

Parent/ Caregiver Handbook



*Mille Lacs Early
Education
HEAD START,
EARLY HEAD START,
& CHILDCARE*

*The Mille Lacs Band of Ojibwe:
Education Division*

District 1: Wewinabi Early Education; Onamia, MN

District 2: East Lake Early Education; McGregor, MN

District 3: Lake Lena Early Education; Sandstone, MN

MLEE Parent Policy Council Approved: **7/14/2021**

NAS School Board Approved: **7/14/2021**

District 1: Wewinabi Early Education; Phone Number: 320-532-7590

District 2: East Lake Early Education; Phone Number: 218-768-2051

District 3: Lake Lena Early Education; Phone Number: 320-384-7162

Mille Lacs Band of Ojibwe Government Center, Phone Number: 320-532-4181

Toll Free Number: 1-800-709-6445

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Based on enrollment criteria, no person on the grounds of race, color, or nationality shall be excluded from participating in the Head Start (HS) and Early Head Start (EHS) programs.

Mille Lacs Early Education (MLEE) gives preference to Mille Lacs Band Members (MLB), their descendants and Native American children from other Federally recognized tribes.

Mille Lacs Early Education eagerly recruits and enrolls children with disabilities within our service area.

Parents are always welcome to participate in the classroom. Please, join us for meals and activities in our school.

Mille Lacs Early Education will implement all policies or partial amount of identified policies in the COVID-19 Preparedness Plan during the worldwide pandemic, at any time to maintain safety.

MLEE—PROGRAM INFORMATION

Aaniin! Mille Lacs Early Education (MLEE) is a Head Start (HS), Early Head Start (EHS) and child care (CC) program with center-based services. MLEE services three districts--District 1: Wewinabi Early Education Early Head Start (WEE; Onamia, MN); District 2: East Lake Early Education (ELEE; McGregor, MN); and District 3: Lake Lena Early Education (LLEE; Sandstone, MN). MLEE is a preschool school program that, serves children age 6-weeks-old through 5 years of age (Head Start/Early Head Start) and pregnant women.

Parents/caregivers that wish to enroll their child into the MLEE HS/EHS program must fill out an application and must bring other important documents, such as: income verification, immunization records, well-child exams, etc.... to their District's center. Each child MUST have the following documents on file at their district site: eligibility forms, enrollment forms, health authorizations, health history, immunization records, physical exam, birth certificate, dental exam, emergency contacts, and agreement forms.

The information within this handbook is a summary of MLEE's program requirements and policies (PRPs) and commonly used forms used by MLEE staff are also listed—to guide MLEE staff and parents/caregivers. As mentioned, MLEE program uses guidance from Tribal (Mille Lacs Band of Ojibwe—Band Statutes), State (Minnesota Statutes) and Federal regulations--Head Start Program Performance Standards (HSPPS; September 2016), for implementing “standards” in MLEE's program operations. In the MLEE Parent/Caregiver Handbook, there are commonly mentioned topics from MLEE policies—these topics are summarized and the original policy can be given, at request.

MLEE's Head Start/Early Head Start provides diverse services to meet the goals of the following four components:

- **Education:** HS/EHS educational program is designed to meet the needs of each child, in the community it serves, and its ethnic and cultural characteristics. Every child receives a variety of learning experiences to foster intellectual, social, and emotional growth.
- **Health:** HS/EHS emphasizes the importance of the early identification of health problems. Every child is involved in a comprehensive health program which includes; immunizations, medical, dental, social-emotional, and nutritional services.
- **Parent Involvement:** An essential part of HS/EHS is the involvement of parents/caregivers. Parents/caregivers are the child's first teachers. MLEE offers parents to participate in, parent education, program planning, and operating activities. Many parents serve as members of MLEE parent policy council, parent committees and have a voice in administrative/managerial decisions. Parents/caregivers can participate in their child's classes, program workshops on child development and staff visits to the home, to allow parents to learn about the needs of their children and about educational activities that can take place in their home.
- **Family/Community Partnership:** Specific services are geared to each family after their needs are determined. They include: community outreach, referrals, family needs assessments, recruitment and enrollment of children and emergency assistance and/or crisis intervention.

MLEE provides its students a caring environment so they can grow. The HS/EHS program provides screening (a checkpoint to see how your child is doing) that you are required to participate in, these screenings include: developmental (to see if your child is learning basic skills), social-emotional, vision, hearing, nutrition assessment, etc....

MLEE program hours are located in the “MLEE—Attendance” section of this handbook (page 17). MLEE Early Head Start (1,380 hours) has more service hours than Head Start (1,020 hours). During the 2021-22 school year (sy), the start date for EHS/HS will begin on August 31, 2021, and is scheduled to operate until the last day of Early Head Start on July 28, 2022 (*this is subject to change if there are snow days or unexpected days off*). EHS/HS parents/caregivers may drop their child off between 7:50-8:00 am and HS pick-up their child, between 3:00-3:05 pm; EHS pick-up their child, between 4:00-4:05 pm.

MLEE provides meals and supplies to their students, at no cost--breakfast is served at 8:30 am, lunch at **11:30 am**, snack at 2:15 pm and for children who wear diapers/pull-ups, MLEE will provide these items during EHS/HS program hours. MLEE classrooms send out monthly newsletters to keep parents/caregivers informed of planned closings such as: holidays and in-service days; also, teachers will make note of any special event is

to take place in the classroom/center as well as inform parents/caregivers of the “studies” (theme) they are teaching that month. Please note, MLEE may have unplanned closing due to inclement weather conditions and funerals—notices will be sent out to parents/caregivers, as well as postings on MLEE’s Facebook and Class Dojo..

Due to the worldwide pandemic--COVID-19 virus, MLEE will limit the number of students in the classrooms to mitigate the spread of the virus. MLEE will implement all policies or a partial amount of identified policies in the “COVID-19 Preparedness Plan” at any time to maintain safety. MLEE will also take direction from TERC (Tribal Emergency Response Committee).

MLEE understands change is difficult for children and has a transition plan for: Infant to Toddlers, EHS to HS; and HS to Kindergarten. MLEE staff will begin the transition process 6-months prior to the last day of school.

MLEE children are encouraged to wear play clothes and tennis shoes. Daily activities include active and messy play and the children should feel comfortable enough to enjoy themselves without worrying about what their parents will say if they get dirty. The child’s name should be written on all outdoor clothing (coats, jackets, gloves/mittens, shoes) and other belongings (bottles, diaper bags, blankets) to help ensure the return of all proper possessions and clothes. PLEASE, BRING AN EXTRA SET OF CLOTHING FOR YOUR CHILD. Remember, children learn through play and using all of their senses; in addition, they will use scissors, markers, paint, and play with sensory items (slime, bubbles, etc...). Please, dress your child according to the weather. Children riding the bus need proper winter clothing, including coat, gloves, and hat, in the winter season for unforeseen circumstances, such as a bus break down.

Do not allow your child to bring personal belongings (toys) other than extra clothing to the center. If your child does bring a personal item, the item will be kept by the teacher until dismissal. MLEE staff is not responsible for the safety of things brought from home. If you notice missing articles, please contact us immediately to assist in finding the article. Children who wear valuable items, such as jewelry (earrings, medallions, etc...) should not be worn or brought to school. MLEE is NOT responsible for lost or stolen items that your child brings to the center. Children are not allowed to bring weapons (toy guns, knives, etc...) to school; MLEE staff will also remind students, not to use pretend weapons, when playing.

MLEE staff: confidentiality of student’s records are open only to the particular child’s teacher, the MLEE staff, authorized employee of a licensing/funding agency, and the child’s parent. All staff are required to sign the, “Confidentiality Policy and Code of Conduct.”

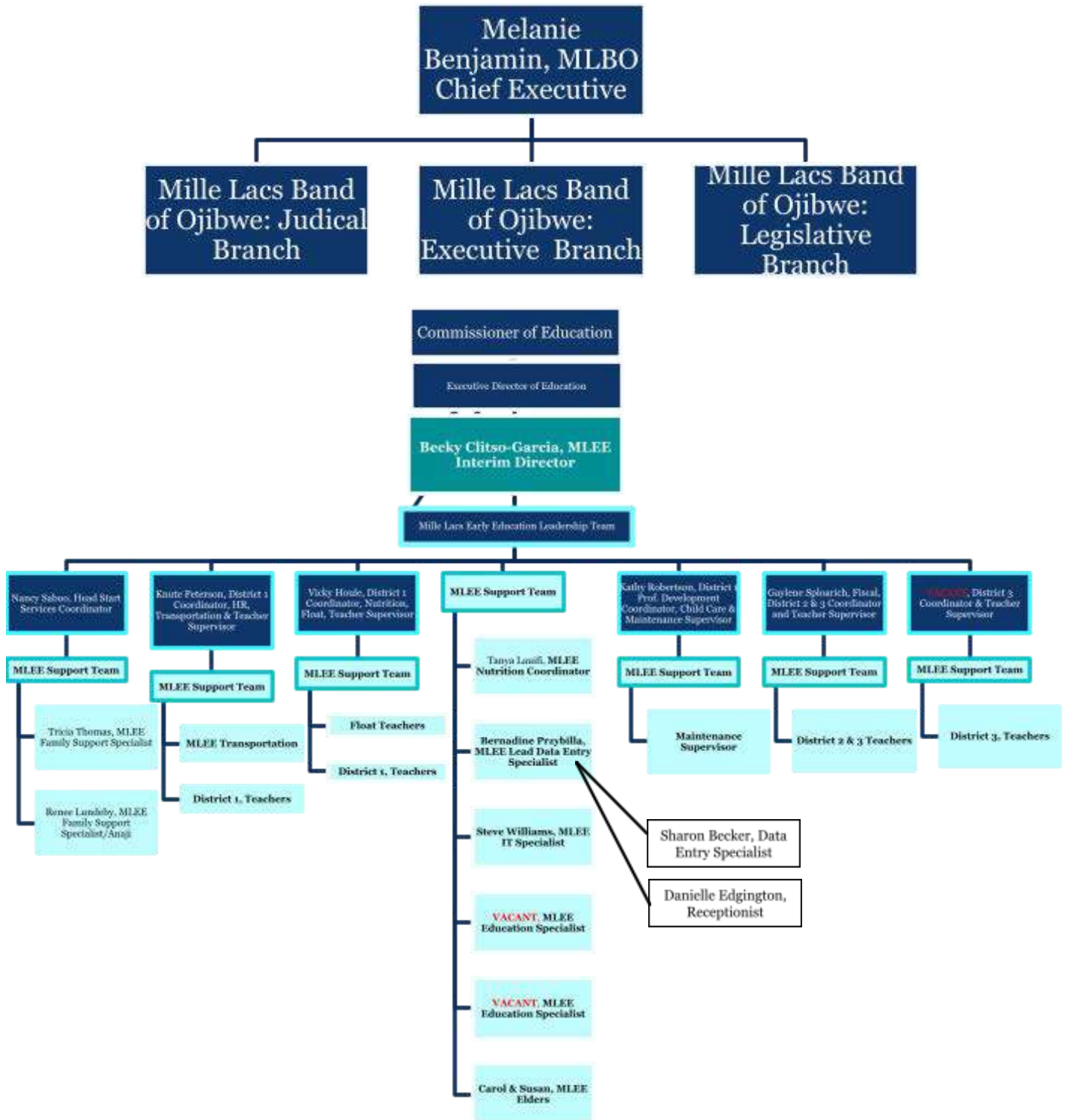
MLEE parents/caregivers, who have issues, complaints, or comments should be discussed with the District Coordinator or Director. *See Parent Grievance Policy.*

Per the Commissioner’s Order—smoking is prohibited on school grounds and building; this includes E-Cigarettes.

Miigwech!!



MILLE LACS BAND OF OJIBWE (MLBO) & MILLE LACS EARLY EDUCATION (MLEE) ORGANIZATIONAL CHART



CIVIL RIGHTS STATEMENT

USDA Nondiscrimination Statement: In accordance with Federal Civil Rights law and U.S. Department of Agriculture (USDA) Civil Rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior credibility activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](https://www.ascr.usda.gov/how-to-file-program-discrimination-complaint) <https://www.ascr.usda.gov/how-to-file-program-discrimination-complaint> and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

Last published: 12/28/2011

MLEE—VISTING CENTERS

MLEE strives to provide their students care in a centered environment and encourages family participation. MLEE will not deny visitation privileges on the basis of race, color, nation origin, religion, sex, sexual orientation, gender identity, or disability. MLEE has an open-door policy, however some restrictions may be required in order to maintain a healthy environment for children, families, and MLEE employees.

Restrictions include:

- A court order limiting contact or restraining order;
- Behavior presenting a direct risk or threat (verbal, physical or emotional) to the children, staff, or others in the immediate environment/center;
- Reasonable limitations on the number of visitors at any one time;
- Being under the influence of drugs and/or alcohol—person under the influence may be asked to leave the building;
- Registered offenders are prohibited from having contact with children;
- A person with a suspected weapon;

People who violate these restrictions may be refused entry into the center, asked to leave, banned from the center, or have the authorities called.

MLEE—PARENT/CAREGIVER'S PARTNERSHIP

In order to be successful, MLEE needs help from their parents/caregivers/families through partnership, collaboration and team work. MLEE strives for the best possible services for your child. MLEE needs the following from their parents/caregivers:

1. To complete all health and dental requirements (well-child/dental exams, immunizations, etc...)
2. Parent/caregiver volunteers.
3. Working together with the Family Support Specialists, on the "Family Partnership Agreement" (goals you would like to work on while your child attends MLEE; example: learn more Ojibwe).
4. Complete the enrollment requirements (income verification, etc...) with support from the MLEE staff.

5. Getting to know how is your child doing in school; this is done by attending two home visits (beginning-of-the year/end-of-the-year) and two parent/teacher conferences with your child’s teacher.
6. Having a responsible caregiver at home when the bus drops off your child; if a child is returned to the center because a caregiver was not present, you will be charged for child care.
7. Contacting classroom teachers when your child is absent from school; MLEE tracks all attendance for each child (HSPPS, §1302.16, Attendance pg. 16)
8. Attending parent meetings and social events, whenever possible.
9. Transporting your children to and from the center, if bus services is not available.

Why is team work needed between the parent/caregiver and MLEE? The Mille Lacs Band of Ojibwe (MLBO)—Mille Lacs Early Education (MLEE) receives federal and state grant money in order to be open and provide services for your child. A requirement of the grant is that parent volunteers help match funds, by volunteering in the center, this is called, “in-kind.” The grant has a specific amount of funding (money) that our program must match. In addition, parent involvement is important for the success of children in education; parents are the child’s first teacher and if the parent shows (by modeling) their child ‘s education is important, the child will be more successful in school/life.

How does MLEE keep track of parent involvement? MLEE keeps track of volunteer/parent involvement on “in-kind forms” that are signed by parents or volunteers at each MLEE activity. If these guidelines are met successfully, our grant requirements are met.

What are “parent bucks”? MLEE parents/caregivers can earn parent bucks, through volunteering and participation (attending home visits, parent/teacher conferences, the attendance of your child, etc...). Parent bucks are redeemable to purchase items (i.e., household goods, personal items, etc...) in “parent store” in all districts. Parents are encouraged to offer suggestions for inventory of the parent store. These items should be useful to parents and children, and should benefit the health, safety and learning of parents and children. Parent bucks are only valid for one school year; they expire in August, before the new school year begins.

MLEE—PARENT POLICY COUNCIL

The Office of Head Start (OHS) requires each agency, to establish and maintain a “Policy Council” where members are responsible for the direction of the Head Start program. Mille Lacs Early Education must establish a Parent Committee, i.e. Parent Policy Council. In addition, along with School Board and the Mille Lacs Band of Ojibwe, Policy Council will have legal and fiscal authority over the Head Start program. All governing bodies must be trained as indicated in the Head Start Program Performance Standards (HSPPS; September 2016) and Head Start Act of 2007.

MLEE Parent Policy Council (PC): Head Start believes, “Parents are Partners” in accomplishing goals and of building up a family’s skill level. An important part of this growth is helping adults (parents) develop new skills. This is focused in the first meeting with the teacher, during the home visit; also in participating in activities. Parents form the “MLEE Parent Policy Council” for Mille Lacs Early Education. The policy council is made up of parents who have children enrolled in the MLEE program; the PC members are representatives from the community. See, By-Laws for membership requirements. Some responsibilities of the policy council:

- a. Outgoing members train incoming participants to the policy council procedures.
- b. Conduct self-assessment to see if MLEE is meeting Head Start Program Performance Standards (HSPPS; September 2016).
- c. Develop and approve budget; grant proposals.
- d. Provide input on state legislation affecting Head Start.
- e. Receive special training, e.g., attend professional development training the MLEE staff attends.
- f. Share information from MLEE Parent Policy Council to local parent groups--Nay-Ah-Shing (NAS) School Board and Commissioner of Education.
- g. Approve MLEE’s hiring and terminations.
- h. Data and Reporting: PC will be provided the following data, reports and communications to guide decision making procedures--monthly financial statements; monthly program information summaries; program enrollment reports which include attendance reports for those children partially subsidized by another public agency; monthly reports of meals and snacks provided;

financial audit; the annual self-assessment, including any findings related to such assessment; the community assessment; communication and guidance from the Secretary; program information reports; policies, guidelines and other communication from Health and Human Services; any data or reporting can be disseminated in the following ways: Official letters, memos, faxes, email, telephone contact, Appointment calendar, policy council/school board meetings/minutes, newsletters, verbal communication and monthly director report

- i. Requirements of PC: advise staff in developing and implementing local program policies, activities and services to ensure they meet the needs of children and families; have a process for communication with the PC; within the guidelines established by the governing body or policy council participate in the recruitment and screening of Early Head Start and Head Start employees.

Governing Body Training: MLEE must provide appropriate training and technical assistance or orientation to the governing body, any advisory committee members and policy council. Policy Council, School Board and Parent Committee will be trained in the following areas: Head Start Program Performance Standards (HSPPS); Program Governance; ERSEA (Eligibility, Recruitment, Selection, Enrollment and Attendance) and Impasse Procedures.

Impasse Procedures: MLEE's governing body, which includes Parent Policy Council, School Board (SB) and the Mille Lacs Band of Ojibwe (MLBO), will establish written procedures for resolving internal disputes in a timely manner which includes an, impasse procedure. This impasse procedure will include: demonstrations that Policy Council and School Board will consider each other's proposed decisions; written documentation to and from each body indicating their reason for disagreement; describe a timely decision making process that is not arbitrary, capricious or illegal; third party mediation/process. Please, see Impasse Procedure in Policy Council/Governing Body Handbook.

Parent Committee Meetings are held routinely, and the information and ideas generated from the Parent Committee Meetings are brought to the Policy Council meetings, by the Policy Council Representative for your child's classroom or group. Topics for discussion at a Parent Committee Meeting usually include: program activities and special events--field trips, holiday parties; parent concerns; program goals; program policies; program self-assessment; fund raising; menus; health and safety concerns; curriculum including Lifeways; and Head Start graduation.

Parent Assisting in the Classroom. Parents are invited to volunteer in the classroom at their MLEE center; regular volunteers will follow the "volunteer policy."

MLEE Parent Policy Council members will need to plan and attend monthly meetings. In addition, PC members are encouraged to participate in parent activities and committees (i.e. graduation, holiday party, etc...). PC members are also encouraged to share their talents and to help with fundraising when necessary.

MLEE—TIME WITH CHILD

Employees of the MLBO, have an incentive of, "Time with Child" for parents and grandparents, to attend school functions. "Time with Child" is an opportunity for parents to spend time with their children at school, by visiting their child's classroom, sharing a meal with them, helping their child's teacher, working in the classroom, and attending special event during the school day at the school.

The MLBO policy is allows parents three hours per month, per child. These hours must be used for activities at school. The MLBO employee's supervisor needs to be notified ahead of time that they will be using "Time with Child" hours. MLEE has "Time with Child" slips on-site, in case the MLBO employee does not have one and can be signed by the child's teacher.

"Time with Child" gives parents the opportunity to actively participate in their child's school life, without affecting their job or pay.

MLEE—CODE OF CONDUCT FOR PARENTS/CAREGIVERS

It is MLEE’s policy that the business of the company be conducted according to the highest ethical standards. In support of this policy, a set of ethics and standards of conduct are essential for MLEE to prosper and receive the desired trust and respect of children, youth, families, employees, suppliers, and the community. The underlying principles of these standards are based on courtesy, moral standards, and the law. These principles ensure the continued success and growth of the services and programs provided by MLEE.

All MLEE staff, volunteers, and governing body members are subject to abide by the regulations and “Code of Ethics” set forth by law and staff’s professional licensing board, as applicable. All MLEE employees and volunteers must abide by the following established standards of conduct. These standards include, but are not limited to:

1. Respect and promote the unique identities of all children, youth and families and refrain from stereotyping on the basis of gender, race, ethnicity, culture, religion, disability, or sexual orientation;
2. Follow program confidentiality policies concerning information about children, the MLEE program, families, and employees;
3. All children and youth must be supervised and NOT left alone while under the care of MLEE staff;
4. Positive methods of child guidance shall be utilized. Engaging in corporal punishment, emotional or physical abuse, or humiliation is prohibited; in addition, methods of discipline that involve isolation, the use of food as punishment or reward, and the denial of basic needs are not utilized.

If at any time a parent/grandparent/caregiver/adult has a concern or grievance with another parent, staff person, child or program policy, it is necessary to bring it to the attention of the Coordinator or Program Director. The issue will be addressed and brought to a resolution through the Coordinator or Director with the aid of management and staff. Failure to follow this guideline will result in the following progressive action process:

1. A meeting will be scheduled with parent/grandparent/caregiver/adult not following the Parent Code of Conduct Policy.
2. Official notice through written documentation will be provided to parent/grandparent/caregiver/adult not following Parent Code of Conduct Policy for a second time. Adult will be asked to review the “Parent Code of Conduct Policy” and re-sign.
3. Parent/Grandparent/caregiver/adult not following the “Parent Code of Conduct Policy” for the third time may be banned from the building until the NAS School Board can review the incident. Special arrangement for pick-up and drop-off of child will need to be made with the Program Director.

The “Parent Code of Conduct” will include, but not be limited to, the following items:

1. Parents will address misbehaviors of their own children attending a HS/EHS function or classroom in a positive way. No physical or verbal punishment of children is allowed at a HS/EHS function or classroom. This includes, but is not limited to, striking your child in any way or cursing at your child at a function or classroom.
2. Parents will direct all concerns regarding other children at a HS/EHS function or classroom to HS/EHS staff immediately. It is never appropriate for a parent to discipline another child at a HS/EHS function or classroom. It is not the intent of this standard to stop a parent from helping a child who is in immediate danger, but to use common sense in a situation where a child may be at risk of being harmed.
3. Parents will treat HS/EHS staff members with respect, and follow agency policy regarding disagreements or concerns. It is never appropriate for a parent to threaten a staff member in any way. This includes verbal (abuse), non-verbal, physical intimidation and swearing.
4. If a parent has a disagreement or problem with another parent at a HS/EHS function or classroom, that problem will be addressed with respect. It is never appropriate for a parent to threaten another parent or staff at a HS/EHS function or classroom. This includes verbal, non-verbal, and physical intimidation.
5. When in the presence of children at a HS/EHS function or classroom, parents will use language appropriate for young children to hear. Cursing/swearing is not allowed.
6. Parents will smoke only in designated areas when at a HS/EHS function or classroom. Our buildings/playgrounds are non-smoking, as are all fieldtrips and HS/EHS activities. If a parent must smoke. Staff will advise you of a designated area, away from and out of view of the children.

7. To promote a safe, happy environment for our children, parents will address problems with other parents and staff in private, away from children attending a HS/EHS function or classroom. No quarreling in front of children at a HS/EHS function or classroom is allowed.
8. To ensure the safety and health of all children, all safety rules, including but not limited to, the following will be enforced:
 - a. According to the law, all children will be placed in appropriate vehicle restraints (car seats) at all times.
 - b. Parents will supply current emergency contact information to HS/EHS staff at all times. It is the parent's responsibility to keep this information accurate, including changes in names, addresses, and phone numbers for themselves and emergency contacts. Parents must meet with HS/EHS staff as often as needed to update this information, and provide the current information any time between meetings when changes occur.

In the event of a dispute in regards to discipline due to a child/s redirection, a parent may request an informal investigation of the situation.

Failure to comply with the "Parent Code of Conduct Policy" outlined herein may lead to a staff member or designated Policy Council representative to approach the parent(s) involved. It is not our wish to exclude or terminate the enrollment of any child or family. If the situation arises, however, that does place staff, children, or family members at harm, the MLEE HS/EHS program reserves the right to re-evaluate the enrollment status of a family, or the ability of parents to attend family functions if the situation does deem that the appropriate action.

MLEE—GRIEVANCE PROCEDURE

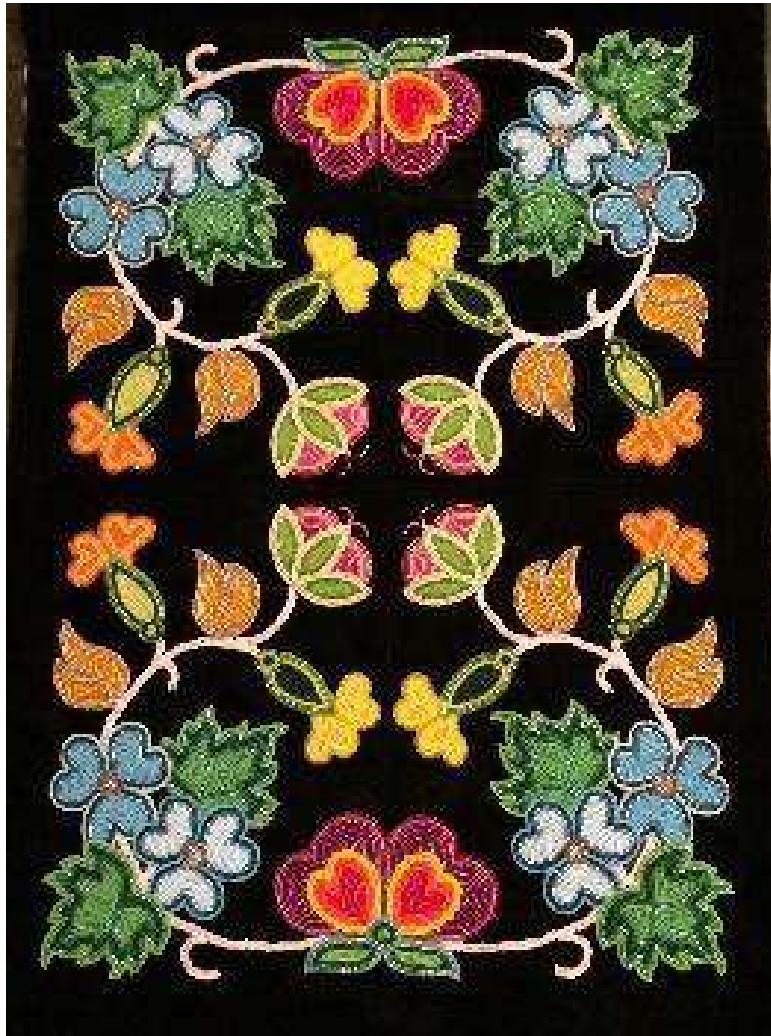
It is the policy of the Mille Lacs Early Education Program that parents establish a Policy Council written procedure of hearing and resolving community/parent concerns and complaints about the Early Education Program (MLEE). Early Education will attempt to resolve all grievances that are appropriate for handling under this policy.

1. Examples of areas which may be causes of grievances, dissatisfaction, and complaints under this policy include:
 - a. Day to day Early Education operations (bus, classroom, menus, etc.).
 - b. Location of the Early Education centers.
 - c. Criteria for selection of children.
 - d. Composition of Policy Council.
 - e. Licensing standards for Early Education Centers.
 - f. Hiring and firing of Early Education personnel.
 - g. Major changes in budget and work program.
 - h. Evaluation of Early Education Program.
 - i. Staff concerns or issues
2. Community member or parent who feels they have an appropriate grievance proceeds as follows:
 - a. Grievances relating to day-to-day operations and licensing standards need to be brought in writing to the attention of the Coordinator or Early Education Director. The Coordinator or Director will investigate the grievance, attempt to resolve it and give a decision to the community member or parent. The Coordinator or Director will contact the parents by telephone, if possible, and prepare a written summary of the grievance and proposed resolution for file. The resolution will be sent to the parent or community member return receipt requested.
 - b. A grievance relating to the location of the Early Education Centers including new area to be served, criteria for selection of children, composition of policy council, policy council policies, hire and fire of Early Education staff, major changes in budget and work program, evaluation of the Early Education Program, and other appropriate concerns need to be brought to the attention of the Policy Council. The Early Education Director and Policy Council members will investigate the grievance, attempt to resolve it and give a decision to the community member or parent. A written summary of the grievance and proposed resolution will be filed.

Parents or Community Members should do the following when filing a grievance:

1. Call the Coordinator or Director of Early Education at District 1: Wewinabi Early Education, 320-532-7590.
2. File a written grievance to the Coordinator or Director of Early Education. Assistance is available for writing the grievance.
3. The Coordinator or Director of Education will contact you (the parent or community member) within 10 working days with a written resolution.
4. If the parent or community member are not satisfied with the decision of the Coordinator or Early Education Director. He/she may appeal the decision to the Nay Ah Shing School Board or Commissioner of Education who will take steps deemed necessary to review and investigate the grievance and will then issue a final written and binding decision.

*Failure to follow the Grievance Procedure established by Parent Policy Council and School Board could impact placement of your child in Mille Lacs Early Education programs and/or School Age Daycare.





Mille Lacs Early Education Parent/Caregiver Grievance FORM

Date:

Submitted By:

Grievance/problem:

What ways has this grievance/problem been attempted to be solved?

What would be some ways we could help get this resolved?

Print Name:

Signature:

Date:

By:

Sent To:

MLEE—RECRUITMENT PROCESS

1. Notices for Head Start/Early Head Start enrollment may be submitted to the following locations: District I, II and III Community Centers, Ne-Ia-Shing Clinic, Government Center, and Nay-Ah-Shing School for posting, MLEE Brochures, Resource Fair, WIC (woman, infant and children program), LEAs (local education agency), and/or newspapers. MLEE will work collaboratively to recruit all eligible MLBO members and Native children in the service area. All efforts will be made to recruit children with disabilities and special needs.
2. The recruitment areas are determined by the community needs assessment. Currently District I, II, III are served within a 35 mile radius of the MLEE Center.
3. Children enrolled in Early Education are at least 6 weeks old to 5 years old, by the date (September 1) used to determine eligibility for the Nay-Ah-Shing Tribal School and local school districts or are transitioning from the Head Start/Early Head Start Program..
4. Home visits are made to all eligible families in August by staff to provide confirmation of enrollment, parent handbook, parent interest questionnaire and screening dates.
5. If the program has obtained a number of applications that are greater than the enrollment opportunities for the current Early Head Start/ Head Start year, the children will be placed on a waiting list prioritized by the selection criteria and application points.
6. Recruitment shall be an ongoing area, but will be considered closed by **August 15th, 2021** of the year prior to fall enrollment. Enrollment: Enrollment is completed by the Family Support Specialists. Listing of the final enrollments are determined by the Head Start Services Coordinator or Family Support Specialist based on the enrollment/selection criteria. Family income is verified and documented by Head Start/Early Head Start before a child is determined eligible to participate in the program (HSPPS-September 2016; §1302.12, Determining, verifying, and Documenting eligibility). A child must have current immunizations and physicals according to MN State Law and Mille Lacs Band Tribal Statutes to attend at a center-based program. All children re-enrolling will complete the re-enrollment paperwork by **July 16, 2021**. New enrollments will be placed on a waiting list and determined using the point system and the availability of open spots for enrollment.

MLEE—ENROLLMENT CRITERIA

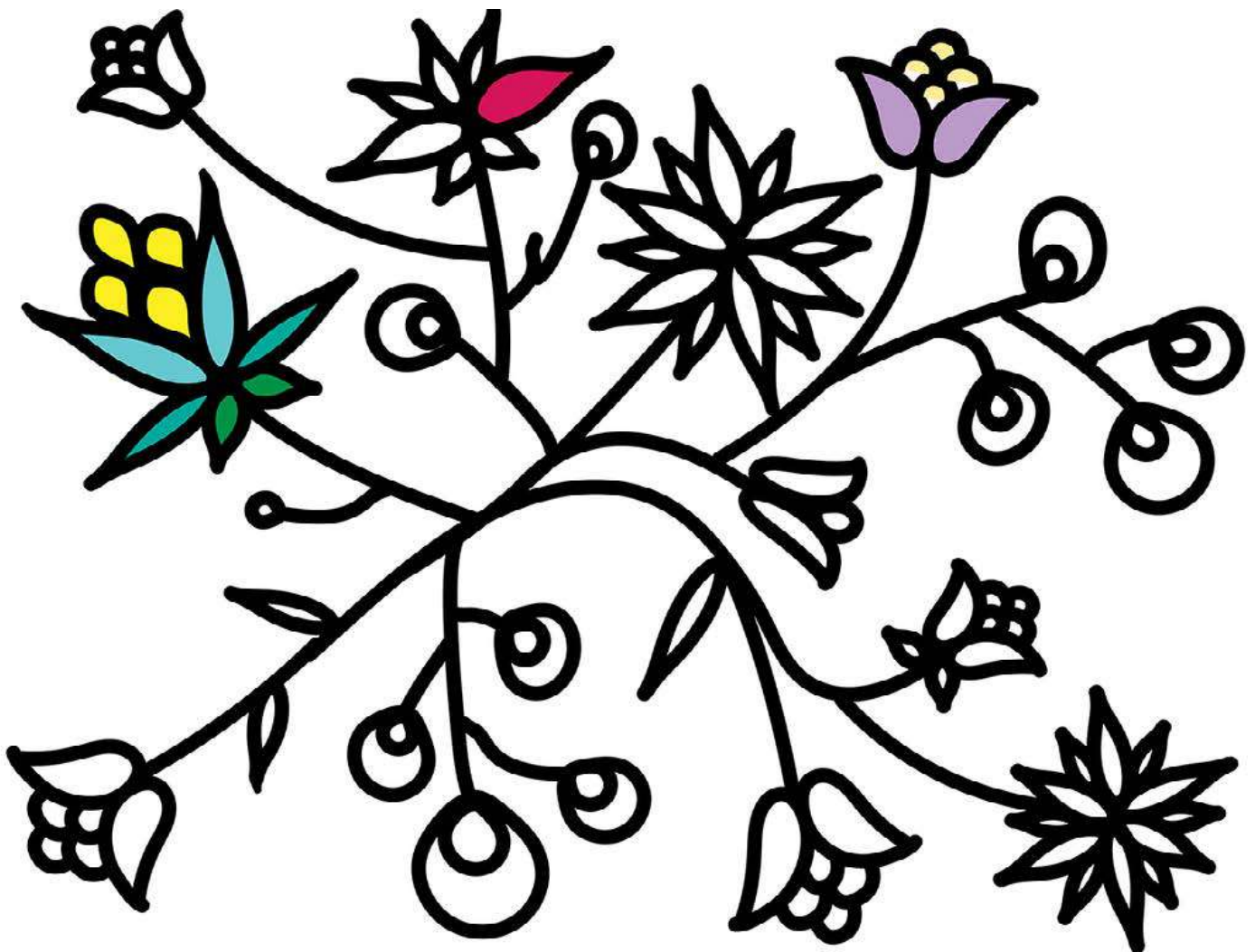
Within the HSPPS, there is a section on “Eligibility, Recruitment, Selection, Enrollment and Attendance” (Subpart A). When the District center has a full enrollment, new enrollees will be put on a “waiting list”; when a vacancy is determined, no more than 30 days may elapse before the vacancy is filled.

The enrollment process, requires all parents/caregivers to meet in person to complete an enrollment. Parents/caregivers must provide income documentation or a written statement regarding income. This documentation must be kept on file with the program. (HSPPS-September 2016; §1302.12, Determining, verifying, and Documenting eligibility).

MLEE has a list of criteria, used for the enrollment process and each criteria has points assigned to it. Listed below is the criteria used for enrollment.

1. Mille Lacs Band Member/Descendent with Special Needs, regardless of income (until 10% of disability enrollment is met)
2. Mille Lacs Band Member/Descendent with suspected Special Needs, regardless of income (until 10% of disability enrollment is met)
3. Native American with Special Needs, regardless of income (until 10% of disability enrollment is met)
4. Native American with suspected Special Needs, regardless of income (until 10% of disability enrollment is met)
5. Mille Lacs Band Member/Descendent, income eligible, high family needs
6. Mille Lacs Band Member/Descendent, income eligible
7. Native American income eligible, high family needs
8. Native American income eligible
9. Mille Lacs Band Member, regardless of income (no more than 49% over-income)

- 10. Native American, regardless of income (no more than 49% over income)
- 11. To all others regardless of income eligibility, special needs, tribal affiliation





Mille Lacs Early Education ENROLLMENT CRITERIA Form (POINT SYSTEM)

**Child's Name:****DOB:**

Special needs Diagnosed/Documented	Yes	No	100
Special needs suspected	Yes	No	75
Drug or Alcohol Exposure	Yes	No	25
Income eligible (100% under poverty guideline)	Yes	No	75
Homeless (As defined by McKinney Vento)	Yes	No	75
Foster Child	Yes	No	75
TANF or MFIP	Yes	No	75
SSI (Supplemental Security Income)	Yes	No	75
Age 4 by 9/1/2020 for Head Start	Yes	No	10
<u>Choose one</u>			
1. Child MLB Member	Yes	No	75
2. Child MLB Descendent	Yes	No	60
3. Child Native American	Yes	No	50
Teen mother/father	Yes	No	25
Pregnant Woman	Yes	No	40
Single Parent	Yes	No	10
Relative Care/Grandparent	Yes	No	15
Parents working on High School/GED	Yes	No	15
Currently on Social Service Plan	Yes	No	10
No Health Insurance	Yes	No	10
No other Childcare	Yes	No	5
Parents in College	Yes	No	15

TOTAL POINTS:


MLEE—DIS-ENROLLMENT

A child can be dis-enrolled from the program for NOT: meeting regular attendance—maintaining a minimum of 85% within a monthly average (HSPPS-September 2016; §1302.16, Attendance) and/or failure to have all immunizations and physical as required by MN State Law, the MN Department of Health and the Mille Lacs Band Statutes.

MLEE—ATTENDANCE POLICY

MLEE parents/caregivers will be given the option for in-person learning or distant learning, during the worldwide pandemic—COVID-19 virus. Parents/caregivers who choose the distant learning option, will be able to pick-up food/supplies, normally included in the programming and educational materials at each District center.

The chart shows MLEE’s HS/EHS program hours. Early Head Start (1,380 hours) has more service hours than Head Start (1,020 hours) and will have an extended school day.

Mille Lacs Early Education							
Center-Based District 1: Wewinabi Early Education; D2: East Lake Early Education; D3: Lake Lena Early Education							
	Start Time for AM Child Care	Start Time for EHS & HS	End Time for EHS & HS	Late Pick-Up from EHS & HS	Start time for PM Child Care	End time for PM Child Care	Late Pick-up from PM Child Care
Monday to Thursday	D1, D2 & D3: 7:30 am	<i>All districts.</i> EHS & HS: 8:00 am	<i>All districts.</i> HS: 3:00 pm EHS: 4:00 pm	<i>All districts.</i> HS: 3:15 pm EHS: 4:15 pm	<i>All districts.</i> HS: 3:00 pm EHS: 4:00 pm	D1, D2 & D3: 5:15 pm	<i>Late Pick-Up form (for extra charges) will be filled out.</i> D1, D2 & D3: 5:20 pm
Friday						<i>All districts.</i> 12:00 pm (noon)	<i>Late Pick-Up form (for extra charges) will be filled out; all districts.</i> 12:05 pm

MLEE EHS/HS students must maintain 85% attendance (monthly average), per the Head Start Program Performance Standards (HSPPS-September 2016; §1302.16, Attendance). Here are examples of what monthly percentages will look like for missed days: 1. If there are 20 school days in a month and a child has missed 3 days, they are at 85%, 2. If there are 18 school days in a month and a child has missed 3 days, they are at 84%. Attendance is calculated monthly whether the child is excused or unexcused.

Per the Head Start Program Performance Standards (HSPPS-September 2016; §1302.16, Attendance), MLEE will make a call to the parents/guardians about 9:00 am on a school day, for any and all children absent at that time, unless other arrangements have been made. This tracking is essential to ensure the child’s well-being.

If a child has two unexcused absences, the classroom teacher will make an attendance referral to the Family Support Specialists or the Head Start Services Coordinator, to talk to parents to see why the child is missing school and will develop will an “attendance action plan.” MLEE parents/caregivers who fail to follow the plan will result in the child being dis-enrolled from the program. Parents/caregivers, please remember MLEE staff are here to help you. **Please, remember to stay in contact with your child’s teacher regarding any absences**

Listed below are what is considered “excused” and “unexcused” absences:

1. Excused absences are: sick/injured Child, family emergency, child has doctor/dentist/therapy appointment, planned vacation, weather condition, or cultural activity.

2. Unexcused absences are: reasons not listed above or if the parent does not contact the teacher regarding an absence.

MLEE—SCHOOL CLOSING OR INCLEMENT WEATHER

During inclement weather (winter months), MLEE centers may close or have a late start, due to driving conditions. Here is the process for inclement weather conditions: 1. Temperatures will be checked periodically by the Transportation Coordinator. 2. The transportation coordinator will check temperatures in all three districts. 3. The Transportation Coordinator will contact the Commissioner. 4. The Commissioner of Education will contact the Director of Early Education if weather will affect their services in any way. 5. The Transportation Coordinator has the right to make any judgment calls concerning how adverse weather may affect safe transport of all children in any of the districts and plan accordingly. 6. If the Transportation Coordinator makes any changes to transportation services, he/she will contact the Commissioner and the Commissioner will contact affected schools (MLEE, NAS, Pine grove). 7. Any closures/late starts need to be determined prior to 6:00 a.m. so that staff may be notified.

Mille Lacs Early Education (MLEE) Inclement Weather Guidelines: If the wake up (5:00A.M.) temperature at the garage is -20 degrees actual temperature or -30 degrees wind chill there will be a 2-hour late start called; Head Start/Early Head Start will be closed if the air temp is -25 degrees actual temperature; If the wind chill temperature falls at or below -35 degrees, Head Start and Early Head Start will be closed; Child Care will remain open unless the Government Center is closed--staff will report to work as normal, unless the Government Center is closed or if the Government Center opens late, staff will report for work accordingly

MLEE—HOME VISITS & PARENT/TEACHER CONFERENCES

MLEE teachers have four opportunities to build relationships with parents/caregivers during the school year, to inform families of their child's learning and skill level. These get-togethers allow teachers/families to work together as a team, to help support the MLEE student. The first meeting, is the "beginning-of-the-year home visit" at the beginning of the school year. The second meeting is the parent/teacher conference in the fall and the third meeting is another parent/teacher conference in the winter. Finally, the fourth meeting is the "end-of-the year home visit," which usually occurs at the end of the school year. There are times when teachers may need to meet with parents/caregivers other than the times listed. The MLEE staff can meet with parents/caregivers in-person, virtually via ZOOM or by phone and can mail, email or send documents via your child's backpack.

Here is an overview of the home visit, for in-person/center-based learning (HS/EHS). The first home visit, takes place before the school year begins and the following information is reviewed: program information; information about screening (developmental and social-emotional); bus/classroom information; annual calendar; parent handbook. Teachers will also address any concerns you may have regarding your child or family. Teachers will also go over the HS/EHS, attendance policy of maintain a monthly average of 85% attendance. At the end-of-the-year home visit, teachers will go over how the child progressed academically throughout the school year and what skills they developed. In addition, teachers will give parents any art work the child may have done within the school year.

Parent/teach conferences for HS/EHS held twice each year, in the fall and winter. Teachers go over how their child progressed in their skill level and will go over things parents/caregivers can do at home.

Overall, the parent/caregiver and teacher relationship is very important. Parents/caregivers have the opportunity to talk with your child's teacher, either in-person, by phone or virtually, about the following: your child's progress, review health data, update enrollment data, be involved in planning for your child and family, and ask questions or express concerns.

MLEE—NUTRITION

The MLEE program provides for your child's nutritional needs. MLEE students receive breakfast at 8:30 a.m. each morning that consists of a fruit/fruit juice, grain (bread, cereal), and dairy (milk, yogurt, cottage cheese, cheese) item. A well-balanced nutritional lunch is served at 11:30 am. Finally, a snack is served around 2:15-2:30 pm. If the child arrive after the meals are served, they will be provided with a snack.

MLEE HS/EHS, follows the CACFP (Child Adult Care Food Program). The CACFP requires:

Infants up to 1 year: Iron Fortified Infant Similac Formula (or breast milk) and baby food (is served 4-6 months); *Please note: parents/caregivers have to provide their own special formula for their child, however, if the parent/caregiver is having a hardship, MLEE will work with the family.*

- One-two year old: Served whole milk.
- Two years and up: Children are offered 1% milk.

The MLEE program has a nutritionist evaluate the menus. Many new foods are introduced and children are encouraged, but never forced to eat. Parents are encouraged to meet with staff to plan the monthly menus. Any child with a food or medical allergy must complete the CACFP Doctor Statement to have an alternative food choice offered. Parent Committee Menu Meetings are held at least 2 times a year, which are held in-person or via ZOOM.

Birthday Treats: Classrooms will have a monthly birthday celebration. The kitchen may bring a birthday treat to classrooms. The first Tuesday of every month, the kitchen may bring treats to all classrooms in order to acknowledge birthdays for that month.

Parents may bring in Birthday treats for their children if they would like, following these guidelines: only store bought treats with legible ingredient lists will be allowed; parents will respect any allergies that we may have for children in the classrooms; any treats brought into the building have to be reviewed and approved by a member of management for allergens; parents may call the school with any questions related to specific allergies.

MLEE—EMERGENCY CARE & EXCLUSIONS

Emergency circumstances occur and in the event of an emergency, MLEE's procedure process will be: 1. Begin first aid and call 911, when necessary. 2. Contact the parent/caregiver. 3. Contact the first available emergency or medical professional and/or take your child to a hospital emergency service if no other arrangements have been made. 4. The MLEE staff member will act on written permission included in the enrollment forms for such emergency care.

If your child becomes ill or is injured while at school the following procedure is used: 1. The program staff will care for the needs of the child. 2. The parents/caregiver and/or emergency contacts will be notified and expected to pick the child up. 3. The child will remain in the classroom or nurse's office, depending on the situation, until the parents or emergency contact arrive to pick up the child. 4. If the parent/guardian cannot be reached and the child's injury or illness is so severe that he/she needs immediate attention, the child will be transported to the nearest physician. 5. The parent/caregiver will be notified of infections or communicable diseases of a serious nature that directly affects their children (i.e., measles, chicken pox, foot & mouth, etc.) once we have confirmation from a medical doctor. If a child has a medical plan, then that plan will be followed to the best of the staff's ability. The emergency number, 911, may be called.

MEDICAL ACTION PLAN: Children who have medical action plans must have all current medication and current doctor authorization to attend school, this includes severe allergies where an EPI pen is needed, a rescue inhaler, etc....

MLEE is not a facility to care for sick children. On the next page is the "Mille Lacs Early Education Exclusion Policy (COVID-19) Form" were there is a list of possible exclusions. It is the parent/caregiver's responsibility to make arrangements for the care of their sick child.



Mille Lacs Early Education Exclusion Policy (COVID-19) Form

POLICY FOR EXCLUSION OF PERSONS WITH COMMUNICABLE, PARASITIC AND INFECTIOUS DISEASES. THIS POLICY WILL APPLY TO STAFF AND CHILDREN.

SICK PERSON: MLEE is not a facility to care for sick children, therefore, each parent/caregiver must make other arrangements for their children when they are ill. The child/staff and all other family members should remain home when any of the following exclusion reason (1-11) arise. *The excluded child/staff, may return to school/work, when no symptoms are present for 72 hours (especially no COVID symptoms) and without the use of fever reducing drugs, unless a health care provider or public health indicates a return prior to 72 hours. It is at parent's/caregiver's discretion to have the child seen by a health care provider.*

1. Behavior/Activity Level: If a child looks or acts differently, awake all night crying, usually tired, pale, lack of appetite, irritable, restless, or unable to participate in normal activities.
2. Fever: Temperature of or above 100.4°F (38°Celsius) by any method. The child will be excluded for a minimum of 72 hours. The child may return after 72 hours without a fever and without the use of fever reducing medicine; or the child is not COVID positive. If the fever reaches 104°F or higher, "911" [emergency] will be called and so will the parents/caregivers. The temperature of the child, will not be taken within 30 minutes of waking up from a nap, exercising or after strenuous activity.
3. Vomiting: A child is known to have vomited one time, in the last 24 hours. Vomiting is more than an infant spitting up from eating or drinking. Vomiting is the forceful expulsion of the contents of the child stomach via the mouth or nose.
4. Diarrhea: Two different occasions, where stools characterized by frequent watery bowel movements, which is not related to medications, food reaction or is known to have diarrhea in 24 hours. Diarrhea stool may be defined as not contained in the diaper or is causing accidents for toilet trained children. The child will be excluded 72 hours. Documentation from a provider regarding medication side effects causing diarrhea may be allowed and allow children to remain in school. Any child at risk of dehydration will be excluded. The local Health Department may determine exclusion is needed to control an outbreak.
5. Head Lice: See separate policy for exclusion and return.
6. Uncovered Wounds: If an open wound is unable to be covered and presents the potential for blood borne pathogens infection, the child shall be excluded, until the there is no further risk of blood borne pathogens, or the wound can be covered.
7. Respiratory Issues: Breathing difficulties including, but not limited to a blood oxygen level of lower 95%, a cold with yellow-green nasal discharge, and/or prolonged cough. Prolonged cough means multiple episodes of coughing in 1 hour. The child will be excluded for a minimum of 72 hours. Families will be directed to follow the COVID flow chart.
8. Rash/Sores: Undiagnosed rash other than mild diaper rash or any sores not attributed to an injury. A rash with no risk of blood borne pathogen transmission may be monitored by staff for 24 hours. Rash with no improvement, or that is getting larger or more irritated must be seen by a Doctor. Child may return with Doctor Statement showing it is not infectious or Doctor Statement showing when re-admittance is possible. (This will include Impetigo, MRSA, and Scabies. MRSA or suspected MRSA is excluded for 72 hours from the start of treatment). May also return if rash not present or rash is gone.
9. Sore Throat: Sore throat pain, red irritated sore throat, and/or swollen glands. Return is permitted with Doctor Statement that is not infectious or on an antibiotic for a minimum of 72 hours.
10. Chicken Pox: Exclusion until all lesions are dry and crusted.
11. Exposure to COVID-19 Positive Person or Experiencing COVID Like Symptoms: A person exposure to any COVID-19 positive person will require a minimum of a 7-day exclusion and up to a 14-day exclusion. Public Health or Medical Provider direction will be required for return date.

Please note: Parents/caregivers must pick up their child within one hour, of time of notification. If a child has an exclusion within 1 hour of closing the parent/caregiver, may pick-up the child at the regular time, unless it is an emergency determined by management staff. If the child's parent/caregiver has not picked-up their child within the allotted frame, then the parent must meet with the Head Start Services Coordinator or Family Support Specialists to discuss options for their child's care and make changes to their Emergency Contact form prior to the child's return to school.

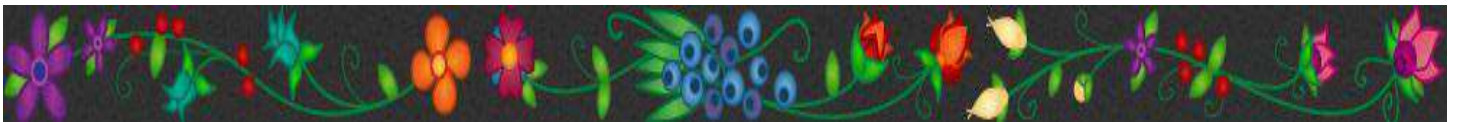
Child's Name	Pick-Up, Date & Time	Return, Date & Time
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MLEE—MEDICATION STORING & ADMINISTERING

MLEE requires the signature of a parent/caregiver to bring in medication or for a MLEE staff member to administer medication. Listed below are the criteria for medication brought into MLEE centers/busses.

1. Any medications to be given at school, the “MLEE--Authorization for Dispensing Medication Form” must be completed by a physician, these are available in the classrooms; medication dispensed will be tracked on a “medication record” and will be initialed by staff. All medication must have dosage information and requires a parent and doctor signature with written instructions from the Dr.
2. All medications will have the child’s name and date it was opened on it; any medication that has been expired, will NOT be used.
3. Prescription medication must come to school in the prescription bottle with the following information on the label: Full Name; Name of Medication and Dosage; Time and Directions for administration; Date & Doctor’s Name
4. Only a small amount of medication should be sent at a time, i.e., one bottle of Tylenol (acetaminophen), one month’s supply of nebulizer medication, one container of rash cream.
5. All medications must be brought to the school nurse or MLEE management staff by the parent/guardian.
6. All medication will be in a safe area under lock and key and will be kept at the recommended temperature. With the exception of rescue meds--epi pens (stored at room temperature) and in special marked bag/box.
7. All medications that need to be refrigerated must be kept separate from food in a locked box at the bottom of the refrigerator.
8. No medications will be administered without the “Authorization for Dispensing Medication Form” completed by the parent and doctor.
9. The only medications, MLEE is responsible for, are to be taken as needed and/or four times a day. Medications ordered three times a day can be given before school, after school, and at bedtime. Unless prescribed during school hours by doctor.
10. MLEE staff, with permission to give medications are the school nurse, center coordinator, teaching staff, or anyone trained in, on how to administer medication.
11. All prescription medications will be documented on the “Medication Administration Form.”
12. All over-the-counter (OTC) medications will be documented on the “Daily Report Form” (ages, 6 weeks to two years old) and the “Daily Health Summary Form” and/or “Medication Log.”
13. Teachers will observe children after medications is administered for any adverse reactions and document on the “Daily Health Summary Form.”
14. The MLEE program assumes no responsibility if the parent/guardian does not comply with this policy.
15. All internal medications will be stored separately from external medications.

On the following pages are the forms used for medication: Administering Medicine to Students & Authorization for Dispensing Medication; Over-the-Counter (OTC) Medication Authorization; and Over-the-Counter (OTC) Medication Authorization with Medical Provider Signature.





Mille Lacs Early Education Administering Medicine to Students & Authorization for Dispensing Medication FORM

Note: Whenever possible, medication should be given at home and every effort should be made to avoid school hours.

Child's Name: _____	DOB: _____
Classroom Name: _____	Date: _____

TO BE COMPLETED BY PARENT/CAREGIVER:

I, request that my child, receive the medication by MLEE staff, as prescribed by the Health Provider in the form below. The medication is to be furnished by me (the parent/caregiver) as required by the MLEE Parent Policy Council. I, understand that the program in administering medication to students does not assume any responsibility. I, further understand the MLEE classroom staff or other designated person will administer the medicine to my child.

Parent/Caregiver Signature _____	Phone Number _____	Date _____
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TO BE COMPLETED BY HEALTH CARE PROVIDER

Parent/caregiver must complete the information below when this authorization is for over-the-counter medication such as Tylenol products, teething medication, diaper rash creams, cough syrups, etc....

Child's Name: _____ **Diagnosis:** _____

Name of Medication: _____

Prescribed dosage: _____	Means of administration (oral, topical, etc...) _____
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Time(s) to be taken at school: _____

Expected duration of Treatment: _____

Possible side-effects or adverse reactions to medication: _____

Health Care Provider—Signature: _____	Phone Number: _____	Date: _____
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Health Care Provider Clinic or Hospital Name & Address: _____



Mille Lacs Early Education Over-the-Counter (OTC) Medication Authorization FORM

Note: Whenever possible, medication should be given at home and every effort should be made to avoid school hours.

Child's Name: _____

DOB: _____

Classroom Name: _____

Date: _____

TO BE COMPLETED BY PARENT/CAREGIVER:

The child (patient) listed above attends Mille Lacs Early Education and is a student of either: Early Head Start, Head Start or Child Care. Mille Lacs Early Education, Head Start Program Performance Standards (2016) requires MLEE to have a signed note from the child's doctor to administer any Over-the-Counter medications, i.e., lotions, ointments, or medications that contain a prescription label or need a specific dosage. Below is a list of products, which are often used for the children who attend MLEE. Please review them and mark any that are acceptable to administer to this child. There is space to write in specific brands if they are required. MLEE staff will only administer what the parent/guardian provides. I, understand that the program in administering medication to students does not assume any responsibility.

Please note: If the MLEE student received an OTC medication, like Eucerin [cream] and it has the child's prescription label on it, another child within the same household cannot use that item.

Parent/Caregiver is responsible for providing all Over-the-Counter (OTC) Medications.

Parents/Caregivers: Please, list the brand name of the item checked.

Teachers: Please, label the items with the child's name.

- Body Lotion: _____
- Lip Balm: _____
- Diaper Rash/Cream/Ointment: _____
- Vaseline: _____
- Sun Screen: _____
- Other: _____

Other comments or suggestions: _____

This authorization will remain valid for the maximum of one school year.

Parent/Caregiver Signature: _____

Date: _____



Mille Lacs Early Education

Over-the-Counter (OTC) Medication Authorization with Medical Provider Signature FORM



Note: Whenever possible, medication should be given at home and every effort should be made to avoid school hours.

Child's Name: _____ **DOB:** _____
Classroom Name: _____ **Date:** _____

TO BE COMPLETED BY PARENT/CAREGIVER:

The child (patient) listed above attends Mille Lacs Early Education and is a student of either: Early Head Start, Head Start or Child Care.

Mille Lacs Early Education, Head Start Program Performance Standards (2016) requires MLEE to have a signed note from the child's doctor to administer any Over-the-Counter medications, i.e., lotions, ointments, or medications that contain a prescription label or need a specific dosage.

Below is a list of products, which are often used for the children who attend MLEE. Please review them and mark any that are acceptable to administer to this child. There is space to write in specific brands if they are required. I, understand that the program in administering medication to students does not assume any responsibility. MLEE staff will only administer what the parent/guardian provides.

Please note: If the MLEE student received an OTC medication, like Eucerin [cream] and it has the child's prescription label on it, another child within the same household cannot use that item.

Parent/Caregiver is responsible for providing all Over-the-Counter (OTC) Medications.

Parents/Caregivers: Please, list the brand name of the item checked;

Teachers: Please, label the items with the child's name.

- Triple Antibiotic Ointment: _____
 - Hydrocortisone Cream: _____
 - Diaper Rash Cream (Rx only): _____
 - Anti-fungal Cream: _____
 - Teething Ointment: _____
 - Benadryl: _____
 - Culturelle: _____
 - Teething Tablets: _____
 - Non-aspirin Pain Reliever: _____ Dosage: _____
 - Other: _____
- Other comments or suggestions: _____

Medical Provider Name (Print): _____ **Medical Provider Name (Signature):** _____ **Date:** _____

Medical Facility Name: _____ **Phone Number:** _____

This authorization will remain valid for the maximum of one school year.

MLEE—IMMUNIZATION

MLEE must comply with State and Tribal laws, to ensure the health of the children, staff and community—this is possibly by having children up-to-date on their immunizations. Listed below are ways, MLEE ensures the health and safety of all MLEE students/staff.

Child Immunization Records:

1. MLEE will check the MIIC (Minnesota Immunization Information Connection--MDH site). If information is not available or overdue, parent/caregivers must provide current immunization record of the child.
2. MLEE will make a copy of the “immunization record” provided by the parent and give the original back to the Parent/Guardian. The immunization record will be reviewed with the parent/caregiver and will discuss any problems or missing immunizations.

MLEE can accept a child, into care without immunization, when the parent/caregiver provides a statement stating, one of the following: 1. They oppose their child being immunized due to religious, philosophical or personal grounds or; 2. Immunizations are medically unsafe or unnecessary for their child. In this instance the child’s health care provider must describe the medical reason why it is not safe and sign a statement advising against immunization. 3. Children may be on a “catch-up” plan for immunization, as determined by the Health Care Professional. Or the child must have a documented “catch-up” plan if they are behind on the immunization schedule.

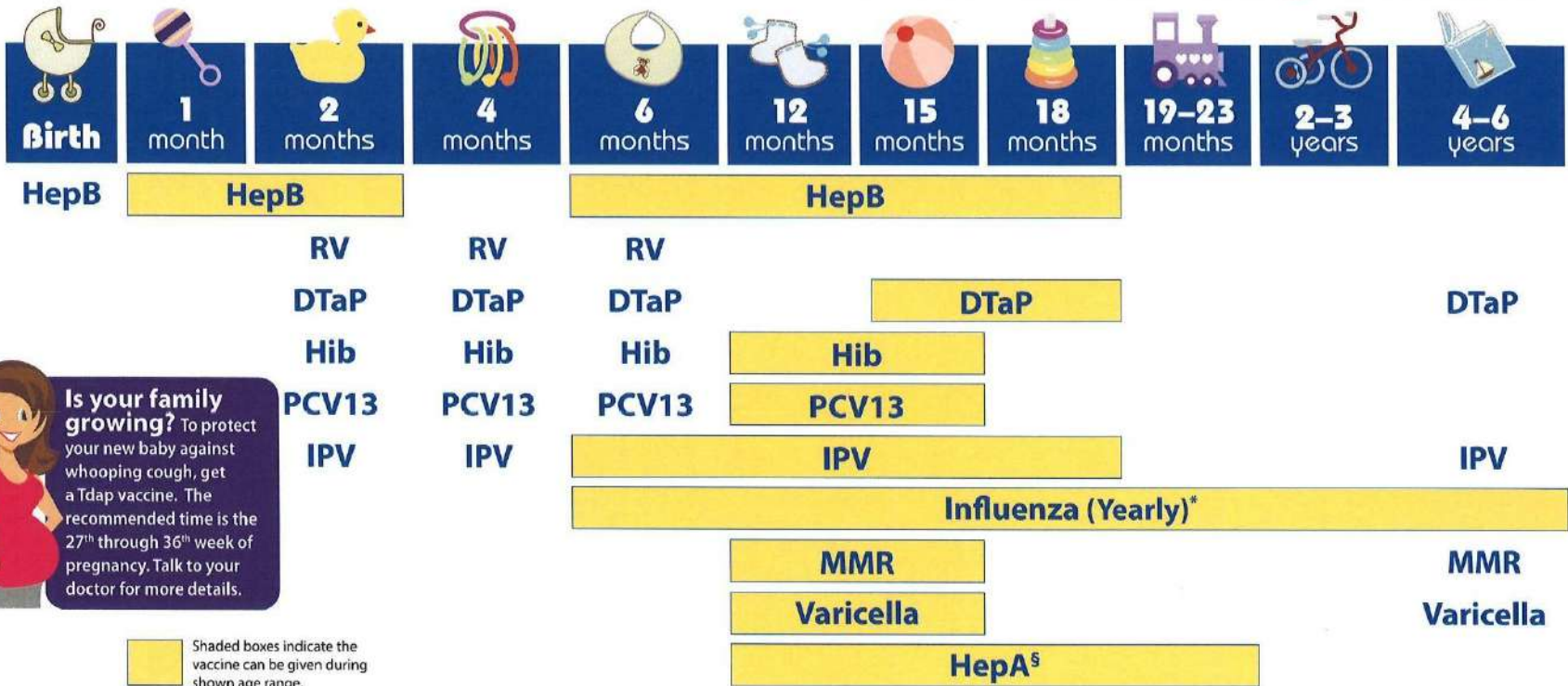
Children who are not immunized will NOT be accepted for care during a disease outbreak for diseases/viruses, i.e., Polio, Rotavirus, Diphtheria, tetanus, whooping cough, etc... which can be prevented by immunization. This is for the un-immunized child’s protection and to reduce the spread of the disease/viruses, for example: a measles or mumps outbreak. All children without current immunizations or who are not on a catch-up plan will not be able to attend school on the 1st day or until the immunizations are complete.

The following immunization schedule, by the MN Department of Health or CDC (Center of Disease Control), will be followed. For children younger than seven years of age and not immunized at infancy, we will follow the recommendations of the HSAC (Health Services Advisory Committee). A child may be dis-enrolled if immunizations are not up to date according to Minnesota Health System.

On the following pages are the list of vaccines and their timeline per the CDC, 2021.
<https://www.cdc.gov/vaccines/schedules/easy-to-read/child-easyread.html>



2021 Recommended Immunizations for Children from Birth Through 6 Years Old



Is your family growing? To protect your new baby against whooping cough, get a Tdap vaccine. The recommended time is the 27th through 36th week of pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

NOTE:
If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:
* Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
^S Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the first dose. All children and adolescents over 24 months of age who have not been vaccinated should also receive 2 doses of HepA vaccine.
If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.

See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.

For more information, call toll-free
1-800-CDC-INFO (1-800-232-4636)
or visit
www.cdc.gov/vaccines/parents



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV13 vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

* DTaP combines protection against diphtheria, tetanus, and pertussis.

** MMR combines protection against measles, mumps, and rubella.

Last updated February 2021 - CS322257-A

MLEE—HEAD LICE

To stop the spread of head lice at MLEE centers, MLEE staff met with the, “Health Services Advisory Committee,” (HSAC; the committee is made of medical professionals and MLEE staff)--it was determined, MLEE staff will conduct the following:

1. Head checks will be done weekly and is the responsibility of the classroom teaching staff—head checks will be document and turn-in; head checks will be done in the health room or the classroom where there is a good light source and clean appropriate materials (lice combs).
 - a. Head check will be done as needed, if there is constant head scratching by the child.
 - b. If there is an exclusion due to live lice/nits, classroom staff will contact the front desk/bus monitors of the “no pick-up” for bus services.
2. Any live lice or nits found will be taped to the “Head Lice Form” (as proof) and sent home with the child; classroom staff/health specialist will call the parents/caregivers and inform them, that their child is excluded for having lice/nits; a cleaning checklist for lice/nits, will be sent home to parent/caregivers.
3. Children with live lice/nits are to be picked-up *immediately by their parent/caregiver, to mitigate the spread in the classroom.* Emergency contacts will be notified if a parent/guardian is not available. If the Health Specialist or MLEE staff has time and is able to treat the child with a RobiComb (electric lice comb) they may stay for class.
4. The child, can return to the center, the same day or the next day, if the child is “free” of nits/lice—the child can then return to their classroom; any MLEE staff can do, re-checks.
 - c. Transportation will be notified by the classroom staff/MLEE staff to resume pick-up when the child’s head is clean/free of lice/nits.
5. MLEE staff, who check for lice/nits, will cleaned/sanitized the lice combs; if live lice/nits are found, classroom staff will “deep clean” their classrooms.
 - a. Rugs will be vacuumed daily.
 - b. Any soft items (puppets, stuff animals, etc...) will be placed in a plastic bag and tied, to kill any lice/nits.
 - c. All personal belongings will be kept separate from each other in a cubby; no personal belongings will touch another child’s belongings.
6. Individual plans for treatment may be made with families.

MLEE—MEDICAL & DENTAL REQUIREMENTS

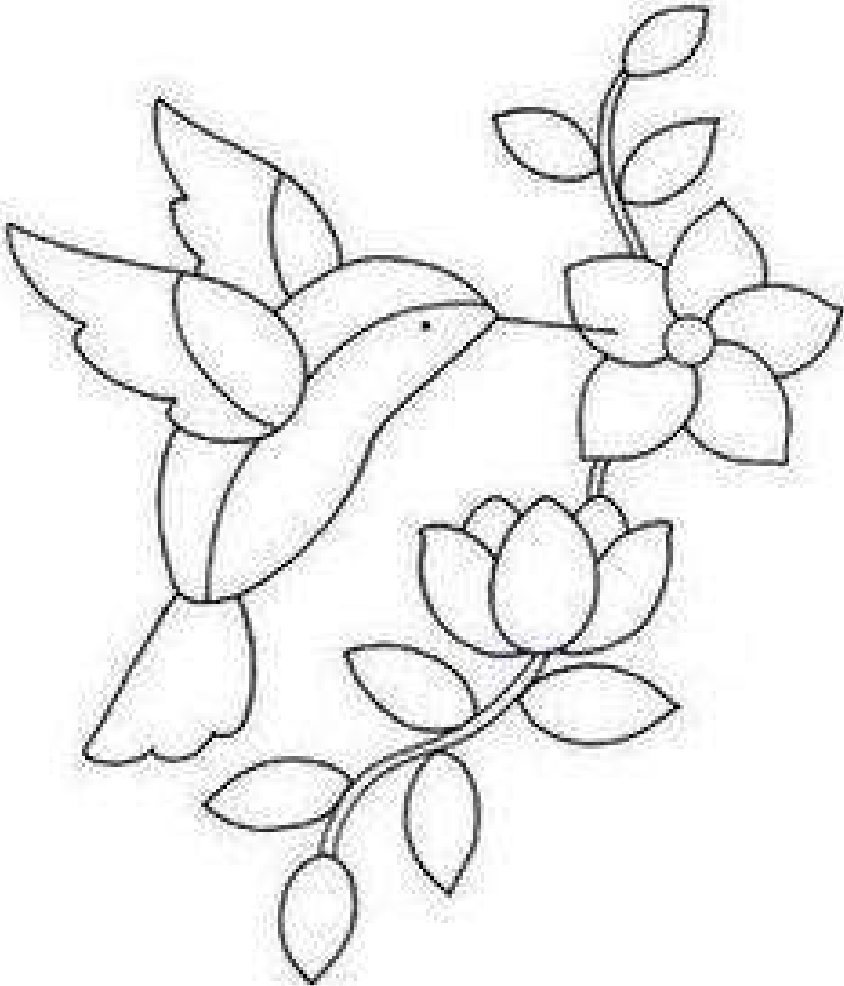
MLEE parents/caregivers are responsible to obtain a physical for their child following the EPSDT (Early and Periodic Screening, Diagnostic and Treatment; the child health component of Medicaid) Schedule, current Immunizations, Hemoglobin (starting at 12 months, then yearly after), Lead Levels (done at 12 months and 24 months or at 36 months), and a Dental Examination (yearly). This would be a current physical. *See the following page, of the “Minnesota Child and Teen Checkups (C&TC) Schedule of Age-Related Screening Standards,” for ages Infancy (0-9 months), Early Childhood (12 months-4 years old) and Middle Childhood (5 years old).*

Children without a current physical MUST have a scheduled appointment within the next 2 weeks. If children do not have a current physical or scheduled appointment, they may not attend the MLEE program/center. If parents/caregivers fail to take their child to their scheduled appointment, the child will not be able to attend the MLEE program/center, until they have a current physical. The MLEE Director may choose to allow families to attend as long as an appointment is scheduled. The program follows the EPSDT schedule.

Reminders for physicals will be sent monthly by the Head Start Services Coordinator. The MLEE Family Support Specialists and Head Start Services Coordinator will assist parents in meeting these requirements; if assistance is needed, please contact the Head Start Services Coordinator or Family Support Specialists. An individual Health Plan may be created for children with medical or dental needs.

If a child with Asthma, Reactive Airway Disease, severe Allergies, Seizures or other medical conditions, MLEE will require a “Medical Action Plan” to be on file. Medications and respiratory supplies will be required

to be kept at school if listed on the plan. **Children may not attend if all medications and supplies listed in their plans are not at school and should not be expired.**





Minnesota Child and Teen Checkups (C&TC) Schedule of Age-Related Screening Standards

C&TC Screening Components by Age C&TC FACT Sheet for each component	Infancy				Early Childhood						Middle Childhood						Adolescence											
	0-1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 yrs	4 yrs	5 yrs	6 yrs	7 yrs	8 yrs	9 yrs	10 yrs	11 yrs	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs	17 yrs	18 yrs	19 yrs	20 yrs
Anticipatory guidance & health education	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Measurements:																												
■ Head circumference	●	●	●	●	●	●	●	●	●																			
■ Height and weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
■ Weight for length percentile*	●	●	●	●	●	●	●	●	●																			
■ Body mass index (BMI) percentile										●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
■ Blood pressure											●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Health history, including social determinants of health	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Developmental, social-emotional, mental health:																												
■ Surveillance	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
■ Developmental screening					R			R		R	R	→																
■ Social-emotional or mental health screening*				R		R		R	R	R	R	R	R	R	R	R	R	R	R	●	●	●	●	●	●	●	●	●
■ Autism spectrum disorder screening								R	R																			
■ Maternal depression screening	R	R	R	R	→																							
■ Tobacco, alcohol or drug use risk assessment																				X	X	X	X	X	X	X	X	X
Physical exam: head to toe, including oral exam and sexual development	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Immunizations/review	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Newborn screening follow up: blood spot and critical congenital heart defect	⌘	→																										
Laboratory tests/risk assessment:																												
■ Blood lead test						←	●	→																				
■ Hemoglobin/hematocrit						←	●	→																				
■ Tuberculosis	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
■ Sexually transmitted infection (STI) risk assessment, with lab testing for sexually active youth																				X	X	X	X	X	X	X	X	X
■ HIV screening for all youth at least one time*																			X	X	X	X	←	●	→	X	X	
■ Dyslipidemia risk assessment*									X		X		X	X	←	X	→	←	X	→	←	X	→	←	X	→	←	X
Vision screening: distance (3+years) and near (5+years) acuity*	X	X	X	X	X	X	X	X	X	X	●	●	●	●	●	●	●	●	←	●	→	←	●	→	←	●	→	←
Hearing screening: add high frequency screening at 11+ years*	⌘	X	X	X	X	X	X	X	X	X	R	●	●	●	●	●	●	●	←	●	→	←	●	→	←	●	→	←
Oral Health																												
■ Dental Checkups: Verbal referral to dental provider at eruption of first tooth or no later than 12 months of age				●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
■ Fluoride varnish application (FVA) starting at eruption of first tooth*				●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
All C&TC visits require a HIPAA compliant referral condition code: ST, S2, AV or NU	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

KEY: ● Required component for the visit
 ⌘ If no Newborn Screening results on file, or did not pass, follow up appropriately

R Recommended screening for visit
 ← → Indicates range to provide component at least one time

X Risk assessment followed by appropriate action
 * Refer to back side for more information on new requirements

Schedule of Age-Related Screening Standards Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Screening Schedule:

This document (with active links) is available at www.mn.gov/dhs/periodicity-schedule/.

This schedule is a minimum standard; more C&TC visits or screenings can be done and billed for as medically necessary.

Children in out-of-home placement or foster care should receive C&TC visits more frequently, as recommended by the American Academy of Pediatrics (AAP). Refer to the Healthy Foster Care America [Health Information Form](#) and [website](#). If a child misses a screening visit or a required screening component was not offered at a previous visit, the missing screening components should be performed at the earliest possible time.

Refer to the [MHCP Provider Manual C&TC section](#) (www.dhs.state.mn.us) for policy, billing and coding information for each component. When a screening or preventive service is contraindicated or refused, the manual has guidance on [screening exceptions](#), including coding information and when to reattempt screening, if applicable.

For each screening component, a [C&TC Fact Sheet](#) (<https://www.health.state.mn.us/people/childreneyouth/ctc/factsheets.html>) describes screening requirements, procedures and resources.

Updates to this schedule are based on recommendations from the American Academy of Pediatrics (AAP), Centers for Disease Control and Prevention (CDC), and U.S. Preventive Services Task Force (USPSTF), as well as Minnesota-specific epidemiology for the Medicaid-eligible pediatric population.

Changes on this updated C&TC Periodicity Schedule (compared to 2016):

Frequency of visits increased to align with AAP Bright Futures recommendations. The addition of the 30-month visit provides more opportunity to meet screening recommendations and ensure early identification and treatment of developmental and health issues during a critical period of brain development. After age 6, visit frequency is now annual, instead of biennial. This allows more opportunity for anticipatory guidance, screening and counseling during the pre-teen, adolescent and young adult years. This is a critical time for prevention and early intervention for high risk behaviors, obesity-related conditions and emerging mental health issues.

Weight for length percentile: Assess for every infant up to 2 years old, at which point BMI is assessed instead to monitor growth.

Developmental, social-emotional and mental health: Mental health screening is now required for age 12 and older. The [Mental Health Screening C&TC Fact Sheet](#) includes information on recommended screening instruments and referral resources.

Human immunodeficiency virus (HIV) screening lab test: Universal HIV screening (offering HIV blood testing to all youth, regardless of reported risk factors) is required at least once between 15-18 years of age. HIV blood testing and results are covered under Minnesota's minors' consent statute. If the youth declines the HIV blood test or if their HIV status is already known, document the reason that the HIV blood test was not done. Youth who have risk factors for HIV exposure should be tested at least annually.

Dyslipidemia screening: A risk assessment is required for children at the ages indicated on this schedule. For risk assessment guidelines, refer to the [Dyslipidemia Risk Assessment C&TC Fact Sheet](#) (<https://www.health.state.mn.us/docs/people/childreneyouth/ctc/dyslipidemia.pdf>). The AAP recommends a routine dyslipidemia screening on all children and youth at 9-11 years and 17-21 years; however, the U.S. Preventive Services Task Force found insufficient evidence for universal screening.

Vision screening: Provide distance visual acuity screening beginning at age 3. Add near visual acuity (plus lens) screening beginning at 5 years for children who pass their distance screening and do not already have corrective lenses. Routine vision screening is done with a wall chart with the child at a 10-foot distance. Refer to the Minnesota Department of Health (MDH) [Vision Screening website](#) (<https://www.health.state.mn.us/people/childreneyouth/ctc/visioncreen/>) for detailed procedures and [recommended equipment for visual acuity screening](#) for recommended wall charts and equipment. [Instrument-based vision screening](#) may be used as an alternative to wall charts for children 3-5 years old who are unable or unwilling to cooperate with routine vision screening.

Hearing screening: Screening by pure tone audiometry continues to be recommended at 3 years and required beginning at 4 years. Beginning at 11 years, add 6000 Hz at 20 dB to screen for noise-induced hearing loss. Refer to the [MDH Hearing Screening website](#) (<https://www.health.state.mn.us/people/childreneyouth/ctc/hearingscreen/index.html>) for detailed procedures and instrument recommendations.

Oral health: Fluoride varnish application (FVA) is now required at every C&TC visit for infants beginning at eruption of first tooth through age 5. For children 6 years and older, fluoride varnish may be applied based on their risk factors for dental caries. An [oral health risk assessment](#) (www.aap.org) can be used to determine need for oral fluoride supplementation or active referral to a dental provider. Continue to support connection to a dental provider for routine preventive care by making a verbal referral at every C&TC visit beginning at the eruption of the first tooth.

Clarifications:

Health history should include information about social determinants of health. This may include housing stability, food security, home or community safety, adverse childhood experiences. No specific form or questionnaire is required.

Tobacco, alcohol or drug use risk assessment replaces the line that previously read "substance use risk assessment."

HIPAA compliant referral condition code: All necessary diagnostic and therapeutic referrals are part of C&TC standards. This code must be used for all C&TC visits in billing documentation to identify that a complete C&TC screening has been provided and that appropriate follow-up is taking place. Refer to the [MHCP Provider Manual C&TC section](#) (www.dhs.state.mn.us) for more information. If further follow-up, evaluation or treatment of a condition is identified at the C&TC visit, use referral code **ST** (new condition or referral), **S2** (referral for a previously treated condition), or **AV** (parent declines referral). If no condition is identified at the C&TC visit that requires further follow-up, evaluation or treatment, use the referral code **NU** (no referral).

MLEE—TRANSPORTATION/BUS SERVICES

MLEE Early Head Start students, ages 6 weeks to 3 years old, must have their parents/caregiver transport their child to and from the MLEE center; this is due to car seats. Please note, all MLEE staff are “mandated reporters,” MLEE students must have a car seats since, they are required by law; MLEE staff will report any children not in car seats to tribal police or local authorities.

However, MLEE Head Start students (ages 3-5 years old) can have bus services, if it is available in their area. MLEE bus services is a privilege and if abused, can be suspended.

MLEE Head Start students who have bus services, will have to fill-out a “Transportation Request Form” and will submit this document to the Family Support Specialists or Head Start Services Coordinator. All parents/caregivers, must sign and have on file a transportation agreement form and the Transportation Discipline Policy. For the safety of the bus staff, please remember to: keep your sidewalk/driveway clear of snow/ice; keep your pets on a leash and restrained. All students riding the MLEE bus, will be taught bus rules and is expected to follow them while riding the bus. Children who ride the bus, must be properly dressed for cold weather--including coat, hat/hood and gloves or they will be sent back to the house for proper clothing. MLEE bus services require, the child to wear seat restraints while being transported on the bus. The MLEE bus, WILL NOT BE ALLOWED to stop on the highway. The MLEE program has insurance that covers the enrollees while on the bus, in the classroom, and participating in other Head Start activities.

There will be a bus monitor on the bus while children are riding to ensure their safety. The Bus Monitor will assist the child(ren) on/off the bus and walk across the road if needed.

Students who ride the bus, will be picked-up between 7:00 am-8:00 am, depending on where they live on the bus route.

At the MLEE center, bus passes can be made by the custodial parent/caregiver only. All bus passes must be called into the school prior to 2:15 pm. MLEE students, board the busses at 2:45 pm. Parents should call the front desk/center to make bus passes.

At the end of the school day, the bus will drop-off children after 3:00 pm. At drop-off, it is school policy, that a parent/caregiver must be present and the environment is conducive to caring for the child. The driver/bus monitor will make a determination as to whether or not the setting is appropriate for the child.

If a parent/caregiver misses their child’s drop-off or in the case of miscommunication, the child will be brought back to MLEE center; program staff will call the parents or emergency contact numbers, for the child to be picked-up. It is the parent/caregiver’s responsibility or your emergency contacts to pick-up the child; the bus cannot make a separate trip. If a child is returned to school 3 times due to a parent/caregiver NOT being there to receive the child(ren), then bus services will be suspended until a new transportation form is done.

Head Start parents/caregivers, who dropped-off their child, at school must bring their child into school and walk their child to their classroom—during COVID, parents/caregivers will drop-off their child curbside at the center and a staff member will walk them into the facility. Parents/caregiver MUST NOT leave their child, at the front door or in the parking lot—to drop them off. All children need to have adult supervision; this ensures the safety of your child and also gives the classroom teacher notice, a student has arrived in their classroom. MLEE is not responsible for the safety of your child until they are signed-into the classroom/bus log. Head Start students that are NOT in childcare and dropped-off by their parent/caregiver, at their District center, MUST be picked-up from school (center), between 2:50 and 3:00 pm.

MLEE—SCHOOL BUS SAFETY GUIDELINES

Support from parents/caregivers, grandparents and school officials continue to ensure that all MLEE children receive the safest transportation available. Parents/caregivers are asked to provide support and assistance in following the guidelines.

When dropping off child(ren) authorized person will sign “bus [attendance] sheet,” which is usually on a clipboard. Only AUTHORIZED PERSONS (as noted on Transportation Form) will be allowed to “receive” children, meaning all children being transported are only released to a parent or legal guardian, or other individual. Authorized persons (on the Transportation form) will be required to meet the bus at pick-up and at

drop-off. No one will be allowed to take a child off the bus unless they are designated by the parent or arrangements have been made and the person has proper identification with them. Older siblings will only be allowed to take a child if the parent has listed the sibling on the Transportation form. If an authorized person is not at the home to receive the child, the bus will take the child back to the MLEE District center.

GENERAL BUS SAFETY RULES: MLEE parents/caregivers and students waiting for the bus, must stand back from the road while awaiting the bus. In order to stay on schedule for the bus route, all parents/caregivers must be waiting for the bus and on time; the bus will only wait 1 minute for any child(ren). Sometimes, due to unforeseen circumstances, the bus may be late, please be patient. When the bus has come to a complete stop, the bus “stop sign” and “crossing arm” will come out, and the bus doors are open, walk with your child to the bus steps. If crossing the street, look to the left, look to the right, look to the left again; at drop-off, the bus monitor will escort the child(ren) to their parent/caregiver. Make sure you are at least 10 steps away from the front of the bus—this area is called, the “danger zone.” Do not send food, drinks, toys, medicine, umbrellas, etc. on the bus with your child(ren). When boarding, remind your child to use the handrail.

TALKING TO YOUR CHILD OF SAFE RIDING PRACTICES: MLEE parents/caregivers are their children’s first teacher--talking to your child about safe riding practices is a good way to reinforce the importance of their safety. Please, remind your child to: stay seated in assigned seat with their seat belt on (child safety restraint system); not talk at railroad tracks, because the bus driver has to listen for trains; to keep all parts of body (arms, head, etc...) and items (shoes, etc...) inside windows; keep hands to yourself; talk quietly (inside voices because the bus driver needs to listen for trains, emergency vehicles, etc...); and listen to the driver/bus monitor at all times, because they are keeping the child safe.

ALTERNATE LOCATION REQUESTS: Sometimes parents/caregivers need to change drop-off locations, children may be transported to an alternate location at the request of their parent/guardian or other authorized person. The following guidelines applies: the alternate location must be within the regular bus route; the request to change regular location must be received no later than 2:15 pm; the request may be made in writing, if signed by an authorized person; and the request may be made by telephone by authorized persons.

MLEE—POSITIVE BEHAVIOR SUPPORT INTERVENTION

MLEE is committed to using “positive behavior strategies,” which helps children manage their own behavior. Positive child guidance and classroom management decisions will help to promote positive social skills, respect, self-esteem and at the same time support a safe learning environment. Action steps are provided to help children when they are exhibiting aggressive or severe behaviors.

It is common, that children present challenging behaviors, they learn through their teachers modeling, how to act appropriately in classroom/childcare settings. MLEE uses positive behavior strategies to help children manage their own behavior. This can be accomplished by promoting: positive social skills, respect, self-esteem and providing a safe learning environment. MLEE recognizes that discipline is a learning process for all children. Positive supports will be used with children to teach children the skills needed to appropriately handle situations and themselves. It is the job of teaching staff to teach and model these skills.

MLEE will use: effective curriculum; age-appropriate activities; redirect inappropriate behavior--whenever possible; Conscious Discipline (positive guidance principles); and the MLEE Expectations/Rules Matrix. MLEE classroom staff will create weekly lesson plans, to minimize inappropriate behaviors

POSITIVE BEHAVIOR STRATEGIES: MLEE staff will use--the Pyramid Model strategies; picture schedule in classroom; will praise/encourage children; will refrain from using negative words such as “no” and “don’t”; clearly state expectations for appropriate behavior--what they want children to do; will redirect children three times when they are engaging in negative behaviors; however, if staff notices behaviors that are unsafe and may cause harm to the child, staff or other class member, the child can and will be redirected immediately.

Redirecting behavior is when teaching staff, direct the child away from the disruptive behavior by showing or telling them what is appropriate and giving the child a few options to choose from—“Lola, you can put on your shoes yourself or I can help you, put on your shoes. Which do you choose?”. This will help the child to feel in control.

If behavior problems are chronically disruptive to the teachers, other students or if safety becomes an issue, the following steps will be followed: three redirects will be given (if safety is not an issue); reinforcement of appropriate behaviors will be emphasized—“Lola, I liked how you picked up all of the toys by yourself without my help”; the last redirect should include a statement that the child may have to be removed from the setting or that the teacher will make a choice for the child—“We are close to the road and I see that you cannot walk nicely by yourself, so I will help you, by holding your hand, to keep you safe.”

An opportunity for the child to calm themselves should be given in an area in the classroom away from the other students; this allows the child, to focus on regulating their behavior (calming themselves down), before returning to the group. A separation from the group, shall be no more than 1 minute per child’s age/or 30 calm seconds by themselves.

If the behavior continues, the teacher and the child must leave the room; the teacher and child will go to a quiet place and remain there until the child is able to calm down and return to activities. The teacher will sign-out the student, if they leave the classroom. If leaving the classroom is effective, classroom staff will document the change in behavior and a simple plan will be developed. This plan may include, but is not limited to possible classroom management change involvement of the parent, program coordinators, director, and mental health consultants.

CLASSROOM MANAGEMENT: Classroom will use the MLEE Expectations/Rules Matrix, so the message is consistent throughout the child’s time at MLEE. Classroom rules will be reviewed on a daily basis for the first two weeks of school and will be periodically reviewed thereafter.

IF BEHAVIOR CONTINUES: If the positive behavior interventions is not be working and the child is exhibiting severe and/or aggressive behavior, staff will work with the child, the Education Specialist, the Mental Health Therapist (if available or needed), and the family through the following action steps.

1. The behavior will be defined. **DEFINITIONS:** Aggressive Behavior: is defined as deliberate, repeated, and uncontrolled attacks on others either physically verbally; Severe Behavior: is defined as, but not limited to the following examples: excessive swearing, physical aggression--hitting, biting, kicking, scratching, etc.; Violent Threats: is either, verbal or dramatized shooting, stabbing, etc.
2. The Education Specialist and the Mental Health Therapist (if available or needed) will be notified of the aggressive/severe behaviors, by classroom staff or coordinators. The Education Specialist will conduct a classroom observation, focusing on the child and the child’s triggers; the Education Specialist will create, an Individual Guidance Plan (IGP) for the classroom staff to follow. The IGP form may be used to support staff through the behaviors. Parents/caregivers will be notified of the behaviors and the classroom plan. The Education Specialist will have a follow-up meeting with the classroom at a set date determined by the team—to see if the plan is working.
3. If behaviors persist, the parent/guardian will be notified. A meeting between the parent/caregiver, Education Specialist and teacher will occur, where the IGP will be modified to identify strategies, which may help alleviate behavior issues.

MLEE STAFF EXPECTATIONS: MLEE staff will: not maltreat, endanger the health, safety of children; use corporal punishment; use isolation to discipline a child; bind or tie a child to restrict movement or tape a child’s mouth; use food as a punishment or reward—“You can only have ice cream, if you sit still.”; use toilet learning/training methods that punish, demean, or humiliate a child; use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring or corrupting a child; physically abuse a child; use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or child’s family; use physical activity or outdoor time as a punishment or reward.

SUSPENSION: MLEE prohibits or severely limit the use of suspension due to a child’s behavior. Such suspensions may only be temporary in nature. A temporary suspension is used only as a last resort in extraordinary circumstances where there is a serious safety threat that cannot be reduced or eliminated by the provision of reasonable modifications. Before MLEE determines whether a temporary suspension is necessary, a program must engage with a mental health consultant, collaborate with the parents, and utilize appropriate community resources, such as behavior coaches, psychologists, other appropriate specialists, or other

resources--as needed, to determine no other reasonable option is appropriate. If a temporary suspension is deemed necessary, MLEE may offer alternative programming until it is determined the child may return to full participation in all program activities.

We will ensure child safety by: continuing to engage with the parents and a mental health consultant, and continuing to utilize appropriate community resources; develop a written plan to document the action and supports needed; provide services that include home visits; and, determining whether a referral to a local agency responsible for implementing IDEA is appropriate.

CHILD CARE PROGRAM REQUIREMENT: MLEE’s preschool child care program, will use positive behavior supports to work with children who may present challenging behaviors. Child care is different than Head Start/Early Head Start—child care is a privilege, not a right. If challenging behaviors present themselves during child care, MLEE employees will work with families to problem solve and minimize severe and/or aggressive/disrespectful behaviors. Since child care is a privilege, if severe/aggressive and/or disrespectful behaviors continue, the child may be suspended from MLEE’s child care services.

PRE-K CHILD CARE: If a child is exhibiting severe or aggressive (unsafe) or disrespectful behavior during child care hours the following procedure will be followed: an “Incident Report Form” for unsafe or disrespectful behaviors will be filled out by the MLEE staff member and the parent will be notified by use of the “Incident/Accident Report Form.” A phone call to the parent may be made at this time. At pick-up, classroom staff will discuss the incident with the parent/caregiver.

The Education Specialist and/or Family Support Specialist/Head Start Service Coordinator may contact the parent/caregiver to see what supports may be needed.

MORE THAN ONE INCIDENT REPORT—ON SAME BEHAVIOR: When the child receives a 2nd incident report of unsafe/disrespectful behavior, the parent/guardian will be required to meet with a member of management in order to return to child care. *MLEE staff will indicate, on the top of the page, #2.*

If a 3rd incident occurs, on the same behavior, an Individual Guidance Plan (IGP) will be written and initiated for a minimum of 5 child care days, a follow-up meeting will be required by the parent/guardian, Education Specialist and Family Support Specialist/Head Start Services Coordinator. *MLEE staff will indicate, on the top of the page, #3.*

The IGP will be re-visited and discussed to look for any revisions that need to occur or any additions that would help with the situation; the revised IGP will be followed for a minimum of 5 child care days..

The 4th incident report, the child will be suspended from child care for 2 weeks. The parent/guardian will need to meet with Education Specialist, Family Support Specialists/Head Start Services Coordinator to re-enter child care. The Director will sign-off on any child care suspensions after reviewing the incident reports and looking at any interventions that were conducted. *MLEE staff will indicate, on the top of the page, #4.*

The 5th incident report, the child’s child care will be terminated until the following program year (school year. The Director will sign off on termination of child care services. *MLEE staff will indicate, on the top of the page, #5.*

MLEE—CHILD CARE INFORMATION

MLEE child care (CC) spots are limited and child care is only offered to MLEE students, where all of the adults in the household, are full-time employees or attending school. Employment and school enrollment will be verified by the Family Support Specialists and Head Start Services Coordinator. MLEE parents/guardians must inform MLEE staff if an adult in their household is no longer working or not in school. MLEE child care is a privilege and can be suspended or terminated if, expectations required by parents/caregivers are not met.

During the COVID worldwide pandemic, MLEE child care will only be open to re-enrolled Early Head Start and Head Start students, ages 6 weeks to 5 years old, in all three Mille Lacs Band districts.

Mille Lacs Early Education Child Care is licensed by the Mille Lacs Band of Ojibwe (MLBO)—Mille Lacs Band Statutes Annotated—Oct. 2020, Title 8—Children and Families, Chapter 11-Child Care, with the following conditions:

The chart that follows shows the teacher and child ratio.



Mille Lacs Early Education: Child Care

District 1: Wewinabi Early Education; D2: East Lake Early Education; D3: Lake Lena Early Education



Ages	Infant Aged Children (6 weeks-15 months old)	Toddler Aged Children (16-36 months old)	Pre-School Aged Children (37 months through 5 yrs. old)	School-Aged Children (6-11 yrs. old)
Staff-to-Child Ratio (CC) MLBO §1204	1 adult to 4 children	1 adult to 4 children	1 adult to 10 children	1 adult to 12 children

MLEE CHILD CARE—INFORMATION: MLEE child care is operated in collaboration with MLEE Head Start and Early Head Start; hours that students spend in HS/EHS are not billed to parents. Proof of immunizations must be in file before your child can start child care, per MLB statute §1043 [Information obtained from parents].

If a child does not attend child care for 15 consecutive days without an excuse, the child will be removed from the child care program and the child care spot will be considered open. If parents/caregivers do not pick-up their child in a timely manner--*if the child is not picked up by 5:45pm in District I, Districts II and III, management staff will contact Tribal or County authorities to report abandonment of the child.*

Child care is a privilege and can be suspended or terminated if, expectations required by parents/caregivers are not met.

MLEE CHILD CARE—BILLING: Parents/caregivers are charged an hourly rate for child care. Childcare accounts need to be current (with up-to-date, phone numbers) and/or payment arrangements made for your child to be enrolled in childcare including Co-Pays and other charges.

MLEE does not supply diapers during childcare, parents/guardians must provide diapers during this time. A \$1.00 diaper fee will be charged for each diaper used and supplied by MLEE. This will show up on your childcare billing notice

Billing cycles will run from the 15th to the 14th of the previous month. If an account meets or exceeds \$250.00—this amount is the “cap,” a 50% payment will be required within 7 days of notification. Past due amounts for child care may be sought after in a court of law. If payment is not received within 7 days or arrangements have not been made for payment, child care will be suspended until payment is made. If account remains unpaid for 1 month, the child care spot will be offered to another student on the waiting list.

MLEE CHILD CARE—ASSISTANCE: Parents/caregivers are encouraged to apply for child care assistance through Aanjibimaadizing. When applying for child care assistance programs, parents/caregivers are responsible for their child’s child care accounts, until they have been approved for assistance or have to pay, co-payments. All co-payments for child care assistance must to be paid monthly; failure to pay may result in loss of child care or child care assistance. *Child care is a privilege and can be suspended or terminated if, expectations required by parents/caregivers are not met.*

MLEE CHILD CARE—LATE PICK-UP & FEES: MLEE child care closes at 5:15 pm in District 1, District 2 and 3—if a child is not picked-up on time, when child care is closing, the staff member who are responsible for the child, will fill out a “Late Pick-Up Form,” which is accessible in all classrooms and at the front desk. Staff will notify their supervisor/management on duty. Staff will then attempt to contact parents/caregivers—if they cannot be contacted, then staff will call the names/numbers on the “Emergency Contact Sheet” for the child; staff will note times/people called on the late pick-up form. When the parent/caregiver or emergency contact arrives to pick-up the child, they will be asked to sign the “Late Pick-Up Form” to indicate they are picking-up their child late. If a parent/caregiver/emergency contact, refuses to sign the “Late Pick-Up Form,” staff will indicate refusal on form. *NOTE: This does NOT negate the caregiver payment responsibility; late pick-up violations will be looked at per family, not per child since there some families that have multiple children in childcare.*

Staff will then note the time of pick-up on the “Late Pick-Up Form.” The “Late Pick-Up Forms” will be turned into the Family Support Specialists/Head Start Service Coordinator, to track data (of the late pick-ups).

A late fee of \$15.00 will be charged for any child not picked up by 5:20 pm in District I, Districts II & III, then \$1.00 per minute fee will be applied, hereafter until the child has been picked up. Example: If a parent picks up their child, at 5:25 in District 1, the parent/caregiver will be charged the child care rate for hours used PLUS the late fee of, \$19.00 (\$15 late fee + \$4.00).

Here is the process for parents/caregivers who are constantly late when picking-up their child:

1. **1st violation of a late pick-up, after 5:20 pm (M-Th) or 12:05 pm (F) in District I, Districts II & III:** Family Support Specialists/Head Start Services Coordinator will document child’s names and times the child was picked-up late;
2. **2nd violation of a late pick-up, after 5:20 pm (M-Th) or 12:05 pm (F) in District I, Districts II & III:** The family who picks-up their child late will be required to meet with the Family Support Specialists/Head Start Services Coordinator. There will be minimal exceptions to the attendance of this meeting. If the parent/caregiver does not attend the meeting, they will go onto violation 3—where the child’s child care is suspended for two weeks.
3. **3rd violation of a late pick-up, after 5:20 pm (M-Th) or 12:05 pm (F) in District I, Districts II & III:** The family will have all of their children’s child care suspended for two weeks, i.e. for a total of 10 child care days.
4. **4th violation of a late pick-up, after 5:20 pm (M-Th) or 12:05 pm (F) in District I, Districts II & III:** Child care will be suspended. Family will be able to grieve their case in front of the Nay-Ah-Shing (NAS) school board. Family will refer to the “grieving process” in the Mille Lacs Early Education Parent Handbook.
5. **5th violation of a late pick-up, after 5:20 pm (M-Th) or 12:05 pm (F) in District I, Districts II & III: Childcare will be suspended for the remainder of the school year.**

MLEE CHILD CARE—CLOSURES: Child care closing correlates to dates and time the Mille Lacs Government Center closes early (which is ½ hour after early closure), scheduled Mille Lacs Early Education (MLEE) staff training days and inclement weather.

MLEE CHILD CARE—DISCIPLINE POLICY (SCHOOL AGE): MLEE is committed to using positive behavior strategies to help children manage their own behavior and has a policy for preschool-aged child. However, the discipline process for school-aged children is a bit different.

MLEE has an absolute, “No Hands-on Policy.” The only exception to this rule will be if the child is physically endangering another student, teacher or themselves. The following interventions will begin with the first aggressive, violent or disrespectful behavior.

1. **1st incident:** School aged classroom staff will call on “management on duty”; there will be intervention with child and the District Coordinator; an “Incident Report Form” will be filled out by the school-aged teacher, describing the incident and given to parents/caregivers at pick-up, along with a copy of “Discipline Policy” (for school-aged children); if the school-aged child and District Coordinator cannot clear up the behavior and child remains aggressive--the parent/caregiver or emergency contact will be called to pick-up the child.
2. **2nd Incident:** School aged classroom staff will call on “management on duty”; there will be intervention with child and District Coordinator; an “Incident Report Form” will be filled out by the school-aged teacher, describing the incident and given to parent/caregiver; the parent/caregiver will be called immediately, to come and pick-up their child; the parent/caregiver and child will sign a copy of “Discipline Policy” (for school-aged children) to acknowledging understanding of the possibility of suspension and/or removal from the school-aged child care program; MLEE management including the Education Specialist will work with the parent/caregiver to develop an “Individual Guidance Plan (IGP)”; if an IGP, is not developed, the child may not return to “School-Age Child Care”; the IGP will be implemented for no less than 1 week (5 child care days).
3. **3rd Incident:** If a 3rd incident occurs the child will be suspended from “School-Age Child Care” for 2 weeks; the parent/caregiver will be required to meet with the Education Specialist and/or a member of MLEE management in order for the child to return to child care.

4. **4th Incident:** The child will be suspended from “School Age Child Care,” until the following program year (school year); the child and parent/caregiver will be required to meet with the Education Specialist and/or member of MLEE management to set-up a plan for success in the child care environment; it should be noted, in the event a violent behavior that cannot be brought under control and other children and/or staff are in danger, there is the possibility of calling Tribal Police to bring the situation under control for safety reasons. *Please note: MLEE has a “No Hands-on Policy.” The only exception to this rule will be if the child is physically endangering another student, teacher or themselves.*

NOTE: Young children may have dysregulated feelings. This can lead to behaviors in children. Our goal is to always keep children safe. In the case where children are in imminent danger, harming others, or themselves (biting, kicking, throwing toys, head butting, scratching, choking, etc.) children will be removed from the situation and may be helped by staff, until they are calm. After the child has calmed their body, a discussion will take place about the incident in a developmentally appropriate manner. Staff may call management for assistance at this time to support the child and the staff. Mille Lacs Early Education may also require a referral or consultation with Tribal/Local mental health or social worker if deemed necessary.

MLEE—DROP-OFF & PICK-UP

During Head Start/Early Head Start program hours, MLEE parents/caregivers who bring their children to the MLEE center, must drop-off their child between the time of 7:50-8:00 am and picked-up between 3:00-3:05 pm. MLEE child care charges occur starting at 3:05 pm.

Once parents/caregivers are allowed into the centers, (to mitigate the spread of COVID) they must sign-in their child into their classroom, at drop-off their child, giving the classroom teacher notice that their child is in the classroom. At pick-up, parents/caregivers, must sign-out their child from the classroom, again giving the teacher notice they are taking their child.

If a parent/caregiver is unable to pick-up a child: The parent/caregiver will call or write a note to the teacher, giving a reason as to why, the parent/caregiver cannot pick-up the child; the parent/caregiver will then give a name and number of the person that will be picking-up the child; next, the parent/caregiver will indicate a time that the child will be picked-up from the center; and finally, the parent/caregiver, will inform the person responsible for picking-up the child that they will need a picture I.D. (identification card), to show staff, before the child will be released to them.

When a phone call is made from the parent to authorize another person to pick up the child, the teacher will: call the parent back to confirm the authorization; inform the child of the change—to help the child transition; when the person comes to pick-up the child, they will be asked for an I.D. (identification card) to verify their identity especially, if they are unknown by staff.

In the event of an unauthorized person or a person who is incapacitated, attempts to pick-up a child the following procedures will commence: classroom staff will notify the coordinator of the situation; in extreme cases, 911 or local authorities will be notified; if possible, the child and the person will be stopped, until the authorities arrive; finally, an “Incident Report Form” will be filled-out, describing the details of the incident.

If no one comes to pick-up a child within 15 minutes of the designated pick-up time: classroom staff or management will attempt to make calls to the parent/caregiver—a “Late Pick-Up Form” will be used to document the calls made and times; if they are unable to contact the parent/caregiver, then emergency contacts will be called, to make arrangements to pick-up the child; if attempts fail to find a person to take the child home, the local authorities will be called to place the child in the care of a competent person; if the child has not been picked up or arrangements made ½ hour after Head Start/Early Head Start end time, Tribal and/or Family Services will be called-- an “Incident Report Form” will be filled-out, describing the details of the incident by staff; a memorandum will be written by management, as to the procedures staff used to locate the parents and the final outcome.

If the Head Start/Early Head Start child is picked-up late **3** times or returned on the bus, **3** times—the parent/caregiver will need to meet with the Family Support Specialist/Head Start Services Coordinator, to address a plan of action to eliminate late pick-ups. Please note: if the parent/caregiver arrives after hours to

pick-up the child, the parent/caregiver will need to complete the “Late Pick-Up Form,” by signing the document; there will be a \$15.00 charge plus an additional \$1.00 per minute thereafter for late pick-ups.

MLEE—REGISTERED OFFENDERS POLICY [EFFECTIVE: JUNE 1, 2011—SB]

Registered Offender Involvement: Mille Lacs Early Education is concerned for the safety of its students, and has a legitimate need to control who enters its facilities and participates in its programs. This policy creates procedures relating to “registered offenders” and “predatory offenders” as those terms are defined by Minnesota law. *See Minnesota Statutes: SS 243.166—Registration of Predatory Offenders, 244.052—Predatory Offenders-Notice.*

If Mille Lacs Early Education (MLEE) receives notice that a predatory offender resides or works in the surrounding community, MLEE will provide notice to parents and guardians of all children enrolled in a Mille Lacs Early Education program pursuant to Minnesota law. MLEE will share information regarding an individual’s status as a registered or predatory offender only as required by law or as necessary for the program’s operations. Teachers will be advised of an individual’s status as a registered or predatory offender.

Any parent or legal guardian who is a registered offender under Minnesota law must notify the Center Director or Coordinator in writing. If the Center Director or Coordinator learns that a parent or guardian is a registered offender, the Center Director or Coordinator will request a meeting with the individual to discuss compliance with this policy. Any registered offender who is prohibited from being around young children by court order will not be allowed in the center. Failure to provide written notice will result in that individual being summarily excluded from the center until written notice is provided, no exceptions.

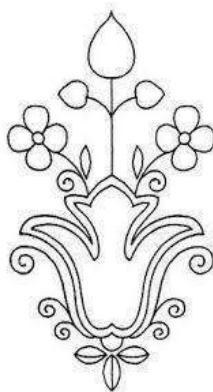
Mille Lacs Early Education will not allow anyone who is a registered or predatory offender to volunteer or participate in center activities due to the age of the children we serve and the challenge it would be to supervise such visits.

For drop-off or pick-up: any registered or predatory offender who enters a MLEE center or facility must immediately report to the Center Director or Coordinator’s designated representative. The individual must sign in upon arrival. They will be met and escorted within the school. They must sign-out upon exiting the premises. If an escort is not available the child(ren) will be brought up to the individual. Failure to do so will result in that individual being summarily excluded from the center, no exceptions. Any registered offender who is prohibited from being around young children by court order will not be allowed in the center.

Mille Lacs Early Education has the right at any time for any reason to assign a staff person to escort the offender at all times while they are on the premises (including center buildings, sidewalks and parking areas).

MLEE—PARENTS/CAREGIVERS

MLEE parent/caregivers will acknowledge they will receive informed about the topics presented in this handbook and will sign the “MLEE—Parent/Caregiver Signature Page Form,” indicating they have received the information.





Mille Lacs Early Education: Parent/Caregiver Signature Page FORM



Parent's Name:

Date:

Attendance Policy:

§1302.16-Attendance (HSPPS)

EHS/HS children need to maintain 85% attendance, per the Head Start Program Performance Standard (Sept. 2016), §1302.16-Attendance. If a child has 2 unexcused absences, the classroom teacher will make an attendance referral to the Family Support Specialist or Head Start Services Coordinator. Per the standard mention, MLEE teachers will call parents/caregivers, not in class between 9:00-9:30 am—to ensure the child is safe.

Exclusion Policy:

§1302.47-Safety Practices (HSPPS)

Parent/caregiver must make arrangements when their child is excluded--1 hour after being contacted to pick-up their child.

Child Abuse & Neglect (Mandated Reporting):

§1302.47-Safety Practices (HSPPS)

All MLEE staff are mandated reporters of "Child Abuse & Neglect." If staff suspect possible child abuse or neglect, observation and dates will be documented. The staff member may inform the Director, but the staff member must report the suspected abuse to the proper authorities.

Child Drop-Off & Pick-Up Procedures:

§1302.16-Attendance (HSPPS)

When students do not ride the bus: parents must walk their child to their classroom and sign them into the classroom—parents/caregivers assume liability until their child is signed-in on the classroom sign-in sheets; children ages, 6 wks. to 2 yrs. old, parents/caregivers must fill out a "Daily Report Form."

Please note: the 1st time a child arrives to school unescorted, the Director will contact the parent to explain the drop-off procedure; the 2nd time the parent will need to meet with the Director to discuss child safety concerns.

School Bus Safety Guidelines:

Subpart F—Transportation (HSPPS)

I have read and understand the MLEE School Bus Safety Guidelines and have received Pedestrian Safety and Bus Safety information.

Parent Code of Conduct:

Failure to comply with MLEE's "Parent Code of Conduct" outlined herein may lead to a staff member or designated Policy council representative to approach the parent(s) involved. It is not our wish to exclude or terminate the enrollment of any child or family however, if the situation arises, that places staff, children, or family members at harm, the MLEE program reserve the right to re-evaluate the enrollment status of a family if the situation does deem that the appropriate action.

Medical, Dental & Screening Requirements:

§1302.33-Child screenings and assessment & §1302.42-Child health status and care. (HSPPS)

I, agree to obtain the required physical, immunization, and dental exams needed by my child; as well as any screenings (developmental and social-emotional).

Registered Offenders Policy & Procedures:

Minnesota statutes, 243.166
Registration of Predatory Offenders;
244.052 Predatory Offenders-Notice

I, agree to comply with the "Registered Offenders Policy and Procedures" in the handbook provided to me at enrollment and is available at my request.

By signing this form, I acknowledge that I have reviewed and agree to follow the policies/information covered in this, MLEE Parent/Caregiver Handbook. Miigwech! -MLEE Staff

Print Name:

Signature:

Date: