



Northern Montana Child Development Center

EHS Parent Handbook

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ACRONYM INDEX

AA – Administrative Assistant	HSAC- Health Services Advisory Committee
ACYF - Administration Children, Youth and Families	HSA- Health Services Advocate
ADA – Americans with Disabilities Act	HSM - Health Services Manager
AOHR – Administrative Officer/Human Resources	ICDP – Individual Child Development Plan
ASQ & ASQ SE – Ages & Stages Questionnaire and Social/Emotional	IDEA – Individuals with Disabilities Education Act
BA – Bus Assistant	IEP – Individual Education Plan
BD – Bus Driver	IFSP-Individual Family Services Plan
BEC -Board Executive Committee	IHP – Individual Health Plan
BPC –Board Personnel Committee	IHS- Indian Health Services
BMI- Body Mass Index	I/T- Infant and Toddler
CA – Community Assessment	KA – Kitchen Assistant
CACFP – Child Adult Care Food Program	LAP- Learning Accomplishment Profile
EA – Education Assistant	LEA – Local Education Agency
CDC-Centers for Disease Control	LT – Leadership Team
CP – Community Partner	MAB- Medical Advisory Board
CPR- Cardiopulmonary Resuscitation	MHC – Mental Health Consultant
CSD – Child Services Director	NMCDC- Northern Montana Child Development Center
CUS- Custodian	Parent – Parent of enrolled children
DCFS – Division of Child and Family Services	OPA – Office of Public Assistance
DIAL 3- Developmental Indicator for the Assessment of Learning (3 rd Ed.)	OSHA- Occupational Safety & Health Administration
DOA/MHM – Disabilities Outcomes Assessment/Mental Health Manager	PC – Policy Council
ED – Executive Director	PCC – Policy Council Committees
ELAP – Early Learning Accomplishments Profile	PCEC – Policy Council Executive Committee
EM – Education Manager	PCL – Policy Council Liaison to the Board
EPSDT- Early & Periodic	PCM – Policy Council Member
ER – Evaluation Report	PIR – Program Information Report
ES – Executive Secretary	PS – Public School
FAP – Family Action Plan	QLC - Quality Life Concepts, Inc.
FCA – Family/Community Advocate	RD – Registered Dietitian
FIC – Family Involvement Committee	RN – Registered Nurse
FO – Fiscal Officer	SAT – Self-Assessment Team
FSM – Family Support Manager	T- Teacher (Center-based, home-based, combination)
G&TM – Grants and Training Manager	TA- Teacher Assistant
HA – Health Assistant	T/A – Teacher Advocate
	TM – Transportation Manager
	VOL - Volunteer
	WIC- Women Infants & Children

WELCOME!

We are glad you have chosen Northern Montana Child Development Center! This handbook has been written to describe our program, goals, and policies. Much of this handbook is dedicated to policies affecting children and families in the Early Head Start Center Based option, but the information will be helpful to those enrolled in other options as well. If you have questions that are not answered in this handbook, please let us know!

THE EARLY HEAD START PROGRAM

Early Head Start programs began in 1994 when an advisory committee on Services for Families with Infants and Toddlers, formed by the Secretary of Health and Human services, saw a need for early, continuous, intensive, and comprehensive child development and family support services to low-income families with children under the age of 3 and/or infants with a risk of a disability.

All children from birth to age three need an environment that honors their unique characteristics and that also provides love, warmth, and positive learning experiences. In addition, all families need encouragement and support from their community so they can achieve their own goals and provide a safe, nurturing environment for their very young children. This recognition has guided the design for Early Head Start programs.

NORTHERN MONTANA CHILD DEVELOPMENT CENTER

Planning for Early Head Start began in 2000 with the help of Community Development Institute, a training and technical assistance program of the Head Start Program, and many community partners.

Our grant was awarded in 2001 and we began a year of “start-up” planning on December 1, 2001. Services to families began December 1, 2002 and our childcare center opened on January 13, 2003.

Many local agencies and programs were involved in the planning and implementation of our Early Head Start Program. These very important community partners include Hill County Health Department; Northern Montana Head Start; Havre Public Schools; District IV HRDC-Child Care Link Resource and Referral; DPHHS-Quality Improvement Division-Child Care Licensing; Quality Life Concepts; Hill County Family Support Coalition; and others.

On December 1, 2005, Early Head Start combined with Northern Montana Head Start to create a program serving families with children ages 0-5. The name of the new program was changed to Northern Montana Child Development Center.

The Early Head Start part of Northern Montana Child Development Center is funded to serve 60 children/families in three different options:

✓ **Center Based Option***

This option provides childcare services and parent involvement activities for 22 children and their families who have a demonstrated need for a minimum of 20 hours of childcare due to TANF (Temporary Assistance to Needy Families) activities, work

or work-related education. Families enrolled in this option receive at least two home visits and two parent/teacher conferences with their child's center based Teacher each year. Families may be asked to provide verification of school/work hours by work supervisors or educators.

- NMCDC is licensed for 22 children ages 0-3. There are two classrooms of eight children and one classroom of six children, grouped accordingly to meet Montana Child Care Regulation 37.95.1021 regarding separate play areas for infants.

**** Parents/guardians of every center-based enrolled child will be strongly encouraged to apply for a Best Beginnings Child Care Scholarship (State paid child care assistance) with Child Care Link Resource and Referral at District IV HRDC within 10 calendar days of notification of enrollment, and within 10 days after end of certification period, or provide NMCDC with documentation stating their eligibility (or ineligibility).***

NMCDC does not provide transportation for the Early Head Start classes. Parents are required to transport their children to and from the center. Under special circumstances, the teachers may take the children on a field trip; in this case transportation will be provided using the NMCDC bus, a NMCDC bus driver, and all children will be in an age and size appropriate child restraint system. Parents will be notified in advance of field trips and are required to sign a permission form in order for their child to participate.

✓ **Home Based Option**

This option includes a weekly visit by a home based teacher that focuses on child development and a parent-child interaction group (socialization) that meets twice a month, usually at the NMCDC facility. During the socialization groups, families come together to play with their children, discuss child development issues and to share a meal. This option serves 16-20 children.

✓ **Combination Option**

This option is a combination of center based and home based and included two visits per month and socialization in a classroom setting two times a week for 3 ½ hours each time. Parents are encouraged to join their children during the socialization times to observe and enhance their child's educational experience. The children will be exposed to pre-Head Start skills such as sharing, turn taking, dressing, washing hands, songs, stories, outside fun, etc. This option serves 16 children and the children must be two years of age or older.

✓ **Prenatal Option**

The prenatal option is designed for expectant families and is tailored to the families needs. Families receive a minimum of one home visit a month from the EHS home visitor who provides information on pregnancy and fetal development as well as family support and referral to community resources. Once the child is born, paper work for the child will need to be completed at which time he or she is then placed in

the appropriate Infant/Toddler option based on availability. Expectant families are also invited to attend socialization activities.

The Head Start part of Northern Montana Child Development Center serves 134 pre-kindergarten-aged children and their families during the school year in center-based classes, home-based classes, and combination classes. Head Start has classrooms in Havre and Rudyard. Northern Montana Head Start has been providing services in our community for over 40 years.

HEAD START PERFORMANCE STANDARDS

As you read through this handbook, you will notice a series of numbers and letters (i.e. 1304.21 (a)(ii)) following each policy. These numbers correspond to a Head Start Performance Standard that is set by the Federal Government and are included in the Code of Federal Regulations. NMCDC Staff members and Policy Council members have a copy of the Standards and are also available to parents.

GRANTEE RELATIONSHIP

District IV Human Resources Development Council is the grantee for Northern Montana Child Development Center.

DISTRICT IV HRDC BOARD OF DIRECTORS

District IV HRDC is a private, non-profit community action agency serving low-income families in a wide range of programs. The agency is governed by a volunteer board of directors that includes representatives from the community, local government, low-income, and the NMCDC Policy Council.

NMCDC STAFF

NMCDC recognizes the importance for children to be cared for by adults who have been trained to understand their many changing developmental stages and needs. All staff that work with children and families as classroom or home-based teachers at NMCDC have – or are working towards - an Early Childhood Education Associate Degree. All staff have current First Aid and CPR certificates and updated immunizations.

NMCDC staff are mandatory child abuse reporters and are subject to local, state, federal, and tribal laws regarding child abuse and neglect.

NMCDC EARLY CARE AND EDUCATION PHILOSOPHY

1304.20 & 1304.21

Knowing that the foundation for all infant and toddler learning is based on relationships, NMCDC will provide a safe and secure home-like environment for infants and toddlers that will nurture positive relationships between the child and his/her caregivers, home visitors, parents, and peers.

Understanding that the abilities, interests, temperaments, developmental rates and learning styles vary among infants and toddlers, NMCDC will implement an early care and education curriculum that will accommodate the varying needs of infants and toddlers through individualized, developmentally appropriate, fully-inclusive activities, routines and experiences.

Recognizing that parents/guardians are the child's first teachers, NMCDC will support and assist parents/guardians in their ability to serve as their child's primary teachers. In addition, the daily implementations of the NMCDC curriculum will be responsive to ongoing observations of each child enrolled in NMCDC.

PHILOSOPHY OF INCLUSION

1304.20 (f)(1), 1304.20(f)(2)(i)

Northern Montana Child Development Center believes that all children are unique and special. We value each child for his/her individuality. We strive to provide a natural, homelike setting that supports all children in all aspects of their growth and development, regardless of their diverse abilities.

Northern Montana Child Development Center values the diversity of families and supports a family-guided process for determining services that are based on the needs and preferences of individual families and children.

NORTHERN MONTANA CHILD DEVELOPMENT CENTER CURRICULUM

1304.20 & 1304.21

NMCDC program and curriculum is based on the following goals and objectives for children and their families:

Goals and objectives for Children

1. To learn about themselves

- ✓ To feel valued and secure in their relationships
- ✓ To feel competent and proud about what they do
- ✓ To feel supported as they express their independence.

2. To learn about their feelings

- ✓ To communicate a broad range of emotions through gestures, sounds, and – over time - words.
- ✓ To express their feelings in appropriate ways

3. To learn about others

- ✓ To develop trusting relationships with nurturing adults
- ✓ To show interest in peers
- ✓ To demonstrate caring and cooperation
- ✓ To try roles and relationships through imitation and pretend play

4. To learn about communicating

- ✓ To express needs and thoughts without using words
- ✓ To identify with a home language
- ✓ To respond to verbal and nonverbal commands
- ✓ To communicate through language

5. To learn about moving and doing

- ✓ To develop gross motor skills
- ✓ To develop fine motor skills
- ✓ To coordinate eye and hand movements
- ✓ To develop self-help skills

6. To acquire thinking skills

- ✓ To gain an understanding of basic concepts and relationships
- ✓ To apply knowledge to new situations
- ✓ To develop strategies for solving problems

Goals and Objectives for Working with Families

1. To build a partnership with families

- ✓ To involve families in the NMCDC's planning and evaluation process
- ✓ To listen to and discuss families' questions, concerns, observations, and insights about their children
- ✓ To communicate regularly with families at arrival and departure times about how things are going for their child at home and at the center.
- ✓ To schedule regular conferences and/or home visits
- ✓ To discuss with families ways to handle children's challenging behaviors
- ✓ To resolve differences with families in a respectful way
- ✓ To help families gain access to community resources.

2. To support families in their parenting role

- ✓ To demonstrate respect for a family's approach to childrearing and their feelings about sharing the care of their child
- ✓ To celebrate with families each new milestone in their child's development
- ✓ To incorporate family rituals and preferences into the daily life of NMCDC
- ✓ To help families network with one another for information and support

3. To support families in their role as primary educators of their child

- ✓ To encourage family involvement and participation in program activities
- ✓ To provide families with strategies to support children's learning at home

4. To ensure that the home cultures of the children's families are reflected in the program.

- ✓ To support children's use of their home language
- ✓ To encourage children's awareness of and interest in home language spoken at the program
- ✓ To seek families assistance in learning about the children's home culture
- ✓ To include objects and customs from the children home cultures in the program's environment, routines, and activities
- ✓ To interact with children in a style that is respectful of their home culture.

NMCDC SCHEDULED CLOSURES

Holidays*:

- New Year's Day
- Martin Luther King Day - (third Monday in January)
- President's Day – (third Monday in February)
- Easter Monday
- Memorial Day – (last Monday in May)
- Independence Day – July 4
- Labor Day – (first Monday in September)
- Columbus Day – (second Monday in October)
- Veterans' Day – November 11
- Thanksgiving Day & the day after (fourth Thursday in November and following Friday)
- Christmas – to be announced
- 2 weeks in the spring
- 2 weeks in late summer

** Northern Montana Child Development Center does not focus on holidays to plan program activities or plan celebrations around holiday themes. NMCDC places materials in specific learning centers, such as art, dramatic play,*

housekeeping, quiet, that reflect children's traditional celebrations and allow each child the choice to interact with these materials in ways that are meaningful and of interest to him/her.

Staff Training Days:

- We will be closed each Monday for staff meetings and training.
- We will be closed for one day (in addition to Monday) in September for all staff to attend District IV HRDC Annual Staff Training.
- We will be closed for three days in October to attend annual state and regional conferences.
- We may close at other times during the year to participate in additional trainings, as appropriate.

WEEKLY HOURS AND ATTENDANCE

45 CFR 1305.8

Only parents/guardians with a demonstrated need for a minimum of 20 hours of child care due to education, work, or TANF program involvement will be eligible for the center-based option. An attendance plan is developed when children are enrolled in the center-based option. The attendance plan will include the days of week and hours of the day the child will be attending child care. Changes to the attendance plan must be submitted to the Center-Based teacher with no less than a 24-hour notice. Parents may be asked to provide verification of work and/or school attendance. Parents registered in college, high school, or GED classes are allowed up to 10 hours per week of scheduled study time which may occur in between scheduled classes or at the beginning or end of the day. The child's daily attendance in the center should not exceed nine hours on any one day (i.e. 8:00 am to 5:00 pm). Parents who work overnight shifts may be approved for child care the day following the night shift for sleep time on a case by case basis. Parents have the option of using up to 16 hours of child care per month for non-work or non-education related activities (doctor appointments, meetings, etc.).

Other situations for child care will be addressed on a case by case basis and will need management approval. Parents should inform teachers of situations outside of school, work or TANF program involvement that require child care. The teacher will consult with the Education Manager, which will be followed up with written approval.

Parents found not to be participating in approved activities (i.e., working, attending classes or scheduled study time, or completing TANF hours) during a time when the child is in the center will be subject to the following Policy:

- On the first incident, parents/guardians will be reminded of the above policy and given a written statement of the policy.
- On the second incident, parents/guardians will be sent a letter documenting the misuse of the above policy.
- On the third incident, the family will be suspended from use of the center and will be asked to move to the home-based option to continue receiving EHS services.

In order to adequately implement our child care and education philosophy, it is expected that your child will spend a minimum of 20 hours per week at the child care center.

- *An exception to the 20-hour week minimum may occur during the summer months and other times such as maternity leave, for those parents/guardians who are not enrolled in school, working, or doing TANF tasks for a period of longer than 30 days but not to exceed 100 days. Parents that do not have a need for child care for at least 20 hours a week during the summer months and other times are expected to participate in the home-base option for the extent of the absence. A weekly home visit will be conducted with parents, child, and the child's teacher(s). For more information about the home based option, refer to page 5.*

Parents are required to call when their child will be absent. Daily attendance is documented by the Infant /Toddler Teachers. If a child is absent without NMCDC being notified, the child's teacher will call the family. NMCDC is required by Montana Child Care Center Regulations to inquire as to the reason for the child's absence for the health and safety of the other children and staff. In some cases, a doctor's note may be required for admittance back to the center

Parents must provide information to their child's teacher regarding where they will be and a phone number of their location at all times in case of emergency.

Child attendance will be reviewed at classroom staffing. When a child's attendance is less than 85% of the number of hours defined in the attendance plan for the month, an analysis will be conducted. The analysis will consist of the pattern of absences, including the reasons for the absences as well as the number of absences that occur on consecutive days.

If the absences are a result of illness or if they are well-documented absences for other reasons, no special action will be taken.

If the absences result from other factors, including temporary family problems that affect a child's regular attendance, and/or a child has four or more consecutive unexcused absences, appropriate family support procedures will be initiated. Procedures will include home visits or other direct contact with the child's parents. Contacts with the parents will emphasize the benefits of regular attendance, while at the same time remaining sensitive to any special family circumstances influencing attendance patterns. All contacts and special family support activities will be documented.

If a family moves out of the area or cannot be located/contacted after all reasonable attempts have been made, that child's enrollment slot may be considered open.

NMCDC CUSTODIAL CARE POLICY

REVISED 6/2014

The following procedure is to ensure that all children are safely transported to and from NMCDC.

Children who are transported to and from NMCDC via the bus:

1. A parent/guardian or other authorized person should accompany child to bus at pick-up. At drop-off, NMCDC staff will only release a child to those who are authorized by the parent/guardian to take custody of their child.

2. If an authorized person is not available when the bus arrives, the child will be brought back to NMCDC. NMCDC staff will attempt to contact an authorized person to pick up the child.
3. If an authorized person has not been located or if the child has not been picked up within one hour of the class ending or scheduled drop-off time, NMCDC staff will contact Department of Child and Family Services to file a report as a Mandatory Reporter of Child Abuse and Neglect and to obtain services for the child.
4. Repeated offenses of this custodial care policy will result in the removal of bus services.
5. NMCDC will review each situation individually in order to accommodate any special circumstances.

Children who are transported to and from NMCDC via parent/guardian:

1. Children will be accepted into a classroom no sooner than 5 minutes before the start of class.
2. It is expected that children will be picked up promptly at the end of their class. If a child is not picked up within 10 minutes after class ends, NMCDC staff will attempt to contact an authorized person to pick up the child.
3. If an authorized person has not been located or if the child has not been picked up within one hour of the class ending, NMCDC staff will contact Department of Child and Family Services to file a report as a Mandatory Reporter of Child Abuse and Neglect and to obtain services for the child.
4. Repeated offenses of this custodial care policy will result in the child being transferred to the home-based option.
5. NMCDC will review each situation individually in order to accommodate any special circumstances.

TRANSITION INTO THE CENTER

45 CFR 1304.21(A)(3)(II)

Northern Montana Child Development Center acknowledges that it is extremely hard for a parent to leave a child in the hands of a stranger. Parents may be feeling guilt or anxiety about leaving their child. The assignment of a primary caregiver will make both the child and the parent feel more secure and cared for. It is the primary caregiver's role to help both parent and child with the separation and ongoing adjustment to child care. The primary caregiver is sensitive to the needs of the family.

The parent's role is to:

- Make several visits to the program with the child prior to the first day of care to help the child feel more at home.
- Make time to discuss and exchange written information about the program and about the child, so the parent and caregiver understand each other's concerns and practices.
- To prepare the child (parent talking to child ahead of time regarding attending child care).

- Allowing the child to explore the setting without pressure. Allow the child to interact, leave the parent, and play.
- Transition the child slowly by leaving for short periods of time first and gradually work up to longer periods of time.
- Allow about 10-15 minutes of goodbye time each day before leaving the child in child care.

Infant-Toddler Teacher's role is to:

- Develop a relationship of trust with child and parent.
- Share information about the program.
- Communicate respect for the parent role.
- Ask questions about the child's care such as routines, likes, and dislikes.
- Be sensitive to feelings of guilt, anxiety, and conflicts about the child's attachments.
- Be clear with the parent about the program's plan for handling the separation process.
- Describe the child's day at child care.
- Provide comfort and nurturing to the child.
- Be available to assist the parent in filling out any forms for the child care center.
- Reassure both parent and child that the separation will be okay, the child will be safe and cared for, and the bond between parent and child will not be impaired.

At NMCDC, children enrolled in EHS are assigned a classroom prior to their first day in the program (based on availability). Each classroom has two primary caregivers, and a home visit with the parents is conducted by both teachers prior to the child being in care at EHS. EHS employs a "teaming approach" (as described below by Zero to Three). While there are two primary caregivers in the classroom, each child is allowed to bond with a single caregiver over time based on their likes or dislikes.

"The assignment of a primary caregiver to every child in group care means that when a child moves into care, the child's parents know, the director of the program knows, and the caregiver knows who the person is who is principally responsible for that child. Primary care giving does not mean that one person cares for an infant or toddler exclusively, all of the time – there has to be teaming. Primary care giving does mean that the infant or toddler has someone special with whom to build an intimate relationship. Primary care giving assignments are an excellent example of program policy that takes the encouragement of relationships seriously." www.zerotothree.org

TRANSITION OUT OF EARLY HEAD START

1304.41(c)(1)

Formal transition planning (If a child is involved with Quality Life Concepts, that program may take the lead in transition activities) begins six months prior to the third birthday of the child enrolled in Northern Montana Child Development Center. Parents interested in enrolling the child in Head Start* or another preschool program may be eligible for extended services until the child is age eligible for that program. Parents not interested in enrolling the child in Head Start or other preschool program may not be eligible for extended services through Early Head Start. Extended services will only be available on an individual basis.

*If a child turns three shortly after the September 10 deadline for Head Start, parents can request a transition meeting with NMCDC staff to determine a developmentally appropriate placement for their child.

Six months prior to the child's third birthday, Early Head Start teachers will complete the ***Transition Out of EHS Interview*** with parents/guardians and follow the ***Transition Out of EHS Timeline***.

DAILY SCHEDULE

The daily schedule for the classrooms at NMCDC is designed to be consistent and predictable. However, our schedule does allow for flexibility within the day and for smooth transitions from one activity to another activity.

7:30-8:30am	Arrival, greeting, self-directed play, bottles as needed
8:30am	Breakfast served family style for non-bottle fed infants and all toddlers. Bottle-feeding and sleep as individual schedules dictate through out the day.
9:00-10:45	Self-directed play in planned learning areas indoors and out. Staff will have planned supervised activities for individuals and small groups.
10:45-11:00	Clean-up, wash-up and getting ready for lunch.
11:00am	Lunch for non-bottle fed infants and toddlers. Lunch may be staggered as morning nappers wake up.
12:00-3:00	Naptime for many toddlers, individualized wake up.
1-5:00pm	Self-directed play in planned learning areas indoors and out.
1:45-2:00pm	Clean-up, wash-up and getting ready for snack.
2:00pm	Snack
3-5:30pm	Self-directed play and learning areas. Goodbyes, conversations with parents, departure.

SCREENINGS AND ASSESSMENTS

1304.20(b)(1)

National Early Head Start Standards require our program to perform an age appropriate screening of your child to identify his/her developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual and emotional skills within 45 days of your child being enrolled at NMCDC. It is important to ensure that each child's development is proceeding without problem. To accomplish this, you and your child's teacher will complete the Ages and Stages Questionnaire (ASQ) and the Ages and Stages Questionnaire Social-Emotional (ASQ-SE).

Once the initial ASQ and ASQ-SE have been completed, a more formal assessment, the ELAP (Early Learning Accomplishment Profile), will be completed on a regular and periodic basis because of the rapid developmental changes in the early years. This assessment covers the six specific developmental areas for your child:

- ✓ Gross Motor Development – large muscle activities like crawling, kicking, reaching, running, walking, etc.
- ✓ Fine Motor Development – smaller muscle activities like grasping, building, stacking blocks, banging items together, shaking, etc.
- ✓ Cognitive Development - thinking skills and activities like mimicking, pointing to an object, understanding words, recognizing items, responding to stimulus, etc.
- ✓ Language Development – babbling, making sounds, showing examples of emotions, smiling, etc.
- ✓ Self-Help Skills – Feeding dressing, toileting and bathing independently.
- ✓ Social/Emotional Development - A child's responsiveness to his/her social environment, i.e.: Cooperation, ability to relate to peers, and sensitivity to others.

This screening and assessment process will guide us to a better understanding of the uniqueness of your child. The date and time of the screening or assessment will be made known to you in advance. Your involvement and input in this process is encouraged.

If there are some concerns about a possible developmental delay in your, you may request to have your child referred to Quality Life Concepts for further evaluation.

GUIDANCE POLICY

1304.21 (a)(3)(i)(C)-(E)

Our goal at Northern Montana Child Development Center is to provide a safe and nurturing environment for infants and toddlers in order for them to learn how to take care of themselves, be sensitive to other people, and become aware of the world around them. In order to accomplish this goal, the primary function of staff is to encourage, facilitate, and model learning by:

- Getting to know each child's personality, and responding to their individual needs.
- Planning room arrangements that minimize frustration, congestion, and confusion for infants, toddlers, and their families.
- Preparing and arranging interesting toys and activities that relate to all areas of an infant and toddler's development—social, emotional, intellectual, and physical.
- Establishing routines that allow uninterrupted blocks of time for spontaneous, self-directed play in a carefully planned environment
- Providing supervision for each child's learning needs and balancing their needs for independent exploration and caregiver support.
- Providing for and planning transitions between activities.
- Observing, guiding and reacting quickly to solve problems in a comforting and supportive way.
- Observing and making changes accordingly in the environment if there is an increase in stress or negative behaviors.
- Providing clear feedback on behaviors so that infants, toddlers, and young children learn the consequences of their actions.
- Responding to a child's success with words like "You must feel good about finally getting that shoe off," thus acknowledging the child's own inner delight.
- Setting a good example for infants, toddlers, and young children (not sitting on tables, not interrupting play, not talking loudly, and using appropriate words).
- Reinforcing positive social interaction.
- Being sensitive to infants' and toddlers' feelings and reactions (avoids abrupt interruptions, warns infant before picking up).
- Reacting consistently to infant and toddler behaviors by using age-appropriate methods of guidance (remove child from negative activity, redirect attention, help toddler avoid conflict over toy, stay close to toddler who bites).
- Using rules that are simple and age-appropriate.
- Having age appropriate expectations (care giver is patient with crying infant and negative behavior of toddler).
- Providing both active and quiet play, varying to meet the needs of the infants and toddlers in care.
- Waiting patiently for the child to complete what he or she is saying or doing without rushing the child or trying to finish the child's statement.

- Never using corporal punishment (hitting, spanking, other physical force), isolation, physical or emotional humiliation, use of food as reward or punishment, or denial of basic needs as discipline or guidance.

BITING (& Aggressive Behavior) POLICY

1304.21 (a)(3)(i)(C); 1304.21 (a) 3)(i)(D)

Biting (and other aggressive behaviors like hair pulling, hitting and scratching) is an upsetting behavior that can result from feelings of frustration, over-stimulation, anger, hunger, or pain related to teething. Children often use biting as a way to get their needs met because they do not have more appropriate methods of communicating what they want and because biting gets strong responses from others. Whatever the reason for biting, this behavior evokes strong emotions from all those involved, including the child who bites, the “victim,” the parents of both children, and the caregiver.

Unfortunately, biting is a common behavior in group settings of young children and when it occurs at NMCDC, the educators will follow these procedures:

1. The child who was bitten will receive comfort and reassurance. The bite will be washed with cold water and an ice pack will be placed on the wound. If the skin has been broken, the NMCDC HSA will cleanse the wound and make a determination if the wound needs further medical attention.
2. The child who bit will be responded to in a calm, but serious manner that lets him/her know that biting is not the right thing to do. The educator will state briefly and clearly what happened and that the biting is not okay (“You bit her, and it hurt her. I do not want you to bite anyone”). The child may also need to be redirected.
3. The educator (or person who witnessed the bite) will fill out an NMCDC Incident Report form (for both children) that will be signed by the parent, the educator, HSA and NMCDC director. When the parents of both children involved in the biting incident come to pick up their children, he/she will be informed of the incident. Because of confidentiality reasons, parents of both children involved in the incident cannot be informed of the other child’s name.
4. To prevent additional biting incidents, the child who bites will be observed to determine the reason for the bite and to problem solve ways to help the child overcome this negative behavior.

HEALTH STATUS REQUIREMENTS

1304.20 (a)

NMCDC Staff will work with you to help you accomplish health requirements for your child. All Immunizations must be current. Each family must be linked to a Medical Home where each child will be on a Montana State Well-Child Health Care and Screening Schedule. This includes a Physical Exam by your Medical Provider at Birth to 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, and 3 years. You will need to set up medical appointments when they are due and use our NMCDC Physical Exam Form for the Medical Provider. The Physical Form must be returned to us for each child’s health record. A Blood Lead Test is required at 12 months and 24 months. Lead Poisoning is 100% preventable. Lead is especially dangerous to children because of their “hand to mouth” behaviors and developing nervous systems.

SICK CHILD POLICY AND PROCEDURE

CFR 45 1304.22(b)(1)

EARLY HEAD START

If staff observes any of the following symptoms of illness in a child, Parent(s)/Guardian(s) will be contacted to pick up their child. Teachers may call Parent(s)/Guardian(s), to inform them of a child's illness, or they may notify the Health personnel to make the call. When possible, the child should remain in the classroom until Parent(s)/Guardian(s) arrive. According to the Montana Department of Public Health and Montana State Child Care Licensing Requirements a child **MAY NOT** come to the Center if he/she has any of the following:

- **FEVERS:** 101 degrees or more (including one from teething). Children should be without fever for 24 hours after the last pain reliever (Tylenol, ibuprofen, acetaminophen) was given before returning to NMCDC.
- **DIARRHEA:** Any changes from the child's usual stool pattern: abnormally loose stools, increased frequency, loose/watery, stool that runs out of diaper for children ages 0-3, or child can't get to the bathroom in time. Child must be diarrhea-free for 24 hours after the last episode before returning to NMCDC. It is at the discretion of the Child's Medical Provider to determine if certain infectious diarrhea is suspected and to ultimately decide on an action plan.
- **VOMITING:** Child has forcefully vomited two or more times in the past 24 hours. Child must be vomit-free for 24 hours after the last episode before returning to NMCDC, as stated above.
- **INFECTIOUS CONJUNCTIVITIS/PINK EYE:** Symptoms include: red eyes, red swollen eyelids, pus-like discharge resulting in crusty eyelids, or eyes stuck shut in the morning; he/she should be seen by a Medical Provider. Antibiotics must be administered for 24 hours before returning to NMCDC.
- **OTHER BACTERIAL INFECTIONS:** (Strep throat, Impetigo, Scarlet Fever, skin infections). Children must be treated with antibiotics for at least 24 hours before returning to NMCDC.
- **CHICKEN POX:** Child will not be permitted to attend NMCDC from the first signs of symptoms until all sores are scabbed over (approximately one week).
- **HEAD LICE:** If Head Lice is discovered the Head Lice Policy will be followed.
- **RASHES:** Children with rashes, spots, or infected skin patches must be evaluated **by a Medical Provider** before returning to NMCDC.
- **JAUNDICED:** Children with yellow skin or eyes will not be allowed to attend NMCDC until a cause is determined by a Medical Provider.
- **Persistent symptoms of the following should be examined by a Medical Provider:** Breathing Difficulty, Wheezing, Persistent Cough, Ear Pain, Eye Drainage, Seizures, Stiff Neck, Poor Food/Fluid Intake, Sore throat or trouble swallowing, Irritability (unusually fussy or cranky crying more than usual), Thick Green/Yellow Nasal Drainage, or unusually dark urine.

Children will be re-admitted to the center with a doctor's note.

HEAD LICE (Pediculosis Capitis) POLICY

Exposure to Lice: The Hill County Health Department supports the 'Caring for our Children' Standard 6.038 regarding attendance of children with Head Lice. The following procedures are to be followed at Northern Montana Child Development Center:

1. Lice infestation shall be identified by the presence of adult lice or nits (eggs) on a hair shaft 3-4 mm from the scalp.
2. Children shall not be excluded immediately or sent home early because of head lice. Parent(s)/Guardian(s) of affected children shall be notified and informed that their child must be treated properly by using Lice-Free Shampoo and combing out nits (eggs) before returning to the classroom. The child will not be allowed to return to NMCDC until

all adult lice have been removed and a signed statement is issued by the Hill County Health Department OR onsite health personnel stating child is free of the presence of adult lice.

3. Lice Free Shampoo with a fine-tooth comb for combing out nits will be provided by NMCDC to all family members.
4. The class room will be vacuumed and cleaned after class time. Children and staff who have been in close contact with an affected child may be examined and should be treated if infested.
5. Rationale: Head lice infestation in children attending child care or school is common in the U.S. and is not a sign of poor hygiene. Head lice are not a health hazard because they are not responsible for the spread of any disease.

ORAL HYGIENE POLICY

45 CFR 1304.23(b)(3)

To promote healthy teeth and gums, infants, toddlers, parents, and staff will follow these guidelines and procedures while at Northern Montana Child Development Center:

Infants (0-6 months):

- Gauze and/or washcloths or toothettes will be provided to clean the gums of infants without teeth after meals.
- A toothbrush will be provided by NMEHS when a child gets his/her first tooth.
- The toothbrush will be used after meals, without toothpaste.

Approximately 6 months – 1 year:

- For those children without teeth, gauze/wash cloths or toothettes will be available to clean their gums after meals.
- A toothbrush will be provided by NMEHS when a child gets his/her first tooth.
- The toothbrush will be used after meals, without toothpaste.

Toddlers between one and two years of age

- Once daily, after a meal, teachers must brush children's teeth with a soft bristled toothbrush, using a small smear of toothpaste that contains fluoride.
- After subsequent meals teachers will brush the children's teeth without the use of toothpaste

Toddlers age two and over

- Once daily, after a meal, teachers will assist children in brushing their teeth with a soft bristled toothbrush, using a small smear of toothpaste with fluoride.
- After subsequent meals teachers will assist children in brushing their teeth without the use of toothpaste.

PROCEDURES

1. Each person has his or her own toothbrush & individual size toothpaste, labeled by name, so that toothbrushes are never shared.
2. After one finishes brushing his or her teeth, the toothbrush will be rinsed off and dried with a paper towel (using a new paper towel for each brush). Squeezing the excess water from the brush will hurry the drying process and help eliminate the chances of mildew growth.
3. Toothbrushes will air dry according to CDC recommendations.

4. Toothbrushes will be replaced when the bristles become bent, after illness, and at least every three months.
5. Toothbrushes will be stored so they do not touch any other toothbrushes.
6. If one's toothbrush becomes contaminated, it will be discarded to control the spread of infection and illness.
7. Children will always be supervised while brushing their teeth and will never be allowed to walk/run around with a toothbrush in their mouth.

Infants are held while being fed and are not laid down to sleep with a bottle.

Staff and parents serve as role models by brushing their own teeth after meals and will teach children proper brushing techniques.

CACFP 0-3 FEEDING POLICY

CFR 45 1304.23(a) through 1304.23(e)(2)

Northern Montana Child Development Center works with the Child and Adult Care Food Program* to provide nutritious meals for enrolled children (1304.23(b)(1)). The following guidelines have been developed in order to offer all children positive mealtime experiences. NMCDC practices the division of responsibility in feeding, according to Ellyn Satter, (2000) in Child of Mine: Feeding with Love and Good Sense. That means we are responsible for the what, when and where of feeding; children are responsible for the how much and whether of eating. If you would like further information, go to www.ellynsatter.com or contact a NMCDC Staff Member for more education on the feeding relationship.

**This center participates in the U.S. Department of Agriculture Child and Adult Care Food Program and is open to all eligible participants regardless of sex color, age, race, national origin or disability. If you believe you have been discriminated against in receiving food services because of sex, color, age, race, national origin or disability, write immediately to the Secretary of Agriculture, Washington, D.C., 202050, or the USDA-FCS Office of Civil Rights, 1244 Speer Blvd, Denver, CO 80204.*

Babies' birth to four months

- Infants are fed on demand (1304.23(b)(1)(vii)). The only exception is if a doctor has specified a schedule because of a medical concern. We can only serve infants 0-4 months breast milk or iron fortified formula. A doctor's note is needed if a child's parent/guardian wants to put the infant on milk products, low iron formula, or cereal.
- Infants are held and talked to while they are being fed. Bottles are never propped or given to infants in their beds (1304.23(e)(5)).
- Infants are burped after feedings before being laid down.
- Infants may begin eating cereal and other solid foods at four months only if the parent has introduced foods at home. Your doctor will let you know when the time is appropriate for your child to eat these foods.
- Introduction to one food at a time, one week apart will enable everyone to identify food allergies that your child may experience. If your child is allergic to a particular food, please inform your child's teacher so he or she may post a notice regarding your child's food allergy.

Please do not bring food or snacks to the center. According to food program regulations, we can only serve foods and snacks that have been pre-approved by CACFP.

Infants to twelve months of age are offered formula and other foods appropriate to their age. Introduction of baby cereals, fruits, and vegetables will be initiated by parents/guardians who will work with the teachers to maintain consistency between home and EHS. .

Toddlers one year and older are provided breakfast, lunch, and snack. Whole milk will be provided at each meal unless your physician prescribes otherwise. Juice will occasionally be offered.

GENERAL FEEDING INFORMATION

1. All hands need to be washed before eating. This includes parents, children, volunteers, and staff. (1304.22(e)(1)&(2).
2. All formula will be provided to enrolled children at NMCDC. Parents/guardians may need to be informed of other nutritional services like WIC. Families can be referred to the Family Support Manager or Health personnel. (1304.40(c)(1)(i)).
3. All bottles of breast milk and formula are refrigerated until immediately before feeding, and any contents remaining after a feeding are discarded immediately (1304.23(e)(2). Bottles are cleaned after each use. Staff and parents work together to make sure all containers of breast milk, formula, or milk are labeled with the child's name, and used only for that child. Unused formula is discarded daily. Frozen breast milk is thawed in running, warm water, or in the refrigerator. If frozen solid, breast milk will keep for several months (two-door refrigerator / freezer). In a deep freeze (0 degrees F) it will keep for six months. Once frozen breast milk thaws, it is used within 24 hours and is never refrozen. If breast milk or formula is to be warmed, bottles are placed in a crock-pot. It is then shaken and tested on the preparer's wrist before feeding. Bottles of formula or breast milk are never warmed in the microwave. Microwaves heat unevenly and may cause severe burning. To avoid spoilage, avoid warming formula or breast milk at room temperature or in warm water for extended periods. Bottles of formula may not contain any other substance (such as cereal or other foods) whether they are prepared at home and brought to the center or are prepared by center staff. Exceptions may be granted only with a doctor's order on file at the center.
4. When children are developmentally ready to begin eating solid foods, we will respect and trust the children's ability to choose whether and how much they eat. We will not control amounts of food children eat unless there is a medical concern or a special need that has been addressed by a doctor or other specialist (1304.23(c)(6)).
5. The developmental readiness for feeding skills is taken into consideration for each individual child. It is important for us to introduce and allow each child to explore and develop self feeding skills (1304.23(b)(1)(iv)).
6. The children will be served nutritional meals at regular times throughout the day. Breakfast is at 8:30 a.m., lunch is at 11:00 a.m., and snack is at 2 p.m., with extra snacks, if necessary. There is flexibility built into the feeding schedule to be responsive to the individual needs of the child (1304.23(b)(1)(iii)).
7. Mobile infants will be served a plate with all of the food choices. Infants and toddlers are encouraged, but never forced, to taste each food. Eating utensils and a small clear glass are introduced at every meal. Self-feeding is encouraged. The children may choose to self-feed with their fingers. They become very skilled at self-feeding by practicing. Drinking from a small clear glass is encouraged. When children show an interest or are ready to practice drinking from a glass on their own, we will always encourage it.

Children are capable of drinking from a glass and we want to encourage self-mastery. Spills are to be expected, as it is a part of learning to become independent.

8. Toddlers will be given the opportunity to serve themselves from the serving dishes and pour their own drink. They can participate in after meal cleanup by scraping their plates, wiping the table, and washing their own hands and face (1304.23(c)(7)).
9. We will trust the child's internal choice about whether and what they want to eat and how much they eat. If a child has eaten all of his or her fruit and has not eaten his or her casserole, the child will be able to have more fruit if he or she chooses. Food is not used as punishment or reward (1304.23(c)(2)). Each child is allowed sufficient time to eat (1304.23(c)(3)).
10. Northern Montana Child Development Center will provide toothbrushes, toothpaste (for children ages 1 and over)/gauze for all infants, children, and staff. Infants will have their gums or new teeth wiped off with a clean wet washcloth or gauze; and children, and staff will brush their teeth daily, as per the oral hygiene policy (1304.23(b)(3)).

SAFE SLEEP POLICY

CFR 45 1304.22(e)(7), 1304.53(b)(3); MT DPHHS Licensing Requirement for Child Care Centers 37.95.1005

Northern Montana Child Development Center requires that all cribs and cots be spaced at least three feet apart. For purposes of hygiene, each child is assigned a crib or a cot for sleeping. Children sleep on covered surfaces and all bedding, cribs, and cots are disinfected weekly, or as needed.

A cot or a mat may be used once a child turns one year of age as long as a safe sleep environment is provided. Children one year of age through 18 months who are placed on a mat must have a signed permission statement in the file indicating that the parent has given permission for their child to be placed on a mat. In addition, a caregiver must remain with the child while they are sleeping.

Infants and toddlers shall not be routinely allowed to sleep in a car seat, infant swing or other apparatus.

All cribs will have a tight-fitting mattress that meets current safety standards as of December 28, 2012. Cribs shall have no more than 2 3/8 inches of space between the vertical slats and have secure latching devices. All pillows quilts, comforters, heavy blankets, sheepskins, bumper pads, stuffed toys and other soft products shall be removed from the crib.

If a lightweight blanket is used, the child's feet must be placed at the foot of the crib or play pen and the blanket must be tucked along the sides and foot of the mattress. The blanket should not come up higher than the child's chest.

Children ages 19 - 36 months are allowed to sleep with a pillow or a stuffed animal.

Northern Montana Child Development Center recognizes the efforts of the SIDS Back to Sleep Campaign. Therefore, all non-mobile infants will be placed to sleep on their backs. Exceptions will be made when documentation of an order from a Medical Provider for an alternative position is received from the child's parents and Medical Provider. Temperature in the child care rooms will be maintained so over-heating of children is avoided. It has been shown that the incidence of Sudden Infant Death Syndrome (SIDS), the sudden and

unexplained death of an infant less than one year of age, is drastically reduced by following these guidelines.

NMCDC staff who provide care to children under age two will receive training in an approved safe sleep curriculum within 60 days of hire.

TOILET TRAINING

CFR 45 1304.21(a)(1)(v); 1304.22(e)(1)(2)(3); 1304.53(a)(10)(viii)&(xv)

Northern Montana Child Development Center will allow and enable children to independently use toilet facilities when it is developmentally appropriate and when efforts to encourage toilet learning are supported by parents.

NMCDC will work cooperatively to support the parent and child in the toilet learning process. The following list of questions needs to be answered to indicate if the child is “ready” for toilet learning:

1. ***Is the child at least eighteen months old?*** Children develop the muscles and bladder capacity to begin the potty training process between the ages of 18 and 24 months. It is useless and possibly harmful to expect any child to do something that she is physically unable to do.
2. ***Are the child’s diapers dry for one to two hours at a time?*** Dry diapers indicate that the child’s bladder is large enough and mature enough for toilet training to be successful.
3. ***Does the child know – and let you know when he is wet or has a bowel movement?*** The child will not be able to successfully learn to use the toilet if he is not even aware of being wet or having a bowel movement.
4. ***Does the child tell you or indicate that she/he is uncomfortable in wet or soiled diapers?*** If the child feels quite comfortable with wet or soiled diapers, it will be hard to convince her to urinate and have bowel movement in the potty. A child who is ready to begin the toilet training process will pull or tug at wet or soiled diapers or may indicate in another way that she is uncomfortable and want to be changed.
5. ***Is the child able to sit upright for short periods of time?*** If the child is not able to sit anywhere for five minutes, he won’t be able to sit onto the potty long enough to urinate and have a bowel movement – especially at first.
6. ***Can the child undress enough to sit on the toilet?*** The child needs to be able to do as much of process independently as possible. The child needs to be able to pull down his/her own pants so that toileting can become a self-help skill. It will be very hard for the child to get to the toilet in time if he/she always has to wait for help with clothing for an adult.
7. ***Is the child able to get himself to the potty?*** For toileting to be a self-help skill, the child needs to be able to walk to and from the bathroom.
8. ***Does the child follow simple directions?*** The child will need to follow simple directions and cooperate with you during the toilet training process.
9. ***Does the child answer simple yes-and-no questions?*** The child should be able to communicate with you and the caregivers during the toilet training process to be able to answer when adults ask if he/she is wet, ready to use the toilet, and so on.

10. **Does the child imitate others- parents, caregivers, or other children?** IF the child imitates other (for example, pretending to drink coffee like you do), he/she will likely imitate others when it comes to toilet training, too.
11. **Does the child trust the adults who care for him and feel comfortable with them?** The child will have a difficult time learning this new skill if he/she doesn't trust the adults who are caring for him/her.

To help with the toilet training process, NMCDC has a private child-sized toilet in each classroom (we do not use potty chairs). In addition, NMCDC will use the following healthy and safety guidelines when helping a child learning to use the toilet:

A Parent or an Educator will always be present to assist the child in learning to use the toilet.

- The child will be taught proper wiping – front to back.
- The adult can help with redressing if necessary.
- Flushing can be completed by child or adult.
- Hand washing policy will be followed by the child and the adult.

ADMINISTRATION OF MEDICATION IN THE CLASSROOM

45 CFR 1304.22(e)(1)(2)(3)

Children's medications will be handled by designated staff trained in accordance with performance standard 1304.22(c)(2). n.

Northern Montana Child Development Center requires all medications to be given at home whenever possible. Under certain circumstances, when it is necessary for medication to be administered to a child at NMCDC, parent(s)/guardian(s) will be encouraged to come to NMCDC and give the medication during lunch, break, etc. If this is not possible, Permission for Administration of Medication form must be filled out by the Medical Provider and Parent(s)/guardian(s), and the following procedures must be followed:

Parent(s)/Guardian(s) are to give the first dose of any medication at home in order to observe the child for possible side effects or adverse reactions to the medication. Only Parent(s)/Guardian(s) may delegate and entrust classroom teacher(s) to administer, handle, and store a medication that is given at NMCDC. The parent/guardian **MUST** instruct and train teacher(s) regarding administration of medication before any dosage is given, including potential emergency medication such as Epi-Pens for severe allergic reaction (anaphylaxis). If an Epi-Pen is used, it must be sent with the EMT's or Parent(s)/Guardian(s) to the Emergency Room.

In addition:

- All medication, including over the counter medication, must be in its original container, have an expiration date, which will be checked by the educator administering it. It must be labeled with the child's first and last name, date prescribed, name of medicine, dosage, expiration date of medication, medical provider's name and pharmacy name and telephone number. It must be stored in a locked box provided by NMCDC. Expired medication will not be administered by NMCDC. If refrigeration is required, medication will be stored in a locked storage box

in the refrigerator Locked storage boxes will be available, as needed, for medication in the 0-3 classrooms.

- Only staff will have access to the lock boxes, which will be locked at all times. Medication must be handed directly to the educator or other staff responsible for medication administration.
- NMCDC staff may not accept or supervise the administration of medication unless a completed written medication authorization (permission) form is on file.
- NMCDC will not administer over the counter medication without a documented recommendation by a Medical Provider. If a Medical Provider recommends an over the counter medication, parents are required to provide medication instructions for administration and storage. Person administering medication (parents or staff) must wash their hands before and after administration of medication.
- All medications are given only as instructed on the label or directions.
- All doses of medication must be entered on a medication administration log with a signature to document who administered the medication to the child. Remember, if it is not documented, you cannot prove it happened.

OUTDOOR POLICY

45 CFR 1304.21(a)(5)(i)

Spending time outside is an important part of early childhood. Children love and need time to play outside. In order for us to support the growth and development of each child, we incorporate outdoor play into their daily schedules as follows:

1. Infants under three weeks old are not taken outside.
2. Infants three weeks old and older are strolled outside when weather is appropriate.
3. Infants approximately six months old go outside to the play area.
4. Toddlers go outside daily, even in the winter, weather permitting.
5. If the weather is below zero (including wind chill factors), children will not be taken outside.

Please send your child with the appropriate clothing for outside play. Shoes, coats, hats, mittens, and boots are some examples of appropriate clothing. Please Let us know if you need assistance gathering outdoor clothes for your child.

If your child is too ill to go outside, he or she is too ill for a home visit or to be at the center. Please refer to the Sick Child policy.

Getting chilled does not give you a cold. Viruses, not weather, cause colds, Many studies have shown that people exposed to very cold temperatures, icy baths, and drafts do not catch colds unless they are exposed to viruses. Colds are more common in winter months because people spend more time indoors and are exposed to more germs.

RELEASE AUTHORIZATION

Children will only be released to those listed on the signed release authorization form. All originals of signed Release Authorization forms for Head start children will be kept in the

Office Administrator's office. For Early Head Start children, the signed Release Authorization forms will be located in the child's file. The Release Authorization includes the child's name, child's teacher, parent/guardian's name, address, phone numbers, and work locations, emergency contacts for the child, and names of anyone over the age of 12 who are authorized by the parent/guardian to take custody of the child.

Unless we have a copy of legal documentation stating otherwise, we will release the child to either parent listed on the birth certificate or adoption record.

If an unauthorized person is seeking custody or information about a child the following will be done:

- A. Family Involvement staff will be contacted. They will then contact the parent/guardian.
- B. The Family Involvement staff will notify the police if an unauthorized person seeks custody of the child.
- C. A picture ID needs to be shown if person is not familiar to staff.

If, at the sole discretion of Head Start Personnel, the person authorized to take custody of the child is suspected to be intoxicated, under the influence of drugs, or exhibiting inappropriate behavior, the child will not be released. Family Involvement staff will be notified. Family Involvement staff will notify the appropriate law enforcement personnel (Police 265-4361 or Sheriff 265-2512) and the agency for protective child services (265-1233). In Chinook, the teacher will notify the police (357-3170), and on the Hi-line the teacher will notify the sheriff (Liberty County 759-5412 or Hill County 265-2512).

Failure to correctly secure a child in a moving vehicle could result in NMCDC staff reporting the incident to the police or to the Department of Child and Family services. In Montana, all children are covered by a Child Occupant Protection Law. If a vehicle is stopped for a violation, the driver could be assessed a fine of \$100 per child if children are not properly restrained. (Source: Insurance Institute for Highway Safety, 2002)

If you need help installing your car safety seat, contact a certified Child Passenger Safety (CPS) Technician. To locate a child safety seat inspection station in our area and to set up an appointment, call toll-free at 866/SEATCHECK (866/732-8243) or visit www.seatcheck.org.

TRANSPORTATION

NMCDC does not provide transportation for the Early Head Start classes. Parents are required to transport their children to and from the center. Under special circumstances, the teachers may take the children on a field trip; in this case transportation will be provided using the NMCDC bus, a NMCDC bus driver, and all children will be in an age and size appropriate child restraint system. Parents will be notified in advance on field trips and are required to sign a permission form in order for their child to participate.

Transportation for children with special needs will be provided according to the Individual Family Service Plan (IFSP).

IN-KIND

Your involvement in Northern Montana Child Development Center is very important. Our federal guidelines require us to match 20% of the non-federal share of our grant with donated time and services. This 20% adds up to \$384,259. Our program serves 188 children and this amount breaks down to:

$$\begin{aligned} \$384,259 \div 12 \text{ months} &= \$32,022 \text{ per month} \\ \$32,022 \div 188 \text{ children} &= \$170 \text{ per month per child} \\ \$170 \div \$10 \text{ per hour} &= 17 \text{ hours per month per child} \end{aligned}$$

There are many ways to generate in-kind hours including volunteering in the classroom (reading a book during lunch hour, or spending any spare time with your child with in the center), volunteering to make cookies for a NMCDC social event, attending family night, parent committee meetings and serving on policy council. We understand that your time is very important, but we recognize that your involvement helps to make our program a success.

In-Kind donations to Northern Montana Child Development Center also include:

- ✓ Time spent attending/driving to NMCDC related meetings
- ✓ Volunteer time donated to the program
- ✓ Material donations to the program that would have been included in regular program expenses
- ✓ Parent/guardian time spent at the center, at group meetings
- ✓ Parent and community volunteer time spent at NMCDC activities (workshops, socializations, committee meetings)
- ✓ Parent time spent taking their child to medical or dental appointments
- ✓ Parent time spend working on family and educational goals
- ✓ Parent time dropping off and picking up their child from NMCDC

POLICY COUNCIL

The Northern Montana Child Development Center Policy Council meets monthly September through June and approves plans, goals, and policies governing the operation of the program. Items reviewed by Policy Council members include enrollment criteria, enrollment selection, hiring and firing decisions, federal grant applications, and major budget changes. Policy Council conducts an annual self-evaluation.

Policy Council is comprised of a parent representative from each classroom or equivalent parent alternates, and community representatives. Community and parent Policy Council representatives are elected by parents. No representative can serve more than three years. NMCDC program directors and other staff members also attend meetings but have no vote.

Policy Council has four standing committees comprised of council representatives. These committees are:

Education and Disability Committee

- ✓ Comprised of parents/guardians, staff, and community members
- ✓ Annually reviews and updates Early Childhood Development Work Plan, and the Transition Work Plan. Curriculum and best practices in Early Childhood Development are discussed

- ✓ Plans formal training and workshop opportunities for parents within the Early Childhood Development area
- ✓ The Child Development Specialist is the liaison for this sub-committee

Family and Community Partnerships

- ✓ Comprised of parents/guardians, staff, and community members
- ✓ Responsible for reviewing and approving the Family and Community Partnerships and Recruitment Work Plan
- ✓ Meets approximately 3 – 4 times per year
- ✓ Discusses community partnership agreements, resources, absenteeism, referral forms, and recruitment
- ✓ The Family Services Specialist is the liaison for this sub-committee

Executive Committee

- ✓ Comprised of parents/guardians, staff, and community members
- ✓ Responsible for reviewing and approving the Program Design and Management Work Plan
- ✓ Meets approximately 3 –4 times per year
- ✓ The Program Director is the liaison for this sub-committee

Medical Advisory Board

- ✓ Comprised of members of the local medical community and an Early Head Start Parent/Guardian
- ✓ Meets two times per year
- ✓ Approves the Health Work Plans and discusses specific issues involving health – especially those of local concern
- ✓ Discusses nutrition, tuberculosis testing for adults, physicals, dental assessments, parent health education, mental health and other issues
- ✓ The Health and Wellness Specialist is the liaison for this sub-committee

CONCERNS AND GREIVANCES

If you have a concern about any program polices or practices please use the following chain of command to address the issue:

Teacher/advocate → Education Manager or Family Services Manager → NMCDC director → HRDC Executive Director → Policy Council expectations as stated in the following **Parent/Community Grievance Procedure:**

The parent or community member must submit a written and signed grievance to the Policy Council Chairperson within 10 business days of the occurrence of the incident. The grievance shall include the following: 1) statement of the grievance and relevant facts; 2) remedy sought; 3) must be signed and dated. At all stages of this process, decisions shall be placed in writing and transmitted to all parties involved.

1. The Chairperson must schedule a meeting with the parent or community member to take place within 15 business days of receipt of the grievance. This meeting between the parent or community member and the Policy Council Chairperson is an attempt to resolve the issue through formal discussion. If the parties are unable to reach mutual resolve, the grievance is then forwarded to the Policy Council Executive Committee.

2. Within 15 business days of having been informed that the Policy Council Executive Committee has received a written grievance, the Child Services Director shall forward to the Policy Council Executive Committee Chairperson a response to the grievance statement.
3. The aggrieved shall also receive the Child Services Director's response to the written grievance and may, within 5 business days of the receipt thereof, forward a rebuttal to the Chairperson of the Policy Council Executive Committee.
4. Within 10 business days of receipt of the request for review, the Policy Council Executive Committee shall review the materials received and make their decision as to the resolution of the grievance. The Policy Council Executive Committee's decision shall be placed in writing and transmitted to the Child Services Director and the aggrieved party.
5. If the decision of the Policy Council Executive Committee is not acceptable to either party in the grievance, the Committee's decision may be appealed to the full Policy Council. The request to appeal must be made in writing to the Policy Council Chairperson within 10 business days after the Policy Council Executive Committee has communicated its decision in writing. The appeal shall be brought before the full Policy Council at its next regularly scheduled meeting, where quorum is present, to decide how to address the appeal. The Policy Council may decide to accept the Policy Council Executive Committee's decision, reject the decision, or seek further review of the decision. A time frame for coming to a final decision shall be negotiated mutually and agreed upon between the parties in the grievance and the Policy Council Chairperson. The decision of the Policy Council is final.
6. All parties will sign a final copy of the grievance resolution and receive copies of the signed resolution.