

Prairie Band Potawatomi
Early Childhood Education Center

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#### **Mission Statement**

The Prairie Band Potawatomi Early Childhood Education Center is committed to providing quality services, which assure a seamless system of care and education for children, families, staff and the community.

#### **Philosophy**

A child can best benefit from a comprehensive interdisciplinary program. The overall learning experiences of the child are considered with the entire family and community interlinked as partners in his/her progress. The child's language and culture are respected and reflected in the learning environment and interactions. Parents are recognized as the child's most important teachers and contributors to his/her growth and development.

#### **About the Center**

What began in 1982 as a grassroots effort by Jackie Mitchell, Prairie Band Potawatomi tribal member has turned into one of the most successful Native American Child Care Education programs in the country.

Ben-no-tteh Wigwam (House of the Child) has been recognized for its high-quality programs in Child Care and Head Start. It was selected as one of seven Native American programs in the United States to receive the prestigious Brazelton Touchpoints grants awarded in 2002 and continues to receive a yearly training gift from Brazelton Touchpoints Center to ensure continued efforts and standard.

In 2013 and 2014, managers were selected for the competitive Brazelton Touchpoints Center American Indian Early Childhood Community Leadership program. And, in 2015 the Center was honored to be directed by the National Head Start Association Administrator of the Year.

What makes the center stand out is that it not only provides a needed service for the Potawatomi community, but it does so by integrating Potawatomi culture. The teachers and staff practice the Potawatomi language daily and the Language Department visits the classrooms once a week for extra lessons, songs, and stories. The Center provides cultural activities relevant to the community to insure positive identity, to promote Potawatomi Language, traditions, customs, and support consistency between the home, school and community on an ongoing basis. Lastly, Ben-no-tteh Wigwam gives a ribbon shirt or shawl to each child during the annual end-of-year powwow celebration.

#### **Comprehensive Services**

The center provides comprehensive services to children in the following areas:

- Child Care for children six weeks to 5 years old
- Early Head Start services for at-risk families of expectant mothers or infants and toddlers;
- Head Start services for at-risk children 3 to 5 years old and their families
- Part C early intervention services for children aged birth 3 years old
- Part B disability services for children aged 3 5 years old
- Early intervention health and developmental screenings
- Nutritious and family-style meals prepared on-site

#### "It Takes A Whole Village"

The surrounding community has been actively involved with the Ben-no-tteh Wigwam. Collaborative efforts with Royal Valley USD #337 and health providers who are members of the Prairie Band Potawatomi Interagency Coordinating Council/Health Advisory Committee give the Center credibility and prestige and also help the local school and health organizations serve the Native American population. Kansas University also implements its Culturally Responsive Early Literacy Instruction (CRELI) program through a partnership with Ben-no-tteh Wigwam. CRELI provides master's degree training to Native Americans, or those preparing to work in Native American communities, in the field of Speech and Language Pathology.

Through the continual utilization of Native American traditions combined with programs in education, the well-being of each child is realized. The long-term commitment that the PBPN is showing through the Early Childhood Education Center should lead to serving future generations for years to come and making for productive and healthy tribal people, but it takes the whole village!

#### **Enrollment Policy and Procedure**

The Ben-no-tteh Wigwam houses Early Childhood Education Programs to serve pregnant mothers, children birth-five years old, children who may have developmental delays or disabilities, and families who need child care. The Benno-tteh Wigwam is designed to give priority to families who reside on or near the Prairie Band Potawatomi Nation (PBPN) reservation, including Jackson County Kansas and USD #337 service area.

Applications for enrollment are available on-line at

https://www.pbpindiantribe.com/child-carehead-start/ or on-site at 15380 K Road, Mayetta, Kansas 66509. Parents can call the main number (785)966-8120, to request an application to be mailed, emailed or faxed. Once an application is received for HS/EHS/CC services, supporting documentation will be requested to verify Eligibility Criteria Points. When an opening becomes available, the applicant with the most points and need will be notified. For Head Start and Early Head Start applicants, an in-person or telephone interview will be conducted, and Policy Council will have the final decision regarding enrollment. Parents may call (785)966-8124 for Part C, infant/toddler early intervention services or (785)966-8138 for Part B, 3-5-year old, early childhood special education services.

#### **OPTIONS**

#### Early Head Start Home-Based Program Option:

The Early Head Start home-based option delivers the full range of services, consistent with 1302.20(b), through <u>visits</u> with the child's parents, primarily in the child's home and through group socialization opportunities in a classroom, community facility, home or on field trips. The families will receive the following services from one home-visitor:

- One home visit per week per family that lasts at least an hour and a half and a minimum of 46 visits per year, and
- 22 group socialization activities distributed over the course of a program year.

The PBP Early Head Start Program must:

• Make up planned home visits or scheduled group socialization activities that were canceled by the program, and to the extent possible attempt to make up planned home visits canceled by the family.

- Not replace home visits or scheduled group socialization activities for medical or social service appointments.
- Provide a safe environment and facility for learning, playing, sleeping, toileting, food preparation, and eating during group socializations.

Parents/Guardians must obtain Employers' signature verifying the Work Schedule upon enrollment. For Parents/guardians attending school, an official class schedule must be submitted before a 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.

#### Early Head Start Center-Based Program Option:

The Early Head Start center-based option delivers the full range of services, consistent with 1302.20(b) in a <u>classroom</u> setting. Staff-child ratios and group size maximum is determined by the age of the majority of children and the needs of children present. The PBP Early Head Start Program ratio is 1:4 infants/toddlers under 3 years old and no more than 8 or 9 children will be enrolled, depending on the number of teachers. Appropriate ratios will be maintained during all hours of program operation except:

- For brief absences of a teaching staff member for no more than five minutes;
- During nap time, one teaching staff member may be replaced by one staff member or volunteer who does not meet the teaching qualifications required for the age.

The PBP Early Head Start Program will provide 1,380 annual hours of planned class operations for all enrolled children. This program is designed to meet the needs of young parents and their children enrolled from Monday-Friday, 8:30am-3:30pm.

#### **Head Start Center-Based Option:**

The Head Start center-based option delivers the full range of services, consistent with 1302.20(b). Education and child development services will be delivered in <u>classroom</u> settings. The PBP Head Start Program will have no more than 20 children enrolled in a class of 4- and 5-year old's and no more than 17 children enrolled in a class of 3-year olds. Appropriate staff-child ratios and group size will be maintained during all hours of program operation, except:

- For brief absences of a teaching staff member for no more than five minutes;
- During nap time, one teaching staff member may be replaced by one staff member or volunteer who does not meet the teaching qualifications required for the age.

The PBP Head Start Program will provide a minimum of 1,020 annual hours of planned class operations over the course of at least eight months per year for at least 50 percent of its Head Start center-based funded enrollment. This program will operate from Monday-Thursday, 8:00am-3:30pm.

The PBP Head Start Program will:

- Plan its year using a reasonable estimate of the number of days during the year that classes may be closed due to inclement weather; and,
- Make every effort to schedule makeup days using existing resources if hours of planned class operations fall below the number required per year.

The PBP Head Start program will meet tribal licensing requirements:

- The building will have 35 square feet of usable indoor space per child (exclusive of bathrooms, halls, kitchen, staff rooms, and storage places) and at least 75 square feet of usable outdoor play space per child.
- PBP ECEC will ensure clearly defined, safe divisions to separate groups, and ensure that spaces are learning environments that facilitate the implementation of the requirements of 1302 Subpart C-Education and Child Development Program Services. Noise transfer from one group to another will be limited to prevent disruption for an effective learning environment.

#### Eligibility Criteria for Head Start/Early Head Start:

**Eligibility:** HS/EHS will assign priority points for; income, homelessness, foster care, public assistance and active Individual Education Plan (IEP).

**Tribal Affiliation**: HS/EHS will assign priority points for; PBP Enrolled Member, PBP Descendent, Member of another tribe, Native American Descendent, Non-Native American.

**Age of Child**: HS/EHS will assign priority points for; 4-year-old and 3-year-old.

**Residence Location:** HS/EHS will assign priority points for; PBPN Reservation and Off-reservation.

**Family Status**: HS/EHS will assign priority points for; Single Parent, Current teenage parent/current teenage prenatal parent, EHS Transition, Past EHS/HS Family, Prenatal Parent, and Two Parent household.

#### **Child Care Option:**

Children must reside with parents/guardians who are working, attending job training or educational program.

**Working:** Employed or Self-employed to earn income for the household who also need child care for a minimum of 20 hours and maximum of 48 hours per week during operational hours (or combination with another approved activity which meets the 20 hours of need). Parents/Guardians whose children are currently enrolled in the center and become unemployed will be allowed to receive child care services for up to 4 hours per day for job search for 90 days from the last day of employment. A work schedule will need to be verified by signature by the parent/guardian(s) supervisor. Services are available during hours of operation only. In regard to child care parents working at night, a total eight hours from the end of their work schedule will be allowed for sleep time.

**Job Training:** A full time program requiring 6+ hours per day (or combination with another approved activity which meets the 20 hours of need), that leads to gainful employment. This may include job readiness, job search, resume building, inpatient and outpatient substance abuse rehabilitation, or culturally relevant activities up to 8 hours per day. The schedule will need to be verified by signature by the training instructor or supervisor. Services are available during hours of operation only.

**Educational Program:** Enrollment in an approved educational program leading to a certificate, high school diploma (or equivalent-GED), or a specific skill which is a logical progression to paid employment or greater earning potential that also requires the family to need child care services for a minimum of 20 hours per week during operational hours. This may include Associate, Bachelor or higher degree attainment. An educational schedule, which includes beginning and ending dates of the term, will be signed off by the professor, instructor or teacher verifying scheduled educational hours. Children may attend on the day's parents/guardians are attending educational programs up to 8 hours per day. Children may attend while the parents/guardians are physically attending classes or studying and working towards their certificate or degree.

Age Range of Care, Service Delivery and Days/Hours of Operation: The Child Care option delivers center-based care and education services to children 6 weeks to 5 years old. Services will be consistent with a combination of standards using Minimum Standards for Tribal Child Care, Caring for Our Children Basics, and Head Start/Early Head Start Performance Standards. The Child Care program will operate Monday-Friday, 7:00am-5:30pm.

**Center Closure:** PBP ECEC will close for PBPN approved holiday observances, administrative and training days, or when there are inclement weather conditions or imminent health hazards.

Parents will be notified by phone, if school is cancelled during class time. Otherwise, listen to WIBW for Prairie Band Potawatomi Government Center closure. If the PBP Nation declares a closure of all government offices and programs, the center will follow the same procedure as the tribe. Parents will receive a call from their child's teacher to follow-up.

#### **Child Care Travel Time:**

The majority of families receiving services in the PBP ECEC work within 20-30 minutes one-way from the center. However, Parents/Guardians attending work, job training or educational program will be allowed a maximum of 60 minutes one-way travel time depending on the distance between the Prairie Band Potawatomi Early Childhood Education Center and their destination (work, training or education site).

#### **Child Care Preschool Option:**

The child care children enrolled for Child Care Preschool Option will attend Monday – Thursday, 8:00 am – 3:30 pm. If parents choose this option without child care services, a monthly fee of \$100 is charged to the family. Child care services may be provided to enrolled children before and after those hours using the sliding fee scale or over income rates.

#### Child Care Eligibility Criteria:

**Indian Child**: The PBP ECEC defines Indian child as a child who is enrolled in a federally recognized Indian tribe or a child who is a descendent of a parent or grandparent who is a member of a federally recognized Indian tribe.

**Tribal Affiliation**: Child Care will assign priority points for; Enrolled member of a Tribe, Descendent of a Tribe, and Non-Native American.

**Parental Status**: Child Care will assign priority points for; Teenage Parent (Under age 19), Single Parent, and Two-Parent Household.

**Residence Location**: Child Care will assign priority points for; Reservation and Offreservation.

**Income Status**: Child Care will assign priority points for; Income Eligible and Over Income.

- A family income that meets the Sliding Fee Scale criteria is considered Income Eligible. A family income that exceeds the Sliding Fee Scale criteria is considered Over Income.
- **Income Definition**: Income will be defined as employment or selfemployment gross wages, welfare, child support, alimony, pensions, retirement, and social security.

**Special Circumstances:** Child Care will assign priority points for; Special Needs documented by an Individual Family Service Plan or Individual Education Plan, Homelessness documented by self-declaration, and Foster Child documented by a court document placement of the child.

#### Verification:

**Income Verification**: Gross earnings will be verified by the most recent three check stubs or most recent income tax documentation upon enrollment and reverified annually. If an applicant is currently unemployed, and does not have current check stubs, the previous year's income tax document will be used. A foster child will be considered a family of one. Foster parents/guardians will need to verify foster care with a court document of placement for the foster child's income verification.

**Child's Age Verification**: The child's age will be verified by Birth Certificate or Birth Confirmation Letter from the child's place of birth signed and dated by the hospital personnel.

**Work Verification**: The parents/guardians work will be verified using the PBP Early Childhood Education Center Work Schedule/School Schedule-Contact Information Form dated and signed by the supervisor.

**Job Training or Educational Program Verification**: The parents/guardians job training or educational program will be verified using the PBP Early Childhood Education Center Work Schedule/School Schedule-Contact Information Form dated and signed by the job trainer or school administrator/counselor/instructor.

#### **Attendance**

**Attendance and Special Circumstances:** PBP ECEC supports regular attendance from all children (85% or higher). Parents will be expected to call the center regarding their child's illness or reason for absence, in order to be excused.

Otherwise, the child's teacher will call the parent/guardian within the first hour of absence. Daily attendance sheets will be maintained in each classroom.

Parent/Guardian must submit a <u>Special Circumstance Form</u> for care, if parent is not at work/job training/educational program, except in cases where the parent/guardian is receiving health or dental care, or while the parent/guardian is attending funeral services. Parents will need to let the center know in advance of health appointments or the expected date of funeral services.

#### Child Care & Head Start/Early Head Start Parent Engagement:

The PBP ECEC recognizes the importance of parent engagement in the service delivery and that parents are the first and most important teachers of their children. Families will be invited to participate in their children's care and education on-site and off-site such as Pow Wow Day and Zoo Day. Families will receive the following support services from the Head Start/Early Head Start and Child Care staff:

- An Orientation meeting to share information about the policies, procedures, set goals, and answer questions as well as complete enrollment forms.
- A **Transition meeting** to share information and strategies to support the child's care and development during transitions between classrooms and set goals.
- Monthly group socialization activities and family events.
- A safe environment for learning, playing, sleeping, toileting, food preparation, and eating. Learning environments include the classroom, playground, field trips and group socializations.
- An opportunity to have an active role in the Interagency Coordinating
  Council (ICC) or Policy Council (PC). Participants give input in addressing
  needs of families of infants, toddlers, and preschoolers and children at risk
  for developmental delays. By participating in ICC or PC, parents are a
  part of the design and implementation of coordinated early childhood
  services as well as developing and approving HS/EHS policies and
  procedures.

#### Staffing:

Appropriate ratios will be kept during all hours of program operation. Children with special health care needs or who require more attention due to certain disabilities or needs will be supported with additional staff on-site, depending on their needs and the extent of their disabilities.

**Ratios** will be determined by the age of the majority of children and the needs of children present.

| Age                 | Maximum Child: Caregiver Ratio |
|---------------------|--------------------------------|
| Less than 12 months | 3:1                            |
| 13-23 months        | 4:1                            |
| 24-35 months        | 4:1                            |
| 3-year old's        | 9:1                            |
| 4- to 5-year old's  | 10:1                           |

#### **Comprehensive Background Screening:**

All caregivers/teachers and staff in the PBP ECEC will undergo a comprehensive background screening upon employment required by the Prairie Band Potawatomi Nation Human Resource Policies and Procedures.

### Pre-service Training/Orientation:

Annually and/or during the first three months of employment, training and orientation will detail health and safety topics for early care and education including, but not limited to:

- 1. Prevention and control of infectious diseases:
- Prevention of sudden infant death syndrome and the use of safe-sleep practices;
- 3. Administration of medication, consistent with standards for parental consent;
- Prevention and response to emergencies due to food and allergic reactions;
- 5. Building and physical premises safety, including the identification of and protections from hazards, bodies of water, and vehicular traffic;
- 6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
- 7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event;
- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants;
- 9. Appropriate precautions in transporting children;

- 10. Pediatric first aid and CPR:
- 11. Recognition and reporting of child abuse and neglect;
- 12. Child Development (Typical and atypical)

Director, Caregivers/Teachers and Staff will obtain required training, certifications and education requirements appropriate for the position roles and responsibilities. All documentation/certification will be maintained in the PBPN HR office.

#### Standards of Conduct:

- (1) This program requires all staff, consultants, contractors, and volunteers to abide by the following standards of conduct:
  - (i) Staff, consultants, contractors, and volunteers implement positive strategies will support children's well-being and prevent and address challenging behavior;
  - (ii) Staff, consultants, contractors, and volunteers will not maltreat or endanger the health or safety of children, including, at a minimum, that staff must not:
    - (A) Use corporal punishment;
    - (B) Use isolation to discipline a child;
    - (C) Bind or tie a child to restrict movement or tape a child's mouth;
    - (D) Use or withhold food as a punishment or reward;
    - (E) Use toilet learning/training methods that punish, demean, or humiliate a child:
    - (F) Use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child:
    - (G) Physically abuse a child;
    - (H) Use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or child's family; or,
    - (I) Use physical activity or outdoor time as a punishment or reward;
  - (iii) Staff, consultants, contractors, and volunteers respect and promote the unique identity of each child and family and do not stereotype on any basis, including gender, race, ethnicity, culture, religion, disability, sexual orientation, or family composition;
  - (iv) Staff, consultants, contractors, and volunteers to comply with program confidentiality policies concerning <u>personally identifiable information</u>

about children, families, and other staff members in accordance with subpart C of part 1303 of this chapter and applicable federal, state, local, and tribal laws; and,

- (v) No child is left alone or unsupervised by staff, consultants, contractors, or volunteers while under their care.
- (2) Personnel policies and procedures must include appropriate penalties for staff, consultants, and volunteers who violate the standards of conduct.

### Mandated Reporting of Suspected Child Abuse or Neglect Policy

**Kansas Reporting Laws:** Mandated reporters are required to report child abuse or neglect under the Kansas reporting law (K.S.A. 38-2223) as follows:

- (A) the following persons providing medical care or treatment: Persons licensed to practice the healing arts, dentistry and optometry; persons engaged in postgraduate training programs approved by the state board of healing arts; licensed professional or practical nurses; and chief administrative officers of medical care facilities;
- (B) the following persons licensed by the state to provide mental health services: Licensed psychologists, licensed masters level psychologists, licensed clinical psychotherapists, licensed social workers, licensed marriage and family therapists, licensed clinical marriage and family therapists, licensed behavioral analysts, licensed assistant behavioral analysts, licensed professional counselors, licensed clinical professional counselors and registered alcohol and drug abuse counselors;
- (C) teachers, school administrators or other employees of an educational institution which the child is attending, and persons licensed by the secretary of health and environment to provide child care services or the employees of persons so licensed at the place where the child care services are being provided to the child;
- (D) Fire fighters, emergency medical services personnel, law enforcement officers, juvenile intake and assessment workers, court services officers and community corrections officers, case managers appointed.

<u>To make a report</u>, Tribal programs must report child abuse to the local child protective services agency or the local law enforcement agency. Whether the local agencies are tribal, state, or federal depends on the local jurisdiction divisions in the area. Employees of non-tribal programs must first call the state's designated reporting hotline. Most states have toll-free numbers designated to receive and investigate reports of suspected child abuse and neglect. Tribal Head Start programs must identify the reporting agency for their jurisdiction.

Kansas Department for Children and Families Report 1-800-922-5330; <u>PBPN Child and Family Services Report 1-785-966-8325 and after hours PBPN Tribal Police</u> 785-966-3024.

Individuals reporting suspected child abuse or neglect will be asked for specific information, such as:

- The child's name and location
- The name and relationship (if known) of the person you believe may have abused or is abusing the child
- What you have seen or heard regarding the abuse or neglect
- The names of any other people who might know about the abuse
- Your name and phone number (voluntary)

Staff who need help identifying the correct agency to place the report can call the National Child Abuse Hotline at 1-800-4-A-CHILD (1-800-422-4453). It is important to note that calling the National Hotline does not substitute for mandated state reporting to the appropriate agency. There is also a Bureau of Indian Affairs (BIA) Indian Country Child Abuse Hotline, 1-800-633-5155, but this number does not replace calling the local child protective services agency or the local law enforcement agency.

CLASS B MISDEMEANOR. Failure of a mandated reporter to make a report is a crime that could result in a \$1,000 fine or up to six (6) months in jail. Some agencies may expect staff to discuss abuse situations with their supervisor before reporting. However, if a staff member believes a report of child abuse or neglect needs to be made to authorities, it is the responsibility of the staff member to report, whether or not the supervisor is in agreement. Employers are prohibited from imposing sanctions on employees making report or cooperating in investigations.

### Child Head Count Policy

PBP Early Childhood Education Center employees are dedicated to maintaining a healthy and safe environment for all the children. Therefore,

PBP ECEC will practice daily 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 <u>unless</u> they are cooperating with another classroom to guarantee a minimum of two teachers available at all times.

Teachers will inform the Management Team prior to visiting the playground or BGC and will take a communication device (cellular telephone with reception, walkie-talkie, etc.). 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.

#### Field Trip Head Count Policy

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. Field trips will be cancelled in the event that a minimum of 3 (three) staff, including the bus driver, are not available.

#### **Program Activities for Healthy Development:**

**Monitoring Child Development/Obtaining Consent for Screening**: The PBP ECEC will obtain consent for screening when a parent attends on-site developmental and behavioral screening opportunities at the beginning of a child's enrollment and as developmental concerns become apparent to staff and/or parents/guardians.

Twice a year, the PBP ECEC will collaborate with local health, dental, school district, social service and other community partners to provide age-appropriate developmental and behavioral screenings for all children attending annual health fairs.

The PBP ECEC will sponsor a Fall Health Fair geared towards pregnant mothers, infants and toddlers. A Spring Health Fair will be geared towards 3-5-year-old children. Resources and services will be provided in a fun and organized approach. Healthcare providers and educational program staff will conduct health and developmental screenings. Community programs will set up table booths with free giveaways and brochures about their services in the PBP ECEC Resource Room.

Personal Caregiver/Teacher Relationship for Birth to Five-Year-Old's: The PBP ECEC will promote consistency and continuity of care, especially for infants and toddlers. The PBP ECEC will provide opportunities for each child to build emotionally secure relationships with a limited number of caregivers/teachers. Children with special health care needs will be provided with additional support services by specialists when necessary.

**Methods of Supervision of Children**: Caregivers/teachers will directly supervise children under age 6 by sight and sound at all times, inside and outside. When children are sleeping, caregivers will supervise by sound with frequent visual checks. Developmentally appropriate child-to-staff ratios will be met during all hours of operation, and safety precautions for specific areas and equipment will be followed.

**Supervision near Water**: Constant and active supervision will be maintained when any child is in or around water. During swimming where an infant or toddler is present, the ratio will always be one adult to one infant/toddler. During wading and/or water play activities, the supervising adult will be within an arm's length providing "touch supervision".

**Positive Discipline and Behavior Guidance:** The PBP ECEC has a comprehensive discipline policy that includes developmentally appropriate social-emotional and behavioral health promotion practices as well as discipline and intervention procedures that provide specific guidance on what caregivers/teachers should do to prevent and respond to challenging behaviors.

The PBP ECEC will use positive discipline practices which will serve as learning opportunities to guide children's appropriate behavioral development. Positive teaching "discipline" practices will include, but will not be limited to:

- Redirecting attention and energy to an appropriate outlet or activity
- Playing with playdough and encouraging open discussion/conversation
- Positive attention and praise for appropriate behavior
- Offering two acceptable choices
- Language coaching modeling words and phrases
- Recognizing and preventing behavior triggers
- Providing a calm and quiet place in the classroom accessible anytime
- Shadowing for close supportive supervision

If positive discipline practices are ineffective or the child's behavior jeopardizes the safety of others, the teacher will:

- 1. Notify a member of management to join the classroom and assist the child gain self-control.
- 2. Document specific and meaningful observations which will be used to implement strategies as needed.
- 3. Contact the child's parent to join the teacher and a member of management to meet, discuss other positive discipline techniques to implement at school and at home, and write a behavior plan together.
- 4. Meet again to discuss further options, which may include inviting a mental health professional or social worker to discuss other solutions/techniques.
- 5. Review the behavior plan as often as necessary to help the child improve or eliminate inappropriate behavior.
- 6. Exclude a child from the classroom as a last resort until a plan of action can be agreed upon between staff and parents.

**Prohibited Caregiver/Teacher Behaviors:** The following behaviors will be prohibited in all learning environments:

- a) The use of corporal punishment\ including, but not limited to:
  - i. Hitting, spanking, shaking, slapping, twisting, pulling, squeezing, or biting;

- ii. Demanding excessive physical exercise, excessive rest, or strenuous or bizarre postures;
- iii. Compelling a child to eat or have in his/her mouth soap, food, spices, or foreign substances;
- iv. Exposing a child to extremes of temperature.
- b) Isolating a child in an adjacent room, hallway, closet, darkened area, play area, or any other area where a child cannot be seen or supervised;
- c) Binding, tying to restrict movement, or taping the mouth;
- d) Using or withholding food or beverages as a punishment;
- e) Toilet learning/training methods that punish, demean, or humiliate a child;
- f) Any form of emotional abuse, including rejecting, terrorizing, extended ignoring, isolating, or corrupting a child;
- g) Any abuse or maltreatment of a child;
- h) Abusive, profane, or sarcastic language or verbal abuse, threats, or derogatory remarks about the child or child's family;
- i) Any form of public or private humiliation, including threats of physical punishment;
- j) Physical activity/outdoor time taken away as punishment;
- k) Placing a child in a crib for a time-out or for disciplinary reasons.

#### **Health Promotion and Protection**

**Active Opportunities for Physical Activity**: PBP ECEC will promote developmentally appropriate active play for all children, including infants and toddlers, every day. Children will have opportunities to engage in moderate to vigorous activities indoors and outdoors, weather permitting.

**Safe Sleep Practices and SIDS Risk Reduction**: All staff, parents/guardians, volunteers, and others who care for infants in the early care and education setting will follow safe sleep practices as recommended by the American Academy of Pediatrics (AAP). Cribs will be in compliance with current U.S.

Consumer Product Safety Commission (CPSC) and ASTM International safety standards.

**Routine Oral Hygiene Activities:** Caregivers/teachers will promote good oral hygiene through learning activities including daily tooth brushing practice.

**Diaper Changing Procedure**: Disposable diapers and wipes will be provided by the parents/guardians. The following diaper changing procedure will be posted in the changing area and followed to protect the health and safety of children and staff:

- Step 1: Before bringing the child to the diaper changing area, wash hands, bring supplies to the diaper changing area and use gloves.
- Step 2: Carry/bring the child to the changing table/surface, keeping soiled clothing away from any surfaces you cannot easily clean and sanitize after the change. Always keep a hand on the child.
- Step 3: Remove diaper and clean the child's skin, wiping front to back.
- Step 4: After cleaning the child's skin, remove and discard gloves.
- Step 5: Put on a clean diaper and dress the child.
- Step 6: Return the child to a supervised area.
- Step 7: Clean and disinfect the diaper-changing surface. Dispose of the disposable paper liner and soiled diaper in a plastic-lined, hands-free, covered can. For bowel movement, place the soiled diaper in a plastic bag and discard. If clothing was soiled, securely tie the plastic bag used to store the clothing and send home.
- Step 8: Wash hands with soap and water or use hand rub and record the diaper change, diaper contents, and/or any problems.

Caregivers/teachers will never leave a child unattended on a table or countertop. A safety strap or harness will not be used on the diaper changing table/surface.

**Potty Training Policy and Procedure**: Children under 24 months of age will be potty trained only after consultation with the parent/guardian. Disposable diapers or pull-ups, and wipes will be provided by the parents/guardians. Soiled

clothing will be placed in a plastic bag, sealed and sent home at departure time.

**Extra Clothing for Infants, Toddlers and Preschoolers Policy**: Parents/guardians of Infants, Toddlers and Preschoolers will need to provide extra changes of seasonal clothing (appropriate for the season) in case of accidents.

**Situations that Require Hand Hygiene:** All staff, volunteers, and children will abide by the following procedures for hand washing, as defined by the U.S. Centers for Disease Control and Prevention (CDC):

a) Upon arrival for the day, after breaks, or when moving from one group

| to another.  |
|--|
| b) Before and after:   |
| ☐ Preparing food or beverages;   |
| ☐ Eating, handling food, or feeding a child;   |
| ☐ Brushing or helping a child brush teeth;   |
| ☐ Giving medication or applying a medical ointment or cream in which a break in the skin (e.g., sores, cuts, or scrapes) may be encountered; |
| $\hfill \square$ Playing in water (including swimming) that is used by more than one person; and   |
| □ Diapering.   |
| c) After:  |
| ☐ Using the toilet or helping a child use a toilet;  |
| ☐ Handling bodily fluid (mucus, blood, vomit);   |
| ☐ Handling animals or cleaning up animal waste;  |
| $\hfill\square$ Playing in sand, on wooden play sets, and outdoors; and  |
| ☐ Cleaning or handling the garbage.  |

Situations or times that children and staff should perform hand hygiene will be posted in all food preparation, diapering, and toileting areas.

**Routine Cleaning, Sanitizing, and Disinfecting**: PBP ECEC will follow a routine schedule of cleaning, sanitizing, and disinfecting. Cleaning, sanitizing, and disinfecting products will not be used in close proximity to children, and adequate ventilation will be maintained during use.

Prevention of Exposure to Blood and Body Fluids: PBP ECEC will use Standard Precautions, developed by the Centers for Disease Control and Prevention (CDC), to handle potential exposure to blood and other potentially infectious fluids. Caregivers and teachers will be educated regarding Standard Precautions before beginning to work in the program and annually thereafter. Training will comply with requirements of the Occupational Safety and Health Administration (OSHA). The following site will be available at <a href="https://www.cdc.gov/handhygiene/training/interactiveEducation/">https://www.cdc.gov/handhygiene/training/interactiveEducation/</a>.

#### Standard Precautions Procedure:

- 1. Handwashing or using alcohol-based hand rub
  - a. Handwashing procedure: wet hands with water, apply soap, rub hands together for at least 15 seconds, covering all surfaces, focusing on fingertips and fingernails, rinse under running water, dry with disposable towel, and use the towel to turn off the faucet.
  - b. Hand Rub procedure: apply to palm of one hand, rub hands together, covering all surfaces, focusing on fingertips and fingernails, until dry and use enough rub to require at least 15 seconds to dry.
- Wearing gloves while handling nasal discharge, open wounds, blood, urine, and feces, or while cleaning, sanitizing, and disinfecting contaminated surfaces or objects. Masks will be available, if a procedure is likely to generate splashes or sprays of blood, bodily fluids, secretions and excretions.
  - a. Change, remove, and discard gloves between and after handling each situation. Do not reuse or wash gloves and use handwashing or alcohol-based hand rub following each use.

**Use of Tobacco, Alcohol, and Illegal Drugs**: Directors, caregivers, volunteers, and staff will not be impaired due to the use of alcohol, illegal drugs or prescription medication during program hours. Tobacco, alcohol, and illegal drug use will be

prohibited on the premises (both indoor and outdoor environments) and in any vehicles used by the program at all times.

**Medical Emergency Procedures**: PBP ECEC will respond to situations when an immediate emergency medical response is required. Emergency procedures will be posted and readily accessible. Child-to-provider ratios will be maintained, and additional adults will be called in to maintain the required ratio. PBP ECEC will follow standard emergency procedures. All providers and/or staff will be trained to provide first aid and/or CPR until emergency medical care becomes available.

#### Recognizing and Reporting Suspected Child Abuse, Neglect, and Exploitation:

Because caregivers/teachers are mandated reporters of child abuse and neglect, PBP ECEC has a written policy for reporting child abuse and neglect. The written policy specifies that in any instance where there is reasonable cause to believe that child abuse or neglect has occurred, the individual who suspects child abuse or neglect will report directly to the PBP Social Services or PBP Tribal police, or the Department of Child and Family Services as required by tribal and state laws. (See Mandated Reporting Policy)

#### Preventing and Identifying Shaken Baby Syndrome and Abusive Head Trauma:

All caregivers/teachers who are in direct contact with children, including substitute caregivers/teachers and volunteers, will receive training on preventing shaken baby syndrome and abusive head trauma; recognition of potential signs and symptoms of shaken baby syndrome and abusive head trauma; strategies for coping with a crying, fussing, or distraught child; and the development and vulnerabilities of the brain in infancy and early childhood.

**Sun Safety Including Sunscreen**: Caregivers/teachers will ensure sun safety for themselves and children under their supervision by keeping infants younger than six months out of direct sunlight, limiting sun exposure when ultraviolet rays are strongest and applying sunscreen with written permission of parents/guardians. Manufacturer instructions will be followed.

**Strangulation Hazards**: Strings and cords long enough to encircle a child's neck, such as those on toys and window coverings, will not be accessible to children in classrooms.

Care Plan for Children with Special Health Care Needs: Children with special health care needs are defined as "... those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally" (McPherson, 1998).

Any child who meets these criteria will have an up-to-date Routine and Emergent Care Plan, completed by their primary health care provider with input from parents/guardians, included in their on-site health record and readily accessible to those caring for the child. Community resources will be used to ensure adequate information, training, and monitoring is available for staff. All caregivers will undergo training in pediatric first aid and CPR that includes responding to an emergency for any child with a special health care need.

**Illness Inclusion/Exclusion/Dismissal of Children**: The teaching staff will inform management and notify parents/guardians when children develop signs or symptoms of illness. Parent/guardian notification will be immediate for emergency or urgent issues.

Teaching Staff will document symptoms on the PBP Accident/Illness Form. Parents/guardians or authorized person on their "Release To" form will be required to pick up their children from the center as soon as possible, if a child has a fever of 100.5 °F (using a digital medical thermometer) and:

- Diarrhea
- Vomiting
- Ear Ache
- Sore Throat
- Rash
- Signs of irritability or confusion

If any of the above criteria are met, a medical evaluation and signed release to return to the center will be required.

For children whose symptoms do not require exclusion, verbal or written notification to the parent/guardian will be provided at the end of the day using the PBP ECEC Accident/Illness Report.

When a child becomes ill but does not require immediate medical help, a determination will be made regarding whether the child will be sent home, if signs and symptoms:

- a) Prevent the child from participating comfortably in activities;
- b) Results in a need for care that is greater than the staff can provide without compromising the health and safety of other children;
- c) Poses a risk of spread of communicable disease to others:
  - Severe illness such as lethargy, uncontrolled coughing, irritability, persistent crying, difficulty breathing or wheezing;
  - Vomiting on 2 or more occasions within 8 hours of care;
  - Diarrhea, abnormal loose watery stools;
  - Mouth sores with drooling;
  - Eye discharge or pinkness in the eyes;
  - Tuberculosis;
  - Impetigo;
  - Strep throat or other streptococcal infection;
  - Chicken pox;
  - Pertussis (whooping cough);
  - Mumps;
  - Hepatitis A and B virus;
  - Measles;
  - Rubella;
  - Shingles (herpes zoster);
  - Open oozing sores including staph infections, which cannot be covered; and
  - Scabies or other infestation.

If any of the above criteria are met, the child will not have direct contact with other children and be closely supervised by a staff member until dismissed to a parent/guardian or other person designated by the parent. A signed release from the health care provider must be submitted upon return to the center.

**Head Lice Infestation Policy and Procedure**: Parent/Guardian will receive Head Lice policy and procedure and be required to have the child's head clean and checked upon return (See Appendix 10 for detailed policy and procedure).

Infectious Disease Outbreak Control: During the course of an identified outbreak of any reportable illness at the program, a child or staff member will be excluded if the local health department official or primary health care provider suspects that the child or staff member is contributing to transmission of the illness, is not adequately immunized when there is an outbreak of a vaccine-preventable disease, or the circulating pathogen poses an increased risk to the individual. The child or staff member will be allowed to return when the health department official or primary health care provider who made the initial determination decides that the risk of transmission is no longer present. Parents/guardians will submit written notification from the health care provider.

**Medication Administration and Storage**: The administration of medicines at the PBP ECEC will be limited to:

- a) Prescription or non-prescription medication (over-the-counter) ordered by the prescribing health professional for a specific child with written permission of the parent/guardian. Prescription medication will be labeled with the child's name; date the prescription was filled; name and contact information of the prescribing health professional; expiration date; medical need; instructions for administration, storage, and disposal; and name and strength of the medication.
- b) Labeled medications (over-the-counter) brought to the PBP ECEC by the parent/guardian in the original container. The label will include the child's name; dosage; relevant warnings as well as specific; and legible instructions for administration, storage; and disposal.

Documentation that the medicine/agent is administered to the child as prescribed is required on the PBP ECEC Medication Administration Plan form. Medication will not be used beyond the date of expiration. Unused medications will be properly disposed.

All medications, refrigerated or unrefrigerated, will have child-resistant caps; be stored away from food at the proper temperature, and be inaccessible to children.

**Training of Caregivers/Teachers to Administer Medication**: Any caregiver/teacher who administers medication will complete a standardized

training course that includes skill and competency assessment in medication administration. The course will be repeated annually by a trained professional.

#### **Nutrition and Food Service**

**Guidelines**: PBP ECEC will use the Kansas State Department of Education (KSDE) and Child and Adult Care Food Program (CACFP) guidelines to serve nutritious and sufficient foods that meet the requirements for meals of the child care component of the USDA CACFP as referenced in 7 CFR 226.20.

**Meal Time Experiences:** All meals will be served family style. Children will be encouraged to serve themselves, involved in table setting, try new foods, clean up their own spills, clean up after meals, practice good table manners, and enjoy fun and relaxed conversations. Meal times will be learning opportunities. Birthdays will be celebrated typically with a birthday song, and parents will be allowed to share individually-wrapped treats, if they desire.

**Availability of Drinking Water**: Clean, sanitary drinking water will be readily accessible in indoor and outdoor areas, throughout the day. On hot days, infants receiving human milk in a bottle may be given additional human milk, and those receiving formula mixed with water may be given additional formula mixed with water. Infants will not be given water, especially in the first six months of life.

Care for Children with Food Allergies: Each child with a food allergy must have a Medical Statement to Request Meal Modification form (Form 4-B CACFP) signed by a "medical authority" on file and a prescribed diet order that includes:

- a) Instructions regarding the food(s) to which the child is allergic and steps to be taken to avoid or omit that food:
- b) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications. The plan will include specific symptoms that would indicate the need to administer one or more medications.

Based on the child's diet order, caregivers/teachers will receive training for, demonstrate competence in, and implement measures for:

a) Preventing exposure to the specific food(s) to which the child is allergic;

b) Recognizing the symptoms of an allergic reaction; c) Treating allergic reactions.

The Meal Modification form will be routinely carried on field trips.

PBP ECEC will notify the parents/guardians immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food even if a reaction did not occur. PBP ECEC will contact the emergency medical services system immediately whenever epinephrine has been administered.

Each child's food allergies will be posted in the classroom and/or wherever food is served with permission of the parent/guardian.

**Preparing, Feeding, and Storing Human Milk**: PBP ECEC follow procedures for the preparation and storage of expressed human milk that ensures the health and safety of all infants, as outlined by the United States Department of Agriculture, Food and Nutrition Service 786, Feeding Infants in the Child and Adult Care Food Program, March 2019 Manual.

- 1) The bottle or container will be properly labeled with the infant's full name and date; and will only be given to the specified child.
- 2) Keep breastmilk refrigerated until it's time to feed the baby.
- 3) Store breastmilk in the back of the refrigerator where the temperature is always cold (at or below 40 °F until ready to use).
- 4) Store breastmilk so the bottle or container with the oldest date is served first.
- 5) Thaw breastmilk in the refrigerator overnight, under warm running water, or in a container of warm water, and write the date the milk was thawed on the bottle or container.
- 6) <u>Do not</u> thaw breastmilk at room temperature, by mixing with warm breastmilk, or heating in a microwave. Heating in this manner damages important nutrients in breastmilk.
- 7) Follow the Maximum Storage Time and Temperature for Breastmilk:
  - Freshly Pumped Breastmilk-Do not use after 4 hours from the countertop, 3 days from the refrigerator or 6 months after

freezing.

- Thawed Breastmilk-Do not use after 1-2 hours from the countertop, 1 day (24 hours) from the refrigerator, and never refreeze thawed breastmilk.
- Leftover from a feeding-Do not use after 2 hours after the baby is finished feeding.

**Preparing, Feeding, and Storing Infant Formula**: Formula provided by parents/guardians will come in sealed containers. PBP ECEC will offer at least one iron-fortified infant formula that is regulated by the Food and Drug Administration (FDA).

- The caregiver/teacher will always follow the parent or manufacturer's instructions for mixing and storing of any formula preparation.
- Bottles of prepared or ready-to-feed formula will be labeled with the child's full name, time, and date of preparation.
- Prepared formula will be used within 1 hour after a feeding and discarded daily if not used. Infant formula will never be frozen.
- Do not add infant cereal to formula (choking hazard) unless a parent/guardian provides a written medical statement from their health care provider.

Parents/Guardians may:

- 1. Use the iron-fortified infant formula provided by center;
- 2. Decline the offered iron-fortified infant formula and bring their own;
- 3. Provide breastmilk only, including breastfeeding their baby on-site;
- 4. Provide breastmilk and supplement with iron-fortified infant formula provided; or
- 5. Provide breastmilk and supplement with their own infant formula.

**Soy-Based, Low Lactose, and Lactose-Free Formulas**: Soy-based infant formula was developed for infants who cannot tolerate infant formula made from cow's milk. Parents may choose to provide this formula because of an allergy or intolerance, if they are seeking a vegan diet for their baby, or for other reasons.

If the baby has a lactose intolerance, encourage his or her parents to speak to their health care provider about other formulas the baby can tolerate.

If the substitution is supported by a medical statement, infant formulas that are not iron-fortified, or have low or no iron, may be creditable.

PBP ECEC will allow a transition time of 1 month (from the date an infant turns 12 months to the time the child turns 13 months of age) to help the child get used to unflavored whole milk. A medical statement is not needed during transition.

Warming Bottles and Infant Foods: Bottles and infant foods can be served cold from the refrigerator and do not have to be warmed. If a caregiver/teacher chooses to warm them, or a parent requests they be warmed, bottles will be warmed under running, warm tap water; using a commercial bottle warmer, stove top warming methods, or slow-cooking device; or by placing them in container of warm water. Warming devices should not be accessible to children.

**Foods that Are Choking Hazards**: Caregivers/teachers will not offer foods that are associated with young children's choking incidents to children under 4 years of age. Food for infants will be cut into pieces ¼ inch or smaller, food for toddlers will be cut into pieces ½ inch or smaller to prevent choking. Children will be supervised while eating, to monitor the size of food and that they are eating appropriately.

**Food Preparation Area Access**: Access to areas where hot food is prepared will only be permitted when children are supervised by adults who are qualified to follow sanitation and safety procedures.

Compliance with U.S. Food and Drug Administration (FDA) Food Code and State and Local Rules: PBP ECEC will conform to applicable portions of the FDA Food Code, CACFP, and all applicable state and local food service rules and regulations for centers regarding safe food protection and sanitation practices.

# Facilities, Supplies, Equipment, and Environmental Health

**Inspection of Buildings**: Existing and/or newly constructed, renovated, remodeled, or altered buildings will be inspected by a building inspector to ensure compliance with applicable building and fire codes before the building can be used for the purpose of early care and education.

**Compliance with Fire Prevention Code**: PBP ECEC will comply with PBP Tribal fire prevention codes.

**Environmental Audit of Site Location**: An environmental audit will be conducted before construction of a new building; renovation or occupation of an older building; or after a natural disaster to properly evaluate and, where necessary, remediate or avoid sites where children's health could be compromised. A written report that includes any remedial action taken will be kept on file. The audit will include assessments of:

- a) Potential air, soil, and water contamination of indoor and outdoor play spaces;
- b) Potential toxic or hazardous materials in building construction, such as lead and asbestos; and
- c) Potential safety hazards in the community surrounding the PBP ECEC.

**Guardrails and Protective Barriers**: Guardrails or protective barriers, such as baby gates, will be provided at open sides of stairs, ramps, and other walking surfaces (e.g., landings, balconies, porches) from which there is more than a 30-inch vertical distance to fall.

**Safety Covers**: All accessible electrical outlets will have "safety covers" that are attached to the electrical outlet to prevent easy removal by a child.

**Location of Electrical Devices near Water**: No electrical device or apparatus accessible to children will be located so it could be plugged into an electrical outlet while a person is in contact with a water source, such as a sink, water table, or swimming pool.

**Integrated Pest Management**: PBP ECEC will ensure long-term, environmentally sound pest suppression through a range of practices including pest exclusion, sanitation and clutter control, and elimination of conditions that are conducive to pest infestations.

**Use and Storage of Toxic Substances**: All toxic substances will be inaccessible to children and will not be used when children are present. Toxic substances will be used as recommended by the manufacturer and stored in the original labeled containers. The telephone number for the poison control center will be posted and readily accessible in emergency situations.

Carbon Monoxide Detectors: PBP ECEC will meet state or local laws regarding carbon monoxide detectors, including circumstances when detectors are necessary. Detectors will be tested monthly and documented. Batteries will be changed at least yearly. Detectors will be replaced according to the manufacturer's instructions.

**Safety of Equipment, Materials, and Furnishings**: Equipment, materials, furnishings, and play areas will be sturdy, safe, in good repair, and meet the recommendations of the CPSC. PBP ECEC will attend to, including, but not limited to, the following safety hazards:

- a) Openings that could entrap a child's head or limbs;
- b) Elevated surfaces that are inadequately guarded;
- c) Lack of specified surfacing and fall zones under and around climbable equipment;
- d) Mismatched size and design of equipment for the intended users;
- e) Insufficient spacing between equipment;
- f) Tripping hazards;
- g) Components that can pinch, sheer, or crush body tissues;
- h) Equipment that is known to be of a hazardous type;
- i) Sharp points or corners;
- j) Splinters;
- k) Protruding nails, bolts, or other parts that could entangle clothing or snag skin;
- I) Loose, rusty parts;
- m) Hazardous small parts that may become detached during normal use or reasonably foreseeable abuse of the equipment and that present a choking, aspiration, or ingestion hazard to a child;
- n) Strangulation hazards (e.g., straps, strings, etc.);
- o) Flaking paint;

- p) Paint that contains lead or other hazardous materials; and
- q) Tip-over hazards, such as chests, bookshelves, and televisions.

Plastic bags that are large enough to pose a suffocation risk as well as matches, candles, and lighters will not be accessible to children.

Availability and Use of a Telephone or Wireless Communication Device: PBP ECEC will provide at all times at least one working non-pay telephone or wireless communication device for general and emergency use on the premises of the PBP ECEC, in each vehicle used when transporting children, and on field trips. While transporting children, drivers will not operate a motor vehicle while using a mobile telephone or wireless communications device when the vehicle is in motion or traffic.

**Cribs and Play Yards**: Before purchase and use, cribs and play yards will be in compliance with current CPSC and ASTM International safety standards that include ASTM F1169-10a Standard Consumer Safety Specification for Full-Size Baby Cribs, ASTM F406-13, Standard Consumer Safety Specification for Non-Full-Size Baby Cribs/Play Yards, or the CPSC 16 CFR 1219, 1220, and 1500—Safety Standards for Full-Size Baby Cribs and Non-Full-Size Baby Cribs; Final Rule.

PBP ECEC will only use cribs for sleep purposes and ensure that each crib is a safe sleep environment as defined by the American Academy of Pediatrics. Each crib will be labeled and used for the infant's exclusive use. Cribs and mattresses will be thoroughly cleaned and sanitized before assignment for use by another child. Infants will not be placed in the cribs with items that could pose a strangulation or suffocation risk. Cribs will be placed away from window blinds or draperies.

**Firearms**: PBP ECEC will not have firearms or any other weapon on the premises at any time. Parents/guardians will be informed about this policy. A "No Firearms" sign will be posted on each PBP ECEC building.

**First Aid and Emergency Supplies**: PBP ECEC will maintain up-to-date first aid and emergency supplies in each location in which children are cared. The first aid kit or supplies will be kept in a closed container that is labeled and stored in a location known to all staff, accessible to staff at all times, but inaccessible to children. When children leave the facility for a walk or to be transported, a

designated staff member will bring a transportable first aid kit. In addition, a transportable first aid kit will be in each vehicle that is used to transport children to and from PBP ECEC. First aid kits or supplies will be restocked regularly.

#### Play Areas/Playgrounds and Transportation

Location of Play Areas near Bodies of Water/Enclosures for Outdoor Play Areas/Enclosure of Bodies of Water: The outdoor play area will be enclosed with a fence. Fences will not prevent the visual supervision of children by caregivers/teachers and conform to applicable local building codes in height and construction. The fenced-in areas will have at least two exits, with at least one being remote from the building.

Gates will be equipped with self-closing and positive self-latching closure mechanisms that are high enough or of a type such that children cannot open it. The openings in the fence and gates will be no larger than 3 ½ inches. The fence and gates will be constructed to discourage climbing. Outside play areas will be free from unsecured bodies of water.

#### Prohibited Surfaces for Placing Indoor and Outdoor Climbing Equipment:

Equipment used for climbing will not be placed over, or immediately next to, hard surfaces. All pieces of playground equipment will be placed over a shockabsorbing material extending beyond the perimeter of the stationary equipment. Organic materials that support colonization of molds and bacteria will not be used. PBP ECEC will follow CPSC guidelines and ASTM International Standards F1292-13 and F2223-10.

**Inspection of Indoor and Outdoor Play Areas and Equipment**: Before use, the indoor and outdoor play areas and equipment will be inspected daily for basic health and safety, including, but not limited to:

- a) Missing or broken parts or visible cracks;
- b) Protrusion of nuts and bolts;
- c) Rust and chipping or peeling paint;
- d) Sharp edges, splinters, and rough surfaces;
- e) Stability of handholds;

- g) Stability of non-anchored large play equipment (e.g., playhouses);
- h) Wear and deterioration
- i) Vandalism or trash

**Lifesaving Equipment:** If PBP ECEC uses the PBP Boys & Girls Club swimming pool, caregivers/teachers will have access to a ring buoy and rope, a rescue tube, or a throwing line and a shepherd's hook that will not conduct electricity. This equipment will be long enough to reach the center of the pool from the edge of the pool, kept in good repair, and stored safely and conveniently for immediate access. Caregivers/teachers will be trained on the proper use of this equipment, if needed.

**Water in Containers**: Water tables, buckets, diaper pails, and other open containers of water will be emptied immediately after use.

**Qualifications for Drivers**: In addition to meeting the general staff background check standards, any driver or transportation staff member who transports children for any purpose will have:

- a) A valid driver's license that authorizes the driver to operate the type of vehicle being driven;
- b) A safe driving record for more than 5 years, with no crashes where a citation was issued, as evidenced by the state Department of Motor Vehicles;
- c) No use of alcohol, drugs, or any substance that could impair abilities before or while driving;
- d) No tobacco use while driving;
- e) No medical condition that would compromise driving, supervision, or evacuation capability;

The driver's license number and date of expiration, vehicle insurance information, and verification of current state vehicle inspection will be on file in the PBP ECEC.

**Child Passenger Safety**: When children are driven in a motor vehicle other than a bus, all children will be transported only if they are restrained in a developmentally appropriate car safety seat, booster seat, seat belt, or harness

that is suited to the child's weight and age in accordance with state and federal laws and regulations.

The child will be securely fastened, according to the manufacturer's instructions. The child passenger restraint system will meet the federal motor vehicle safety standards contained in 49 CFR 571.213 and carry notice of compliance. Child passenger restraint systems will be installed and used in accordance with the manufacturer's instructions and secured in back seats only.

Car safety seats will be replaced if they have been recalled, are past the manufacturer's "date of use" expiration date or have been involved in a crash that meets the U.S. Department of Transportation crash severity criteria or the manufacturer's criteria for replacement of seats after a crash.

School bus wheelchair safety restraint requirements:

- a) The school bus will accommodate the placement of wheelchairs with four tiedowns affixed according to the manufactures' instructions in a forward-facing direction;
- b) The wheelchair occupant will be secured by a three-point tie restraint during transport;
- c) At all times, school buses will be ready to transport children who must ride in wheelchairs:
- d) Manufacturers' specifications will be followed to assure that safety requirements are met.

Interior Temperature of Vehicles: The interior of vehicles used to transport children for field trips and out-of-program activities will be maintained at a temperature comfortable to children. All vehicles will be locked when not in use, head counts of children will be taken before and after transporting to prevent a child from being left in a vehicle, and children will never be left in a vehicle unattended.

**Passenger Vans:** PBP ECEC will not use 15-passenger vans to transport children, parents/guardians, staff and volunteers.

**Head Start Transportation Policy:** Head Start Busing is a privilege for children and parents and is not a requirement. If the rules for busing are not followed, busing

privileges will be revoked. If busing services are revoked, transportation will be the responsibility of the family. LIMITED busing services will be provided within route areas.

It is the policy of PBP Head Start to offer safe boarding procedures. Buses will not pull into driveways in which the bus must back out into oncoming traffic, or in which the bus has difficulty seeing around landscaping. This is done to provide a faster, more efficient, & safer service.

Parents must call the Head Start Program (966-2707, 966-2527, Toll Free 1-877-727-6543) if their child is not riding even if a parent already mentioned it to or notified a Head Start employee. It is okay for parents to tell the bus driver and/or bus monitor that their child is not riding on a particular day.

Upon arrival to a child's pick-up residence/location, the driver will HONK three (3) times and WAIT three (3) minutes only, and then proceed with the route.

If a child will not be riding the bus, it is required that parents notify the program at least one (1) hour before the scheduled pickup time. If the bus is not notified or waved on by an authorized adult at pick-up time, the child will be considered a "NO-SHOW". Calling after your scheduled pick-up time will be considered a "No-Show".

On the second "No Show" occurrence, within the school year, a child will not be able to ride the bus for one (1) day. The third time, within the school year, a parent will have to set up an appointment with the Head Start program management and the transportation staff at (785)966-2707.

The Head Start program allows 3 "wave-ons" per school year. A wave-on is when the bus is waiting in the driveway and a parent/guardian steps out of the door and waves the bus on for any reason (woke up late, just not coming in that day, etc.). Parents still need to call in to the center and let the teacher know why their child is not coming to school. Each additional (four or more) wave-on will result in a "NO-SHOW".

An AUTHORIZED ADULT (persons age 16 and older and listed in the child's enrollment application) must meet the bus, sign the bus tracking form, and escort the child on/off the bus.

If an authorized adult does not meet the bus, the driver will continue on the route and return the child to the center. The parent will then have to pick him/her up. If this happens the child will not be able to ride the bus the next school day. Second time within the school year, the child will not be able to ride

the bus for two days. Third time within the school year, the parent will have to set up an appointment with the Head Start program management and the transportation staff at (785)966-2707.

All changes regarding address, phone number, work number, emergency contact numbers, or childcare provider must be reported to the Head Start office (785)966-2707. Permanent address changes must be given to the Management office at least <u>seven (7) days</u> in advance. Drivers and teachers cannot take changes on the bus routes.

For the safety of the children and to assure their safe arrival and return, NO LAST MINUTE OR DAY-TO-DAY CHANGES WILL BE ALLOWED. Parents must give three (3) business days written notice to make temporary changes to a student's bus status. Permanent changes in the bus route must be within the busing area. Remember that permanent changes in the child's bus schedule may change the child's classroom assignment.

Daily bus schedules are given to parents at the child's orientation meeting. The bus schedule may vary 20 minutes either way, due to weather or road conditions, the number of pick-ups and drop-offs, new children starting, or changes in the route.

Each child must use the bus seat restraint system. The bus monitor will be responsible for helping children learn how to keep them on and keep them tight. The child restraint systems meet the code of Federal Regulation Title 49, sections 571.213.

Behavior Problems: Children will be involved in learning and remembering to follow rules listed in the Bus Rules Section (Sit on your bottom, keep your seat belts fastened, keep your hands to yourself, and use inside voices). If rules are not followed, the driver will write and submit a report about the problem(s) to the Head Start/EHS Program Manager. If the problem is not resolved and/or becomes a hazard to the driver or other children, losing bus transportation privileges will be a consequence, and parents will be responsible for transporting him/her to school.

For the safety of the children, driver, and bus monitor, children may not bring any candy, food, or animals on the bus. When a child brings a toy on the bus, it will be placed in his/her backpack. Children will be required to leave personal items in their backpack while riding the bus.

All jackets, boots, mittens, backpacks, etc., will need to be labeled with the child's name. If a child loses any of these items, labeling will help the center

return the items to the appropriate owner. Head Start is not responsible for any lost items.

Children are not allowed to bring medications to school via their backpack. Parents need to follow the program's medication policy, sign a medication authorization form and give the medicine to the bus monitor.

Pedestrian safety rules will be followed by adults and set an example for children. Once the bus has fully stopped and is in the parked position, the Bus Monitor will unbuckle all the children beginning at the rear of the bus. The Bus Monitor will assist the children with exiting the bus in a safe and orderly manner. Once the children are off the bus, the Bus Driver will walk through the bus to ensure no children remain on the bus and to ensure all personal belongings have been taken.

#### Infectious Disease

**Immunization Documentation**: PBP ECEC will require that all parents/guardians of enrolled children provide a record of immunizations appropriate for each child's age, unless disallowed or for legal exemptions.

Infants, Toddlers and Preschoolers will be immunized as specified in the "Recommended Immunization Schedules for Persons Aged 0 Through 18 Years," developed by the Advisory Committee on Immunization Practices of the CDC, the American Academy of Pediatrics, and the American Academy of Family Physicians. Children whose immunizations are not up-to-date or have not been administered according to the recommended schedule will be required to receive them as soon as possible.

**Unimmunized Children**: If immunizations have not been or are not to be administered because of a medical condition, a statement from the child's primary health care provider documenting the reason why the child is temporarily or permanently medically exempt from the immunization requirements will be on file.

If immunizations are not to be administered because of the parents'/guardians' religious or philosophical beliefs, a legal exemption with notarization, waiver, or other state-specific required documentation signed by the parent/guardian will be on file.

Children who are in foster care or experiencing homelessness as defined by the McKinney-Vento Act will receive services while parents/guardians are taking necessary actions to comply with immunization requirements of the program. An immunization plan and catch-up immunizations should be initiated upon enrollment and completed <u>as soon as possible</u>.

If a vaccine-preventable disease to which children are susceptible occurs and potentially exposes the unimmunized children who are susceptible to that disease, the local health department will be consulted to determine whether these children should be excluded for the duration of possible exposure or until the appropriate immunizations have been completed.

**Immunization of Caregivers/Teachers**: Caregivers/teachers will <u>be informed</u> by their health provider about current immunizations recommended for adults by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) as shown in the "Recommended Adult Immunization Schedule".

If a vaccine-preventable disease to which adults are susceptible occurs in the facility and potentially exposes the unimmunized adults who are susceptible to that disease, the health department will be consulted to determine whether these adults should be excluded for the duration of possible exposure or until the appropriate immunizations have been completed.

#### **Policies**

Handling Urgent Medical Care or Threatening Incidents: PBP ECEC will contact the appropriate emergency personnel; PBP Tribal Police Department, PBP Tribal Fire Department, PBP Social Services Department, PBP General Manager, PBP Health & Wellness Center, and/or US Public Health Service/Indian Health Service/Office of Environmental Health.

Incidents will be documented using the PBPN Social Services Department Children and Family Services Program "Suspected Child Abuse/Neglect Form", or "PBP ECEC Accident/Illness Form", depending on the type of incident.

Caregiver/teacher and staff training procedures will be included. The management, documentation, and reporting of the following types of incidents will be addressed:

- a) Lost or missing child;
- b) Suspected maltreatment of a child (see Mandated Reporting of Suspected Child Abuse or Neglect Policy);
- c) Suspected sexual, physical, or emotional abuse of staff, volunteers, or family members occurring while they are on the premises of the program;
- d) Injuries to children requiring medical or dental care;
- e) Illness or injuries requiring hospitalization or emergency treatment;
- f) Mental health emergencies;
- g) Health and safety emergencies involving parents/guardians and visitors to the program;
- h) Death of a child or staff member, including a death that was the result of serious illness or injury that occurred on the premises of the early care and education program;
- i) The presence of a threatening individual who attempts or succeeds in gaining entrance to the facility.

### Teacher/Caregiver Procedure:

- 1. All staff will receive annual training on prevention and control of infectious diseases, prevention and response to emergencies due to food and allergic reactions, and pediatric first aid and CPR.
- Teaching staff will conduct daily health assessments of children by observation upon arrival and throughout the day.
- 3. If health concerns are observed, the teaching staff will document symptoms on the PBP Accident/Illness Report form and inform program management (1 copy to parent, 1 copy in child's file, 1 copy to Administrative Assistant).
- 4. Teaching staff will inform the child's parent of their child's condition or call for appropriate emergency assistance, if needed.
- 5. Accident/Illness Reports will be used to identify disease outbreaks, injury trends and implement effective interventions. This form will be kept in the child's file for 3 years.

### Disaster Planning, Training and Communication/Emergency and Evacuation

**Drills**: PBP ECEC will prepare for and respond to emergency situations or natural disasters that may require evacuation, lock-down, or shelter-in-place and have written plans, accordingly. Written plans will be posted in each classroom and areas used by children.

PBP ECEC will regularly practice fire and tornado drills, procedures for notifying and updating parents, and the use of the daily class roster(s) to check attendance of children and staff during emergency drills when gathered in a safe space after exit and upon return to the program. All drills will be recorded on the Monthly Fire and Tornado Drill Record.

#### Fire Drill Procedure:

Explain the drill to the children. Explain why we practice the drill. Tell them what to do once the alarm goes off or the announcement is made. Use words like "evacuation" or "fire". Inform children where to gather after the evacuation.

Prepare an emergency bag with toiletries, a First Aid Kit, and basic food and drink necessities for the staff and children. Include Attendance Sheet, Emergency Paper and "Release To" papers in your emergency bag. Hand-held radios will be charged and ready to use when needed.

### Classroom Fire Drill Steps:

- 1. 1st Teaching Staff Member will pick up emergency bag, gather children and walk calmly to the nearest exterior door.
  - 2<sup>nd</sup> Teaching Staff Member will double-check all areas of the classroom to ensure all children are accounted for and assist in exiting the building. Infants will be transported in the Emergency Evacuation Crib. The Infant Room Supervisor will assist with Infant Evacuation.
- Do roll call and double-check the head count before and after exiting the building and when you arrive at the designated emergency location. (North Classrooms will go to the B&G Club and South Classrooms will go to the Fire Keepers Elder Center)
- 3. The management team members will record the evacuation time and the total number of children and adults who participated in the drill on the emergency fire and tornado drill record. The Health and Safety Manager and Supervisor will discuss any challenges with staff and provide follow-up

coaching, mentoring or training as needed. The Infant Room Supervisor will take a hand-held radio to the south emergency location. The Education Manager will take a hand-held radio to the north emergency location.

#### Tornado and Intruder Drill Procedure:

Explain the tornado or intruder drill to the children. Explain why we practice the drill. Tell them what to do once the announcement is made. Use the word "intruder". Tell them where to gather after the evacuation.

Prepare an emergency bag with toiletries, a First Aid Kit, and basic food and drink necessities for the staff and children. Include Attendance Sheet, Emergency Paper and "Release To" papers in your emergency bag. Hand-held radios will be charged and ready to use when needed.

Classroom Tornado and Intruder Drill Steps:

- 1. 1st Teaching Staff Member will pick up emergency bag, turn off the light, gather children and walk calmly to the safe room.
  - 2<sup>nd</sup> Teaching Staff Member will lock the hallway door, double-check all areas of the classroom to ensure all children are accounted for and assist in exiting the room.
- 2. Do roll call and double-check the head count before exiting the room and when you arrive at the designated safe location.
- 3. Remain in the designated safe room until emergency personnel arrive and give the okay to return to the classroom.

The management team members will record the evacuation time and the total number of children and adults who participated in the drill on the intruder drill record. The Health and Safety Manager and Supervisor will discuss any challenges with staff and provide follow-up coaching, mentoring or training as needed. The emergency personnel will provide any recommendations to update these steps.

**Sign-In/Sign-Out System:** PBP ECEC will have a sign-in/sign-out system to track those who enter and exit the facility. The Sign-In/Sign Out Sheet will be located at the front desk and include name, purpose of visit, date and recorded time in and out as well as daily sheets in the classroom.

**Authorized Persons to Pick Up Child**: Children may only be released to adults authorized by parents or legal guardians whose identity has been verified by photo identification. Names, addresses, and telephone numbers of persons authorized to pick up child will be obtained during the enrollment process and regularly reviewed, along with clarification/documentation of any custody issues/court orders. Legal guardian(s) of the child will be documented/verified at enrollment time.

**Record of Valid License, Certificate, or Registration of Facility:** PBP ECEC will hold a valid license, certificate, or documentation of registration prior to operation as required by the local and/or tribal licensing regulations.

**Contents of Child Records**: PBP ECEC will maintain a confidential file for each child in one central location on-site and will be immediately available to the child's caregivers/teachers, the child's parents/guardians, and the licensing authority upon request. The file for each child will include the following:

- a) Pre-admission enrollment information;
- b) Enrollment agreement signed by the parent/guardian at enrollment;
- c) Initial and updated health care assessments, completed and signed by the child's primary care provider, based on the child's most recent well care visit;
- d) Health history completed by the parent/guardian at admission;
- e) Medication record;
- f) Authorization form for emergency medical care;
- g) Results of developmental and behavioral screenings;
- h) Record of persons authorized to pick up child;
- i) Written informed consent forms signed by the parent/guardian allowing the facility to share the child's health records with other service providers.

**Frequency of Child Care Inspections**: Licensing inspectors or monitoring staff will make on-site inspections to measure program compliance with health, safety, and fire standards prior to issuing an initial license and no less than one, unannounced inspection each year thereafter to ensure compliance with

regulations. Licensing inspectors will be qualified to inspect the PBP ECEC and trained in related health and safety requirements.

Additional inspections will take place if needed for the program to achieve satisfactory compliance or if the program is closed at any time. The number of inspections will not include those inspections conducted for the purpose of investigating complaints.

Complaints will be investigated promptly, based on severity of the complaint. PBP ECEC will report results of licensing inspections, including complaints, to the PBPN General Manager and Tribal Council. Parents/guardians will have easy access to licensing rules and made aware of how to report complaints.

#### **GRIEVANCE PROCEDURE**

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 (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.
- Step 3 Child Care: if the problem is not solved with the Director, 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 (HS/EHS): If the problem is not solved with the Director, 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 HS/EHS: If the problem is still not resolved with satisfaction, the party submitting the complaint will bring the problem before the Tribal Council.

#### **USDA Nondiscrimination Statement**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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

To file a program complaint of discrimination, complete the <u>USDA Program</u> <u>Discrimination Complaint Form</u>, (AD-3027) found online at: <a href="http://www.ascr.usda.gov/complaint-filing-cust.html">http://www.ascr.usda.gov/complaint-filing-cust.html</a>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
  Office of the Assistant Secretary for Civil Rights
  1400 Independence Avenue, SW
  Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

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