Reference: Licensing 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 or 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 Medication Administration Plan, which specifies the conditions for the Administration Plan, which specifies the conditions for the administration of prescription and non-prescription medication and the parent's 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 immediate care physician will need to fill 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.

- b. The Center Administrator will ensure arrangements for the training of staff members on the administration, handling and storage of medications in the week prior to children starting school. The annual training is provided at Preservice Training in August.
- 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.
- d. The PBP ECEC and the parent must complete the Medication Administration Plan, which specifies the parent/guardian of a child needing medication during school will bring the medication to the Center and give the medication to the child's Case Manager. The Case Manager will take the medication from the parent/guardian and:
  - (1) Ensure there is a Medication Administration Plan signed by the parent for the child and that the medication to be administered is in compliance with the Medication Administration Plan.
  - (2) Ensure there is a prescription by a health care provider, if required;
  - (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 Daily Medication Administration Form for each child taking medication. These forms will be maintained in the child's medical record.
- f. The Case Manager will review with the staff any potential reactions that a child may have to a medication. The staff will observe the child for any adverse reactions to the medication and record any observed adverse reactions on the Medication Administration Form. Adverse reactions could include:
  - (1) Signs of being tired, or sleepy
  - (2) Moodiness
  - (3) Aggressiveness
  - (4) Physical reactions such as rashes, swelling, or breathing difficulty
- g. Prescription Medications:
  - (1) Prescription medications will be administered to children only with signed parental consent. The medication must be in the original container from the pharmacy and properly labeled (See Section II.F.2.d (3) of this Plan).
  - (2) 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 parent/guardian should be encouraged to give the first dose of the medication at home and observe the child for any adverse reactions.
- h. Non-Prescription Medications (over the counter drugs):
  - (1) Examples of non-prescription medication include:
    - (a) Antihistamines,
    - (b) Non aspirin fever reducers/pain relievers,

- (c) Non-narcotic cough suppressants,
  - (d) Decongestants,
  - (e) Anti-itching ointments/lotions intended to relieve itching,
  - (f) Diaper ointments, intended for use with “diaper rash”,
  - (g) Sunscreen,
  - (h) Vitamins,
  - (i) Anti-diarrhea medications,
- (2) We will only give a child a non-prescription medication when the medication is in its original container and the parental consent form includes the dose and frequency for the child. The medication must be age-appropriate.
- (3) Non-prescription medications will be administered to children only with signed parental consent. The medication must be in the original container and properly labeled (see Section II.F.2.d (3) of this Plan).
- (j) Storage of medication:
- (1) We store medications so they are inaccessible to children, under lock and key and at the proper temperature when at the center or if medications must be taken on field trips. The following storage procedures are used:
    - (a) 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.
    - (b) Internal medications are separate from external medications.  
Internal Medications are stored in a locked box.  
External Medications are stored in a locked box.
    - (c) All medications are stored at the proper temperature (refrigerated or non-refrigerated).
    - (d) Refrigerated medications will be stored in leak-proof lock boxes and in such a manner as to not contaminate food and to not be contaminated by food.
    - (e) Medications shall not be used after the expiration date.
    - (f) Medications that must be transported for field trips or other activities will be transported in a lock box and at the proper temperature using an ice chest.

**Prairie Band Potawatomi Early Childhood Education Center  
Authorization for Dispensing Medication to Children**

Each prescription medication must be in their original container with the child's name clearly printed on the label, the name of the physician, and the directions for administering the medication. Never use medication after expiration date. Please do not allow parent to add medications to bottle of formula or milk brought from home.

**AUTHORIZATION #1** **DATE:** \_\_\_\_\_  
Please administer \_\_\_\_\_ to \_\_\_\_\_  
Medication Name of Child

As indicated on the medication container at \_\_\_\_\_ am/pm. \_\_\_\_\_  
Signature of parent, guardian or legal custodian

**AUTHORIZATION #2** **DATE:** \_\_\_\_\_  
Please administer \_\_\_\_\_ to \_\_\_\_\_  
Medication Name of Child

As indicated on the medication container at \_\_\_\_\_ am/pm. \_\_\_\_\_  
Signature of parent, guardian or legal custodian

Non-prescription medication cannot be given without written permission and directions from the parent, guardian or legal custodian based on written orders from the child's physician. Written order should be attached to this form. Responsible Staff Member(s) for dispensing medication for this child is (1) \_\_\_\_\_.  
(2) \_\_\_\_\_. The staff person administering the medication shall record all the following information and in addition any reaction should be recorded along with time of occurrence. Any reaction should be reported to the parent and then to the physician.

Date	Time	Child's Name	Name of Medication	Dose Given	Initial	Reactions

**DIAPERING / TOILETING**

Reference: Licensing Section N. f Infectious Disease Control. Diaper Changing

1. Diapers worn by children shall be able to contain urine and stool and minimize fecal contamination of the children, staff, environmental surfaces, and objects in the PBP ECEC.
2. The use of modern disposable paper diapers is associated with less fecal contamination of the PBP ECEC environment. Therefore it is the policy of the PBP ECEC that reusable cloth diapers not are allowed in the facility. Disposable diapers and wipes are provided for the children by the parent/guardian.
3. On a diapered child's arrival at the Center, their assigned teacher will check for wetness or feces.

4. 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.
5. The following diaper changing procedures are posted in the diaper changing area and consist of the following:
  - a. Wash hands (refer to Section 11.N2(c) of this Plan).
  - b. Gather necessary materials, i.e., clean diaper, wipes, clean clothing if needed.
  - c. Put-on disposable gloves (not required).
  - d. Place single use cover on table (if part of Center's practice).
  - e. Child is gently placed on the approved diaper-changing table. Soiled diaper is removed and \_\_\_\_\_ in a plastic lined and foot-peddle type covered waste receptacle (foot peddle type is best).
  - f. The child's diaper (peri-anal) area is cleaned from front to back with a clean, damp wipe for each stroke.
  - g. Wash hands (refer to Section II.N2(c) of this Plan).
  - h. Topical cream/ointment/lotion is applied only when the infant room staff has received signed parent's written request. This parental permission shall be kept in the child's medical record (refer to Section II.F.2.h (3) of this Plan).
  - i. Put on clean disposable diaper and clean clothing if the child's clothing is soiled.
  - j. Child's hands are washed. Infant or child can now return to other children.
  - k. Single-use table cover is put in covered wasted receptacle (if using single-use cover is part of Center's practice).
  - l. Disinfect diaper-changing table using  $\frac{1}{4}$  cup chlorine bleach to a gallon of water.
  - m. Remove and dispose of gloves, if used.
  - n. Wash hands.
7. 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, nonabsorbent 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 arms 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 or odor. The PBP ECEC teachers will share the duties for cleaning and disinfecting the soiled 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 a consultation between the parent 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 the child's parent at departure time.

#### Preschoolers and Kindergarteners

Preschoolers and Kindergarteners 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 clothing articles will be placed in a plastic 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 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

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

## VOLUNTEER POLICY

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

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 given at the PBP Health and Wellness Center, or local health department. Anyone wishing to know more about this can contact the center.

Volunteers in the classrooms will find their time exciting, challenging and rewarding. The staff will be glad to answer any questions you have of how children learn through play and Head Start Philosophy. Volunteers are asked to allow the staff to address any behavior problems. As you are volunteering in the center, remember you are a model to children and they watch everything you do and say. Enjoy the children and your time with them. Give children the opportunity to try and solve their problems offering sincere praise and encouragement.

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

**REMEMBER:** The Volunteers are to abide by the Head Start Confidentiality Policy. This means respecting the privacy of others by not making critical judgments of casual information, observation or a child's comment.

## Guidelines for Volunteers:

1. Treat children and staff with respect and courtesy.
2. Be pleasant and friendly to children and others in the center.
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 volunteer training if you are unsure of what is expected in each of the volunteer areas.
8. Head Start is a **NO SMOKING AREA**. If you need to smoke ask the staff to direct you to the smoking area.
9. When riding in the bus, be a role model by **BUCKLING THE SEAT BELT**.
10. Please sign an In-Kind form for your donation of time, mileage and/or items(s). Head Start requires tracking of In-Kind contributions to match federal grant monies.

## CONFIDENTIALITY

Staff respects the privacy of personal information regarding 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.

## SAFETY

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/Aide must have an emergency contact list for all children in their care.

- 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 Aids
- Ice Pack
- Kleenex
- Hand sanitizer
- Sterile pads (2x2)
- Antiseptic towelettes
- Sticky Note Pad and pen
- Ziplock bag to dispose used kleenex, band-aids, etc.

## EMERGENCY PLANS

Reference: Licensing 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;

1. Medical Emergencies
2. Bus and Transportation Emergencies
3. Industrial Accidents
4. Weather Emergencies
5. Death of a child or Staff Member
6. Lost or Missing Children
7. Hostage Situations
8. Bus Jacking

b. Responsibilities:

#### 1. The Director:

- a. 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.
- b. The Director is the principal decision maker for the PBP ECEC.
- c. For any emergency situation, the Director is the principal spokesperson for the PBP ECEC.
- d. In the event that either children or staff is injured, the Center Director will implement the Medical Emergency Procedures found in Section VI.E of this Plan.
- e. The Director will determine if it is safe to re-enter the building after evacuation based on the recommendations of emergency response personnel.

- f. 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 if 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 section: VI. J. Missing Child Policy in Health & Safety Handbook).
- 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 with evacuation and supervision of children once they have evacuated the Center.
- c. The Support Staff, if needed, administer 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:

- b. 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:
  - 2. Names and telephone numbers (home, work, and cell) of the parent/guardian or legal guardians

3. Names and telephone number of the child's usual source of medical and dental care.
  4. Name, address, and telephone number of the child's usual source of medical and dental care.
  5. Information on the child's health insurance, including the name of the insurance carrier, identification number, and the subscriber's name.
  6. Special conditions, disabilities, allergies, or medical, dental information and picture identifying child.
  7. Parent/guardian written consent, in case emergency care is needed.
- c. 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:
1. 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 of the parent/guardian.
  2. In the event the parent/guardian cannot be located, normally 15 minutes to an hour, depending on 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.
  3. If neither the parent/guardian nor any of the emergency contacts can be located, the Case Manager will contact the PBP Social Service office.
  4. In the event that Emergency Contact procedures are implemented, the Case Manager will complete the Injury Incident or Illness Incident Report Form, whichever 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 Prairie Band Potawatomi Head Start Center 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 Section VI.D of this Plan. In order to ensure the safe and orderly evacuation of the

Center by infants and toddlers, special needs children and other children and staff, the following actions will be taken:

- a. Emergency Evacuation: In the event that emergency evacuation of the Center is required the Director or designee will implement the following emergency evacuation procedures:
  - o That the Center is/ or has been evacuated
  - o The nature and extent of the emergency (i.e. fire, chemical spill, violent visitor, etc),
  - o How many people are at the PBP ECEC , and
  - o Any specific information requested to assist with the response.
2. 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 Staffs will place any special needs children in evacuation wheel chairs or strollers when applicable.
3. 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 Senior Center and the 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.
4. 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.
5. 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 Mangers.

AUTHORIZED PERSONS LIST

Parents/guardians must provide PBP Head Start / Child Care with a list of names of persons (18 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 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 unauthorized 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 INVOLVEMENTFAMILY PARTNERSHIPS

PARENTAL INVOLVEMENT IS AN IMPORTANT PART OF HEAD START/EHS. 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 partnership approach is 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, activities and services.
2. Plan, conduct and participate in informal as well as formal 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 By-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

Transitions can be very stressful, both for adults and for children. The following are some helpful ideas to a smooth transition into a new environment, whether it is Child Care, Head Start, Early Head Start or Kindergarten. Upon enrollment in the center, your family will be assigned a case manager, which will be one of the teaching staff members who will be in your child's classroom. This person will support your child and family with required health and educational paperwork or other services that enhance your child's seamless system of care.

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 Center 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 & 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 the 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 the 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 Development Specialist, EHS Teacher and EHS/Child Care Aide work with the EHS program serving twelve families in the home or 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 Prairie Band Potawatomi 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 parent and educational staff meet the needs of the child and family through the team development of an Individual Education Plan (IEP).

HEALTH FAIR

The Prairie Band Potawatomi 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 managers, Primary Caregivers or the Family Development 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 (966-2707, 966-2475 or 966-2527) for screenings, referrals or early intervention services.

## GRIEVANCE PROCEDURE

The Prairie Band Potawatomi 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 indicated.

- 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 days of the occurrence.
- Step 2            The Head Start/EHS/Child Care Staff will respond within 3 working days of the written complaint. If satisfaction is not received, then the party submitting the complaint, should send it to the Prairie Band Potawatomi Early Childhood Program Director. The Director has 3 working days to resolve the problem.
- Step 3            Child Care: If the problem is not solved with satisfaction within 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 5 working days.
- Head Start/Early Head Start: If the problem is not solved with satisfaction within 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 5 working days.
- Step 4            Head Start/Early Head Start: If the problem is still not solved 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 5 working days.

## CODE OF CONDUCT FOR PARENTS, VOLUNTEERS &amp; STAFF

To ensure all children, families and visitors experience Head Start, Child Care 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:

1. 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 don't have open schedules to allow them to visit as often as they would like, therefore, your attention to all our children would be appreciated.*
2. Please refrain from "yelling" when correcting a child.  
*Whether it be 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.*
3. 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.*
4. Bad language will not be allowed.  
*Please remember this facility is a child based program and a place of business. We will not allow any inappropriate language.*
5. Adult gossip will not be tolerated.  
*We encourage all visitors to interact and openly communicate with Ben-no-tteh Wigwam Staff and other visitors. While doing so, we ask that you refrain from "adult gossip sessions" or breach of confidentiality.*
6. 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 or Program Managers. Your concerns are a priority and will be addressed following policies and procedures. We cannot condone any unethical or unsafe actions.*
7. 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.

Parents/Volunteers/Staff \_\_\_\_\_ Date \_\_\_\_\_