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## KOOTASCA Head Start

Proudly Serving Communities: Greenway / Deer River / Grand Rapids / Northome / International Falls

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# 2024 ● 2025

# Parent Handbook

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

KOOTASCA Community Action Inc is an Equal Opportunity Provider & Employer.

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

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## 1. WELCOME TO THE EARLY CHILDHOOD PROGRAMS

We are licensed or certified by the State of Minnesota in two Counties (Itasca and Koochiching). We serve children 6-weeks old to age 4 as of September 1st. 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 or certified KOOTASCA Head Start sites:

Site	License #	Infant	Toddler	Preschool
<a href="#">Grand Rapids Early Childhood HUB</a>	1025915	8	8	160
<a href="#">International Falls</a>	801136	8	8	20
<a href="#">Deer River Head Start</a>	2000315	0	0	20
<a href="#">Northome</a>	801762	0	0	20
<a href="#">Taconite KOOTASCA</a>	802461	0	0	40

### KOOTASCA Head Start

KOOTASCA Head Start is a state and federally funded FREE program for young children ages birth to age four as of September 1st. 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 child's age as of September 1st, the household gross income and the family's size and special needs.

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

## 1. ARRIVAL & DEPARTURE PROCEDURE

- 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 are 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. A photo I.D. may be required.

## 2. ATTENDANCE POLICY

- a. 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, leave a voice mail message or use the classroom communication app (such as Remind, Child Watch, Seesaw, Parent Square, etc). Our staff will call you if they don't receive a 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 due to a lack of attendance if absences persist despite the program exhausting all assistance efforts.

### **3. CHILD CARE PROGRAM PLAN**

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 operation.
- b. Parents/Guardians who can volunteer are welcome and encouraged to do so.
- c. The classroom's daily schedule supports 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.

### **4. DUAL LANGUAGE POLICY**

Our program recognizes bilingualism and biliteracy as strengths and we utilize the following practices to support their development:

- a. For an infant or toddler dual language learner, we will include teaching practices that focus on the development of the home language, when there is a teacher with appropriate language competency, and experiences that expose the child to English
- b. For a preschool age dual language learner, we will include teaching practices that focus on both English language acquisition and the continued development of the home language
- c. If staff do not speak the home language of all children in the learning environment, we will include steps to support the development of the home language for dual language learners such as having culturally and linguistically appropriate materials available and other evidence-based strategies. We will work to identify volunteers who speak children's home language/s who could be trained to work in the classroom to support children's continued development of the home language.
- d. When performing screening and assessments, all necessary steps will be taken to ensure a child receives a screening in their home language.

### **5. BEHAVIOR GUIDANCE POLICIES AND PROCEDURES (Minnesota Statutes, 9503.0055)**

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 always model 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.

- i. Examples of developmentally appropriate guidance are:
- ii. Give a child the choice of two acceptable activities.
- iii. Help the child with words to express themselves.
- iv. Model, teach, and practice expected behavior with children.
- v. Acknowledge, identify & give encouragement for desirable behavior.
- vi. Support children in problem solving steps.

**C. Redirection –**

Conflict between children will be minimized by using a proactive approach which includes redirecting individual children and groups away from potential problems.

1. Redirection is considered a positive guidance technique. Redirection occurs when a staff person intervenes and guides a child away from potential problems toward constructive activity. Redirection does not require a child to be isolated from the group. Redirections occur when a staff person is actively engaging with a child and can include walking with the child to another area in the licensed space, as long as it is offered as a constructive activity option. A redirection is not considered a separation and does not need to be noted on the log of separations. The following are examples of redirection. A staff person:

- a. Intervenes proactively to provide alternative activities when there is reason to expect that the child’s behavior may escalate, such as offering the child a special job to do to redirect the child away from an activity where the child had previously struggled; or
- b. Interrupts an incident of a child’s unacceptable behavior and suggests an alternative, such as “You look frustrated. Would you like to walk with me in the hallway and go get a drink from the water fountain?”
- c. Gives a child a choice to participate in an alternate activity if they are struggling to participate in a group activity, such as going to the art area.

**c. Acceptable Alternatives**

Staff will use many techniques to help children learn how to use acceptable alternatives for solving social problems with their peers and understanding their own behavior.

- i. Examples of tools used in teaching acceptable alternatives included:
- ii. “Conscious Discipline”, “Second Step”, and/or “Baby Doll Circle Time” (EHS) curriculums are taught in the classroom depending on age.
- iii. Classroom Engagement Model and Pyramid Model
- iv. Problem solving toolkit resources.
- v. Positive statements and attention.
- vi. Limit setting and choices.

**d. Protect the Safety of Children and Staff**

Staff are responsible for protecting the safety of children and co-workers.

**e. Persistent Unacceptable Behavior**

Staff will observe and document unacceptable behavior of a child using a variety of tools including the behavior matrix, behavior incident reports, and anecdotal notes.

- i. Anecdotal documentation should include:
  - (1) Child’s name,
  - (2) Date,
  - (3) Time/duration,
  - (4) Intensity,
  - (5) Brief description of behaviors
  - (6) Staff’s response to behavior

A behavior intervention plan will be developed to address the persistent unacceptable behavior documented above. This plan will be completed in consultation with parent/guardian, other staff and collaborative partner when appropriate.

**f. Prohibited Actions**

The following actions are prohibited by the Early Childhood Programs:

- i. Corporal punishment, which includes, but is not limited to:
    - (1) Rough Handling
    - (2) Shoving
    - (3) Hair Pulling
    - (4) Ear Pulling
    - (5) Shaking
    - (6) Slapping
    - (7) Kicking
    - (8) Biting
    - (9) Pinching
    - (10) Hitting
    - (11) Spanking
  - ii. Emotional Stress
    - (1) Name Calling
    - (2) Ostracism
    - (3) Shaming
    - (4) Making derogatory remarks about a child or the child's family
    - (5) Using language that threatens, humiliates, or frightens the child.
  - iii. Separation from the group, unless other methods have been attempted.
  - iv. Punishment for lapses in toilet habits.
  - v. Withholding food, light, warmth, clothing, medical care, toileting, and physical activity.
  - vi. Use of physical restraint, other than to physically hold a child where containment is necessary to protect a child or others from harm.
  - vii. Use of mechanical restraint, such as tying.
  - viii. Use of contraindicated restraints.
- g. Children with Developmental Disabilities – (9503.055, subpart 6) For children with developmental disabilities or children under the age of five, as specified in parts 9525.0004 to 9525.0036, the standards governing the use of aversive and deprivation procedures in parts 9525.2700 to 9525.2810 apply.

## **6. HOMEVISIT AND CONFERENCE PROCEDURE**

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

## **7. PARENT/GUARDIAN FIELD TRIP PERMISSION POLICY**

- a. The early childhood programs will ensure that written permission is obtained from each child's parent/guardian before taking the 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. Staff will take emergency phone numbers for the child's parent/guardian and the people to be called if a parent cannot be reached, the phone number of the child's physician, and a first aid kit.
- d. Extra volunteers may be recruited for field trips.

## 8. REST POLICY

- a. There will be a 30-minute quiet/rest time in each classroom. Any children not wanting to rest on their cot are allowed to do quiet activities at a table.
- b. After 60 minutes from the start of scheduled rest time, any sleeping children should be gently woken.
- c. You may choose to individualize your child's rest time in order to meet the State of MN Licensing Requirements. Please talk to your child's Teacher about a Rest Time Exemption.

## 9. PET POLICY

- a. Classrooms may have fish as classroom pets.
- b. Visiting animals will be allowed to come into the classrooms under the following conditions:
  - i. Any pet visit must have pre-approval by your education manager, one week prior to the planned visit, to ensure each child's health and safety needs are met.
  - ii. Personal pet owners must submit a copy of their pets' up-to date vaccination record by the scheduled visit.
- c. If there are enrolled children with allergies in the classroom of scheduled animal visit, please note that any health and safety needs of the children will come first and may impact the ability to have animals in the classroom.

## 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 may 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 current physical exam and current dental exam **within the first 30 days of enrollment**; and an immunization record or exemption form at the time of enrollment.

- a. All immunizations must be up-to-date at the time of enrollment or the first day of care. Immunization 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, hearing and vision check-ups are required annually for children three and over and per the MDH Child Check-up Schedule for children younger than 3 years
  - Dental exams are required every 12 months beginning at age 12 months or eruption of first tooth. Dental visits are recommended every 6 months.
- c. As part of the comprehensive services provided by the early childhood collaboration, our staff 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. Any prescription medication requires a current prescription and completed documentation from a medical provider.
- c. Medication must be in its original container, labeled with the child’s name, with clearly written dosages and instructions on the container. Staff will review medication with you monthly.
- 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**

#### **a. Meals and Snacks**

- i. The Early Childhood Programs will provide USDA approved meals and snacks on a daily basis.
- ii. Meals and snacks will be served combination or family style and pre-plated.
- iii. Parents/Guardians are welcome and encouraged to join your child at meal times. Advanced notice is needed to ensure food availability.

#### **b. Standard/Full Civil Rights Statement**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
  - (2) fax: (833) 256-1665 or (202) 690-7442; or
  - (3) email: [program.intake@usda.gov](mailto: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 (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. 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 needs medical attention or has been transported by emergency services.
- Parents/Guardians will be notified in writing of any injury or incident.

### d. First Aid & CPR

All staff are certified in Pediatric First Aid and Infant and Child CPR and will administer first aid as trained.

### e. Poisoning

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

### 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
- Evacuation

### g. Missing Person

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

### h. Vehicle Safety

- Keep your child rear-facing until your child outgrows the rear-facing height or weight limits of the car seat. Most convertible seats have limits that will permit children to ride rear-facing for 2 years or more.
- Keep your child in a forward-facing car seat and continue using the harness straps until your child reaches the manufacturer's height and weight limits. This usually happens when a child is between the ages of 4 and 7, depending on their height and weight.
- After your child outgrows a forward-facing car seat with a harness, your child should use a booster seat. This is usually somewhere between ages 4 and 7.
- It's amazing how fast children grow! Your child may look big enough to ride in the front seat, but the back seat is the safest place for children under age 13 to sit, regardless of their size.

### i. Safe Driving

- Distracted driving is any activity that takes your attention away from driving safely.
- Don't text or talk on the phone while you are driving. You are more likely to be in a motor vehicle crash.

### j. Pedestrian Safety

- Use the sidewalk whenever possible, and if there isn't a sidewalk, walk on the edge of the street facing traffic.
- Whenever they are available, use marked crosswalks to cross the street, and look left-right-left for vehicles or bikes before crossing.
- Make sure you never play, push or shove others when you walk around traffic.
- Everyone should watch the road, not their phones.

### k. School Bus Safety

If your child is riding the bus, your child should arrive at the bus stop at least 5 minutes before the bus is scheduled to arrive. Teach them to play it SAFE:

- Stay five steps away from the curb.

- ii. Always wait until the bus comes to a complete stop and the bus driver signals you to board.
- iii. Face forward after finding a seat on the bus.
- iv. Exit the bus when it stops and look left-right-left for cars before crossing a street.

Resource that can be sent if families want more information: [Keeping Children Safe In Vehicles \(hhs.gov\)](https://www.hhs.gov)

## 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 also be closed. Some sites may provide Virtual Learning.

## 16. GENERAL EXCLUSION GUIDELINES FOR ILL CHILDREN/STAFF

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.

### **Routine Health Check:**

*Staff members conduct a health check of each child routinely or whenever there is a change in behavior. The health check should address:*

- a. Reported or observed illness or injury affecting the child or family members since the last date of attendance;
- b. Reported or observed changes in behavior of the child (such as lethargy or irritability) or in the appearance (e.g., sad) of the child from the previous day at home or the previous day's attendance at child care;
- c. Skin rashes, impetigo, itching or scratching of the skin, itching or scratching of the scalp, or the presence of one or more live crawling lice;
- d. A temperature check if the child appears ill (a daily screening temperature check is not recommended);
- e. Other signs or symptoms of illness and injury (such as drainage from eyes, vomiting, diarrhea, cuts/lacerations, pain, or feeling ill).

The caregiver/teacher should gain information necessary to complete the daily health check by direct observation of the child, by querying the parent/guardian, and, where applicable, by conversation with the child.

### **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.**
  - Auxiliary (armpit) temperature: 100° F or higher
  - Oral/Temporal temperature: 101° F or higher
  - Rectal temperature: 102° F or higher
- **Head Lice** – Parents/Guardians are encouraged to check their child's head regularly for any signs of lice and treat if found. Parents/Guardians are to notify the classroom teacher if their child has been found to have head lice. Likewise, if head lice are diagnosed in your child's classroom a health notice will be sent home informing you. If live lice are found on a child's head at school,

the parent/guardian will be contacted to pick up the child for treatment. Once that treatment has been done, the child may return to class. Parent/guardians should comb for nits for several days after treating. This helps prevent any eggs from hatching and causing a reinfestation.

- **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 2 times or more 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 of 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 active drainage, 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.
- f. 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.
- g. 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.
- h. Parents/Guardians will be notified if there is an emergency or injury requiring medical attention.
- i. Parents/Guardians will be notified if there is an exposure to a contagious illness.

## **17. FAMILY INVOLVEMENT OPPORTUNITIES**

Family involvement is one of the cornerstones of our programs. Families of children enrolled are welcome to visit the center at any time during our hours of operation. 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 18 years of age or older.

Here is a list of ways you can be involved:

- Classroom Volunteer
- Parent Education Workshops
- Participation in Special Events
- Family First Events (FFE)
- Field Trips
- Policy Council/Advisory Council
- Share a gift or talent, come in and cook with the children, play an instrument or help with a woodworking project.

Our funding requires us to track volunteer participation. Volunteer participation is also known as 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.

**18. MANDATED REPORTING** (requirements found in Minnesota Statutes, sections 245A.145, subdivision 1, and 245A.66, subdivision 1)

***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 they suspect 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, they 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 licensed 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) 283-7070

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 County Child Care Licensing (218) 283-7000

**19. ALCOHOL AND DRUG POLICY**

- a. Drugs and alcohol are prohibited at all Early Childhood Program sites.
- b. All facilities are smoke free.
- c. Smoking/Vaping is prohibited on Early Childhood Program grounds.
- d. Staff are prohibited from being under the influence of drugs or alcohol when they are on duty with the Early Childhood Programs.
- e. 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. The school district partnership provides us with access to the school nurse, speech pathology, occupational therapy, physical therapy and other related services.

### **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. 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 site. The Boards contain Parent/Community Complaint Procedure, License, monthly menu, Policy Council, Justice For All Poster, WIC Poster, Family First Events, etc.

## **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)

### **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 will review and follow the plan. Documentation of a staff person's review will be kept on site.

iii. At least yearly 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) Accommodation 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.

ii. [Annual Training](#)

- (1) 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

iii. [Drills](#)

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

iv. [Annual Update](#)

- (1) 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.
- (2) 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 parents upon request.
- (3) The relocation site and evacuation route is posted in a visible place as part of the written procedures for emergencies and accidents.
- (4) The Child Care Emergency Plan is provided to parents/guardians of all children at the time of enrollment and made available upon request.