

Early Childhood Programs

KOOTASCA Head Start

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Invest Early Project

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School Readiness

ISD 316 • Greenway Schools 247.7306; x26624
ISD 317 • Deer River Schools 218.246.8860; x421
ISD 318 • Grand Rapids Schools 218.327.5850
ISD 319 • Nashauk-Keewatin Sch 885.1280;x52101



2020 • 2021

Parent Handbook

Disclaimer: Some of our policies have changed due to COVID. Parents/Guardians should refer to our COVID Preparedness Plan & COVID Resource Guide for further information.

Upon request, this information will be made available in alternative formats, such as, Braille, audio, electronic, or large print.

KOOTASCA Community Action Inc. and the Invest Early Project are Equal Opportunity Providers & Employers.

MN RELAY: 7-1-1 or 1-800-627-3529



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1. WELCOME TO THE EARLY CHILDHOOD PROGRAMS

We are licensed by the State of Minnesota in two Counties (Itasca and Koochiching). We serve children 6-weeks old to kindergarten entrance. Our hours and days of operation are site specific. Parents receive this information in a summer Parent Letter, Home Visit, Registration and/or Open House. Below is a table outlining licensed KOOTASCA Head Start and Invest Early Sites:

Site	License #	Infant	Toddler	Preschool
Bigfork	School Readiness	0	0	18
Grand Rapids (GRECC)	1037699	8	14	37
Itasca Community College (ICC)	1025915	0	0	42
International Falls	801136	0	0	40
Itasca Resource Center	800918	4	4	40
Keewatin	1037682	0	0	34
Kiesler Wellness Center	1087969	0	0	6
King Preschool	1037696	16	28	108
Marble	1037690	0	0	17
Nashwauk	1037698	8	8	2
Northome	801762	0	0	20
St. Joes IE Preschool	School Readiness	0	0	17
Taconite Invest Early	1037693	8	9	20
Taconite KOOTASCA	802461	0	0	20



a. KOOTASCA Head Start



KOOTASCA Head Start is a state and federally funded FREE program for young children ages birth to age four. Head Start offers a variety of program options, serving Itasca and Koochiching Counties. Programming may include home visits, classroom days, family activities and opportunities to volunteer in the classroom. We encourage all parents/guardians to get involved in the program planning and decision-making through participation in site Family First Events (FFE) or as a representative of the Policy Council. Enrollment is based on the age of the child, the household gross income and the size and special needs of the child & family.

Head Start is a family focused program providing a quality, nurturing early childhood experience for your children as well as support services for the entire family. Head Start provides nutritious meals and snacks, health services, budgeting, job search and parent/guardian education and support.

b. Invest Early Project



The Invest Early Project is an Itasca County collaborative serving children and families. The Mission of Invest Early is to promote high quality early childhood education programming for every child in the Invest Early region while providing high quality, comprehensive wrap-around services to children and families living below the poverty level. Invest Early serves children birth to kindergarten entrance. Our core services include: 1) Early Childhood Education; 2) Extended Day; 3) Parent Education; and 4) Health Services.

Parents will be able to choose from a menu of additional support services based on need or interest, including Family Development, Home Visits, Adult Basic Education, Mental Health Support and Transportation.

The Invest Early Project will provide licensed instructors in a safe, stimulating learning environment. The project operates five days a week, 12 hours per day, twelve months of the year, according to the family calendar.

c. School Readiness

School Readiness is a public school program open to Minnesota children age three years to kindergarten enrollment. The goal of School Readiness is to help preschoolers enter school with the skills and behaviors necessary to be successful in future learning. It is a priority of School Readiness to involve parents in their child's learning and education.

d. Early Childhood Family Education (ECFE)

ECFE provides classes, programs and services for families with young children from birth to kindergarten age. A typical ECFE class includes learning activities with your child and a parent discussion.

Our goal is to work in partnership with families in achieving their hopes and dreams for a bright promising future. Our early childhood programs collaborate to blend our services so they can be tailored to meet the needs of your family.

2. ARRIVAL & DEPARTURE PROCEDURE **All Parents will be greeted at the door of the center. Please refer to our COVID Preparedness Plan for further information.**

- a. Transportation to and from the center is the family's responsibility. Some sites offer transportation.
- b. Parents/Guardians must walk their children to their classroom and sign them in when dropping them off, as well as, sign them out when they leave.
- c. Always walk your child to the teacher or assistant teacher when you bring your child to the center. Be certain staff know your child has arrived.
- d. If transportation is offered at your site, parents/guardians must walk their child to and from the bus or van. Children will not be dropped at home unless a parent/guardian is there to meet them. Children will be returned to the center and law enforcement will be called if staff is unable to contact the parent/guardian.
- e. Your child will not leave the center with any person whose name is not on the Emergency & Child Release form; photo I.D. may be required.



3. ATTENDANCE POLICY **This policy has changed due to COVID. Please refer to our COVID Preparedness Plan for further information.**

- a. Children are expected to attend class regularly. Our program helps prepare children for their entrance into Kindergarten and attendance is not only required, but children that attend regularly have better academic outcomes!
- b. Federal guidelines have set an 85% attendance standard for all of our classrooms. For example, in a month with 20 possible days to attend, a child would need to attend 17 days to have 85% attendance.
- c. When your child is absent, or if you know your child will be absent ahead of time, please call the classroom and leave a voice mail message.
- d. If a child is absent for three consecutive days, or has consistently irregular attendance, your Family Support Staff or teacher will contact you to discuss reasons for absence and help you find appropriate solutions.
- e. A child may be dropped from the program because of a lack of attendance, if absences persist in spite of the program exhausting all efforts of assistance. **When a student drops within the month the**

official drop date will be the last day of the month they notified us.

4. CHILD CARE PROGRAM PLAN **Please refer to our COVID Preparedness Plan for further information.**

The early years are one of the most influential periods for growth and development.

- a. Parents/Guardians of enrolled children may visit the classroom any time during the hours of operation. **Due to COVID, visitors will not be allowed in our facilities.**
- b. Parents/Guardians who are able to volunteer are welcome and encouraged to do so. **Due to COVID, volunteering will not be allowed in our facilities.**
- c. The daily schedule of the classroom provides support for your child to feel secure and independent, to move from one activity to another as easily and confidently as possible. We will provide a variety of learning experiences for a well-rounded education. The schedule for the day includes:
 - Daily tooth brushing and hand washing.
 - Large and small group activities.
 - Time to play alone or with others.
 - Active and quiet times.
 - Rest time.
 - Indoor and outdoor play times.
 - Time for children to select their own activities and for teacher-directed activities.
- d. Classroom staff will be observing children daily. They document each child's progress in their social, emotional, cognitive and physical development.
- e. The staff does daily classroom and playground checks for possible dangers and corrects them.
- f. Students will go outside each day unless the outside temperature is below zero or the wind chill is below zero (staff will use discretion).
- g. Parents may review the centers Child Care Program Plan, available at each site, upon request.



5. BEHAVIOR GUIDANCE POLICY

The Early Childhood Programs use age appropriate behavior guidance methods that instruct all children to develop and use self-control skills. Guidance is a method of teaching the child what is expected. Therefore, a primary task of teachers is to assist the child in learning how to appropriately express feelings and meet their needs. Classroom rules will be posted for viewing by parents, children and volunteers.

- a. Positive Modeling - Staff will model at all times positive, acceptable behavior that is consistent with the behavior expected from the children.
- b. Developmental Appropriateness - Staff will use guidance techniques that are developmentally appropriate for the children they work with. Examples of developmentally appropriate guidance are:
 - Give child choice of two acceptable activities.
 - Discuss child's feelings and help the child with words to express himself/herself.
 - Explain expected behavior to child.
 - Acknowledge, identify & give encouragement for desirable behavior.
 - Children will be taken aside for individual discussion and problem solving.
- c. Redirection
Conflict between children will be minimized by redirecting individual children and groups away from potential problems.
- d. Acceptable Alternatives
Staff will use many techniques to help children learn how to use acceptable alternatives for solving

social problems with their peers and dealing with their own behavior.

Examples of tools used in teaching acceptable alternatives included:

- “Incredible Years” or “Baby Doll Circle Time” (EHS) curriculum in the classroom.
- Positive statements and attention.
- Limit setting and choices.



e. Protect the Safety of Children and Staff

Staff are responsible to protect the safety of children and co-workers.

f. Persistent Unacceptable Behavior

- Staff will observe and record unacceptable behavior of a child, as well as staff’s response to the unacceptable behavior; and,
- A plan will be developed to address the persistent unacceptable behavior documented above. This procedure will be completed in consultation with parent/guardian and with other staff and professionals when appropriate.

g. Prohibited Actions

The following actions are prohibited by the Early Childhood Programs:

- Corporal punishment, which includes, but is not limited to:

- Rough Handling
- Shoving
- Hair Pulling
- Ear Pulling
- Shaking
- Slapping
- Kicking
- Biting
- Pinching
- Hitting
- Spanking



Children need to **PLAY** to
BE ADAPTABLE
CONSTRUCT KNOWLEDGE
PROBLEM SOLVE **LEARN** **CREATE**
SOLVE **PROCESS** **EMOTIONS**
INTERNALISE EXPERIENCES
DISCOVER **CHALLENGE**
BE HEALTHY THEMSELVES
LAUGH & HAVE FUN
LEARN TO WORK **IMAGINE**
TOGETHER **LEARN TO LEAD**
EXPRESS **EXPLORE** **SPEAK**
IDEAS **DEVELOP** **READ**
MANAGE **AN INQUIRING** **WRITE**
STRESS **MIND** **WRITE**
Because **PLAY** **COUNT** matters.

- Emotional Stress
 - Name Calling
 - Ostracism
 - Shaming
 - Making derogatory remarks about a child or the child’s family
 - Using language that threatens, humiliates, or frightens the child
- Separation from the group, unless other methods have been attempted.
- Punishment for lapses in toilet habits.
- Withholding food, light, warmth, clothing or medical care.
- Use of physical restraint, other than to physically hold a child where containment is necessary to protect a child or others from harm.
- Use of mechanical restraint, such as tying.

h. Separation From The Group Policy

- No child may be separated from the group unless the following has occurred:
 - Less intrusive methods of guiding the child’s behavior have been tried and were ineffective.
 - The child’s behavior threatens the well-being of child or other children in the program.
 - A child who requires separation from the group must:
 - Remain within an unenclosed part of the classroom where the child can be continuously seen and heard by a program staff person;

- The child’s return to the group must be contingent on the child’s stopping or bringing under control the behavior that precipitated the separation; and,
 - The child must be returned to the group as soon as the behavior that precipitated the separation abates or stops.
 - Children between the ages of six weeks and 16 months must not be separated from the group as a means of behavior guidance.
- Separation Report

All separations from the group must be noted on a daily log that must include the following:

 - The child’s name;
 - The staff person’s name;
 - Time;
 - Date;
 - Information indicating what less intrusive methods were used to guide the child’s behavior;
 - How the child’s behavior continued to threaten the well-being of the child or other children in care;
 - If a child is separated from the group three or more times in one day, the child’s parent shall be notified and the parent notification shall be indicated on the daily log; and
 - If a child is separated five or more times in one week, eight times or more in two weeks, the procedures in the “Persistent Unacceptable Behavior” must be followed.



A complete Behavior Guidance Policy is posted at each site and may be viewed upon request.

6. CONFERENCE PROCEDURE

- a. Teachers hold parent/guardian conferences twice a year to discuss your child’s physical, cognitive, social and emotional progress.
- b. Parent/Guardian Teacher Conferences will be held in the fall and spring.
- c. All parents/guardians will receive a written assessment of their child’s intellectual, physical, social and emotional development at conferences.
- d. Parents/Guardians are encouraged to call staff at any time with questions or concerns

7. PARENT/GUARDIAN FIELD TRIP PERMISSION POLICY **Due to COVID, field trips will not be taken.**

- a. The early childhood programs will ensure that written permission is obtained from each child’s parent/guardian before taking a child on a field trip.
- b. In addition, parent/guardians will be notified before each occasion of research, experimental procedure, or public relations activity involving a child.
- c. Extra volunteers may be recruited for field trips.
- d. Staff will take emergency phone numbers for the child’s parent/guardian and the persons to be called if a parent cannot be reached, the phone number of the child’s physician, and a first aid kit.

8. NAP AND REST POLICY **Due to COVID, social distancing measures have been put in place during nap and rest time. Please refer to our COVID Preparedness Plan for further information.**

- a. Confinement Limitation: A child who has completed a nap or rested quietly for 30 minutes must not be required to remain on a cot or in a crib or bed.
- b. Placement of Equipment: Naps and rest must be provided in a quiet area that is physically separated

from children who are engaged in an activity that will disrupt a napping or resting child. Cribs, cots, and beds must be placed so there are clear aisles and unimpeded access for both adults and children on at least one side of each piece of napping and resting equipment. Cribs, cots, and beds must be placed directly on the floor and must not be stacked when in use.

- c. Bedding: Separate bedding must be provided for each child in care. Bedding must be washed weekly and when soiled or wet.

9. PET POLICY **Due to COVID, no pets will be allowed in our facilities.**

Visiting animals will be allowed to come into the classrooms under the following conditions:

- All pets who wish to visit the classroom need to have pre-approval from our program in order to assure each child's health and safety needs are met.
- Pet owners must submit a copy of their pets' up-to date vaccination record one week prior to the classroom visit.

10. SOCIAL MEDIA POLICY

We understand that social media can be a fun and rewarding way to share your life and opinions with family and friends around the world. However, the use of social media also presents certain risks and carries with it certain responsibilities. We have established guidelines for appropriate use of social media in our classrooms which applies to all families enrolled in our program.

- Classrooms are NO PHOTO ZONES.
- Each site will have a designated photo area for special events.

This policy has been put in place for the safety and well-being of all of our staff, students, and their families.

11. HEALTH CARE SUMMARY & IMMUNIZATION RECORDS

Per state guidelines and regulations your child must have a health care summary including proof of a physical exam and dental exam within the first 30 days of enrollment; and an immunization record at the time of enrollment.

- a. All immunizations must be up-to-date at the time of enrollment or the first day of care. Immunizations catch up plans are accepted for children who are behind schedule.
- b. Families are required to update their child's physical and health records annually, or whenever the child has an exam.
 - Physicals and hearing and vision check-ups are required annually; and
 - Dental exams are required every six months.
- c. As part of the comprehensive services provided by the early childhood collaboration, Family Support Staff services will follow up with you if your child is not current on early childhood screening, physical or dental exams. Staff will help you meet these health benchmarks & can be resources should there be any issues.

12. MEDICATION POLICY

- a. Parents/Guardians are encouraged to give their children medications at home.
- b. Before Early Childhood Program staff can administer either prescription or nonprescription medications, a written permission and instruction form must be obtained.
- c. Medication must be in its original container, labeled with the child's name, with clearly written dosages and instructions on the container.
- d. Medicine must be delivered to the teacher and may not remain in the child's backpack or cubby during class time.

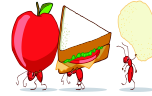


13. NUTRITION POLICY

(Please see CACFP & Early Childhood Nutrition handout for more information)

a. Meals and Snacks

- The Early Childhood Programs will provide USDA approved meals and snacks on a daily basis.
- Breakfast, morning snack, lunch and afternoon snack times will be posted in the classroom.
- Meals and snacks will be served family style for infants and toddlers. Preschool classes may eat in the cafeteria at some sites. **Please refer to section 9 of our COVID Preparedness Plan for further information.**
- Parents/Guardians are welcome and encouraged to join your child at meal times. Advanced notice would be appreciated. **Due to COVID, visitors will not be allowed in our facilities.**



b. U.S. Department of Agriculture Policy

“In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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:

- i. Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Ave, SW; Washington, D.C. 20250-9410
- ii. Fax: (202) 690-7442; or
- iii. email: program.intake@usda.gov

This institution is an equal opportunity provider.”

c. District 316, 317, 318, 319, 361, & 363 Policy

“In accordance with Title IX of the 1972 Educational Amendments, and Title VII of the Civil Rights Act of 1964, this institution is also prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint, contact the superintendent for School District 316, 317, 318, 319, 361 or 363.”

14. SAFETY POLICY

a. Classroom & Playground Inspection

The Early Childhood Program staff conducts daily classroom & playground inspections for possible dangers and corrects them.

b. 9-1-1

9-1-1 will be called if a child is in danger or in a life- threatening situation.

c. Parent/Guardian Notification

- Parents/Guardians will be notified immediately if their child is in need of medical attention or has been transported by emergency services.
- Parents/Guardians will be notified in writing of any injury/incident.

d. First Aid & CPR

All staff are certified in first aid and CPR and will administer first aid as they were trained.

e. Poisoning

In case of poisoning, the Poison Control Center will be called and staff will follow their instructions.

f. Emergency Drills

The Early Childhood Program has a Crisis Management Plan that is mandated by the State of Minnesota. Listed are the drills that take place:

- Fire • Tornado • Lock Down • Campus Evacuation

g. Missing Person

The Early Childhood Program missing person procedure is available upon request at each site.



15. SCHOOL CLOSING PROCEDURE

- a. During bad weather, listen to your local radio and television stations for delayed starts or school closings.
- b. If your local school district closes due to weather, the Early Childhood Programs will close too.

16. GENERAL EXCLUSION GUIDELINES FOR ILL CHILDREN/STAFF **This policy has changed due to COVID. Please refer to our COVID Preparedness Plan for further information.**



Certain symptoms in children may suggest the presence of a communicable disease. Excluding an ill child may decrease the spread of the disease to others in childcare and school settings. Recommended exclusion varies by the disease or infectious agent. Children with the symptoms listed below should be excluded from the childcare or school setting until symptoms improve; or a health care provider has determined that the child can return; or children can participate in routine activities without more staff supervision than usual.

NOTE: It is recommended that childcare/preschool providers and schools have policies that are **clearly** written for excluding sick children and staff. These policies should be placed in the student handbook or on the childcare or school website. Parents/guardians and staff should be given or directed to these resources at the beginning of each school year or when the child is enrolled or the staff member is hired. This will help prevent problems later when the child or staff member is ill.

Children may not attend school if:

- **Illness** – Unable to participate in routine activities or needs more care than can be provided by the childcare/staff
- **Fever** – An elevation of body temperature above normal and accompanied by behavior changes, stiff neck, difficulty breathing, rash, sore throat, and/or other signs or symptoms of illness; or unable to participate in routine activities. **Measure temperature before giving medications to reduce fever.**



- Axillary (armpit) temperature: 100° F or higher
- Oral/Temporal temperature: 101° F or higher
- Rectal temperature: 102° F or higher

- **Signs/Symptoms of Possible Severe Illness** – Child is unusually tired, has uncontrolled coughing, unexplained irritability, persistent crying, difficulty breathing, wheezing, or other



unusual signs for the child. Exclude until a health care provider has done an evaluation to rule out severe illness.

- **Diarrhea** – Diarrhea is defined as an increased number of stools compared with a child’s normal pattern, along with decreased stool form and/or stools that are water, bloody, or contain mucus. Exclude until 24 hours after diarrhea stops or follow specific disease exclusion if the pathogen is known; or until a medical exam indicates that it is not due to a communicable disease.
 - **Vomiting** – Child has vomited two or more times in the previous 24 hours. Exclude for 24 hours after last episode of vomiting, unless it is determined to be caused by a non-communicable condition and the child is not in danger or dehydration.
 - **Mouth Sores with Drooling** – Exclude until a medical exam indicates the child may return or until sores have healed.
 - **Rash with Fever or Behavior Change** – Exclude until a medical exam indicates these symptoms are not those of a communicable disease that requires exclusion.
 - **Eye Drainage** – Exclude if the child has a fever or is not healthy enough to participate in routine activities.
 - **Unusual Color of Skin, Eyes, Stool, or Urine** – Exclude until a medical exam indicates the child does not have hepatitis A. Symptoms of hepatitis A include yellow eyes or skin (jaundice), gray or white stools, or dark (tea or cola-colored) urine.
- a. If a child becomes sick at the Early Childhood Program, the child will be separated from the group and the parent /guardian or emergency contact will be called by the nurse, or designated staff, who will request the child be picked-up.
 - b. It is the parent/guardian responsibility to notify your child’s teacher or the site nurse if your child has a contagious disease within 24 hours of the diagnosis.
 - c. Parents/Guardians will be notified if there is an emergency or injury requiring medical attention. Parents/Guardians will be notified if there is an exposure to a contagious illness.

17. FAMILY INVOLVEMENT OPPORTUNITIES ***Due to COVID, visitors will not be allowed in our facilities. Please refer to our COVID Preparedness Plan for further information.***

Family involvement is one of the cornerstones of our programs. Studies show that the more a parent is involved with their child’s education, the more successful that child will be in school. We want to give families as many opportunities as possible to be involved. Volunteers can be parents, grandparents, caregivers and relatives and must be 13 years of age or older. Here is a list of a few ways you can get involved:

- Classroom Volunteer
- Parent Education Workshops
- Early Childhood Family Education (ECFE)
- Adult Basic Education
- Participation in Special Events
- Family First Events (FFE)
- Field Trips
- Policy Council/Advisory Council
- Library Visits and/or Reading to your child at home
- Share a gift or talent, come in and cook with the children, play an instrument or help with a woodworking project.
- Socializations
- Physical Activity Calendar



Our funding requires us to track In-Kind participation. In-Kind is a donation of time, materials or other services which otherwise would have to be paid for by the program. In-Kind is a way for you to give back to the program. We are encouraging families to make a 30-hour commitment to our programs each year. Baby Step coupons available.

18. MANDATED REPORTING

Mandated Reporting

All Early Childhood Program staff are mandated reporters.

A mandated reporter must report to County Social Services or the County Sheriff's Department if she/he suspects abuse or neglect of a child.

a. Who Should Report Child Abuse and Neglect

- Any person may voluntarily report abuse or neglect.
- Staff employed by the Early Childhood Programs are legally required and mandated to report.
- If staff know or have reason to believe a child is being, or has been neglected, or physically or sexually abused, must immediately (within 24 hours) file a child abuse report to an outside agency.

b. Where to Report

- If you know or suspect that, a child is in immediate danger, call 9-1-1.
- All reports concerning suspected abuse or neglect of a child occurring in a license facility should be made to:

Minnesota Department of Human Services
Licensing Division Maltreatment
Investigation's Unit Intake Line (651) 431-6600

or

Itasca County Health & Human Services
Intake Line – (218) 327-2941
Koochiching County Health & Human Services Intake Line (218) 283-7000

or

Itasca County Sheriff's Department (218) 326-3477
Koochiching County Sheriff's Depart (218) 283-4416

c. Licensure of Facility

Questions about our license, concerns or grievances about a child's care should be brought to the immediate attention of the site contact or one of the outside agencies listed below:

Minnesota Department of Human Services
Licensing Division (651) 431-6500

or

Itasca County Child Care Licensing (218) 327-5559
Koochiching Cty Child Care Licensing (218) 283-7000



19. ALCOHOL AND DRUG POLICY

- Drugs and alcohol are prohibited at all Early Childhood Program sites.
- All facilities are smoke free.
- Smoking is prohibited on Early Childhood Program grounds.
- Staff is prohibited from being under the influence of drugs or alcohol when they are on duty with the Early Childhood Programs.
- If staff suspect parents/guardians are under the influence of drugs or alcohol when dropping-off or



picking-up your child, it is our legal responsibility to contact police immediately.

20. PARTNERS OF OUR EARLY CHILDHOOD PROGRAMS

a. Early Childhood Special Education (ECSE)

The Minnesota Department of Education helps ensure that all Minnesota families with infants, toddlers and preschool children experiencing developmental delays or disabilities have access to early intervention services close to home when they need them. This is accomplished through the implementation of a comprehensive, coordinated statewide system of local interagency early intervention committees and service providers.

b. County Health & Human Services Department

Public Health provides consultation, technical assistance and training.

c. Mental Health Services

Our early childhood programs want each family to have emotional, psychological, physical and family wellness. A licensed mental health professional will visit each classroom. They may provide training for staff and families.

d. Adult Basic Education (ABE)

Adult Basic Education provides GED preparation services and other basic education opportunities that help adults achieve personal education and career goals.

e. School Districts Specialists

The school district partnership provides us with access to the school nurse, speech clinician and other specialists.

f. Family Support Staff

The Early Childhood Programs are designed to support and assist families to become stronger and independent. Work is done with families to identify family strengths, goals and ways to achieve those goals.

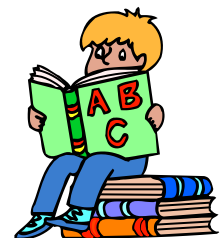
21. OPERATIONS MANUAL – The Operations Manual is available for review by parents/guardians at each site.

22. PARENT/GUARDIAN BULLETIN BOARD

One Parent/Guardian Bulletin Board is located at each KOOTASCA Head Start and Invest Early site. The Boards contain Parent/Community Complaint Procedure, License, monthly menu, Correction Orders, Justice For All Poster, WIC Poster, Family First Events, etc.



Read to your child every day!!!



23. ANNUAL NOTIFICATIONS PROVIDED TO PARENTS

The Annual Notifications are provided to parents/guardians through this handbook and include: 1) Allergy Prevention and Response Policy and Procedure; 2) Handling and Disposal of Bodily Fluids Policy and Procedure; 3) Child Care Emergency Plan (Emergency Preparedness); 4) Maltreatment of Minors Mandated Reporting Policy and Procedure

a. **Allergy Prevention and Response** (Minnesota Statutes, section 245A.41, subdivision 1)

- i. Before admitting a child for care, the early childhood program will obtain documentation of any known allergy from the child's parent or legal guardian or the child's source of medical

care. If a child has a known allergy, the early childhood program will maintain current information about the allergy in the child's record and develop an individual child care program plan as specified in Minnesota Rules, part 9503.0065, subpart 3. The individual child care program plan will include but not be limited to a description of the allergy, specific triggers, avoidance techniques, symptoms of an allergic reaction, and procedures for responding to an allergic reaction, including medication, dosages, and a doctor's contact information.

ii. The early childhood program will ensure that each staff person who is responsible for carrying out the individual child care program plan review and follow the plan. Documentation of a staff person's review will be kept on site.

iii. At least annually or following any changes made to allergy-related information in the child's records, the early childhood program will update the child's individual childcare program plan and inform each staff person who is responsible for carrying out the individual child care program plan of the change. The early childhood program will keep on site documentation that a staff person was informed of a change.

iv. A child's allergy information will be available at all times including on site, when on field trips, or during transportation. A child's food allergy information will be readily available to a staff person in the area where food is prepared and served to the child.

v. The early childhood program will contact the child's parent or legal guardian as soon as possible in any instance of exposure or allergic reaction that requires medication or medical intervention. The early childhood program will call emergency medical services when epinephrine is administered to a child when child is in the early childhood program's care.

vi. The Allergy Prevention and Response Policy and Procedure are provided to parents/guardians of all children at the time of enrollment and made available upon request.

b. **Handling and Disposal of Bodily Fluids** (Minnesota Statutes, section 245A.41, subdivision 2)

i. Safely Handling and Disposing of Bodily Fluids - The early childhood program will comply with the following procedures for safely handling and disposing of bodily fluids:

(1) Surfaces that come in contact with potentially infectious bodily fluids, including blood and vomit, will be cleaned and disinfected. Disinfection will be done by rinsing or wiping with a solution of one-fourth cup chlorine bleach plus water to equal one gallon, or an equivalent product.

(2) Blood-contaminated material will be disposed of in a plastic bag with a secure tie.

(3) Sharp items used for a child with special care needs will be disposed of in a "sharps container." The sharps container will be stored out of reach of a child;

(4) The early childhood program has the following bodily fluid disposal supplies in the center: disposable gloves, disposal bags, and eye protection.

(5) The early childhood program provides annual training to staff on universal precautions to reduce the risk of spreading infectious disease. Training is documented in each staff person's personnel file.

(6) The Handling and Disposal of Bodily Fluids Policy and Procedure are provided to parents/guardian of all children at the time of enrollment and made available upon request.

c. **Emergency Preparedness** (Minnesota Statutes, section 245A.41, subdivision 3)

i. Child Care Emergency Plan

The early childhood program has developed and written individual Child Care Emergency Plans for each child care center site. Each Plan was written on a form developed by the Department of Human Service.

(1) Each Plan includes:

- (a) Procedures for an evacuation, relocation, shelter-in-place, or lockdown.
- (b) A designated relocation site and evacuation route.
- (c) Procedures for notifying a child's parent or legal guardian of the evacuation, relocation, shelter-in-place, or lockdown, including procedures for reunification with families.
- (d) Accommodations for a child with a disability or a chronic medical condition.
- (e) Procedures for storing a child's medically necessary medicine that facilitates easy removal during an evacuation or relocation.
- (f) Procedures for continuing operations in the period during and after a crisis.
- (g) Procedures for communicating with local emergency management officials, law enforcement officials, or other appropriate state or local authorities.

(2) [Annual Training](#)

- (a) Annual Training is conducted for staff and provided at staff orientation, as well as when changes are made to the Plan. Training is documented in each staff person's personnel file.

(3) [Drills](#)

- (a) Drills are conducted according to the requirements in Minnesota Rules, part [9503.0110](#), subpart 3. The date and time of the drills are documented.

(4) [Annual Update](#)

- (a) Each Child Care Emergency Plan is reviewed and updated annually. Documentation of the annual emergency plan review is maintained in the program's administrative records.
- (b) The Child Care Emergency Plan is included as a part of the early childhood program's policies and procedures and is maintained in the Green Licensing Binder at each site for all staff and parent's upon request.
- (c) The relocation site and evacuation route is posted in a visible place as part of the written procedures for emergencies and accidents.
- (d) The Child Care Emergency Plan are provided to parents/guardians of all children at the time of enrollment and made available upon request.

d. **Maltreatment of Minors Mandated Reporting Policy** (requirements found in Minnesota Statutes, sections 245A.145, subdivision 1, and 245A.66, subdivision 1)

i. [Who Should Report Child Abuse and Neglect:](#)

- (1) Any person may voluntarily report abuse or neglect.
- (2) If you work with children in a licensed facility, you are legally required or mandated to report and cannot shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility. If you know or have reason to believe a child is being or has been neglected or physically or sexually abused within the preceding three years you must immediately (within 24 hours) make a report to an outside agency.

ii. [Where to Report:](#)

- (1) If you know or suspect that a child is in immediate danger, call 9-1-1.
- (2) Reports concerning suspected abuse or neglect of children occurring in a licensed child foster care or family child care facility should be made to county child protection services.
- (3) Reports concerning suspected abuse or neglect of children occurring in all other facilities licensed by the Minnesota Department of Human Services should be made to the Department of Human Services, Licensing Division's Maltreatment Intake line at (651) 431-6600.
- (4) Reports regarding incidents of suspected abuse or neglect of children occurring within a family or in the community should be made to the local county social services agency for Itasca County at (218) 327-2941 or (218) 326-3477.
- (5) If your report does not involve possible abuse or neglect, but does involve possible violations of Minnesota Statutes or Rules that govern the facility, you should call the Department of

Human Services, Licensing Division at (651) 431-6500.

iii. [What to Report:](#)

- (1) Definitions of maltreatment are contained in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, Section 626.556).
- (2) A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the abuse or neglect (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected abuse or neglect occurring within a licensed facility the report should include any actions taken by the facility in response to the incident.
- (3) An oral report of suspected abuse or neglect made to one of the above agencies by a mandated reporter must be followed by a written report to the same agency within 72 hours, exclusive of weekend and holidays.

iv. [Failure to Report:](#)

- (1) A mandated reporter who knows or has reason to believe a child is or has been neglected or physically or sexually abused and fails to report is guilty of a misdemeanor. In addition, a mandated reporter who fails to report maltreatment that is found to be serious or recurring maltreatment may be disqualified from employment in positions allowing direct contact with persons receiving services from programs licensed by the Department of Human Services and by the Minnesota Department of Health, and unlicensed Personal Care Provider Organizations.

v. [Retaliation Prohibited:](#)

- (1) An employer of any mandated reporter shall not retaliate against the mandated reporter for reports made in good faith or against a child with respect to whom the report is made. The Reporting of Maltreatment of Minors Act contains specific provisions regarding civil actions that can be initiated by mandated reporters who believe that retaliation has occurred.

vi. [Internal Review:](#)

- (1) When the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the facility must complete an internal review within 30 calendar days and take corrective action, if necessary, to protect the health and safety of children in care. The internal review must include an evaluation of whether:
 - (a) Related policies and procedures were followed
 - (b) The policies and procedures were adequate
 - (c) There is a need for additional staff training
 - (d) The reported event is similar to past events with the children or the services involved
 - (e) There is a need for corrective action by the license holder to protect the health and safety of children in care.

vii. [Primary and Secondary Person or Position to Ensure Internal Reviews are Completed:](#)

- (1) The internal review will be completed by Executive Director's. If these individuals are involved in the alleged or suspected maltreatment, Education Managers, or other members of the Administrative Teams will be responsible for completing the internal review.

viii. [Documentation of the Internal Review:](#)

- (1) The facility must document completion of the internal review and make internal reviews accessible to the commissioner immediately upon the commissioner's request.

ix. [Corrective Action Plan:](#)

- (1) Based on the results of the internal review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any.

x. [Staff Training:](#)

- (1) The license holder must provide training to all staff related to the mandated reporting

responsibilities as specified in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556). The license holder must document the provision of this training in individual personnel records, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

- (2) The Maltreatment of Minors Mandated Policies and Procedures are provided to parents/guardians of all children at the time of enrollment and made available upon request.
- xi. [Assessment:](#)
- (1) In accordance with Minnesota Statute 626.556, an assessment will be conducted when the following circumstances are alleged and these allegations have occurred within the past three (3) years. In addition, maltreatment allegations must have been inflicted or caused by a parent, guardian or an individual functioning within the family unit with similar care responsibilities. A caretaker also includes daycare providers, foster parents, residential treatment staff, teachers and other school personnel.
 - (2) In cases of sexual abuse, reporting is expanded to include non-care taking adult relatives, related by blood, marriage or adoption.
 - (3) Physical Abuse:
 - (a) Any physical injury inflicted by a person responsible for the child's care, other than by accidental means. Injuries may include: bruises, scalding, cuts, bites, bone fractures, malnutrition, welts, burns, wounds or punctures.
 - (i) An intentional (non-accidental) act resulting in a visible injury diagnosed by a physician.
 - (ii) An act of discipline that results in an injury. Injuries resulting from reasonable force or restraint are not considered abuse (MN Statute 609.739).
 - (iii) An assault that would have a high probability of resulting in an injury.
 - (iv) Any physical injury that cannot be reasonably explained by the child's history of injury. These reports usually come from a physician.
 - (v) Any case where a physician reports an explanation of an injury that is inconsistent with the injury itself.
 - (4) Sexual Abuse:
 - (a) Subjection by the child's parent, guardian or person responsible for the child's care to any act which constitutes criminal sexual conduct, intra familial abuse or incest. Sexual contact is intentional touching of the victim's intimate parts by the alleged perpetrator; the coerced touching by the victim of the alleged perpetrator's intimate parts, the victim's own intimate parts or the intimate parts of another person. The touching can occur over the victim's clothing. Intimate parts refer to: primary genital area, groin, inner thigh, buttocks or breast. Sexual abuse may include child pornography and juvenile prostitution.
 - (i) Any sexual penetration
 - (ii) Children with sexually transmitted diseases
 - (5) Failure to Thrive:
 - (a) A physician's diagnosis of failure to thrive due to parental deprivation.
 - (6) Neglect:
 - (a) Failure by a parent, guardian or other person responsible for a child's care to supply a child with necessary food, clothing, shelter or medical care when reasonably able to do so. Failure to protect a child from conditions or actions which may imminently and seriously endanger the child's physical and mental health, when reasonably able to do so. Children abandoned or without proper care because of the faults, habits, emotion or physical disability of parents or custodian. Children without necessary subsistence, education or

other care because the parent neglects or refuses to provide it and children under eighteen (18) living in an unlicensed facility. An assessment will be conducted when the following circumstances are alleged:

- (7) Inadequate Shelter:
 - (a) The periodic or continuing failure to provide adequate shelter and protection from weather elements and from environmental hazards in the dwelling and on the property, which have the potential for injury, illness and/or disease and are under the control of the caretaker.
 - (b) Adequate shelter includes appropriate heat, sanitation and sleeping arrangements.
 - (c) Environmental hazards in the home or on the property include, but are not limited to, items such as broken windows or glass, gas leaks, open and accessible containers of dangers drugs or household poisons, exposed electrical wiring, scalding water, unprotected space heaters, lead based paint, discarded refrigerators with doors, open wells without covers, animal waste, feces, rodents and insects.
- (8) Inadequate Clothing and Hygiene:
 - (a) The failure to provide and maintain adequate clothing that is appropriate to the climate or environmental conditions.
 - (i) Provision of adequate clothing suitable for the child's sex and age.
 - (ii) Maintenance of clothing includes periodic laundering and necessary upkeep.
 - (iii) Child is chronically dirty or un-bathed.
- (9) Inadequate food:
 - (a) Child routinely lacks sufficient quantity or quality of food.
 - (b) Child suffers from malnutrition or developmentally lags, which can be attributed to malnutrition.
- (10) Lack of Supervision:
 - (a) Failure to provide supervision, care, guidance and/or protection which results in the child being in situations beyond his/her ability to cope, at risk for physical harm, at risk of sexual or other exploitation.
 - (i) The child is left alone or is held responsible for siblings or other children for extended periods of time and in circumstances beyond the child's chronological age, social maturity or judgment to handle safely.
 - (ii) The caretaker displays erratic or impaired behavior, engages in substance abuse, suffers from severe emotional disturbance and/or is unable to cope. The resulting behaviors, alone or in a combination, are of such deviation and intensity that the bare minimum of child caring tasks cannot be performed.
 - (iii) Lack of supervision includes, but is not limited to, such behaviors as selecting unreliable persons to provide child care, leaving a young child alone for an extended period of time without access to a responsible adult or without the knowledge of how to reach help.
- (11) Failure to Provide Medical Care:
 - (a) Failure to provide medical care refers to a continuing or consistent refusal to seek, obtain and follow through with diagnosis and treatment of medical, dental or mental health care for a health problem, symptoms of a condition, which if untreated could place the child in immediate or future jeopardy, incapacitation or death.
 - (i) This includes a child born with an illegal drug in its system or medically diagnosed Fetal Alcohol Syndrome (FAS). Also, if the child's mother has illegal drugs in her system at the time of delivery.
 - (ii) Cases of failure to provide medical care because of adherence to religious beliefs will be referred to the Juvenile Court.

- (iii) A child fifteen (15) years or younger living in a non-relative, unlicensed home for over thirty (30) days.
- (12) Permitted Action:
 - (a) Reasonable force may be used upon a child when the parent, guardian, caretaker or school staff find it necessary to restrain the child from hurting self, others or property.
- (13) “Person responsible for the child’s care” means
 - (a) An individual functioning within the family unit that has responsibilities for the care of the child, such as a parent, guardian or other person having similar care responsibilities; or,
 - (b) An individual functioning outside the family unit and having responsibilities for the care of the child, such as a teacher, school administrator or other lawful custodian of a child having either full-time or short-term care responsibilities including, but no limited to, day care, baby sitting whether paid or unpaid, counseling, teaching and coaching.
- (14) Mental Abuse Definition:
 - (a) Injury to the psychological capacity or emotional stability of a child as evidenced by observable or substantial impairment of child’s ability to function within a normal range of performance and behavior, with due regard to the child’s culture.
 - (i) Indicators (These behaviors should be evaluated by a mental health practitioner)
 1. Excessive sucking or rocking
 2. Sleep disorders
 3. Behavioral Extremes
 4. Substance abuse and phobias
 5. Destructive or antisocial behavior
 6. Inhibition of play
 7. Some types of developmental delays
 8. Obsessive/and or compulsive behavior
 - (ii) Physical and Behavioral Indicators of Abuse
 1. For the abused or neglected child, behavioral indicators may exist alone or may accompany physical indicators. Behavioral indicators serve as warning signals that something is wrong.
 2. CAUTION: This is not a complete list, nor do these characteristics necessarily mean abuse has occurred. Frequency, intensity and duration of the behavior must be considered.
 3. Physical Abuse
 - a. Unexplained bruises
 - b. Unexplained burns
 - c. Unexplained fractures
 - d. Unexplained lacerations or abrasions
 4. Behavioral Indicators
 - a. Wary of adult contact, flinches
 - b. Apprehensive when other children cry
 - c. Behavioral extremes: aggressive/withdrawn
 - d. Frightened by parents
 - e. Afraid to go home
 - f. Reports injury by parents
 - (iii) Neglect
 1. Consistent hunger, poor hygiene, inappropriate dress
 2. Consistent lack of supervision, especially in dangerous activities or for long periods of time

3. Unattended physical problems or medical needs
 4. Abandonment
 5. Begging, stealing food
 6. Consistent fatigue, listlessness, sleeping in class
 7. Alcohol or drug use
 8. Delinquency (ex. Thefts)
 9. States there is no caretaker
- (iv) Sexual Abuse
1. Bed wetting, fecal soiling
 2. Frequent genital infections, pain, itching
 3. Unexplained gagging
 4. Loss of appetite
 5. Difficulty in walking or sitting
 6. Torn, stained underclothing
 7. Bruises or bleeding in the vaginal or anal areas
 8. Venereal diseases
 9. Recurrent complaints of muscle aches, cramping, abdominal pain, dizziness, severe headaches, lower back pain
 10. Eating disorders: anorexia, obesity, sudden weight gain
 11. Excessive masturbation
 12. Clinging, whining
 13. Explicit sexual knowledge, behavior or language; unusual for age
 14. Regression / infantile behavior
 15. Withdrawal
 16. Agitation, hyperactivity, irritability, aggressiveness
 17. Depression
 18. Poor self-image
 19. Running away, avoids home
 20. Self-mutilation, cutting, burning, eraser burns
 21. Truancy
 22. Change in school performance
 23. Overly seductive behavior
 24. Reports sexual assault
- (v) Responding To Children Who Disclose Abuse
1. Believe what the child tells you, even though your first reaction may be, “This can’t be true.” It is very unlikely the child will make up an abuse experience, particularly a sexual abuse experience.
 2. Affirm the child by acknowledging the importance of talking about the abuse and getting help. Do not assume that the child knows to talk about it.
 3. Support the child. Reinforce that a child who has been victimized is not to blame.
 4. Empower the child. A victim often feels helpless and powerless. Affirm and support feelings, listening to fears, concerns and needs; and assure that every effort will be made to improve the situation so the abuse doesn’t happen again.
- (vi) DO NOT PROMISE THE CHILD “THAT YOU WON’T TELL”.