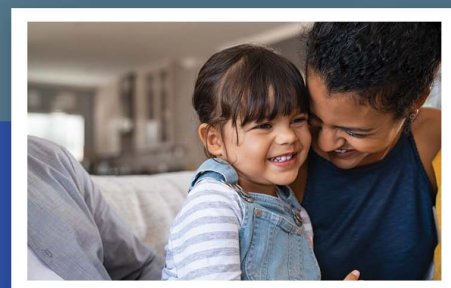
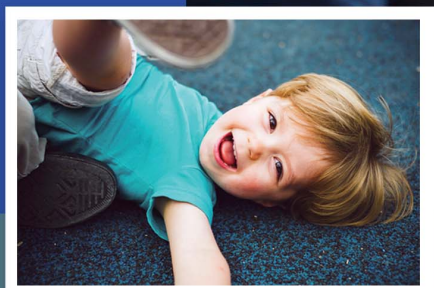
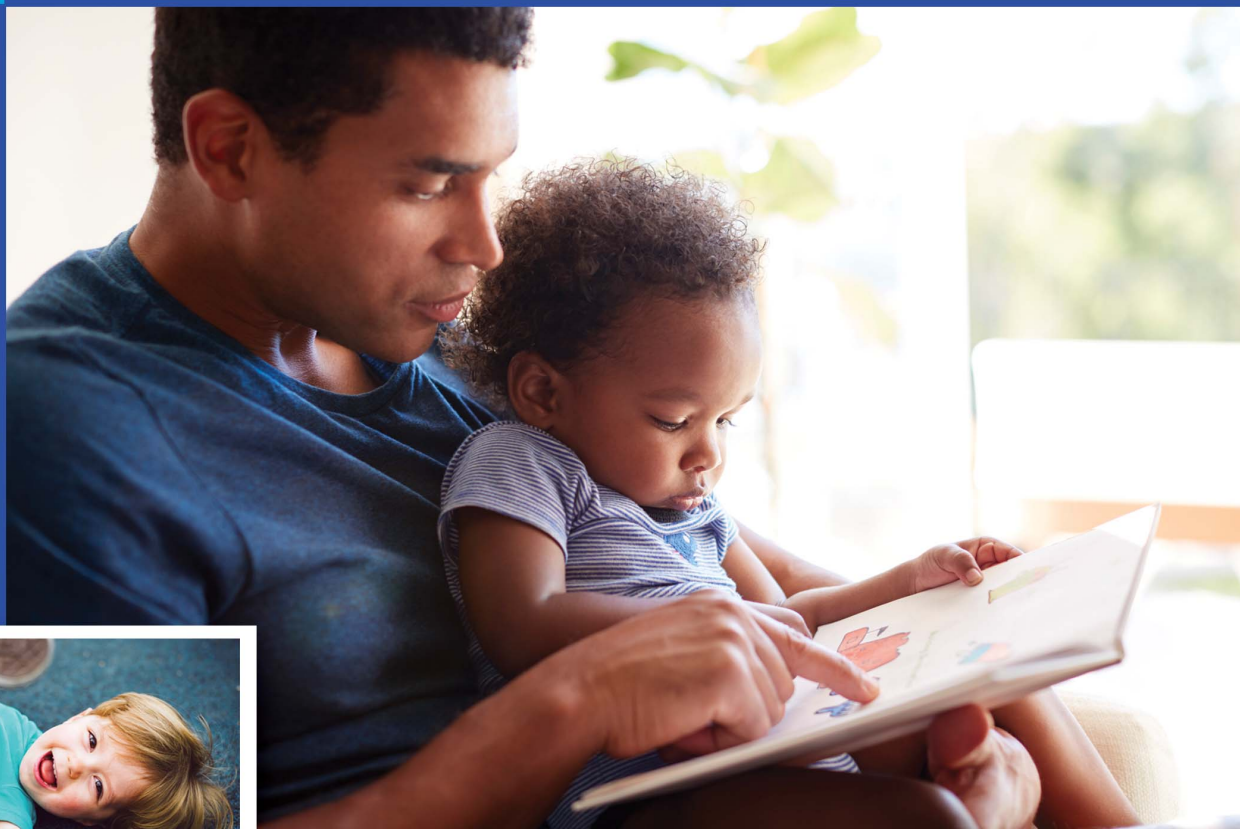


A Parent's Guide

to the Monroe County ISD Head Start Program



MONROE COUNTY
INTERMEDIATE SCHOOL DISTRICT

1101 S. Raisinville Road
Monroe, Michigan 48161
www.monroeisd.us



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Welcome to the Monroe County Head Start Preschool Program!

We at the Monroe County Intermediate School District (MCISD) are pleased that your student has enrolled in the Head Start Preschool Program! Head Start classrooms provide instruction Monday-Thursday throughout the school year. Classroom hours vary; however, all students are in attendance 7.25 hours each day. Transportation is available at select locations. Students will be offered breakfast, lunch, and an afternoon snack while in care. All services are free to those who qualify for the program.

While in Head Start, our goal is to present an intensive learning environment where your student can develop a love for life-long learning. The classroom staff will utilize a research and play based curriculum to expose your student to age-appropriate school readiness skills. Your participation is what makes this a successful program. Partnering together will support in offering many positive experiences for your student. We have many opportunities in the classroom to volunteer, assist in projects, and serve on the Policy Council. There are also occasions to attend family engagement events, parent meetings, and educational trainings.

This handbook outlines many of the program policies and procedures. A more in-depth description of our practices can be found on our Google Site using the QR Code at the bottom of this page. Please keep this handbook available and refer to it throughout the school year as needed. Feel free to contact us if there are any ways in which we can be of assistance or if you have any concerns at (734) 342-8610. We look forward to a great school year!

Sincerely,

Nicole VanDaele

Director of Early Head Start/Head Start

nicole.vandaele@monroeisd.us

Phone: 734-342-8710 or 419-250-9560

Fax: 734-242-5807

Mission Statement

It is the Monroe County Intermediate School District's mission to prepare today's students for tomorrow's world.

IN PURSUIT OF THIS MISSION, THE MCISD WILL:

- Champion** quality educational opportunities for learners of all ages, aspirations, and abilities
- Provide** leadership in the development of educators, educational programs, and learning priorities
- Collaborate** with educators and community members in Monroe County
- Use** research to initiate educational change

Vision Statement

It is the Monroe County Intermediate School District's vision to help every student succeed.

THE MCISD WILL PURSUE THIS VISION BY:

- Creating** enthusiasm for learning
- Collaborating** with and supporting local school districts
- Partnering** with parents, business leaders, and others
- Capitalizing** on educational advances and discoveries
- Nurturing** ideas and encouraging innovation

Head Start Sites

**Administrative Offices
Monroe County ISD**
1101 S. Raisinville Rd.
Monroe, MI 48161
734-342-8641

Director's Office
1101 S. Raisinville Rd.
Monroe, MI 48161
734-342-8710
FAX: 734-242-5807

Arborwood South Elementary
1135 Riverview Ave.
Monroe, MI 48162
734-265-3805

Dundee Elementary
420 Ypsilanti St.
Dundee, MI 48131
734-529-2350

Ida Elementary School
7900 Ida Street
Ida, MI 48140
734-269-3605
FAX 734-269-3885

Monroe County Community College
1555 S. Raisinville Rd.
Monroe, MI 48161
734-384-4208

Niedermeier Elementary
8400 S. Newport Rd.
Newport, MI 48166
734-586-2676

Orchard Elementary
1750 Oak St.
Monroe, MI 48161
734-265-3700

Riverside Early Childhood Center
77 N. Roessler Street
Monroe, MI 48162
734-265-4902
FAX 734-365-4901

Smith Road Elementary School
1135 Smith Road
Temperance, MI 48182
734-850-6400
FAX 734-850-6489

YMCA of Monroe
1111 W. Elm Ave.
Monroe MI 48162
734-241-2606

What is Head Start?

Research on early childhood programs indicates that children who are provided with a high-quality early childhood experience show significant positive developmental differences when compared to children from the same backgrounds who did not attend a program.

- **ISD Head Start** is a child and family centered program designed to meet the needs of children prenatally to five and their families. The programs provide experiences to help children develop intellectually, socially, physically, and emotionally.
- **ISD Head Start** staff members offer your child quality care, respect, and guidance. We provide children opportunities for success while having fun and learning.
- **ISD Head Start** staff actively involve parents/primary caregivers, family, and community in the programs. Our programs actively encourage parents to become volunteers.

Health, Nutrition and Disability Services

Monroe County ISD promotes prevention and early intervention health services. Monroe County Head Start seeks to assist your child's physical, emotional, cognitive and social development through medical, dental, mental health and nutrition services.

Monroe County ISD considers your child a unique person with individual strengths and needs. We provide an individualized program for all children, including those with special needs.

Goals for the Programs

- To provide each child with a learning environment and varied experiences which will help him/her grow and develop socially, emotionally, intellectually and physically, at his/her own level.
- To work as a team to nurture and teach each child so s/he may enter kindergarten well equipped for success.
- To involve parents in educational activities within the program in order to enhance each parent's role as his/her child's primary teacher.
- To assist each parent to meet their continuing life long educational goals, i.e., high school completion, job training, college degree, skills development, etc.

Preschool is more than ABC's & 123's

Your Child Will Develop:

- ✓ A positive self-concept
- ✓ Creativity
- ✓ Social competence and self-discipline
- ✓ Inquisitiveness
- ✓ The ability to reason and problem solve
- ✓ A desire to learn
- ✓ Skills in language, movement, social and emotional development, cognition, and literacy



Days of Operation

Our sessions operate Monday-Thursday for 7.25 hours/day.

School Closing

Whenever your school district is closed due to inclement weather/emergencies, your Head Start program will also be closed. Watch for these to be announced on your local TV and radio station. You also will receive a Honeywell notification if signed permission is on file on the most up to date primary phone number listed in your child's records. In the event your district has a 2-hour delay, classes will begin 2 hours late. From time to time the Monroe County ISD may close all county preschool programs, you will be notified the same way if this is the case. Below are the districts each of the Head Start locations fall under:

- **Airport Public** - Niedermeier Elementary
- **Bedford Public** - Smith Road Elementary
- **Dundee Community** - Dundee Elementary
- **Ida Public** - Ida Elementary
- **Monroe Public** - Arborwood South Elementary (AWS), Monroe County Community College, Orchard Elementary, Riverside Elementary YMCA of Monroe

Monroe County ISD Program

Head Start

Head Start programs promote school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social, and other services to enrolled children and families. Programs engage parents in their children's learning and help them make progress toward their family goals. Significant emphasis is placed on the involvement of parents in the local Head Start programs.

What determines my child's acceptance into Head Start/Early Head Start?

Monroe County Intermediate School District Early Head Start Board of Education and Early Head Start/Head Start Policy Council (comprised of parents and community members), have designed eligibility criteria that align with our county's community needs assessment. Children are accepted and placed on the wait list according to their eligibility criteria score. Known educational risk factors such as low income, foster care, homelessness, etc. are taken into account when determining the family/child's eligibility criteria score. The EHS program serves Monroe County children aged prenatal to three years old and the Head Start program serves children aged three to kindergarten entry.

We need your help to make this program successful!

- **Parent Meetings:** Every parent is a member of the Parent meetings at their child's center. Parent meetings occur once a month. It's a great opportunity for parents to get to know other parents and staff. It's a time to receive training and to give suggestions on ways to improve the program. The trainings are family focused and we encourage you to bring your children and other family members. We offer a wide variety of training subjects and welcome any suggestions that you may have. Be sure to get in on the fun this year.
- **Policy Council:** Each Parent meeting group will elect parents to represent them as Policy Council members. The Policy Council meets once a month. All parents who serve on the Policy Council must be elected by the individual Parent meeting members. Parents must make up a minimum of 51% of the total Policy Council; the other members are community representatives.
- The Policy Council serves as a link between private organizations, parent groups, neighborhood improvement groups, the Monroe County ISD Board of Education, and the community it serves. As a Policy Council member, you will have the opportunity to offer suggestions and ideas for program improvements and receive reports on the actions that have been taken. Serving on the Policy Council is a great opportunity that will help you enhance your leadership skills, while you assist to improve the program for your child and others.
- **The Great Start Parent Coalition:** The Great Start Parent Coalition is made up of families who are actively engaged in advocating and promoting early childhood. The Parent Coalition has sponsored many events that offer families an opportunity to come together for fun and fellowship, and at the same time, learn about the importance of the first five years. If you are interested in joining, please email greatstartmonroe@yahoo.com.
- **Fundraisers are not permitted:** Fundraisers are not permitted, but the program does accept donations that go toward the programs federally-mandated non-federal share matched amount.



Head Start Center-based Option

Full-day sessions are offered Monday through Thursday weekly.

Classroom ratio

Classroom ratio is 2 adults per 17 students when the class is made up of primarily 3-year olds, and 2 staff per 18 students when the class is made up of primarily 4-year olds.

Home Visits

At the beginning of your child's preschool experience, Teachers will conduct a home visit to introduce themselves and to share our program philosophy with you. This time will also be used to get acquainted, complete any additional forms that are needed, and to discuss any questions or concerns that you may have.

A second home visit will be scheduled at the end of the year to share your child's progress with you and to provide educational activities to do at home over the summer. Additional visits may be scheduled by your Family Partnership Specialist/Teacher throughout the year. Also, you may request a home visit at any time.

Parent-Teacher Conferences

are held twice per year (fall and spring) to discuss your child's progress, goals and to assist you in planning for your child's following year transition.

Family & Community Partnerships

- Monroe County Intermediate School District believes that encouraged parents are the first and most important teacher of their child and strives to involve parents in all aspects of the program.
- Parents are invited to participate in home visits, conferences, Policy Council, parent meetings, and other parent activities made available to help them to increase their knowledge and understanding of child growth and development and to assist them in reaching their child's individualized school readiness goals.
- The program supports families by helping them assess their family's needs, link to appropriate services, and aid families in obtaining services through other community resources when needed to reach family goals.

My Responsibility as a Monroe County ISD Parent

1. To learn as much as possible about the program and to participate by supporting my child.
2. To take part in the classroom as an observer or volunteer and to contribute my services in whatever way I can toward the enrichment of the program.
3. To provide parent leadership by taking part in elections, explaining the program to other parents and to encourage other parents full participation.
4. To welcome teachers and other staff into my home twice a year to discuss ways in which to help their child's development at home in relation to school experience.
5. To work with staff and other parents in a cooperative way.
6. To participate in Parent/Teacher conferences twice a year.
7. To guide my child with firmness, that is both loving and proactive.
8. To offer constructive criticism of the program, to defend it against unfairness, and to share in evaluating it.
9. To take advantage of programs designed to increase my knowledge about child development and my skills in areas for possible employment.
10. To become involved in community Parent/Child programs which help to improve health, education and recreation.
11. To respect the learning environment of Head Start by ending cell phone conversations upon entering Monroe ISD Head Start sites.
12. Develop a family partnership agreement with my FPS annually and work on the goals I have set for myself/my family.

In-Kind

The Federal Government requires Head Start programs to match 25% of the grant funds they receive to operate the program. The program can apply a dollar amount to the time, goods or services a volunteer provides. It is very important that parents and volunteers assist us in obtaining our in-kind match requirements.



4120.09a- Volunteer Procedures for Head/Early Start Great Start Readiness Program, and ECSE

We welcome families to volunteer with special activities. Please work with your child's teacher to learn about possible volunteer opportunities. A volunteer is any individual 16 years and older who volunteers in the Head Start (HS), or the Great Start to Readiness Preschool (GSRP) programs. Volunteers do not receive compensation. Volunteers are considered either an occasional or consistent volunteer as outlined below. At no time will a volunteer be left unsupervised with any enrolled student. In order to volunteer, an individual shall not have been convicted of any of the following:

- A. a listed offense as defined in Section 2 of the sex offenders registration act, MCL 28.722
- B. a felony
- C. child abuse or child neglect
- D. misdemeanor involving controlled substances or violence

The following are not considered volunteers:

- A guest visitor, such as for Grandparent's Day.
- Parents/Visitors for a one-day event, such as a party.
- Parents/Guardians spending time with his/her child at the request of the staff, for example, a parent of a new student may stay 30 minutes to assist a child in acclimating to the classroom.

Consistent Volunteer

A consistent volunteer is defined as a volunteer who works more than four (4) hours a week and for more than two (2) consecutive weeks (R400.8125).

Occasional Volunteer

An occasional volunteer is defined as a volunteer who works less than four (4) hours a week and not in consecutive weeks (R400.8125).

PROCEDURE TO BECOME A VOLUNTEER

- A. All individuals must complete the volunteer application form. Incomplete applications will not be accepted. Applications are available from the Head Start Site Leaders.
- B. All individuals must undergo a background check through the Internet Criminal History Access Tool (ICHAT) and the Sex Offender Registry prior to being allowed to volunteer.
- C. Eligible individuals wanting to be a consistent volunteer must complete a TB screening and submit negative result.
- D. All individuals must sign an Abuse and Neglect Acknowledgement statement.
- E. All individuals must read and sign a Standards of Conduct form.
- F. All individuals must submit the volunteer application to the child's Teacher, Family Partnership Specialist or Home Visitor.
- G. Applications must be approved by the Assistant Superintendent for Human Resources and Legal Counsel before an individual can volunteer.
- H. Individuals will not be permitted to volunteer for 4 hours or more for two consecutive weeks until the he/she has been approved as a consistent volunteer by the Assistant Superintendent for Human Resources and Legal Counsel.

A database of volunteer applications, approved and not approved, will be maintained by Human Resources and the list will be made available to program staff. The Assistant Superintendent for Human Resources and Legal Counsel will provide a letter to those volunteer applicants not approved to volunteer.

Legal Reference: R400.8125 (*Licensing Rules for Child Care Centers, State of Michigan, Department of Human Services Bureau of Children and Adult Licensing Jan. 1, 2014*)

REV: December 5, 2018

Head Start Procedures

Holidays/Special Events

In order to respect the values and beliefs of all families, classroom staff will not plan, teach about or hold holiday parties and activities that promote any specific holiday or celebration. However, families are encouraged to use these times as volunteer opportunities to come in and share the family traditions in the various sites. We encourage families to speak with their child's teacher to develop age/culturally appropriate activities for all children in your child's classroom.

Food and Celebrations

At Monroe County Head Start we encourage healthy eating habits at all times. Please do not bring any kind of outside food to serve in the classroom. Teachers are instructed to ask families who bring outside food into the classroom to take it home. It will not be permitted to be served in the classroom.

Food served in Head Start classrooms and socializations must be healthy and nutritious, this includes celebration times. If a specific, healthy food is a part of your family's tradition, you may work with your child's teacher in planning a time when you can come in to help conduct a cooking experience in your child's classroom. Inform the teacher of the ingredients that will be needed and he/she will purchase them before the day in which you will plan in to volunteer.

If celebrating birthdays is a part of your family's traditions, you may ask your child's teacher for a list of non-food items that can also be fun to celebrate with. Some examples of non-food items include; stickers, bubbles, playdough, etc.

Times where homemade or store bought food can be brought into the sites:

- **During Program Hours-** For parents and community members only.
- **After Program Hours-** Any time for anyone. Parents are responsible for their own children and are able to decide what they may and may not consume. An example of this may be a potluck for a parent night.

Late Pick Up Procedure

It is important to pick up your child at the designated pick up time to ensure we are able to stay in the state mandated child/teacher ratios. Late pick-ups are defined as being 5 minutes late to pick up your child from school, or not being present at the bus stop within the 30-minute drop-off time frame. If you are five minutes late in picking your child up, a staff member will attempt to contact you. If at that time you are not available, staff will contact your emergency contacts. If one hour after the designated pick up time, you or your designated emergency persons have not contacted the Head Start staff, the staff will attempt to contact you and your child's emergency contacts once more. If unable to do so, your child will be left in the custody of the local police department or appropriate state agency. Under no circumstances are staff authorized to take your child home. Monroe County Head Start staff will complete a late pick up form with you for each occurrence and we reserve the right to withdraw your child from the program upon the event that late pick-ups occur consistently.

Outdoor Procedure

Outdoor play is essential for children's health and well being. Children in the Head Start program will participate in outside play daily unless the temperatures fall below 20 degrees (including windchill) or above 100 degrees. Please dress your child appropriately for the weather and send the appropriate attire as necessary (hats, coats, mittens, boots, etc.). If you need assistance in providing these items for your child please contact your child's family partnership specialist.

Visual Media Use

To balance the proper development of young children, the American Academy of Pediatrics recommends a 1-hour limit of high-quality visual media screen time for children 2-5 years old. The state of Michigan Childcare Licensing limits visual media screen time to 2 hours/week for children 2-5 years old as outlined in rule, R400.8179. Visual media is defined as the use of electronic devices with a screen, including but not limited to: televisions, computers, tablets,

multi-touch screens, interactive white boards, mobile devices, cameras, movie players, e-book readers, and electronic game consoles. The MCISD Head Start program will limit visual media experiences by not exceeding 2 hours/week. The visual media utilized in the MCISD Head Start classrooms will be interactive (designed to facilitate active and creative use by children and to encourage social engagement with other children and adults. The MCISD Head Start program will not permit the use of visual media viewing for entertainment purposes.

Naptime Procedure

The State of Michigan Childcare Licensing Regulations require naptime to be provided when children under school-age are in attendance for 5 or more continuous hours per day, and for quiet activities to be provided for those who do not sleep as outlined in R400.8188(12-13). All MCISD Head Start programs will provide 1 hour of nap (lights out to lights on) per day. Children will be encouraged to rest quietly for 30 minutes. If children are not asleep after 30 minutes, staff will offer them a quiet activity to do on their cot.

Clean Air Procedure

Monroe County ISD prohibits smoking at all times in all space used by the program. This includes classrooms, staff offices, kitchens, restrooms, parent and staff meeting rooms, hallways, outdoor play areas and vehicles used for transporting children. This includes field trips, neighborhood walks, or other outdoor group activities when Head Start is in service.

Cot Cleaning Procedures

Cots will be assigned individually to each child by a system devised by the staff. Cots shall be disinfected prior to reassignment to another child.

Each child will be provided a cot, nap mat (sleeping bag), and pillow that will be laundered/disinfected weekly. Cots/other nap materials which become soiled during daily use shall immediately be cleaned and disinfected, and the child will be provided a fresh blanket for immediate use.

Children are permitted to bring freshly laundered personal sleeping materials (such as a stuffed animal, lovey, etc.) if it would make the child more comfortable at naptime. These items will be sent home at the end of each week to be laundered prior to returning them to school.

Absence Hotlines

**For those RECEIVING :
TRANSPORTATION :
734-322-2677 :**

For those TRANSPORTING THEIR CHILD

- **Arborwood South, Orchard, Niedermeier:** 734-265-3805
- **Smith Road, Dundee, Ida, MCCC, Riverside, & YMCA:** 734-850-6500

Toy Cleaning Procedures

Teaching staff will disinfect toys before returning them to storage and clean them when mouthed. Toys in preschool will be thoroughly cleaned with soap and water twice each year or as needed. Each washing will be accompanied by disinfecting. Toys in the classroom will be sprayed daily with a disinfecting solution.

Table and Chair Cleaning Procedures

Tables and chairs will be washed with soap and water followed by a disinfectant before and after each meal and snack daily with an appropriate disinfectant solution as per licensing requirements.

Carpet Cleaning Procedures

If a carpeted area has become contaminated by blood or potentially hazardous bodily fluids, the area should be made inaccessible. For large spills, a spill kit should be used. For other spills, a staff member using gloves should clean the spot with soap and water. Identify where the spot is and notify the Janitor. Carpets will be professionally cleaned 3 times/year.

Withdrawal Procedure

Parent Withdrawal- The parent has the right to withdraw their child from the program at any time. If any parent wishes to withdraw their child from the program, please provide the agency with notification including the reason for withdrawal. If there is anything that the agency can do to better the situation, we'd like the chance to assist.

Agency Withdrawal- Ongoing excessive absenteeism/tardiness/early departure/late pick-ups may result in the child being withdrawn from the head Start Program. See attendance procedures for additional information.

Head Start Attendance Procedures

Unless your child is ill, please make every effort to have your child attend Head Start classes on a regular basis for the duration of the scheduled school day, missed class is a missed opportunity to learn and grow. If your child must be absent/late/leave early, please call and notify the school using the appropriate absence HOTLINE outlined at the top of next page. Please leave your child's first and last name, teacher and reason for absence/tardiness/early departure.

If your child falls under one or more of the following attendance issues, a visit/call from your family partnership specialist will be made to determine if there is a problem that the staff can assist you with, and an attendance action plan will be developed. If excessive absences/late arrivals/early departures continue, your child may be withdrawn from the program.

- Your child has been absent for four (4) or more consecutive days without notice.
- Your child's daily average attendance falls below the required 85%.
- Your child has been 30-minutes or more tardy/left the program 30-minutes or more, four or more times throughout the month.

Information Changes

The following information must be communicated with your family partnership specialist immediately when changes occur:

You may make the following changes by phone or in person/via Zoom:

- New phone number for parent/guardian or an current emergency contacts
- New address for parent/guardian/child or an emergency contacts

You must make the following changes in person/via Zoom

- Adding or deleting any emergency contacts and/or persons to whom the child can be released.

Child Release Procedures

Per Michigan State Licensing Rules: Your child will be released from the center to the person/s listed on the emergency contact or birth certificate **only** unless you have court-ordered paperwork terminating the rights of one/both parents on the birth certificate. If any additions or changes need to be made, you must notify your family partnership specialist **in person/via Zoom**. No child will be released to a person who is not listed on the release form. Photo identification will be checked and verified with the release form on every person who comes to pickup your child.

Phone calls to emergency contacts will not be accepted. A release person must be 16 years of age or older, and have a photo ID with them unless parent/guardian has written permission on file and has been approved by program administration.

Fees

Head Start programs are free to those who qualify.

Cell Phone Usage

Please refrain from using cell phones when entering the school building and when you are volunteering in the classroom.

Transportation

Transportation is limited in the Head Start program and is offered as available. Currently, two sites offer some transportation: Orchard and Niedermeier.

If your child receives transportation and does not need transportation on a scheduled school day, families are responsible to inform the transportation department one hour prior to the designated pick up times. A message must be left at 734-322-2677 with your child's name and bus number and reason for absence. If there is a series of three or more times when a child is not present on the bus and the transportation department was not notified, the child may be dropped from the bus route and their slot will be given to another child on the transportation wait list.

If you need to adjust your bus route (moving, new pick up/drop off location, etc.) please contact your family partnership specialist immediately to inform him/her of the change. All transportation change requests will be evaluated and either accepted or denied by the transportation coordinator based on the availability of the location and time in relation to the bus routes. All decisions regarding changes will take a minimum of two (2) business days.

Head Start Procedures

Procedures for Parents with Complaints: “Together We Can Work It Out!”

It is the goal of the staff and administration to answer questions or address student/parent concerns as quickly and efficiently as possible. If a problem or a concern arises, please contact the employee who is most directly involved with the issue. If you are not satisfied with the information received, please follow the “chain of concern” as listed.

Question/ Concern	Step #1	Step #2	Step #3	Step #4	Step #5	Step #6
Disability	Teacher	Site Leader	Special Education & Early Childhood Director	Head Start Program Director	Asst. Superintendent for Special Education & Early Childhood Services	MCISD Superintendent
Education Issue	Teacher	Site Leader	Education Coordinator	Head Start Program Director	Asst. Superintendent for Special Education & Early Childhood Services	MCISD Superintendent
Facilities Issue	Teacher	Site Leader	Transportation Coordinator	Head Start Program Director	Asst. Superintendent for Special Education & Early Childhood Services	MCISD Superintendent
Family Services Issues and Enrollment	FPS	Site Leader	Assistant Director	Head Start Program Director	Asst. Superintendent for Special Education & Early Childhood Services	MCISD Superintendent
Health Issue	FPS	Site Leader	Health Coordinator	Head Start Program Director	Asst. Superintendent for Special Education & Early Childhood Services	MCISD Superintendent
Nutrition Issue	FPS	Site Leader	Health Coordinator	Head Start Program Director	Asst. Superintendent for Special Education & Early Childhood Services	MCISD Superintendent
Mental Health Issue	FPS	Site Leader	Mental Health Coordinator	Head Start Program Director	Asst. Superintendent for Special Education & Early Childhood Services	MCISD Superintendent
Transportation	FPS	Site Leader	Transportation Coordinator	Head Start Program Director	Asst. Superintendent for Special Education & Early Childhood Services	MCISD Superintendent

Confidentiality:

Information is gathered so that Monroe County Head Start can completely understand the needs for your child/family and work together to meet those needs. All information obtained from you is completely confidential. Except for your local school district, records will only be sent to another agency with written permission of the parents or legal guardian. Only the parent or guardian indicated on the enrollment and/or birth certificate will have access to the records.

Nutrition Services

Nutrition Program

Each child in a center-based full-day program must receive meals and snacks that provide 1/2 to 2/3 of the child's daily nutritional needs. The meals and snacks meet the meal pattern requirement as recommended by United States Department of Agriculture (USDA). Food is served family style when feasible. We recognize the individual differences and cultural patterns that promote sound physical, social and emotional growth and development.

- Mealtime is a learning experience. Children are encouraged to participate in mealtime activities such as setting the table, preparing food, serving food and cleaning up. Food is served family style when possible so your child can participate to the fullest extent.
- You will have opportunities to learn about nutrition by visiting your child's group setting and taking part in nutrition activities. A monthly menu is distributed to parents.
- You are invited to have meals with your child. If you are visiting during mealtime please call the day before to inform the teacher. This helps us to determine an accurate meal count for the day and we want to make sure enough food is available to share with you.

We follow the nutrition guidelines as outlined by USDA and participate in the Child and Adult Care Food Program that is sponsored cooperatively by the USDA and the Michigan Department of Education. Meals and snacks children receive while in Head Start include breakfast, lunch and an afternoon snack.

Licensing

Parent Notification of the Licensing Notebook Requirement

Child Care Organizations Act, 1973 Public Act 116

- All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued for the last 5 years.
- The licensing notebook is available online for families. Families may request access at any time to view the contents
- Licensing inspection reports, special investigation reports and corrective action plans from the past three years are available on the department's childcare licensing website at www.michigan.gov/michildcare.



Education Services

Education is a Two Way Street

Our Part

Head Start's goal is to provide an environment that stimulates each child's curiosity and learning. We encourage each child to develop his/her unique pattern of interests, talents and skills. We know that children learn best through interaction with people and objects, and it's through play that they will achieve their educational goals. While we recognize that each child grows and develops at different rates, their individual goals will focus in the following areas:

- **Language:** Listening, understanding, speaking and communication.
- **Literacy:** Phonological awareness (the sounds of words), book knowledge, appreciation of books, print awareness, pre-reading concepts, early writing and alphabet knowledge.
- **Mathematics:** Geometry, spatial sense, patterns, measurements.
- **Science:** Scientific skills, methods and knowledge.
- **Creative Arts**
Music, art, movement and dramatic play.
- **Social and Emotional**
Self Concept, self control, cooperation, social relationships, knowledge of families and communities.
- **Approaches to Learning**
Initiative, curiosity, engagement, persistence, reasoning and problem solving.
- **Physical Health and Development**
Fine and gross motor skills, health status and health practices.

Curriculum

The Head Start program uses the Creative Curriculum to guide their daily planning. This curriculum is evidence and play based. The Head Start program also uses the Nurturing Parent Curriculum which is a family-centered initiative designed to build nurturing parenting skills.

Your Part

- Children need to be well rested; 10-12 hours of sleep is recommended for children going to preschool.
- Nutritious meals help children to be healthy and at their best. Wholesome, nutritious foods are important.
- Please dress your child or children for the weather.
- Create opportunities for learning at home and by submitting the parent/child activities form weekly.
- Please keep your child or children at home if they are not feeling well and get them the necessary medical attention needed.
- Please bring your child to class on time or have them ready for the bus.
- Be an active participant in your child's ongoing assessment.
- Find a variety of opportunities to be involved in Head Start.
- Please bring an extra set of clothes for your child in case of an accident.

Assessments

Assessments are used to plan individually as well as for small and large group learning experiences. Head Start uses Teaching Strategies Gold (TSGold) as our formal assessment. TSGold is able to track progress in the areas of social/emotional, physical, language/literacy, cognitive and mathematics. Assessments are conducted on an ongoing basis by gathering observational data and work samples, formulating scores three times a year.

Screening Tools

Head Start is required to complete a behavioral and developmental assessment within the first 45 days of entry into the program in an effort to identify if there are any developmental concerns. The screening tools are reviewed with parents/guardians during parent/teacher conferences or before if necessary. The screening tool used in the Head Start program is Batelle Developmental Inventory.

Classroom Daily Schedule

The daily schedule will vary from classroom to classroom, but all classrooms will have the following activities planned daily in accordance with Head Start standards and the curriculum in which we have chosen to use (Creative Curriculum):

- Large Group 15-20 min
- Small Group 15-20 min
- Breakfast/Lunch 30 minutes
- Snack/20 minutes
- Toileting as needed
- Nap time (full day options) 60 minutes
- Planning 5 minutes
- Recall 5 minutes
- Tooth brushing 10 – 15 minutes
- Outside/Large Motor 30 minutes
- Reading throughout the day large group
- Free Choice 60 minutes

Cultural Competence Plan: Upon entry into the Head Start program a cultural survey is collected from each family. The survey answers are reviewed by both the child's teacher and FPS in order for them to gain a full picture of the child's cultural background and family beliefs. In each classroom cultural diversity activities are planned based on the cultural survey answers of each child to ensure all children are being exposed to cultures and backgrounds that are represented in the classroom.

In addition, Head Start provides written communication to families and children in their native language as well as access to an employee/interpreter for verbal communication as needed (including, but not limited to home visits, conferences, daily communication, etc.). All developmental screenings and assessments are given to the children in their native language.

Special Needs Plan: Any child who enters into the Head Start program who has been identified with a diagnosed disability, or is identified with a disability throughout the year in our program is supported individually based on the child's Individualized Education Plan (IEP). A copy of the child's IEP is reviewed and kept on file in the center. Individual child goals are incorporated into the child's individualized school readiness goals and addressed in the classroom environment. Any accommodations that are outlined in the child's IEP are provided for the child while under our care.

The Monroe County Head Start program works with families closely when a referral for a special education evaluation may be needed. The Head Start staff will discuss the reason for a referral and the referral process with the family ensuring they wish to move forward with a referral prior to placing a referral in to the Special Education Department.

8462 - CHILD ABUSE OR NEGLECT

In compliance with Board policy and State statute, staff members are required to report to the proper legal authorities any sign of child abuse or neglect. Child abuse is defined as harm or threatened harm to a child's health or welfare that occurs through non-accidental physical or mental injury, sexual abuse, sexual exploitation, or maltreatment by a parent, a legal guardian, a teacher, a teacher aide, clergy, or any other person responsible for the health or welfare of the child. Child neglect is harm or threatened harm to a child's health or welfare by a parent, legal guardian or other person responsible for the health and welfare of the child that occurs through either of the following:

- A. Negligent treatment including failure to provide adequate food, clothing, shelter, or medical care or
- B. Placing a child at an unreasonable risk to the child's health or welfare.

MANDATED REPORTERS

The following are mandated reporters: A physician, dentist, physician's assistant, registered dental hygienist, medical examiner, nurse, person licensed to provide emergency medical care, audiologist, psychologist, marriage and family therapist, licensed professional counselor, social worker, licensed master's social worker, licensed bachelor's social worker, registered social service technician, social service technician, a person employed in a professional capacity in any office of the friend of the court, school administrator, school counselor or teacher, law enforcement officer, member of the clergy, or regulated child care provider. Mandated reporters are required, by law, to report an reasonable suspicion of child abuse and/or neglect, shall make an immediate report to the centralized intake as follows:

- A. Orally report suspected child abuse and/or neglect to the Department of Health and Human Services (DHHS)/ Child Protective Services (CPS) ,1-855-444-3911;
- B. File a written report within 72 hours of making the oral report using Form 3200 which can be found at <http://www.monroeisd.us/stafflogin/staffforms/>
- C. Notify your supervisor that the report has been made and provide Form 3200 to your supervisor.

Any staff person who has reasonable suspicion of child abuse or neglect shall immediately report such case to his/her supervisor who shall, in turn, immediately notify DHHS/CPS.

MCL 722.621 et seq

There are four types of abuse:

- 1. Physical** –Non-accidental injury of a child.
- 2. Physical Neglect**—This is the failure to provide the necessities of life for a child. It includes the lack of medical care, inadequate nourishment, inappropriate clothing, lack of supervision, and inadequate housing.
- 3. Sexual Abuse/Sexual Exploitation**—This is the exploitation of a child for the sexual gratification of an adult. It may include acts of rape, incest, fondling of the genitals, exhibitionism, prostitution of a child, or allowing, permitting, or encouraging photography, filming, or depicting a child engaged in a sexual act.
- 4. Emotional Abuse/Neglect**—This is mental injury. A pattern of physical or verbal acts or omissions on the part of the parent and/or person responsible for the health and welfare of the child that results in psychological or emotional injury/impairment to a child or places a child at significant risk of being psychologically or emotionally injured/impaired (e.g., depression, anxiety, lack of attachment, psychosis, fear of abandonment or safety, fear that life or safety is threatened, etc.).

5600.01-Student Discipline for Monroe County Intermediate School District (MCISD) Early Head Start (EHS)/Head Start (HS)/Great Start Readiness Program (GSRP)

All staff, consultants, contractors, and volunteers who are interacting with children are expected to follow specific guidelines for student discipline when at a MCISD EHS/HS/ GSRP site. In order to provide a safe experience for all students, it is necessary that staff, consultants, contractors, and volunteers implement positive strategies to support children's well-being, and to prevent and address challenging behaviors. When onsite, staff, consultants, contractors, and volunteers will:

- 1) Employ preventative strategies outlined within the *prevent challenging behaviors* section of this document to prevent and/or address challenging behaviors.
- 2) Follow guidelines outlined in the *addressing developmentally appropriate* and *addressing extreme challenging behavior* sections of this document when intervention is needed.
- 3) Be able to identify when staff need a break from the situation and know how to seek assistance.

Preventing Challenging Behaviors: To prevent challenging behaviors, staff will:

- A. Discuss and identify triggers with family and utilize known strategies that work in the home environment to help prevent and deescalate possible challenging behavior when appropriate.
- B. Purposefully plan to build positive and trusting relationships with each individual child.
- C. Consistently acknowledge children when displaying/ attempting to display desired behaviors.
- D. Establish and follow a consistent daily routine that meets the needs of all students.

5600.01-Student Discipline continued on next page

- E. Communicate and implement the universal MCISD preschool expectations with students based on their current developmental level.
 - i. Be safe
 - ii. Be kind
 - iii. Be a good listener
- F. Utilize a supplemental social emotional curriculum as needed to support children in building self-control and cooperation skills.
- G. Plan developmentally appropriate activities based on children's needs and interests to ensure full student engagement.

Addressing Developmentally Appropriate Behaviors

Developmentally appropriate behaviors are defined as universal behaviors that children exhibit and are consistent with their developmental level for their age. Some examples include, but are not limited to:

- Becoming upset when they do not get a turn/have to wait for their turn
- Refusal
- Limited attention span, moves from activity to activity often, dumping toys, etc.
- Crying/screaming
- Taking items from one another
- Inappropriate language
- Spitting
- Biting
- Limited physical aggression to get a need/want met (pushes to get to a toy first, hits when someone takes a toy they were playing with, etc.)

Staff, consultants, contractors, and volunteers will use their professional judgement when addressing developmentally appropriate behaviors that require intervention utilizing the following positive guidance techniques:

- A. Distract** the child by engaging him/her in a preferred/alternate activity. For example, if there is no room left to paint, you might suggest the child play with playdough until a spot opens up.
- B. Employ natural consequences.** For example, if a child refuses to put their coat on to go outside, take them outside without a coat and remind them that when they are cold, they can come and get their coat from you.
- C. Teach and encourage the child to replace the undesired behavior with a desired behavior.** For example, if a child is hitting others when frustrated, teach the child to hit the pillow instead of another person.
- D. Provide choice** as often as possible. For example, if a child is running around the classroom explain to the child that running is not a choice right now and provide them with two acceptable play options instead.
- E. Provide support, encouragement and empathy as often as possible.** For example, if a child is screaming and crying upon separating from their caregiver, offer to hold the child or for them to hold something comforting. You might say phrases such as, "I miss my mom when I am at school too, but I know I will see her tonight and that helps me feel better".
- F. Use simple directives stated positively as needed.** For example, if a child is climbing on the table state, "feet on the floor, please".

- G. Use visual cues for directives as needed.** For example, if a child gets up from circle time, show him/her the visual for sit as a reminder for them to sit back down.
- H. Utilize Conflict Resolution when social conflict is presented.**
 - i. Approach calmly, stopping any hurtful actions. Place self at the child's level. Neutralize any object that may be causing the social conflict.
 - ii. Acknowledge the children's feelings.
 - iii. Gather information on the cause of the situation.
 - iv. Restate the problem.
 - v. Ask for ideas on solutions. If students are not able to develop solution ideas, you may develop two options for them to choose from. Choose a solution together.
 - vi. Be prepared to give follow up support when the child/children act upon their mutual decision.

Addressing Extreme Challenging Behaviors

Extreme challenging behaviors are defined as behaviors children exhibit that are dangerous, destructive and/or extremely disruptive (3 D's). Examples of extreme challenging behaviors include, but are not limited to:

- Flipping tables
- Throwing objects
- Crying/screaming that lasts for more than 20 minutes
- Intense physical aggression with/without objects that result in injury of the child, another child or staff
- Running that results in the child being in danger (out of the room/building)

Staff, consultants, contractors, and volunteers will follow the steps outlined below when a student engages in an extreme challenging behavior that requires intervention:

- A. Approach calmly**, stopping any hurtful actions if possible.
- B. Attempt to deescalate the child by checking your nonverbal communication**
 - i. Employ a supportive stance (1 leg length from the child, angled)
 - ii. Consider the impacts of your position, posture and proximity
- A. Attempt to deescalate the child by checking your paraverbal communication (the vocal part of speech, excluding the actual words)**
 - A. Use caring and supportive tone: quality and pitch
 - B. Keep volume appropriate for the situation
 - C. Deliver message with and even cadence (rhythm and rate of speech)
- B. Attempt to deescalate the child by choosing a verbal intervention**
 - A. Limit Setting-Offer choices and consequences
 - B. Empathic Listening
 - i. Nonjudgemental
 - ii. Undivided attention
 - iii. Listen carefully (focus on feelings and facts)
 - iv. Allow silence for reflection
 - v. Restate and paraphrase
- C. Remove the audience by evacuating the space of all other children/staff**
- D. Employ Crisis Prevention Institute (CPI) approved restraint**

If the student's behavior continues to escalate and causes immediate risk to the student, and/or other students, staff, contractors, consultants or volunteers, additional follow up support may include a Crisis Prevention Institute (CPI) approved restraint to be completed by MCISD staff whom have a current certification on file, as a last resort. When a restraint is used, staff will follow MCISD Emergency Use of Seclusion and Restraint Policies (5630.01).

Staff, consultants, contractors and volunteers will not maltreat or endanger the health and safety of children, including, at a minimum, they will not employ methods of discipline that involve:

- a. Corporal punishment, including but not limited to hitting spanking, shaking, biting, pinching;
- b. Isolation;
- c. Placing any substances in a child's mouth, including but not limited to soap, hot sauce, or vinegar;
- d. Binding or tying a child to restrict movement or taping a child's mouth;
- e. The use of food as punishment or reward or the denial of basic needs;
- f. The use of toilet learning/training methods that punish, demean, or humiliate a child;
- g. The use of any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child;
- h. Physically and Emotionally abusing a child
- i. Any form of verbal abuse, including profane, sarcastic language, threats, or other derogatory remarks about the child or the child's family; or,
- j. The use of physical activity or outdoor time as a punishment or reward
- k. Excluding a child from daily learning experiences;
- l. Leave a child alone or unsupervised
- m. Utilize the implementation of "time out", defined as restricting a child to a specific location for a specified or unspecified amount of time. (Staff may utilize the safe spot as a place for students to calm themselves, but they are to be in control of when they are ready to rejoin play.)

Additional Assistance

Both developmentally appropriate behaviors and extreme challenging behaviors can take a toll on staff wellness. Staff, consultants, contractors, and volunteers are required to seek assistance immediately when they become dysregulated. Staff, consultants, contractors, and volunteers who see others becoming dysregulated are required to seek assistance immediately if they do not seek it for themselves. Signs of dysregulation in adults in a classroom environment could include but are not limited to:

- Yelling
- Aggression toward self/others
- Crying
- Detachment
- Threats

Staff, consultants, contractors, and volunteers should follow the steps outlined below to seek immediate assistance when dysregulation occurs with any adults in the classroom environment.

- A. Change out staff members to assist with the situation (while maintaining ratio)
 - i. Communicate to the co-teacher in the classroom that you need help with a student and/or a break from the situation.
 - ii. Call for any additional building/program support(s) per onboarding procedure for relief using the walkie talkie and/or phone, if a staff member feels the need to leave ratio.
 - iii. Communicate the plan to regain control of the situation to all staff involved (Example-The teacher needs to take the child for a sensory break, the teacher needs to go for a 5-minute walk to calm themselves, etc.).
 - iv. Staff will follow- up and repair the relationship with child (let child and staff member express feelings in a healthy manner, discuss future expectations, physical or verbal affirmation to reassure child they're safe and will continue to have a caring relationship with the staff member and classmates.
 - v. Debrief the situation with classroom staff and site administration by close of business the same day to develop plans if a similar situation should occur.
- B. MCISD staff will use their professional judgement to decide if a behavior incident report (using the *MCISD Head Start Behavior Incident Report procedures*) is necessary for developmentally appropriate behavior. MCISD staff will complete a behavior incident report for each extreme challenging behavior after the situation is controlled.
- C. MCISD staff will use their professional judgement to decide whether it is necessary to submit an internal referral for any child exhibiting developmentally appropriate/extreme challenging behaviors using the *MCISD Head Start Internal Referral Procedures*.

Any staff member, consultant, contractor, or volunteer who violates the *Student Discipline for MCISD EHS/HS/GSRP* administrative guideline may receive disciplinary action up to and including termination from the MCISD programs.

Guidance

Anyone working with children shall use positive methods of guidance which will encourage self-control, self-direction, self-esteem, and cooperation. We encourage parents to apply the following principles of guidance, when dealing with their children at home allowing the Head Start program and home environment to reinforce one another.

Encouragement

Use words of encouragement when the child does well, follows the rules, and responds in a positive/acceptable manner. Example: "You picked up your toys without being asked. You followed the rules!"

Redirection

Attempt to redirect the child to choose an appropriate behavior. For example, if a child is coloring in a book, you might say: "Books are for reading. If you'd like to color, you can color on this paper."

Talking to the Child

Talk about his/her behavior and help the child understand why the behavior is unacceptable. Example, "When you hit Jimmy it hurts him, and that's not okay."

Ignoring the behavior

Sometimes adults create problems by making too much of an incident or use of certain words. It may help to find ways to give children positive attention for appropriate/desired behavior while ignoring undesired/inappropriate behavior.

Giving special attention

Sometimes children "act out" to get needed attention, whether it is positive or negative attention. It may help to find ways to give children positive attention for appropriate behavior.



Health Care Plan

Bodily Fluids Handling

Head Start staff members are responsible for adhering to the Exposure Control plan as outlined in this plan. The purpose of this plan is to provide procedures and protocols to protect employees, students, and other individuals who have had direct or indirect contact with potentially hazardous bodily fluids and to protect these individuals against the risk of infection and/or transmission of disease. The Department of Labor OSHA Regulations require that all individuals with exposure to human blood and other potentially hazardous bodily fluids be informed that they may be at risk of contracting diseases caused by pathogenic microorganisms present. These pathogens include, but are not limited to, hepatitis B, and HIV/AIDS. Exposure is defined as contact with human blood, bodily fluids which may contain blood, human bites which break the skin and scratches which break the skin. Urine, human feces, runny noses, emesis and loose teeth have the potential to carry disease as well. Contacts (portals of entry) include, but are not limited to: eyes, mouth, ears, nose and skin.

Hand Washing

- Staff members are required to wash their hands upon arrival, after diapering or assisting with toileting after touching bodily fluids, before meals, snacks or handling food, after playing in water, after handling pets or any materials that might be contaminated by contact with animals, before and after feeding a child, before and after administering medicine, and after handling garbage or cleaning.
- Gloves are recommended to be worn while changing diapers and/or soiled clothing and while addressing bodily fluid spills (i.e. bloody noses, emesis, etc.).
- Gloves are not to be considered a substitute for washing hands.

All staff will follow the state of Michigan Childcare Licensing Rules and Regulations in regard to diapering and toileting, R400.8137.

Toilet Training Planning

1. During the first home visit, teaching staff will ask the family if the child is toilet trained and/or if the child is in need of assistance in the restroom.
If the child is not toilet trained, staff will complete the toilet training plan with the family.
2. The classroom staff will implement the toilet training plan developed between the parent and staff as outlined.
3. Upon the parent's request, the staff will complete and send home a daily toileting log that outlines the child's toileting patterns for the day.
4. Staff will request the parent send a minimum of 1 extra set of weather appropriate clothing to school. Additional sets may be requested if a child is toilet training. Staff will communicate to the parent that they may be required to bring clothing to school if an accident occurs and no additional clothing has been provided.

Diapering/Toileting Procedures

1. Children will be changed in a space physically separated from a food preparation area that is within close proximity to a sink.
2. Staff will change children standing up, or on a nonabsorbent, easily sanitized surface, with a changing pad between the child and the surface.
3. Staff will dispose of diapers/pull-ups in a plastic lined, tightly covered container that is exclusively used for disposable diapers/pull-ups and diapering supplies. The container must be emptied and sanitized daily.
4. Only single-use disposable wipes or other single-use cleaning cloths must be used to clean a child during diapering or toileting processes. Diapers/Pull-ups must be checked frequently, meaning every two hours.
5. Guidelines for diapering, sanitizing and handwashing must be posted in all diapering areas.
6. Disposable gloves used for diapering may only be used once for a specific child and be removed and disposed of in a safe and sanitary manner immediately after each diaper change.
7. Cloth diapers will not be used in the MCISD Head Start Program. All Diapers/Pull-ups and wipes will be provided by the program.

Potty Trained Students

1. Staff will be within sight and sound of children using the restroom at all times.
2. Staff will encourage children to wipe themselves, however they will assist in wiping a student if necessary, to ensure they are thoroughly cleaned.

Potty-Training Accidents

1. Upon a child having a potty-training accident staff will:
 - a. Assist the child in removing the wet/soiled clothing and/or diaper/pull-up while describing what they are doing in a positive manner. They will allow the child to do as much of this process as they are able.
 - b. Place any wet/soiled clothing into a plastic bag with a toileting note attached (child name, replacement clothing needed, etc.).
 - c. Assist the child in putting on fresh clothing and/or diaper/pull-up/underwear. Staff will allow the child to do as much of this process as they are able.
 - d. At no time will a staff member shame or punish a child for having a potty-training accident.

Universal Precautions Policy

All Head Start staff members will follow the Universal Precautions Policy:

Consider all blood or bodily fluids of children as potentially infectious. If contact with fluids is likely, a protective barrier (gloves, gown, and mask) should be used as appropriate to prevent contact between fluid and the employee's skin, mucous membranes and clothing.

When there is a risk of exposure to blood or other bodily fluids, disposable gloves must be worn. Hands will be washed thoroughly and immediately if they become contaminated with blood. When possible, direct contact through mouth-to-mouth resuscitation should be avoided by using airway equipment and ventilation devices. A person who is exposed to blood or other bodily fluids, including but not limited to a puncture wound, a cut, or a splash onto a mucous membrane, will be referred to a physician for further evaluation. The name of the source person will be recorded so that the likelihood of infection can be assessed. Staff members who have open wounds or weeping lesions on their hands will wear gloves while working with children until the condition resolves. Surfaces contaminated with blood or other bodily fluids will be washed with detergent and disinfected with a freshly prepared 1:10 solution of common household bleach or suitable approved substitute. Any blood spill or other potentially hazardous bodily spill should be reported immediately to the Director who will then report to Department of Health and Safety if deemed necessary. All infectious waste should be appropriately disposed in biohazard bags and are available upon request. Head Start will provide gloves and safety goggles to employees at no charge. DHS incident reports are completed for each blood or bodily fluids exposure.

Accident/Injury/Illness/Incident Plan

Definition of MINOR accident/injury/illness/incident:

Any **accident/injury** that occurs at school involving a child where a mark is left and can be handled with simple first aid techniques (rug burn, scratch, small bump, trip, collision with another child, etc.).

Any **illness** that occurs at school that results in the need for the child to return to school.

Any **incident** that staff feel should be documented (children hit each other but no marks are left, child arrives at school with bruises, child begins exhibiting food hoarding behaviors, etc.).

Definition of MAJOR accident/injury/illness/incident:

Any **accident/injury/illness** that occurs at school where a child needs further medical treatment (stiches, ambulance transfer, doctor visit, etc.) or is found to have received further medical treatment after being released from the school.

Any **incident** that occurs at school that requires the State of Michigan Childcare Licensing and/or the Office of Head Start to be notified. Such incidents include:

- Death of a child
- A child lost or left unsupervised
- An incident involving an allegation of inappropriate contact
- A fire on the premises that requires fire suppression equipment or results in loss of life or property
- The center is evacuated for any reason outside of a routine emergency drill.

Upon an accident/injury/illness/incident occurrence, staff will assess if the situation is classified as a minor accident/injury, minor illness, minor incident, major accident/injury/illness or a major incident, using their professional judgment and definitions of each listed above. Staff will follow the protocols below based on their assessment of each situation.

*If an incident was labeled as minor accident/injury/illness/incident and is later found to be a major accident/injury/illness/incident (resulted in follow-up medical treatment, additional information is uncovered, etc.), the staff member will immediately follow steps outlined in IV/V of this procedure.

I. MINOR Accident/Injury

- a) The program staff will assess the environment for safety and the child(ren) for injuries using their First Aid/CPR training skills.
- b) The appropriate trained staff will provide any first aid necessary to the child(ren).
- c) When the child(ren) is calm and the first aid has been provided, the appropriate staff will call the parent/guardian to inform them of the incident.
- d) The witness staff will complete an incident report ensuring to complete ALL fields of the form including a staff signature by the close of business the same day.
- e) The appropriate staff will make 2 copies of the report. The staff member will provide the original to their FPS, a copy to their Site Lead, and a copy to the family by the close of business the same day.
- f) The FPS will enter information from the original incident report in Child Plus under the Health Services/Incident Report tab as an incident report within 24 hours.
- g) FPS will file the form in child's file under health tab.

II. MINOR Illness

At the start of each day, the transportation/classroom staff will conduct a daily health and safety check of each child upon arrival (brief overview of child's health status). Staff will continue to monitor each child's health throughout the time they are in school/on the bus.

If a student exhibits any of the following symptoms, they will be closely monitored for worsening or new symptoms by program staff.

- Earache, without discharge
- Headache
- Fever between 98.6-100 degrees
- Yellow/green discharge from the nose
- Mild cough

If a student exhibits any of the following symptoms, they will be excluded from school until they are symptom and over-the-counter medication free for 24 hours, or obtain a physician's approval to return to school.

- Fever of 100 degrees or higher
- Sore throat or difficulty swallowing
- Diarrhea (more than 2 loose stools in 24 hours)
- Vomiting (once or more in 24 hours)
- Redness, swelling, drainage of eye, matted eyelashes, burning, itching of eyes
- Unusual spots/rash (unidentified)
- Stiff neck with elevated temperature

When a child needs to be excluded from school due to illness, program staff will follow the steps outlined below.

- a) Staff will call the parent/guardian/emergency contact(s) to inform them of their child's illness and require that their child be picked up from school as soon as possible.
- b) Staff will complete an illness form.
- c) The appropriate staff will make 1 copy of the report. The staff member will provide the original to their FPS by the close of business and a copy to the family when releasing the child.
- d) The staff member releasing the child to the caregiver will review the illness form with the parent, specifically outlining when the child is able to return to school. The staff member releasing the child to the caregiver will communicate to both classroom and transportation staff when the child is able to return to school.
- e) The FPS will file the form in child's file under health tab.

III. MINOR Incident

Any **incident** that staff feel should be documented (children hit each other but no marks are left, child acts aggressive, child arrives at school with bruises, child begins exhibiting food hoarding behaviors, etc.) shall use their professional judgment on the best way to document such incidents. The following documentation pieces are available to program staff to utilize.

- a) Health Observation Form
- b) Behavior Incident Report

If program staff are concerned that the child is being abused and/or neglected, that staff member must follow the MCISD's child abuse and neglect policies.

Accident/Injury/Illness/Incident Plan continued on next page

IV. **MAJOR Accident/Injury/Illness**

- a) The program staff will assess the environment for safety and the child(ren) for injuries using their First Aid/CPR training skills.
- b) The appropriate trained staff will provide any first aid necessary to the child(ren) and call 911 if necessary.
- c) When the situation is under control, the appropriate witness will notify the parent **AND** the Head Start Director immediately, verbally.
- d) The witness staff will complete an incident report ensuring to complete ALL fields of the form including a staff signature. The witness staff will scan a copy of the completed incident report to the Head Start Director by the close of business the same day.
 - a) The Head Start Director will make a verbal report to the appropriate childcare licensing consultant and/or Head Start Grantee Specialist within 24 hours of the incident/ notification that follow-up medical care was given.
 - b) The Head Start Director will complete an investigation of the incident, obtaining a written and signed account from each witness. The Head Start Director will complete and submit to the appropriate childcare licensing consultant and/or Head Start Grantee Specialist, a State of Michigan Childcare Licensing incident report (BCAL-4605) attaching written staff documentation within 72 hours of the incident.
 - c) The Head Start Director will scan a copy of the incident report to the child's FPS and Site Lead.
 - d) The FPS will enter information from the incident report in Child Plus under the Health Services/Incident Report Tab as an incident report within 24 hours.
 - e) The FPS will make 2 copies of the report. The FPS will file the original State of Michigan incident report (BCAL-4605) in the child's file under the health tab. The FPS will provide a copy to their Site Lead by the close of business. The FPS will provide a copy to the family as soon as the family is able to accept the document via mail, email or in-person.

V. **MAJOR Incident**

- a) The witness staff will verbally report the incident to the Head Start Director immediately.
- b) The Head Start Director will inform the parent/ guardian of the major incident immediately.
- c) The witness staff will complete an incident report ensuring to complete ALL fields of the form including a staff signature. The witness staff will scan a copy of the completed incident report to the Head Start Director by the close of business the same day.
 - i. The Head Start Director will make a verbal report to the appropriate childcare licensing consultant and/or Head Start Grantee Specialist within 24 hours of the incident/ notification that follow-up medical care was given.
 - ii. The Head Start Director will complete an investigation of the incident, obtaining a written and signed account from each witness. The Head Start Director will complete and submit to the appropriate childcare licensing consultant and/or Head Start Grantee Specialist, a State of Michigan Childcare Licensing incident report (BCAL-4605) attaching written staff documentation within 72 hours of the incident.
 - iii. The Head Start Director will scan a copy of the incident report and accompanying documentation to the child's FPS and Site Lead.
 - iv. The FPS will enter information from the incident report in Child Plus under the Health Services/Incident Report Tab as an incident report within 24 hours.
 - v. The FPS will make 1 copy of the report. The FPS will file the original State of Michigan incident report (BCAL-4605) in the child's file under the health tab. The FPS will provide a copy to the family as soon as the family is able to accept the document via mail, email or in-person.

Minor and major accidents, injuries, illnesses, and incidents can be tracked using Child Plus Report number 1084.

Health Services

Many children have health problems which can limit their ability to succeed in school. Monroe County ISD emphasizes the importance of early prevention, intervention and treatment. All Monroe County ISD Head Start students are assisted with comprehensive health care services including medical, dental, mental health and nutrition.

Determining Child's Health Status

If a child fails a screening, the Monroe County ISD Health Coordinator, Education Coordinator or Family Partnership Specialist will follow up with families on all failed screenings, and assist you in obtaining any necessary follow-up required.

For screening questions contact your Family Partnership Specialist.

Medical

All parents/legal guardians are required to provide their child's immunization records before the start of school.

Due to the State of Michigan Childcare Licensing rules and regulations, your child cannot start school unless his/her immunization records showing at least one (1) dose of each required immunizing agent, or an immunization waiver signed by the county Health Department are on file with the school.

A complete physical examination (conducted within one year) must be provided to the school within 30 days of attending Head Start. Due to the State of Michigan Childcare Licensing Rules and Regulations, if physical examination documentation is not provided to the school within 30 days of entry, your child will be excluded from school and will not be able to return until a physical exam is completed. The physical must include a hemoglobin, lead test, vision test, hearing screening, blood pressure reading, and height and weight measurement. Physical exams are to be completed by the child's health care provider. If your family doesn't have a medical or dental home, the Family Partnership Specialist assigned to your child's center will assist you with finding one.

A dental screening will be required within the first 90 days.

Medication Administration

Medication includes both prescription and non-prescription medication, and includes those taken by mouth, by inhaler, by injection, applied as drops to eye or nose, or applied to the skin.

If your child needs over-the-counter or prescription medication throughout the school day, please contact your child's family partnership specialist or the Health and Nutrition Coordinator immediately, as there are specific forms you and your health care professional will need to complete

Dental Health

Prevent Tooth Decay:

- Brush teeth daily
- Floss your child's teeth daily
- Use a soft brush with end-rounded bristles
- Use fluoride toothpaste
- Eat and drink fewer sweets

Each child will participate in toothbrushing at school in an effort to maintain dental health by teaching children appropriate brushing techniques. Children are provided a single use toothbrush daily. Contact your child's FPS if your child requires a specific toothbrush/paste due to medical reasons.

Disabilities

Early identification of disabilities and intervention help to ensure individual child growth and success. Staff works collaboratively with parents to secure services by special education staff or local community resources, professionals and program staff. Opportunities provided are made available to children who have disabilities by using an active inter-disciplinary team approach.

Mental Health Services

Monroe County Head Start recognizes the importance of providing mental health services to families and staff while supporting their children's social and emotional development. Mental Health staff is available to provide services to our Head Start families.

- The Mental Health consultants offer a supportive curriculum (Nurturing Parenting) to all interested parents. Nurturing Parenting is an evidence-based curriculum that uses a family-centered, trauma-informed approach to build parenting skills in a variety of areas including, but not limited to, developmental expectations, empathy, discipline, children's power and independence, etc.
- Monroe County Head Start provides a range of mental health services to all enrolled children, families, and staff. Services may include consultations, assistance with outside agency referrals for children and parents, parenting support, reflective supervision, etc.

Child, Staff, and Volunteer Illness Policies

If the Head Start classroom becomes aware that a child/teacher/volunteer in the program location has contracted a communicable disease, the teachers shall notify parents of the following:

- The name of the communicable disease.
- That their child may have been exposed.
- The symptoms of the disease.

Upon arrival at the classroom, children will receive a simple health check by the program staff. A health check looks for the common signs of illness that may prevent a child from feeling able to participate in the daily routine of activities. Teachers are not expected to care for sick children who are unable to participate fully with the other children in the classroom.

Teachers will also contact family members when they notice any changes in a child's health and when a child is too ill to remain in a group-care setting. The teachers will call 911 in the event of a medical emergency immediately.

Health Services continued on next page

Health Services (continued)

A child/teacher/volunteer with any of the following symptoms or signs of illness will immediately be isolated and discharged to their parent/guardian until they have been **symptom free and over-the-counter medication free for 24 hours**:

- Fever more than 100.4 degrees
- Sore throat or difficulty swallowing
- Diarrhea (more than two loose stools in 24 hours)
- Vomiting (once or more in 24 hours)
- Redness, swelling, drainage of eye, matted eyelashes, burning, itching of the eyes
- Unusual spots/rash
- Stiff neck and elevated temperature

A child with any of the following signs or symptoms of illness will be closely monitored by the teacher:

- Earache with or without discharge
- Headache
- Fever of 98.7-100.3
- Yellow or green discharge from the nose
- Mild cough

The classroom will care for children who are experiencing minor cold symptoms, provided they have no other symptoms and are able to participate in all aspects of the daily routine. This includes outside, physical activity. If children are not well enough to engage in outdoor play, parents will not be allowed to have their children attend that day.

Long-Term Exclusion of Children Monroe County ISD Head Start must not deny program admission to any child, nor exclude any enrolled child from the program participation for a long term period, solely on the basis of his/her health care needs or medication requirements. Unless keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child.

In its effort to assist in the prevention and control of communicable diseases of any kind, the Board has established policies on Immunization, Hygienic Management, and Control of Casual-Contact Communicable Diseases. The purpose of this policy is to protect the health and safety of the students, District personnel, and the community at large from the spread of the above-mentioned diseases. The District will allow students and staff members to attend school unless there is a definitive evidence to warrant exclusion.



Guideline 8450A- PEDICULOSIS (HEAD LICE)

Monroe County ISD defers to the recommendations from the Michigan Department of Community Health (MDCH) and the Michigan Department of Education (MDE) procedures for managing head lice in schools.

Any student with live lice or nits within one-fourth ($\frac{1}{4}$) inch of the scalp may remain in school until the end of the school day. The following procedures shall be followed:

- A. The student should be returned to class but restricted from activities involving close head to head contact of sharing of personal items with other children. Child should be allowed to ride the bus home.
- B. The parent shall be notified by telephone and a letter (Form 8450A F2) shall be sent home with child along with the necessary treatment memo contained in Form 8450A F1. https://www.michigan.gov/documents/Final_Michigan_Head_Lice_Manual_103750_7.pdf
- C. Parent must accompany the child to the school office with confirmation that they have treated the lice. If a parent is unable to transport their child to school for confirmation of lice treatment, administration will work with family to make alternative arrangements.

Parent must provide completed Form 8450A F3 to school personnel before student will be readmitted to school.
- D. Designated school personnel will re-examine the student's hair.
- E. Student will be readmitted if no live lice are found.
- F. If the student has no live lice, but nits are further than one-fourth ($\frac{1}{4}$) inch from the scalp, the student should return to class.
- G. Periodic checks of the student's hair by designated school personnel should be done over the following two (2) weeks to ensure successful treatment.
- H. Request parent to continue daily lice checks and removal over the following two (2) weeks.
- I. Parents of students in the class may be notified by letter that head lice is suspected however the student's name must be kept confidential.

Approved 2/2/16
Revised 3/11/16
Revised 8/3/16

Head Lice treatment and treatment form continued on next pages.

8450A F1-TREATMENT OF HEAD LICE

The following is a suggested procedure you may wish to confirm with your physician or local health department prior to use.

A. Treatment of the Child

1. Remove all your child's clothing and place him/her in a bath or shower stall and the clothing in a plastic bag.
2. Apply head louse treatment according to your physician's instructions or label instructions provided by the drug manufacturer. There are medicated liquids (pediculicides) available for head lice available by prescription only. There is no published evidence to indicate that one product is superior to the others. Parents need to consult their physician regarding such products. Many of these shampoos are insecticides and should be used with caution, especially on children and by pregnant or nursing women. If your child has allergies or asthma, please consult with his/her physician. If the package directions indicate, apply a second treatment ten (10) days later to kill lice that hatch after the initial treatment. **Do not over apply.**
3. Malathion (Ovide) should be used with extreme caution and Lindane is not recommended by the Michigan Department of Public Health.
4. Never use any volatile, synthetic pyrethroid or lindane or malathion shampoos on your child.
5. Do not apply any household insecticide or other chemicals not specifically labeled for treating head lice on people. Toxic or flammable substances, particularly when used with hair dryers, may cause injuries or death. Because it is easy to burn the hair and the scalp, this method should not be used.
6. Have your child put on clean clothing after treatment.
7. All family members and close friends of your child should be examined. Family members who have evidence of infestation (crawling forms or nits) should be treated. Anyone who shares a bed with a known infested child should be treated, whether or not there is evidence of infestation at the time of the examination.

B. Decontamination of Personal Articles and Environment

Since heat is lethal to lice and their eggs, many personal articles can be disinfested by machine washing in hot water and/or drying using the hot cycle of the dryer. Eggs are killed in five (5) minutes at 51.5°C/125°F, and crawling forms succumb to slightly lower temperatures. Home hot water heaters keep water at about 60°C/140°F when the heat selector is set on medium or high. However, some water heaters are not able to sustain the 60°C/140°F water temperature when several loads of laundry are processed one after the other or when other demands for hot water (bathing) are made simultaneously. To maintain the water at 60°C/140°F or higher, allow time between loads of laundry or baths for the water heater to regain its maximum water temperature. If total reliance is placed in the clothes dryer for disinfestation, dry articles for at least twenty (20) minutes at the high **heat setting**. Some nonwashable articles may be disinfested in the dryer provided that the heat will not harm them.

1. Machine-wash-all washable clothing and bed linens that have been in contact with your child within the previous three (3) days.
2. Personal articles of clothing or bedding that can not be washed or dried may be dry cleaned or simply left in a plastic bag and sealed for a period of ten (10) days.
3. Combs, brushes, and similar items can be disinfested by soaking them in one of the pediculicide liquids for one (1) hour or by soaking them in a pan of water heated on the stove to about 150°F for five (5) - ten (10) minutes (caution: heat may damage some combs and brushes).
4. Using household insecticides to treat the home, vehicles, carpets or furniture will unnecessarily expose your household to harmful chemicals. Consult with your doctor or the public health department for recommended treatments to disinfect these areas.

C. Notification of Other Parents

Parents of your child's closest friend(s) should be notified that their child may also be infested since the children play together. This is particularly important if the children have slept together or participated in activities involving frequent body contact such as wrestling, ballet classes, football, etc.

D. Returning to School

Your child may return to school the morning after s/he has been treated with a head louse shampoo.

For detailed information on treatment on head lice, see the Michigan Head Lice Manual, A comprehensive guide to identify, treat, manage and prevent head lice, July 2004 – Version 1.0, at http://www.michigan.gov/documents/Final_Michigan_Head_Lice_Manual_103750_7.pdf

PEDICULOSIS (Head Lice) TREATMENT FORM

DATE: _____

TO: _____
Name of School

This is to notify you that _____ (child) has been treated
_____ (what was
done) on _____ (date) and I have begun to remove nits and to do the
necessary treatment of the home environment.

Signature of Parent

Parent should accompany their child on the day s/he returns to school.

Communicable Disease Guidance for Schools

The following chart contains information and public health recommendations for various communicable diseases in schools and other group activity settings. Diagnosis should always be made by a physician. Exclusion period given is a minimum amount of time and applies to uncomplicated cases of the diseases listed.

DISEASE	INCUBATION PERIOD	PERIOD OF COMMUNICABILITY	ACTIONS TO BE TAKEN AND/OR EXCLUSION PERIOD
ANIMAL BITES (Rabies)	Variable. Rabies in man: 5 days to over 1 year; commonly 2 - 8 weeks	Variable depending on species involved.	Seek medical attention immediately. Report to local animal control center.
CHICKENPOX	2 – 3 weeks; commonly 13 – 17 days.	As long as 5 but usually 1 – 2 days before onset of rash and not more than 5 days after first crop of lesions appear.	Exclude until 5 days after the eruption of the first crop of lesions. This includes Zovirax therapy.
CONJUNCTIVITIS (Pink -Eye)	Variable depending on infecting agent.	During course of active infection.	Exclude until medical care and drainage from eyes has cleared.
FIFTH DISEASE (Hungarian Measles)	Variable about 4 – 20 days.	Prior to onset of rash.	No exclusion providing rash is diagnosed as fifth disease by physician.
HAND, FOOT & MOUTH DISEASE	Usually 3 – 5 days.	While sores are present, about 7 - 10 days. Can be found in feces for several weeks during acute stage.	Exclude until no new sores appear and other symptoms (fever, sore throat, drooling) are gone.
HEPATITIS, TYPE A	2 – 6 weeks; average is 4 weeks (28 days).	2 weeks before onset of symptoms to a maximum of 2 weeks after onset.	Exclude from food handling and direct patient care until 7 days after onset. Day care exclusion varies.
HEPATITIS, TYPE B	45 days – 6 months; average is 60 – 90 days (2 – 3 months).	Several weeks before onset of symptoms until blood is no longer positive for evidence of virus.	No exclusion except for open sores or if child is biting people.
HEPATITIS, TYPE C	2 weeks to 6 months (commonly 6 – 9 weeks).	1 or more weeks before onset through acute clinical course.	No exclusion except for open sores or if child is biting people.
HERPES SYMPLEX, TYPE I AND II	2 – 12 days.	Usually as long as lesions are present. Has been found in saliva for as long as 7 weeks after mouth lesions.	No exclusion recommended. Sores on skin should be adequately covered with a bandage.
IMPETIGO	Variable, indefinite; commonly 4– 10 days.	While sores are draining.	Exclude under treatment and lesions healing and no new lesions appear.
MENINGITIS (Aseptic/Viral)	Depends on type of infectious agent.	Depends on type of infectious agent.	Exclude until physician approves return.
MENINGITIS (Haemophilus influenzae)	Probably short, within 2 – 4 days.	As long as organisms are present.	Exclude until under treatment and physician approves return.
MENINGITIS (Meningococcal)	2 – 10 days; commonly 3 – 4 days.	As long as organisms are present.	Exclude until under treatment and physician approves return.
MONONUCLEOSIS	From 4– 6 weeks.	Prolonged communicability may persist up to a year or more.	Exclude until under medical care and physician approves return.

DISEASE	INCUBATION PERIOD	PERIOD OF COMMUNICABILITY	ACTIONS TO BE TAKEN AND/OR EXCLUSION PERIOD
MUMPS	12 – 25 days, commonly 18 days.	Usually 48 hours before swelling. As long as 6 days before gland involvement to 9 days after swelling.	Exclude until swelling or other symptoms have disappeared.
PEDICULOSIS (Head Lice)	Eggs hatch in a week.	Until lice and viable eggs are destroyed.	Exclude until 1 st treatment completed. A 2 nd treatment may be necessary 7– 10 days after 1 st treatment.
PERTUSSIS (Whooping Cough)	Commonly 6– 20 days.	After onset of cold-like symptoms until 5 days after start of treatment with erythromycin.	Exclude until 3 weeks from onset of disease if untreated, or until on antibiotic treatment at least 5 days.
PINWORMS (Enterobiasis)	2 – 6 weeks.	As long as eggs are laid.	Exclude until first treatment completed.
RASH, UNDIAGNOSED, WITH OR WITHOUT FEVER	Variable depending on agent.	Variable depending on agent.	Exclude until rash has disappeared and fever is gone or until a physician diagnosis is obtained.
RINGWORM	10 - 14 days.	As long as lesions are present.	Exclude until on oral medication for 48 hours for lesions of scalp and scalp line including back of neck. Exclude until under topical treatment for face, trunk and extremities. Exclude from swimming and contact sports until lesions are cleared.
RUBELLA (German or 3day Measles)	Usually 16–18 days with a range of 14–23 days.	From 1 week before to 4 days after onset of rash.	Exclude until 6 days after onset of rash.
RUBEOLA (Hard or 10-day Measles)	7 – 18 days; 10 days average.	Beginning of cold symptoms until 4 days after appearance of rash.	Exclude until 4 days after onset of rash.
SALMONELLA	6 – 72 hours; commonly 12 – 36 hours.	During course of infection and until organism is no longer in feces.	Exclude until symptoms have disappeared. Activity exclusion based on CMDHD recommendations.
SCABIES	First exposure 2 – 6 weeks; subsequent exposure 1 – 4 days.	Until mites and eggs are destroyed.	Exclude until 12 hour treatment completed.
SCARLET FEVER AND STREP THROAT	1 – 3 days usually.	Greatest during acute stage of illness, 2 – 4 days after rash appears. 10 – 21 days if untreated.	Exclude until under treatment for 24 hours.
SHIGELLA	12 – 96 hours, usually 1 – 3 days.	During course of infection and until organism is no longer in feces, about 4 weeks after onset.	Exclude until symptoms have disappeared and appropriate stool cultures are negative.
SHINGLES (Herpes Zoster)	No incubation period – reactivation of dormant virus.	As long as 5 but usually 1 – 2 days before rash and not more than 1 week after lesions appear.	If lesions can be covered, no exclusion necessary. If unable to be covered, exclude as for chickenpox.

This Handbook belongs to:

Child's Name _____

Classroom Information

Head Start Site My Child Attends _____ Room# _____ Class Times _____

Address: _____

Head Start Teacher Name: _____ Phone# _____

Transportation Information (Transporation Hotline 734-322-2677)

My Child's Pick-Up Location: _____

My Child's Bus Number: _____ Estimated pick up/drop off time: _____ / _____

My Family Partnership Specialist Name: _____ Phone _____

Absence HOTLINES: It is the parent/guardian responsibility to call one of the two hotlines to report your child's absense. Please call and leave the child's name, teacher's name and the reason for absence.

Absence Hotlines

For those RECEIVING :
TRANSPORTATION :
734-322-2677 :

For those TRANSPORTING THEIR CHILD
• Arborwood South, Orchard, Niedermeier: 734-265-3805
• Smith Road, Dundee, Ida, MCCC, Riverside, & YMCA: 734-850-6500

Important Contacts

Head Start Director	Nicole VanDaele	734-342-8710
Assistant Director	Stephanie Carlton	734-342-8715
Early Childhood Special Education Director	Katie Bourbina	734-342-8640
Health and Nutrition Coordinator	Nicole Dluzen	734-342-8712
Education Coordinator:	Kim Reynolds	734-342-8713
First Mental Health Consultant.....	Savannah Rodriguez	734-342-8714
Second Mental Health Consultant.....	Amanda Muncy	734-342-8718
Mentor Teacher	Tara McBride	734-322-4125
Transportation Coordinators	Rafe McIntire	734-322-2670
		734-322-2671
Assistant Superintendent for Special Education and Early Childhood Services	Rachel Kopke	734-342-8510
MCISD Superintendent	Dr. Stephen McNew	734-322-2610

ANNUAL NOTIFICATION OF STUDENT AND PARENT RIGHTS UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT

The Family Educational Rights and Privacy Act (FERPA) affords parents and legal guardians ('parents') and students over 18 years of age ("eligible students") certain rights with respect to the student's education records.

These rights are outlined below:

1. The right to inspect and review the student's education records within 45 days of the date the District receives a request for access. Parents or eligible students should submit to the school principal or program supervisor a written request that identifies the record(s) they wish to inspect. The principal or supervisor will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected. Upon request of the viewer, a record shall be reproduced unless the record is copyrighted, and the viewer may be charged a fee equivalent to the cost of handling and reproduction. Both parents have a right to see the school records of their child unless there is a certified copy of a court order on file at the school that specifically denies the right to access to school records. Copies of school records are available for a minimum copying charge.
2. The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate or misleading. Parents or eligible students may ask the Monroe County Intermediate School District to amend a record that they believe is inaccurate or misleading. They should write the school principal, clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading. If the District decides not to amend the record as requested by the parent or eligible student, the District will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.
3. The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent. One exception which permits disclosure without consent is disclosure to school officials with legitimate educational interests. A school official is a person employed by the District as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the School Board; a person or company with whom the District has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.
4. Upon request, the District discloses education records, including disciplinary records, without consent to officials of another school district in which a student seeks or intends to enroll.
5. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the Monroe County Intermediate School District to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, S.W.
Washington, D.C. 20202-4605

6. Directory Information: Monroe County ISD may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance in writing on the Opt Out form. The primary purpose of directory information is to allow the MCISD to include this type of information from your child's education record in certain school publications. Examples include:
7. For school or district publications, including but not limited to a brochure about my student's program or class, the school's/district's website or social media accounts, a brochure about a student activity or competition, a yearbook or yearbook-type video, or a student recognition or honors program:
 - A photo of my student or my student's name posted in the building, or included in a program or brochure about a school program, event or activity,
 - News releases about programs and/or student honors, awards and certifications
 - Colleges, U.S. military, prospective employers, employment-training and internship providers (MCMC only)
 - Scholarship agencies (MCMC only)

CONTINUED ON NEXT PAGE >

Information may also be published in newspapers or shared with employers and colleges. In addition, federal laws require local educational agencies to provide military recruiters, upon request, with names, addresses and phone listings.

Directory information which would not generally be considered harmful or an invasion of privacy if disclosed includes: student's name, address, telephone listing, major field of study, program and session, student photographs, participation in recognized activities, dates of attendance (school year enrolled), certifications, awards and honors received, scholarships and other information that is generally found in directories, yearbooks and programs. **The District will not disclose directory information requested for the purpose of surveys, marketing or solicitation unless the district determines that the use is consistent with the educational mission of the district and is beneficial to the affected students..**

If you do not want Head Start to disclose this information, you must notify the Head Start Director, in writing, within 30 days of the first day of attendance. An opt out form for that purpose is included in this handbook.

If you have any questions about these rights, contact the HS Director at 734-324-8710.





Monroe County ISD Student “Directory Information” Sharing and Opt-Out Form

I understand that the Family Educational Rights and Privacy Act (FERPA), a federal law, allows my student’s school and/or district to disclose designated “directory information” (listed below) about my student to third parties without my written consent unless I inform the school/district otherwise by submitting this form.

I further understand that Michigan law requires schools/districts, starting in 2017, to provide parents/guardians/adult students with a list of the various reasons a student’s directory information may be released and give parents/guardians the opportunity to opt out of particular circumstances for such sharing.

I understand that I should submit this form indicating the types of information I do **not** want shared about my student within 30 calendar days of my student starting school with MCISD. **I understand I would need to submit this form each school year if choosing to opt out.**

Blanket “Do Not Share Directory Information” Elections: I do **not** want the school/district to share the following (checked) “directory information” about my student with **anyone** outside the school/district, **unless required by law:**

- | | |
|---|---|
| <input type="checkbox"/> Student name | <input type="checkbox"/> Phone numbers for inclusion in school directories |
| <input type="checkbox"/> Address | <input type="checkbox"/> School photographs or videos of students participating in school activities, events or programs |
| <input type="checkbox"/> Major field of study | <input type="checkbox"/> School-assigned email accounts, but only for the purpose of facilitating student registration for access to online educational services. |
| <input type="checkbox"/> Participation in officially recognized activities and sports | |
| <input type="checkbox"/> Dates of attendance | |
| <input type="checkbox"/> Date of graduation | |
| <input type="checkbox"/> Awards, certifications and honors received | |
| <input type="checkbox"/> Scholarships | |

Specific Exceptions to Sharing of Directory Information: The directory information about my **student that I did not check, above, may be shared** for the following purposes:

- ☐ For school or district publications, including but not limited to a brochure about my student’s program or class, the school’s/district’s website or social media accounts, a brochure about a student activity or competition, a yearbook or yearbook-type video, or a student recognition or honors program
- ☐ A photo of my student or my student’s name posted in the building, or included in a program or brochure about a school program, event or activity
- ☐ News releases about programs and/or student honors, awards and certifications
- ☐ Colleges, U.S. military, prospective employers, employment-training and internship providers (MCMC only)
- ☐ Scholarship agencies (MCMC only)

Parent or guardian name: _____ Date: _____

Student name: _____ School Name: _____

Parent/Guardian signature (if student is under 18): _____

Student signature (if student is 18): _____ Date: _____

**PLEASE COMPLETE AND RETURN TO THE SCHOOL OFFICE
ONLY IF OPTING OUT**

Monroe County Intermediate School District

Board of Education

- **Dale DeSloover**, President
- **Renee Larzelere**, Vice President
- **Paul Miller**, Secretary
- **Russell Bless**, Treasurer
- **Dr. Barry Martin**, Trustee

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- **Rachel Kopke**, Ph.D, Assistant Superintendent
Special Education & Early Childhood Services
- **Joshua P. Dyer**, C.P.A., M.B.A., Assistant Superintendent
Business & Administrative Services
- **Lisa Montrief**, Assistant Superintendent
Curriculum & Instruction
- **Eric Feldman, J.D.**, Assistant Superintendent
Human Resources & Legal Counsel

PRODUCED AND PRINTED BY THE MCISD COMMUNICATIONS OFFICE.



MONROE COUNTY INTERMEDIATE SCHOOL DISTRICT

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Monroe, Michigan 48161
www.monroeisd.us



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