Red Cliff Education Division Newsletter

MANIDOO-GIIZISOONS LITTLE SPIRIT MOON

December 2012

Head Start Bus Safety

Please take the time to consider safety when your Head Start child is getting on and off the bus. The following are suggestions from the ECC staff to ensure safety:

- Walk your child to and from the bus door
- Wait for your child at the bus stop (where the bus door opens)

Please also be considerate that the bus may only wait a small amount of time (2 minutes at most) at each stop to ensure accurate drop off times.

Winter Road Hazards: There may be times when we will not be able to pick up your child due to ice or the road not plowed. The ECC office and teaching staff will notify each family immediately when and if this occurs.

Bus Safety Procedures: You may have seen bus routes changes and areas where our bus stops. Due to bus safety requirements, poor visibility and maneuvering capabilities of our buses WE CAN NOT back out of driveways. Our monitors and bus drivers each day work together to create the safest route for all children and staff who ride the bus each day.

If your child must be dropped off at another location, please call the ECC immediately to update your transportation/emergency contact form and let office and teaching staff know.

Please call with any questions, concerns, or changes in bus route at 779-5030 ext 0 or 243 (Nicky, Head Start Director).

~DON'T FORGET TO USE YOUR STOP & GO BUS SIGNS~

Toys For Tots: Please call 715-292-6400 to sign up for Toys For Tots. They will provide pick up information.

ECC Holiday Party Wednesday, December 19 starting at 10 a.m.

Special points of interest:

- Houday Party Dec 19th,10am at the Youth Center (No ECC classes)
- The ECC will be closed from Wed. 19- Jan. 1.
- Bayfield Winter Break December 24-January 2
- Red Cliff Kids Christmas Giveaway December 15th

Inside this issue:

Calendar of Events

Classroom Updates

Kindergarten Readiness

Car Seat Recommendations

Attendance Matters

Winter Fun

Policy Council Meeting

Manidoo - Giizisoons
(Little Spirit Moon)
December 2012 Events Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3 WIC Pick-up Tribal Council Mtg 6:30pm	4 WIC Pick-up	5 GED Classes 11 -1:30 @ Court House	6 Ojibwe Lang Table 5– 7 Nimaamaa Group 10 @ clinic	7	8 Santa & Mrs. Clause Bayfield Pavilion 11:30-1
9	10 WIC Pick-up 5pm Bayfield School Board Mtg 6:30 Middle-High School Band Concert	11 WIC Pick-up	12 GED Classes 11 -2 @ ECC	13Ojibwe Lang Table 5—7 Nooni Group 10 @ clinic *Bayfield PAC (Parent Advisory Committee) Mtg 3:30	14	15 Red Cliff Kids Christmas Give-away @ LW
16	17 4-5:30pm Teddy Bear Giveaway @ Bayfield School	18 ECC Policy Council Mtg noon *Mashkodebizhiki Room Caroling @ Nursing Home *Bayfield 3-6 Band Concert 1:00 *K-2 Concert 2:30	19 Holiday Party 10am Youth Center (NO ECC Classes)	20 ECC CLOSED Nimaamaa Group 10 @ clinic	21 ECC CLOSED	22
23	24 ECC/ Closed Tribe Closed *Bayfield Winter Break Begins	25 ECC Closed Tribe Closed MERRY CHRISTMAS!!	26 ECC Closed	27 ECC Closed Nooni Group 10 @ clinic	28 ECC Closed	29
30	31 ECC Closed Tribe Closed	Jan 1st New Years day! Tribe closed/ECC closed	Jan.2 ECC CLASSES RESUME	Jan. 3 Ojibwe Lang Table 5– 7 Nimaamaa Group 10 @ clinic **Bayfield Classes Resume	Jan 4	Jan 5 **AND1 & Red Cliff All Star B-Ball Game 7pm**

It's not too late to register for Spring semester of college!!
Call your family resource coordinator if you would like assistance.

MANIDOO- GIIZISOONS

December

Agongos (Homebase) Newsletter

Mino Dibishkaa Giizhigad

Brandy – Dec. 13th

**Congratulation to Johanna and Bennie on the birth of baby Walter (Nov. 24th)

Socialization

Join us for our **holiday party December 19th** starting at **10 a.m.** It will be taking place at the **Red Cliff Youth Center.** Come enjoy god food, gifts, and good company!

(715) 779-5030

Cindy G. - ext. 238

Gena M. – ext. 236

Amber H.-ext. 235

WABOOZ newsletter

We want to wish our families, a very Happy Holiday!! Enjoy your little ones as they grow so fast. When they come back after the break they will be able to show us new things they have learned.

Waabooz cont.

Manidoo– Giizisoons
(Little Spirt Moon)

We are in the holiday mood: Our holiday party is December 19, 2012 @10am at the Youth Center. There will be no kids at the ECC from December 19 to January 1,2013.

We want to wish Azalyn Bezhig. As you know the weather really has changed so bring in warm clothes for the kids because we try to go out most days.

Our Ojibwe words are:

Goon = snow
Dakwamaake = Don't bite her/him

See with child eyes and you will see affinity of life. (the healing drum)

We are having a super time with your child and how they have grown in this short time so have a good holiday.

The Waabooz Room
Fred, Teresa and Karen

Amik Room

Wow! Can you believe that it is already December? Time sure flies when we are having fun in our classroom! Thank you all for getting your parent teacher conferences done or scheduled! We really appreciate it!! Also, remember to make sure that your child has snow pants, hat, mittens, boots and jackets. We go outside every day, weather permitting.

We are working very hard every day to learn ojibwe! Please keep on using your words at home too! If you want a list of the words that we use daily, please let us know and we will get them to you. Thank you all very much for setting goals for your children, it makes a great team effort! After all, you are your child's first teacher!!!

Reminder:

December is a short month for us! We will be closed December 19th thru Jan 1st. Classes resume Jan 2nd. December 19th is our Christmas party at the youth center. Please watch for a flyer.

Just a heads up: Ms. Nancy Newago will be a long-term sub in our room starting on January 7th. She will be subbing for Ms. Jamie.

If at any time you have questions or concerns, please feel free to contact us at: 715-779-5030 ext. 225

Makwa Abiwin

Boozhoo!

Mino-biiboon...

We are so excited the holidays are here. We hope everyone is having a safe and enjoyable season.

What we did:

We started talking about food and good manners at the table. We continued walking in the woods and talking about all the things we saw (like moss and what trees look like when they fall).

What we are doing:

We are getting ready for the cold weather. Children 2 years and older may go outside as long as the temperature (with the wind chill) is above 0*. Thank you for sending all of the warm clothes. We will continue to hike through the woods.

What we are going to do:

We will begin to talk about stories. We will learn the difference between dibaajimowinan (stories like The Three Little Pigs) and aadizookaanag (traditional stories). When we tell traditional stories we will be using asema. We will also spend more time reading books and talking about words. Encourage your child to "read the pictures" when they are using books at home.

Ojibwemowin:

Ashkibago-inaande-it is green

Ashkibago-inaanzo-s/ he is green

Wiindamawishin dibaajimowin-tell me a story

Esiban News

The ECC Holiday Party will begin at 10am at the Red Cliff Youth Center on December 19, 2012. The children will receive a gift along with a feast provided by our wonderful cooks.

Reminder!! ECC will be closed for the winter break which begins on Thursday December20, 2012. Classes resume on Wednesday January 2, 2012.

Happy Holidays to all the Esiban children and their families.

Here are some winter words to learn over the break

It's Snowing – Zoogipo
Snow – Goon
Winter – Biboon
It's Cold – Gisinaamagad
Blizzard – Biiwan
Ice – Mikwam
Wind – Noodin
Big Wind - Chinoodin

Double Vowel Pronunciation Guide	
A	= uh as in lug
AA	= ah as in autumn
E	= ay as in hay
'	= a brief pause
I	= ih as in ick or ish
II	= ee as in seen
O	= oh as in Ojibwe
OO	= 00 as in moon

Miss Amber & Miss Nadine

Mashkodebizhiki Families

Just a quick note to say hi and let you know what is going on in our room right now. Last year we started reading chapter books to help the kids with their listening skills and to strengthen their imaginations and love for books. We are doing the same thing again this year. We are in the process of reading The Wizard of Oz and the kids really seem to be enjoying it. We read everyday before we go to sleep so take a few minutes to ask your child what happened in the story that day. You would be amazed at what they are remembering.

hollyThe snow is coming and we would really appreciate it if you could encourage your child to be responsible for getting their own outside gear on. We really want to prepare our K-bound kids for next year where there is less help when it comes to getting ready. It also allows them to get ready and get outside faster so they have more time to play. Please remember to send snow pants, winter gloves and winter boots to school with your child. Make sure they are all labeled so that in the event of a mix up we can get them back to the proper child. You can leave them at school for the week or they can go back and forth. Please let us know what you would prefer.

On December 18th (our last day of school before Christmas break) we will be going to Northern Lights Nursing home to spread a little holiday cheer. We will be leaving school around 9:30 and returning as close to lunch as possible. We would like to sing a few Christmas songs and would appreciate it if you could help your child practice them at home. We will be singing Jingle Bells, Santa Claus is coming to Town and We Wish You a Merry Christmas. If you need the words to the songs please give us a call.

Miigwetch

Boozhoo

The classroom is filled with fun this time of the year. We are learning about safety of hunting and what to look for when we go out in the woods. We are also learning about what types of animals we can hunt and what time of the year we are able to do so.

The class is learning about helping hands. Hands will be sent home as a interactive activity for children and parents. The object will be to encourage the children to use their hands in nice, and helpful ways. When the hands are full of helpful tasks please send back so your child can earn more. When the helpful hands chart is full the class will earn a special day.

We will also be learning to follow multi-step directions. Practice and repetition can be necessary for reminders. The class will learn to follow directions by practicing to listen, attention, and self-talk skills.

Friendly reminders: the weather is growing colder and the children still go out and play. Please make sure your child has the proper clothing to do so.

The last day of school is Dec. 18. the Christmas party will be held at the youth center on Dec. 19, at 10am. School will resume on Jan. 2, 2013.

Any questions feel free to call us at 715-779-5030 x 240.

Have a great holiday,

Ms. Diann, Ms. Tracy, and Ms. Patsy

Ma'iingan News

What's Happening....

December is a busy time for everyone! We will be busy doing many activities in our classroom preparing for the holidays. Winter has arrived and with it, cold weather and snow. Please remember to dress your child appropriately for each day. Hat, mittens, jacket, boots and snow pants make outdoor play much more enjoyable!!

Here are some important dates to remember as our busy season begins:

Wednesday, December 19th

Holiday Party at Youth Center for all of our families. Begins at 10 AM.

December 20th — January, 1 2013

Winter Holiday Break—Center will be closed

January 2, 2013 : Classes Resume—Happy New Years!

Please note that we will also be taking a class trip to the Northern Lights Nursing Home in Washburn to sing for the residents. The residents truly enjoy seeing our little ones sing and smile. We will keep families updated when that field trip will be taking place.

What's New...

This month we will be doing many holiday activities and crafts. We will also continue with our kindergarten readiness goals activities. The children are busy working on writing and recognizing their own name, strengthening their fine motor skills, as well as shape, letter and number recognition. They all work so hard and we work hard to make their learning fun!

December News

Miss Linda, Miss Alicia and Miss Beth

Ext 245

IMPORTANT: Please remember to walk your child to and from the bus each day. The bus monitor cannot leave the bus unattended and therefore cannot walk your child to the door. Also, please be waiting and ready for your child to get home each day. The bus has a schedule to keep for all of our families.

Ojibwemowin

Winter:

Biboon

Cold Weather:

Gisinaa

Snow"

Zoogipon

ECC Family Services

Family Resource Coordination

Each enrolled ECC family will have a Family Resource Coordinator to assist them in setting family goals and finding appropriate resources!

A Family Partnership Agreement is completed at the beginning of the year with the family and Family Resource Coordinator. Home Visits are typically scheduled and services begin shortly into the school year.

ECC Family Resource Coordinators include:

Nicole Boyd (ext 253)

Patt Kenote-DePerry (ext 256)

Jennifer Bresette (ext 257)

Maureen Ekelund (ext 258)

Family Events

ECC family events and holiday celebrations are scheduled and posted in the calendar and sent home by flyer or in the newsletter.

***Pow-wows are held at the ECC weekly on Thursday's at 10:30 a.m.**

***Puppet shows are weekly on Wednesday's at 10:30 a.m.**

Parents are welcome to join us!!!!!!!

***If you have any ideas for a family activity, please let an ECC staff person know!**

Giba'an Bakadewin

The group that has been working on the Giba'an Bakadewin (Stop Hunger) project, including the Food Sharing Project, the Turkey Dinner Packages and the Food Shelf, would like to extend a chi-miigwetch to all those that have volunteered, donated and participated in the events. They have been a huge success with hundreds of families receiving food that will help supplement their monthly food allowance.

The efforts will continue, however we will be taking a break in December. **The next Food Sharing Project will be January, 19th (Saturday) from 10am-1pm at the Youth Center.** The suggested donation price will be $25 (if you are unable to donate the full amount, we ask that you donate whatever your family can-even if it is nothing you will receive the full share).

We apologize for those that feel they have not been fully informed; this is just as new to us as it is to the community and we are all learning and hopefully improving with every try! We enjoy doing this very much, have appreciated all the amazing support and look forward to continuing this project.

If you have any questions, comments or suggestions we welcome them. Please contact Deb Morris at 779-3706, Nicole (ext 253) or Patt (ext 256) at 779-5030.

RED CLIFF YOUTH CENTER AND RED CLIFF POLICE DEPARTMENT PRESENTS

SAT.JAN.5TH 2013

DOORS OPEN AT 6PM | GAME STARTS AT 7PM

BAYFIELD HIGH SCHOOL

300 NORTH 4TH STREET BAYFIELD, WISCONSIN 54814

AND1 ALL STARS VS RED CLIFF ALL STARS

$5 ADMISSION AT THE DOOR

FOR TICKET INFO CONTACT : BILL MERTIG 715-779-3733
OR ANGELA EMRICH 715-779-3722

Sponsored by:
Red Cliff Youth Center
Red Cliff Police Department
and CJA Grant

AND1 LIVE!

ATTENTION ALL ARTISTS!!

3RD ANNUAL

CREATIVE DESIGN CONTEST

$100 PRIZE FOR WINNING ENTRY

Brought to you by: "Have You Had Enough?"

Bayfield County Alcohol Abuse Reduction Community Task Force

Alcohol abuse and its consequences is a public health crisis in Wisconsin, it has had a devastating impact on our northland. "Have You Had Enough?" Task Force is looking for a theme, picture, phrase, photo, song or video that will increase our resident's awareness of this problem.

1. The winning entry will be publicized throughout Bayfield County.
2. **Entries may be submitted starting January 1st and the deadline for submission is March 1st, 2013.**
3. The artwork may be done in any choice of medium: Pencil, Pastels, Watercolors, Acrylic or Oil-Based paints, Photographs, Videos and Computer images may be used.
4. Entries can be mailed or dropped off at the Bayfield County Health Department located at 117 E. Sixth Street/P.O. Box 403 Washburn, WI 54891. Entries may also be faxed to (715) 373-6307.
5. Please limit one entry per person.

Anyone may compete!
(All ages welcome.)

All submissions will become property of Bayfield County to be used at their discretion.

Youth who start drinking before age 15 years are five times more likely to develop alcohol dependence or abuse later in life than those who begin drinking at or after age 21 years.
http://www.cdc.gov/alcohol/index.htm

Car Seat Recommendations for Children

NHTSA
www.nhtsa.gov

- Select a car seat based on your child's age and size, and choose a seat that fits in your vehicle and use it every time.
- Always refer to your specific car seat manufacturer's instructions; read the vehicle owner's manual on how to install the car seat using the seat belt or LATCH system; and check height and weight limits.
- To maximize safety, keep your child in the car seat for as long as possible, as long as the child fits within the manufacturer's height and weight requirements.
- Keep your child in the back seat at least through age 12.

AGE

Birth – 12 months

Your child under age 1 should always ride in a rear-facing car seat.
There are different types of rear-facing car seats: Infant-only seats can only be used rear-facing. Convertible and 3-in-1 car seats typically have higher height and weight limits for the rear-facing position, allowing you to keep your child rear-facing for a longer period of time.

1 – 3 years

Keep your child rear-facing as long as possible. It's the best way to keep him or her safe. Your child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness.

4 – 7 years

Keep your child in a forward-facing car seat with a harness until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat.

8 – 12 years

Keep your child in a booster seat until he or she is big enough to fit in a seat belt properly. For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snug across the shoulder and chest and not cross the neck or face. Remember: your child should still ride in the back seat because it's safer there.

DESCRIPTION (RESTRAINT TYPE)

A **REAR-FACING CAR SEAT** is the best seat for your young child to use. It has a harness and in a crash, cradles and moves with your child to reduce the stress to the child's fragile neck and spinal cord.

A **FORWARD-FACING CAR SEAT** has a harness and tether that limits your child's forward movement during a crash.

A **BOOSTER SEAT** positions the seat belt so that it fits properly over the stronger parts of your child's body.

A **SEAT BELT** should lie across the upper thighs and be snug across the shoulder and chest to restrain the child safely in a crash. It should not rest on the stomach area or across the neck.

www.facebook.com/childpassengersafety

http://twitter.com/childseatsafety

March 21, 2011

Red Cliff Early Childhood Center
School Readiness Goals 2012
Children Ages 0 to 5

It is our belief that teaching our Ojibwe children their own traditions, culture, and language will greatly increase their self-esteem by understanding their role in the world's history. Knowing these concepts will help them further their willingness to be successful in the modern world. The principles and philosophies associated with Ojibwe traditions, culture, and language are closely tied to their social and emotional development. We strongly believe that a child's social and emotional development is intrinsically tied to their ability to develop skills related to their educational achievement as well as their overall physical and mental health. We recognize each child as a unique individual, developing at his or her own rate.

I. Social Emotional Development	Strategies and Implementation	Analyze and Respond
Children will demonstrate progress in the areas of: 1a. Manages feelings 2a. Forms relationships with adults 2b. Responds to emotional cues 2c. Interacts with peers 3a. Balances the rights and needs of others 3b. Solves social problems	Classroom activities are designed to teach the Anishinaabe values of sharing, respect, honesty, and kindness, and to promote wellness. Teachers model and reinforce respectful relationships through the use of positive verbal and non-verbal communication and by establishing warm, supportive relationships with children. Head Start classrooms implement the Second Step curriculum to promote the social and emotional competence of children by building skills such as empathy, emotion management, and problem solving. RCECC implements Talking About Touching, a personal safety curriculum.	Teaching Strategies Gold Interrater Reliability Certification planned for all teaching staff before end of Fall 2012 Checkpoint Season. Teaching staff completed 24 hours training in the Wisconsin Pyramid Model Social/Emotional Development, spring 2012. Include an Early Head Start component for Second Step.

I. Social Emotional Development

Progress Monitoring by Checkpoint Season

Fall Checkpoint Data

Head Start

	Below	Meets	Exceeds
1a	2	32	5
2a	10	26	3
2b	2	24	13
2c	5	11	23
3a	5	12	22
3b	4	32	3

Early Head Start

	Below	Meets	Exceeds
1a	2	57	5
2a	5	53	6
2b	0	52	11
2c	0	40	14
3a	2	38	25
3b	1	46	7

Below widely held expectations
Meets widely held expectations
Exceeds widely held expectations

Winter Checkpoint Data

Head Start

	Below	Meets	Exceeds
1a	3	49	1
2a	11	38	13
2b	1	32	18
2c	4	26	22
3a	2	26	23
3b	4	48	0

Early Head Start

	Below	Meets	Exceeds
1a	0	49	1
2a	0	46	3
2b	0	47	2
2c	0	32	6
3a	1	32	5
3b	0	35	3

Spring Checkpoint Data

Head Start

	Below	Meets	Exceeds
1a	1	54	4
2a	6	47	6
2b	1	26	32
2c	1	18	40
3a	1	17	41
3b	3	47	9

Early Head Start

	Below	Meets	Exceeds
1a	2	52	2
2a	2	52	2
2b	0	52	4
2c	0	33	10
3a	0	32	7
3b	1	34	4

II. Approaches to Learning

II. Approaches to Learning	Strategies and Implementation	Analyze and Respond
Children will demonstrate progress in the areas of: 11a. Attends and engages 11b. Persists 11c. Solves problems 11d. Shows curiosity and motivation 12b. Makes connections	Teachers encourage children's attention and persistence through modeling curiosity, excitement, wonder, engaging in activities, and conversation. Teachers provide opportunities to experiment with open-ended materials and try a variety of new experiences. Teachers intentionally use developmentally appropriate strategies to teach children conflict resolution skills, problem solving, and how to cooperate with others. Our outdoor learning playgrounds offers interest areas for self-exploration and an outdoor covered classroom for small/whole group activities	2012-2013 in-services planned for teaching staff: Teacher Talk and Engaging Conversations.

II. Approaches to Learning Progress Monitoring by Checkpoint Season

Fall Checkpoint Data

Head Start

	Below	Meets	Exceeds
11a	5	20	14
11b	6	28	5
11c	6	29	2
11d	5	29	5
12b	5	29	4

Early Head Start

	Below	Meets	Exceeds
11a	2	49	15
11b	2	59	4
11c	4	52	9
11d	3	56	6
12b	0	53	10

Below widely held expectations
Meets widely held expectations
Exceeds widely held expectations

Winter Checkpoint Data

Head Start

	Below	Meets	Exceeds
11a	6	38	9
11b	5	38	10
11c	8	41	4
11d	3	42	8
12b	8	42	3

Early Head Start

	Below	Meets	Exceeds
11a	1	50	4
11b	0	55	1
11c	1	52	3
11d	3	49	3
12b	1	54	1

Spring Checkpoint Data

Head Start

	Below	Meets	Exceeds
11a	1	35	23
11b	1	41	17
11c	3	49	7
11d	2	44	13
12b	3	47	9

Early Head Start

	Below	Meets	Exceeds
11a	2	49	5
11b	1	54	1
11c	1	51	4
11d	2	52	2
12b	0	54	2

III. Literacy and Language Development

III. Literacy and Language Development	Strategies and Implementation	Analyze and Respond
Children will demonstrate progress in the areas of: 8a. Comprehends language 9a. Uses an expanding expressive vocabulary 10a. Engages in conversations 16a. Identifies and names letters 16b. Uses letter-sound knowledge 17a. Uses and appreciates books. 17b. Uses print concepts 18b. Uses emergent reading skills 19a. Writes name	Through developmentally appropriate materials and activities, teachers provide pre-writing activities to support emerging literacy development. Teachers promote literacy as a source of enjoyment by reading and discussing stories daily, providing accessible reading and writing materials, and encouraging oral traditions through storytelling. Teachers provide books and stories with repetitive verses, words, or sounds, and books in which the pictures closely follow the text, allowing children to make the connection between what they hear and what they see. Toys and experiences in the infant/toddler environment are designed to build children's understanding of language and print.	Have requested dialogic reading (interactive read aloud) in-service from Northwest Family Connections for 2012-2013 school year.

III. Literacy and Language Development — Progress Monitoring by Checkpoint Season

Fall Checkpoint Data

Head Start

	Below	Meets	Exceeds
8a	9	24	6
9a	8	26	5
10a	10	21	8
16a	9	24	4
16b	8	20	10
17a	6	31	2
17b	8	16	15
18b	7	19	12
19a	7	27	5

Early Head Start

	Below	Meets	Exceeds
8a	5	52	9
9a	9	53	4
10a	11	45	9
16a	9	48	6
16b	0	48	16
17a	5	57	2
17b	5	52	7
18b	4	49	11
19a	0	54	6

Below widely held expectations
Meets widely held expectations
Exceeds widely held expectations

Winter Checkpoint Data

Head Start

	Below	Meets	Exceeds
8a	10	39	4
9a	9	38	6
10a	8	34	11
16a	7	37	9
16b	8	42	3
17a	6	46	1
17b	8	40	5
18b	3	39	11
19a	6	41	5

Early Head Start

	Below	Meets	Exceeds
8a	3	52	3
9a	7	50	1
10a	4	47	2
16a	14	42	1
16b	0	54	3
17a	4	51	0
17b	4	46	7
18b	4	44	7
19a	2	51	2

Spring Checkpoint Data

Head Start

	Below	Meets	Exceeds
8a	4	45	10
9a	3	44	12
10a	5	31	23
16a	2	39	18
16b	6	38	25
17a	1	54	4
17b	4	36	19
18b	2	34	23
19a	5	45	9

Early Head Start

	Below	Meets	Exceeds
8a	2	51	3
9a	6	47	3
10a	9	44	3
16a	16	39	1
16b	0	52	4
17a	2	54	0
17b	7	46	3
18b	3	48	5
19a	1	52	3

IV. Physical Development and Health

IV. Physical Development and Health	Strategies and Implementation	Analyze and Respond
Children will demonstrate progress in the areas of: 1c. Takes care of own needs appropriately 4. Demonstrates traveling skills 5. Demonstrates balancing skills 6. Demonstrates gross motor manipulative skills 7a. Uses fingers and hands 7b. Uses writing and drawing tools	Self-help skills in all areas are facilitated and encouraged throughout daily activities in order to build confidence and develop mastery. Children are allowed and encouraged to use toilet facilities independently when they are developmentally ready and/or physically able. All classrooms in the Early Childhood Center are equipped with child-size toilet facilities. Large motor time is scheduled daily. As much as possible, this time is spent outdoors. A gross motor room, with interesting, challenging, age appropriate, equipment is available for all children. Large motor areas are designated in each classroom for use during inclement weather and choice times. Teachers provide activities to develop fine motor skills and eye-hand coordination, such as tracing, drawing, and cutting shapes using a variety of writing, drawing, and art tools. Early Head Start Teachers create opportunities for children to develop fine motor skills by providing materials that encourage dropping, pulling, pushing, grasping, touching, smelling, throwing, and tasting.	RCECC recipient of Wisconsin Active Early grant through 2012-2013 school year. Explore options for including more dance in classroom schedules by increasing opportunities for teachers and children to learn dance from adults and older peers. Investigate additional large motor equipment for preschool age children and large motor room arrangement.

IV. Physical Development and Health

Progress Monitoring by Checkpoint Season

Fall Checkpoint Data

Head Start

	Below	Meets	Exceeds
1c	8	28	3
4	5	25	9
5	6	29	2
6	7	24	8
7a	6	49	4
7b	2	29	8

Early Head Start

	Below	Meets	Exceeds
1c	6	54	4
4	6	39	20
5	7	49	9
6	4	49	12
7a	5	56	4
7b	1	45	17

Below widely held expectations
Meets widely held expectations
Exceeds widely held expectations

Winter Checkpoint Data

Head Start

	Below	Meets	Exceeds
1c	9	41	2
4	7	38	8
5	5	47	1
6	6	43	4
7a	7	46	0
7b	0	40	12

Early Head Start

	Below	Meets	Exceeds
1c	4	44	1
4	5	45	10
5	1	51	3
6	4	47	6
7a	8	49	1
7b	0	41	15

Spring Checkpoint Data

Head Start

	Below	Meets	Exceeds
1c	4	53	2
4	2	35	22
5	2	53	4
6	2	46	11
7a	5	50	4
7b	1	38	20

Early Start

	Below	Meets	Exceeds
1c	6	49	1
4	3	45	9
5	3	53	1
6	2	49	6
7a	2	54	0
7b	1	45	10

V. Cognition and General Knowledge

V. Cognition and General Knowledge	Strategies and Implementation	Analyze and Respond
Children will demonstrate progress in the areas of: 20a. Counts 20b. Quantifies 20c. Connects numerals with their quantities 22. Compares and measures 23. Demonstrates knowledge of patterns	Teachers use and encourage everyday situations to count, sort, create patterns, compare, and measure. Variety of manipulatives and materials offer multiple opportunities to explore mathematical concepts such as measurement, size, quantity, and estimation. Teachers model and encourage use of positional and concept words, including: over, under, behind, more, less, most, fewer, least, same as, equal, nearly, almost, approximate. Teachers use self and parallel talk to describe problem-solving strategies.	Two RCECC teaching staff attending Agindaaso, Ojibwe Mathematics Training the week of July 23, 2012. Those staff will train remaining teaching staff 2012-2013 school year.

V. Cognition and General Knowledge

Progress Monitoring by Checkpoint Season

Fall Checkpoint Data

Head Start

	Below	Meets	Exceeds
20a	9	24	6
20b	11	22	6
20c	11	21	5
22	5	32	2
23	9	23	6

Early Head Start

	Below	Meets	Exceeds
20a	11	51	3
20b	9	55	1
20c	8	50	7
22	2	56	6
23	1	59	4

Below widely held expectations
Meets widely held expectations
Exceeds widely held expectations

Winter Checkpoint Data

Head Start

	Below	Meets	Exceeds
20a	5	43	5
20b	9	41	3
20c	7	43	3
22	1	51	1
23	6	46	1

Early Head Start

	Below	Meets	Exceeds
20a	17	37	1
20b	11	44	0
20c	4	47	4
22	3	52	2
23	2	49	4

Spring Checkpoint Data

Head Start

	Below	Meets	Exceeds
20a	4	44	11
20b	6	40	13
20c	4	45	10
22	2	52	5
23	2	47	10

Early Head Start

	Below	Meets	Exceeds
20a	11	45	0
20b	9	45	2
20c	6	49	1
22	4	51	1
23	2	51	3

Final 2012 version as per SR Team Mtg 7/11/12

Head Start and Early Head Start
School Readiness Frequently Asked Questions (FAQs)

The purpose of these Head Start and Early Head Start School Readiness Frequently Asked Questions (FAQs) is to help programs establish appropriate school readiness goals for children birth to five and aggregate data on children's progress. The answers are founded in the relationships of children, families, and staff, as well as principles of how babies, toddlers, and preschoolers learn. The Head Start Program Performance Standards, especially language regarding school readiness from §1307, provide context for these responses.

FAQs Applicable to Agencies Serving Preschoolers and/or Infants and Toddlers

1. What is school readiness?

   Head Start defines school readiness as children possessing the skills, knowledge, and attitudes necessary for success in school and for later learning and life. *The Head Start Approach to School Readiness* means that children are ready for school, families are ready to support their children's learning, and schools are ready for children. Head Start is a leader in the early childhood field with a strong, clear, and comprehensive focus on all aspects of healthy development, including physical, cognitive, and social and emotional development, all of which are essential to children getting ready for school.

2. What are school readiness goals?

   School readiness goals articulate the program's expectations of children's status and progress across the five essential domains of child development and early learning that will improve children's readiness for kindergarten [§ 1307.2]. Goals are broad statements that articulate the highest developmental achievement children should attain as a result of Early Head Start and Head Start services. Agencies outline the steps of progression toward these goals through a developmental sequence of age- and stage-appropriate behaviors, skills, and knowledge that children birth-to-five need to acquire to accomplish each broad goal.

3. What are the five essential domains of child development and early learning?

   The five essential domains include (1) language and literacy development, (2) cognition and general knowledge, (3) approaches toward learning, (4) physical well-being and motor development, and (5) social and emotional development. School readiness goals must, at a minimum, address these essential domains of development and early learning [§ 1307.3(b)(1)(ii)]. The five essential domains apply to infants, toddlers and preschool-aged children and are noted at the center of the Head Start Child Development and Early Learning Framework [PDF, 248 KB] wheel.

4. When must programs have their school readiness goals established?

   The establishment of school readiness goals should already be a part of the grantee planning process. The Head Start Program Performance Standards

require that programs develop long-term and short-term goals [§ 1304.51(i)(1)]. The Head Start Act as amended in 2007 better defined those requirements to ensure the inclusion of school readiness goals [641A(g)(2)]. Per § 1307.3(b)(1), all Head Start and Early Head Start agencies must have school readiness goals established as of December 9, 2011.

5. What levels of progress do programs track toward their established goals in the five essential domains?

Programs are to measure children's progress at two levels: 1) individual child; and 2) program-wide. The purpose for tracking child level progress is to inform individualized curricular plans and conversations between program staff and parents in an ongoing manner. The purpose of tracking children's progress at the program-wide level is to inform the program's self assessment and continuous improvement plans to ensure quality. The Head Start Learning from Assessment Toolkit includes questionnaires to assist management in reflecting on the ongoing child assessment systems for center-based [PDF, 59KB] and home-based [PDF, 55KB] program services.

6. Are programs to aggregate data for various program options, including home-based and family child care?

The purpose of analyzing the aggregated data is to learn if the program is supporting growth and developmental progress across each of the domains for all participating children in each program option and setting. The fourth School Readiness Action Step outlined in the attachment to ACF-PI-HS-11-04 [PDF, 30KB] recommends that programs examine the patterns of progress and outcomes (or achieved goals) for groups of children served by the program which may include: by age; by program setting; by program option; and other categories. Agencies may cut and analyze program-level data into groups that they find most valuable to inform their program assessment, quality, and improvement plans. It is likely that agencies operating various program options may find it useful to aggregate data by those groupings.

7. What data should be used?

Programs should begin with their existing collection of information as they determine the outcomes of services in achieving school readiness goals:

- What information is currently gathered that marks child and family progress in the various settings and options? Include currently used tools, instruments, methods and processes.
- What information does this data provide related to how services ensure support to the various groups of children and families in meeting the "developmental" marks across each domain?
- What additional information is still needed to get a complete understanding about the impacts of programming and services? Family members offer an incredible amount of information that is

useful to programs in providing individualized services as well as enhancing program options.

8. Must agencies make changes after analyzing the data?

Agencies should use the information learned from the analysis and reporting of aggregated data to do the following:

- **Take stock of current status.** Be thoughtful and thorough. Use existing evidence to inform management, staff and parents about program, family, and child outcomes; and
- **Think about possible changes** to procedures, tools, and practice based on current evidence. Remember: major changes may not be needed or prudent to children and families or to the program as a whole. Document ideas, discuss with others, create hypothesis, determine next steps (including no action, small adaptations, or big changes), and continue to gather information and evidence over an extended period of time.

FAQs Applicable to Agencies Serving Infants and Toddlers

1. Are programs that provide birth-to-three services required to have school readiness goals for infants and toddlers?

Yes. Per § 1307.3(b)(1)(i) all Head Start and Early Head Start agencies must establish program goals for improving school readiness of children that appropriately reflect the ages of children participating in the program from birth to five.

2. Does the EHS Program Performance Measure Conceptual Framework relate to school readiness goals?

Yes. The EHS Program Performance Measure Conceptual Framework (also known as the EHS pyramid model) provides a guide for programs serving infants and toddlers to develop and implement strong support services. Such services are delivered to infants, toddlers and their families to support child development and early learning across the five essential domains framed within the program's school readiness goals [§1307.2]. The text within the Revised EHS Program Performance Measures Conceptual Framework (2012) was modified to represent current OHS language related to ongoing quality improvement, staff qualifications, and family engagement. Note: the concepts behind the Framework have not been changed.

3. Are programs serving children birth-to-five expected to align their infant and toddler school readiness goals with their preschool school readiness goals?

Yes. Per § 1307.3(b)(1)(ii), school readiness goals for infants and toddlers must align with the Head Start Child Development and Early Learning Framework (HSCDELF) around the five essential domains, as well as State early learning guidelines and the requirements and expectations of the

schools, as they apply to infants and toddlers. The five essential domains are at the center of the HSCDELF wheel [PDF, 248KB]and apply to infants, toddlers, and preschool-aged children.

4. Are Head Start programs that provide birth-to-five services expected to have the same school readiness goals for birth-to-three and preschool-aged children?

   Not necessarily. School readiness goals refer to the program's expectations of children's status and progress across the five essential domains [§ 1307.2]. As programs consider the appropriateness of their state's early learning guidelines and local education agency (LEA) expectations for children birth-to-five, some programs may chose to separate their birth-to-three school readiness goals from their preschool goals. Others may opt to have broad birth-to-five school readiness goals for each of the five essential domains. Either way, programs need to ensure that their school readiness goals for each domain (including indicators, milestones, or objectives) appropriately reflect infants, toddlers, and preschool-aged children participating in the program [§ 1307.3(b)(1)(i)].

5. What should agencies consider as they align infant and toddler goals with preschool goals?

   Agencies should consider that children's development and early learning progresses through a developmental sequence, or continuum, from birth to age five. Agencies must ensure that each goal, along with its objectives, appropriately and accurately reflect the various ages and stages of the children [§ 1307.3(b)(1)(i)]. Although some school readiness goals may broadly apply to birth to five, the indicators which mark children's status and progress for the goal – as well as the strategies used to foster learning and development - are different and need to reflect the varying developmental needs and skill progression from infancy and toddlerhood through preschool.

6. Are programs serving infants and toddlers expected to align their school readiness goals with parent and community expectations, early learning guidelines (ELG), and local education agency (LEA) expectations?

   Yes, all agencies are expected to have school readiness goals that align with state early learning guidelines and the requirements and expectations of the schools to the extent that they apply birth-to-five [§ 1307.3(b)(1)(ii)], and the goals need to be established in consultation with the parents of children participating in the program [§ 1307.3(b)(1)(iii)].

7. Should programs serving infants and toddlers use the same "Four Strategic Steps" as Head Start programs to assess their program's progress and achievement of school readiness goals?

   Yes, Early Head Start and birth-to-five programs are to follow the "Four Strategic Steps" and ensure that the procedures used are appropriate for each age: infants, toddlers, and preschool-aged children. For programs

with birth-to-three services, action steps must be founded in research and best practices for infants and toddlers.

The four action steps outlined in the attachment to the Program Information on School Readiness [ACF-PI-HS-11-04 [PDF, 30KB]] are:

1. Establish school readiness goals across domains that adopt and align to the Head Start Child Development and Early Learning Framework, state early learning guidelines, and LEA expectations;
2. Create and implement an action plan for achieving school readiness goals;
3. Assess child progress on an ongoing basis and aggregate and analyze data multiple times throughout the year; and
4. Examine data for patterns of progress for groups of children in order to revise, or develop and implement plans for program improvement.

8. Are EHS programs expected to aggregate and analyze child assessment data for the various ages of infants and toddlers?

Yes. Be aware that program-level data for infants and toddlers may have small sample sizes due to a wider range of ages; rapid growth rate; different and fewer assessment tools; and services provided in smaller group size, mixed age-groups and more program options and settings. For example, an agency could have two 4-month-old babies within their one family child care setting.

Agencies may already have ongoing systems to present, aggregate, and analyze data that inform curriculum and program plans such as reflecting on hand-written and/or computerized reports during regularly scheduled staff meetings.

9. Are EHS programs expected to aggregate and analyze child assessment data at least three times per year?

Yes, unless the Early Head Start program is a Migrant and Seasonal Head Start (MSHS) program operating a shorter program period. Programs operating less than 90 days are required to aggregate and analyze child-level data at last twice within their operating program period [§ 1307.3(b)(2)(i)].

10. How do home-based programs support infants and toddlers in achieving school readiness goals?

Home-based programs and staff should design and implement home visits and socializations to engage families in the process of supporting their child's development and early learning across the five essential domains while addressing family goals and needs. The Early Head Start Research and Evaluation Project informs the field that home-based services [PDF, 329KB] consisting of home visits that focus on child development are

associated with greater child cognitive and language development and increased parenting ability to provide language and literacy stimulation in the home.

11. Do programs need school readiness goals for their services to pregnant women?

No. School readiness goals are set around the program's "expectations of children's status and progress across domains" [§ 1307.2] for "children, birth to five, participating in the program" [§ 1307.3(b)(1)(i) & (ii)]. Programs serving pregnant women are required to deliver high-quality services to meet the educational, health, nutritional, and social needs of the expectant families they serve [§ 1304.40], and likely have program goals and plans they are working toward. Prenatal services can support family well-being and increase the likelihood of healthy fetal growth and brain development, positive birth outcomes and secure attachment relationships between the expectant family members and the developing fetus.

Last Reviewed: March 2012
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http://eclkc.ohs.acf.hhs.gov/hslc/sr/faq

Attendance Works
Advancing Student Success By Reducing Chronic Absence

Why Attendance Matters in Early Education Programs

Study after study confirms the value of high-quality early childhood education for developing the cognitive, social and emotional skills that children need to succeed in kindergarten. But unless children attend these programs on a regular basis, they are not likely to benefit fully. And unless we pay attention to attendance even among young children, we are missing the opportunity to use early educational experiences to build an essential skill: showing up on time, every day to school and eventually to work.

Too often, attendance in the early years is an afterthought. Instructors don't always believe they can or should do anything about absences because preschool, and in most states, kindergarten are not mandatory. Likewise, too few parents understand the value of regular attendance in preschool or kindergarten for laying a foundation for their children's future success. But a growing body of research and practitioner experience shows that paying attention to attendance for our youngest children is essential.

Why does attendance matter for young students?

✓ **Absenteeism starts early.**

One in 10 kindergarten and first grade students misses 10 percent of the school year in excused and unexcused absences; in some cities, the number is as high as one in four.[i] The limited data on preschool attendance show even greater rates of chronic absenteeism.

✓ **Early attendance can predict attendance in the later years.**

Good attendance is a habit that children need to form. If they don't do so early, attendance suffers later. In Chicago, 80 percent of the children who were chronically absent in kindergarten had been chronically absent in preK.[ii] An Oregon study found that children who were chronically absent in kindergarten and first grade had the lowest levels of attendance five years later.[iii]

✓ **Early attendance can help children learn to read and succeed in school.**

Literacy instruction is frontloaded in the early grades, so if children miss too much school, they lag behind classmates in reading. Tulsa preschoolers who attended regularly showed more growth in literacy skills than those who were frequently absent. [iv] A study of 640 children in California found that only 17 percent of students chronically absent in kindergarten and first grade were reading on grade level by third grade. This compares to 64 percent of those who attended regularly.[v] A quarter of the Baltimore students who were chronically absent in preK and kindergarten were retained in later grades, compared to 9 percent of those who attended regularly.[vi]

✓ **Poor children are more likely to be chronically absent and more likely to be affected.**

Given the challenges that poverty can create for getting to school, children from low-income families are four times more likely to be chronically absent.[vii] Unfortunately, because they are more likely to depend upon school to learn to read, the adverse impact on literacy development is 75 percent greater for poor children than for their middle class peers.[viii] For poor children, early chronic absence correlates with the worst achievement levels in fifth grade.

What can schools, early childhood programs, and community partners do?

✓ **Pay attention to the data**

Track attendance data with an eye on how many students are missing too many days, not just how many show up every day. Look for patterns among students and in times of the week or year. A Baltimore study found preK and kindergarten absences were concentrated in certain neighborhoods and schools, suggesting the need for deeper, more targeted intervention. In Montgomery County, Md., preK programs share data with the elementary school principals.

✓ **Use the data to identify and reach out to at-risk children and their families**

Once you know which children are chronically absent, reach out to the families to tell them you are concerned about the situation and to offer support. Find out if they face any barriers to attendance, such as illness, transportation problems or housing instability. Data can make a difference. In Tulsa, preschool providers create Attendance Improvement Action Plans for children with too many absences, part of an effort that has cut chronic absence by 25 percent. This is an ideal opportunity for collaborating with community agencies that have the staff and resources to support families.

✓ **Educate parents about what children learn in the early years and why attendance matters**

Make sure parents understand what children are learning in early education programs and kindergarten and recognize their responsibility for ensuring regular attendance. In Baltimore, students who went to Head Start had better attendance than their peers in kindergarten and first grade, in part because of the intensive parent outreach in the program. Abriendo Puertas builds attendance into games, pledge cards and handouts for its comprehensive 10-week curriculum aimed at increasing the ability of Latino parents to promote the well-being of their young children.

✓ **Make children part of the solution**

Use incentives and games to encourage children to show up. The Perfectly Punctual Campaign has just started working with Head Start programs in Baltimore to pilot a strategy that encourages children to fill out attendance cards and honors them weekly for perfect, on-time attendance. In Lee County, Fla., children sing at circle time to those students who are absent and receive monthly certificates.

✓ **Increase access to health resources**

Especially among young children, health concerns lead to absences. Asthma accounts for an estimated 12.3 million absences nationally each year. Dental problems, colds, even head lice and separation anxiety can also keep children home. Offering access to health resources can make a significant dent. In Santa Clara, Calif., attendance was higher for poor children who had health insurance.[ix] A nurse practitioner in North Carolina found she could make a measurable difference by calling parents to connect them to health resources and educate them about why they should avoid absences.[x]

Attendance Works is a national and state initiative dedicated to improving student achievement by reducing chronic absence. For research, tools and promising practices, go to www.attendanceworks.org

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[i] Chang, Hedy; & Romero, Mariajose, Present, Engaged and Accounted For: The Critical Importance of Addressing Chronic Absence in the Early Grades, National Center for Children in Poverty. NY: NY, September 2008.
[ii] Allensworth, E. M., & Easton, J. Q. (2007). What Matters for Staying On-track and Graduating in Chicago Public High Schools: A Close Look at Course Grades, Failures, and Attendance in the Freshman Year, Chicago, IL. University of Chicago, Consortium on Chicago School Research. Retrieved November 8, 2008.
[iii] EcoNorthwest, Chronic Absence in Oregon. PowerPoint. February 2, 2012.
[iv] Community Action Project Tulsa County. Attendance Works Peer Learning Network Webinar. February 27, 2012.
[v] Applied Survey Research, Attendance in Early Elementary Grades: Association with Student Characteristics, School Readiness and Third Grade Outcomes. May 2011.
[vi] Connolly, Faith; & Olson, Linda S. **Early Elementary Performance and Attendance in Baltimore City Schools' Pre-Kindergarten and Kindergarten**, Baltimore Education Research Consortium. March 2012
[vii] Chang & Romero
[viii] Ready, Douglas D., Socioeconomic Disadvantage, School Attendance, and Early Cognitive Development, The Differential Effects of School Exposure, Sociology of Education, October 2010.
[ix] Hower & Trenholm, Santa Clara County Children's Health Initiative Improves Children's Health, Mathematica Policy Research. March 2007.
[x] Kerr, Jill et al. Does Contact by a Family Nurse Practitioner Decrease Early School Absence? Sage Publishing 2012.

What is Social-Emotional Health?

Social-emotional health is a young child's growing ability to:

1. **Form close relationships with other people, especially parents and other familiar caregivers (social skills). For example, depending on his age, the child:**
   - Enjoys interacting with others
   - Trusts others to protect him
   - Seeks and responds to attention from others
   - Makes and keeps friends

2. **Express and manage emotions (emotional skills). For example, depending on her age, the child:**
   - Shows many emotions (smiles when happy, cries when sad, says how she feels, etc.)
   - Turns to parent or other caregiver when scared or unsure
   - Calms down when upset without hurting self or others

3. **Explore new environments. For example, depending on his age, the child:**
   - Is curious about the people and things around him
   - Actively explores new places
   - Likes to discover new things

Children who are not socially-emotionally skilled may have trouble making friends and adjusting to school.

Breath Support and Control

by Julie A. Daymut, M.A., CCC-SLP

Breath support and control are important for everyday functions such as speaking, eating, exercising, and relaxing. *Breath support* refers to how we stabilize our bodies for air flow. *Breath control* is how we regulate and coordinate airflow for different activities. We need good breath support and control for various purposes, including playing instruments, singing songs, swimming underwater, and doing yoga. In school, students need good breath support and control when reciting lines for a play, reading aloud in class, talking louder in a noisy cafeteria, and running in physical education class.

Breath flow powers our voice for conversation. We inhale (take air in) to fill our lungs then exhale (let air out) when we speak. The longer the word, phrase, or sentence, the more air we need. Different speech sounds use different amounts of air. For example, /k/ is a quick sound that requires a short burst of air, while /s/ is a long sound that requires a continuous flow of air. In conversation, we pause at times in order to refill our lungs. We then continue to speak on the new air supply. Inhalation/exhalation is an automatic process: however, some individuals have difficulty maintaining breath support and/or control and need specific practice to improve their breathing for different activities.

We can help individuals improve breath support and control through a variety of activities. Different breathing skills include: increasing one's awareness of breath; taking bigger breaths; keeping a steady breath when speaking; and using a louder volume. Some activities to practice breathing are: **blowing exercises**—blowing a feather across a table; blowing a pinwheel; blowing bubbles; **speech exercises**—holding out vowel sounds (e.g., "eeee..."); singing songs (e.g., *Happy Birthday*); and **functional exercises**—relaxing and breathing deeper ("belly" breathing); blowing a whistle; blowing up a balloon.

Personal hygiene

Kids' Health Topic

Keeping your body clean is an important part of keeping you healthy and helping you to feel good about yourself.

Caring about the way you look is important to your self esteem (what you think about yourself). This topic gives you some ideas on looking your best. By the way, you don't need to wear the latest designer clothing to look good. There are other things you can do which are much more important for your "image".

Smelling clean

Have you ever walked into a classroom full of kids when all the windows are closed? PhWew!!

According to the experts young kids may sweat but they don't start having body odour (BO) until they reach puberty. That's when special sweat glands under the arms and around the genitals roar into full production pouring out sweat which smells!

OK, so what is the smell that is coming from the little kids?

Clothes

Even if you're not heavily into puberty style sweating, clothes can get stained, dirty and generally grubby, so you need to change them often.

Underclothes are right next to your skin and collect dead skin cells, sweat and possibly other unmentionable stains. Overnight bacteria start to work on these stains so your clothes do not smell as nice on the second day of wearing.

Stay away from cigarette smoke as the smell will get into your clothes and hair.

If you have to wear a school uniform then take it off as soon as you get home and hang it up to air before you wear it the next day.

Ask your family not to smoke in the house or the car. Besides being unhealthy for them and you, the smoke clings to your clothes and makes them smelly. Of course, you wouldn't smoke either, would you?

Change underclothes often.

Shoes

You spend a lot of time on your feet and your shoes are very close to the place where a very large collection of sweat glands live - your feet!

Sweat gets into your shoes and then bacteria arrive which love the moist leather or fabric so much that they tell all their friends to come round and party!

- If you have one pair of shoes for school then try to get them off as soon as you get home so that they can air and dry out overnight. (As you get older somewhere outside the house is a good place!)
- If you have more than one pair then use them on alternate days to give them a better chance of drying out.

Government of South Australia
SA Health

- **Keep your shoes clean by brushing, polishing or washing.** They will look better, last longer and be less likely to smell.

Feet

Wash your feet well at least once a day.

Dry them carefully, especially between the toes. If the towel is too thick to get in between your little toes, then use a dry face washer (keep it for your feet only).

If you go swimming a lot or use public showers, you need to be particularly careful to wash your feet and dry them well. It is a good idea to wear thongs on your feet too. Lots of other people walk in bare feet in these places and you can easily pick up fungal infections or other problems for your feet, such as warts! (See out topic **Fungal infections** for more information.)

Using 'smell nice' products

If you are a bigger kid you may want, or feel you need, to start using a deodorant or anti-perspirant under your armpits. Be aware that some people have problems with perfumes, which can be a trigger for asthma or hay fever, so don't spray them around in the washroom or change-room.

Remember: nothing smells better than clean skin. Perfumes are not a good substitute for a shower or wash.

You may want to use special innersoles in your shoes, which can be taken out and washed, making the shoes smell less.

You may want to use foot powder on your feet and inside your shoes. This can help too.

Most sneakers or running shoes will survive being washed by hand or even in the washing machine.

Hair

The hair follicles [which the hair grows from] produce oil which keeps the hair smooth. You also have sweat glands in your scalp, and dead skin cells come off the scalp. The oil, sweat and dead cells all add together and can make hair greasy and look dirty unless you wash it regularly.

To keep your hair clean:

- wash regularly with shampoo (cheap ones are often as good as very expensive ones)
- massage your scalp well. This will remove dead skin cells, excess oil and dirt.
- rinse well with clear water
- conditioner is helpful if you have longer hair as it makes the hair smoother and easier to comb, but hair doesn't need to have conditioner
- use a wide toothed comb for wet hair as it is easier to pull through.

Teeth

- You should brush your teeth twice a day - after breakfast and before you go to bed.
- During the day, fill your mouth with water and swish it around to get rid of anything sticking to your teeth. (See our topic about caring for your teeth to find out more.)

Dr Kim says:

"With a clean body, clean hair, clean clothes and shoes, you will feel good and your friends will be happy to be near you. Keep your fingernails and toenails short and clean too."

KEEPING CLEAN

Mum said to have a shower,
And wash my hair well too.
I've been in here for ages,
I think that that will do.
Uh, oh, the towel's dirty,
Maybe I really oughter,
Next time I have a shower,
Stand underneath the water.

BH

Some advice from Ben in Grade 6

"Personal hygiene is very important because no-one likes to be close to a person who stinks and is dirty. So, whoever you are and wherever you go remember:

Wash your hands before you eat and your feet before you sleep."

Did you know?

In Australia most homes have showers or baths and hot water which comes out of the tap. In the 'olden' days all water had to be boiled on a fire or wood stove, then carried to a washbowl or bath. Often families would only have a bath once a week (or less often) when all the family would use the same bath water, one after another. (Wouldn't have liked to be the 'not so lucky last', would you?)

In the even older days people didn't wash much at all! Some people thought that washing yourself could make you weak. People would wear scent and stick their noses into a bunch of flowers if the smell was bad when they walked through the streets.

Very few adults had a full set of teeth.

Nowadays things are very different for most people. Even when we are travelling or camping we can still keep clean and fresh thanks to campsite showers and moisturised hand and face wipes.

FACT SHEET

Alcohol and Pregnancy

Women and Alcohol

- Women cannot absorb or process alcohol as well as men and are more adversely affected by alcohol than men. *Source: NIAAA, Alcohol Alert, 2004.*
- Approximately one in eight women drink alcohol while pregnant; and at least one of every 50 pregnant women binge drink*. *Source: CDC, MMWR, 2009.*

*Binge drinking was defined as five or more drinks per occasion, but more recently has been changed to four or more per occasion.

Alcohol and Pregnancy

- Drinking alcohol during pregnancy can cause a range of permanent physical, cognitive, and/or behavioral problems in the developing baby.
- Fetal alcohol spectrum disorders (FASD) is the umbrella term used to describe the range of effects associated with prenatal alcohol exposure–it is not a diagnosis.
- Fetal alcohol syndrome (FAS) is one medical condition that can occur due to drinking alcohol during pregnancy.
- The Centers for Disease Control and Prevention (CDC) reports that 0.2 to 1.5 cases of FAS occur for every 1,000 live births in certain areas of the U.S. Some researchers have estimated the rates of the full range of FASDs to be as high as 9 or 10 per 1,000 live births. *Source: Fetal Alcohol Spectrum Disorders Competency-Based Curriculum Development Guide for Medical and Allied Health Education and Practice, 2009.*
- The estimated lifetime cost for an individual with FAS is two million dollars. *Source: Lupton, Burd and Harwood, 2004.*

- There is no known safe amount of alcohol to use during pregnancy.
- There is no safe time to drink alcohol during pregnancy.
- There is no safe kind of alcohol to drink during pregnancy.
- However, it is never too late to stop drinking alcohol during pregnancy.
- Call us toll-free at 1-800-752-3157 for more information and/or a referral to services.

If you are pregnant, or could become pregnant, don't drink alcohol. This includes beer, wine, wine coolers, mixed drinks, and shots.

Funding provided by the Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), Cooperative Agreement # 5U84/DD000445.

Information About

THE PATIENT AT RISK PROGRAM

What is Patient at Risk?

The Patient at Risk Program is a tool parents or guardians can use to create an online Emergency Information Form (EIF) for children with special health care needs. The program allows Emergency Medical Providers the ability to access this information in the case of an emergency. The goal of the program is to help families and their care team make a plan for an emergency and provide health information needed during a medial crisis.

Where can I get more information?

Contact the Patient at Risk Project Coordinator, Kristina Manke at (414) 337-7546 or email patientatrisk@gmail.com.

Visit the Patient at Risk website to access the Enrollment Tool Kit and additional resource at: www.wiaap.org/patient-at-risk.php

How does it work?

A parent/guardian may access the database at www.witrac.org/par to create a Patient at Risk user account. An Enrollment Kit is available to help you through the enrollment process. If you did not receive a kit, one may be access online at www.wiaap.org/patient-at-risk.php.

In the enrollment kit your will find a Website User Guide which will take you step by step through the enrollment process to enter your child's health information. Once you have completed enrollment, print a copy of the Emergency Information Form (EIF). Review your completed EIF with your physician and share it with your local EMS providers.

Medical information changes, please continue to update your EIF so the information is current.

What information is required?

Participation is voluntary. To enroll in the database, you must provide an email account, the child's first and last name, and create a user name and password. You may enter medical history, conditions, current medications, allergies, equipment, special care instructions, contact information for physicians, as well as load and store documents.

Patient at Risk

Online Medical Emergency Planning

This project is funded by the Healthier Wisconsin Partnership Program, a component of the advancing a Healthier Wisconsin endowment at the Medical College of Wisconsin. Patient at Risk is a development program.

Information About

THE PATIENT AT RISK PROGRAM

What does this program do?

The Patient at Risk Program is a tool parents or guardians can use to create an online Emergency Information Form (EIF) for children with special health care needs. Should you choose, the program will also allow Emergency Medical Providers the ability to access this information in the case of an emergency. This project is funded by the Healthier Wisconsin Partnership Program, a component of the advancing a Healthier Wisconsin endowment at the Medical College of Wisconsin.

Where can I get more information?

Contact the Patient at Risk Project Coordinator, Kristina Manke at (414) 337-7546 or patientatrisk@gmail.com

Visit the Patient at Risk tools and resource website at: www.wiaap.org/patient-at-risk.php

How does it work?

A parent/guardian may access the database at www.witrac.org/par to create a Patient at Risk account. Review the Website User Guide to walk you through the enrollment process to enter your child's health information. If you did not receive a guide, one may be access online at www.wiaap.org/patient-at-risk.php. Once you have completed enrollment, print a copy of the Emergency Information Form (EIF). The next step is to share the EIF. Make sure you discuss your Emergency Information Form and create a plan with your local EMS. Patient at Risk is also at work to communicate the message to the EMS community. Additionally, medical information changes, please continue to update your EIF so the information is current.

What Information am I required to enter?

Participation is voluntary. You must provide an email account to receive notices, the child's first and last name, and create a user name and password. You may enter medical history, conditions, current medications, allergies, equipment, special care instructions, contact information for physicians, as well as load and store documents.

Patient at Risk

Online Medical Emergency Planning

One Family's Story ...

Anne did what any parent would do when her child needed medical help. **She called 911.**

She expected the emergency medical providers that came to help would be familiar with the treatment and medical equipment her son Sam needed.

Anne thought she was ready for any emergency. But Sam got sick too fast. The emergency medical providers did not have enough time to take him to his usual hospital. 7-year-old Sam died that day, losing his battle with mitochondrial disease.

Parents of children with special health care needs know their child's care. However, we can be better prepared by sharing the care plan with Emergency Medical Staff.

"Having a plan will make sure that everything possible that can be done for your child, will be done," Anne said.

Be prepared. Participate today!

Participating Partners

Thank you to our partners who have helped develop this program:

- American Family Children's Hospital
- Baraboo District Ambulance Service
- Children's Hospital of Wisconsin
- GFWC Oconomowoc Junior Woman's Club
- Gundersen Lutheran Medical Center
- Regional Centers for Children and Youth with Special Health Care Needs
- Ministry Saint Joseph's Children Hospital
- Saint Vincent Hospital
- Waukesha Fire Department
- West Allis Fire Department
- Wisconsin Chapter of the American Academy of Pediatrics (WIAAP) Foundation
- Wisconsin Hospital Emergency Preparedness Program
- Wisconsin Division of Public Health
- Wisconsin Emergency Medical Services for Children

This project is funded in part by the Healthier Wisconsin Partnership Program, a component of the Advancing a Healthier Wisconsin endowment at the Medical College of Wisconsin.

Patient at Risk

1288 Summit Ave Suite 107-133
Oconomowoc, WI 53066
414-337-7546
patientatrisk@gmail.com

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Patient at Risk

Online Medical Emergency Planning

Do you have a plan for a Medical Emergency?

For enrollment tools, program information & resources please visit:
www.wiaap.org/patient-at-risk.php
www.witrac.org/par

Patient at Risk is free to Wisconsin Families

Where To Begin

→ Request an Enrollment Tool Kit at patientatrisk@gmail.com or call 414-337-7546.

→ Create a Patient at Risk account at **www.witrac.org/par.**

→ Complete the account by filling in your child's information.

→ Print a copy of the Emergency Information Form (EIF).

→ Review your EIF with your doctor.

→ Share your child's EIF with local emergency medical providers

Patient at Risk Online EIF Registration

A medical emergency can happen anywhere at any time and every second counts. Make an emergency plan for your child today!

Why Sign Up?

Patient at Risk gives emergency medical providers fast access to information about your child's health:

- Health problems or conditions
- Current medications
- Special care instructions including hospital preferences
- Contact information for your child's Physicians

The Patient at Risk Program creates an online Emergency Information Form (EIF) for children with special health care needs which will:

- Help families and their health care team make a plan for an emergency.
- Allow emergency medical providers to plan and prepare for your child.
- Provide health information needed during a medical crisis.

Emergency Information Form (EIF)

Patient at Risk

Online Medical Emergency Planning

Frequently Asked Questions

I don't have a computer? Can I still use the Patient at Risk Program?
Yes! You can use any computer to register. There are computers at your local library. The Regional Center for Children and Youth with Special Health Care Needs can also help, call 1-800-642-7837.

Is the site secure?
Yes. In addition to strict behind-the-scenes security measures like 128-bit SSL encryption and servers located in physically secure locations, all users must create a personal password. Also, you control who can see your child's information.

What should I keep with me?
Keep a copy of your registration card and the most recent Emergency Information Form (EIF) with you or your child.

What's Next?
Share a copy of your child's EIF with your child's physician & local emergency medical providers.

Need additional information
Visit **www.wiaap.org/patient-at-risk.php** for a list of frequently asked questions. Otherwise email patientatrisk@gmail.com or call 414-337-7546 for help.

Family Physician:_____

Telephone:_____

Medical Insurance
Carrier:_____

ID number:_____

Member's
Name:_____

Parents may be reached as follows:

Home: _____

Work: _____

Cell: _____

Cell:_____

Other:_____

This is a legal document: Take it with you and give it to the physician, dentist, or hospital representative so that necessary treatment can be given to a child whose parents cannot be contacted for permission.

Red Cliff Health Center
Bayfield, WI

CONSENT FOR MEDICAL TREATMENT OF A MINOR CHILD

Red Cliff Health Center
88455 Pike Road
P.O. Box 529
Bayfield, WI 54814
Tel:715-779-3707
Fax: 715-779-3711

CONSENT FOR MINOR CHILD

I, (we) _____ and _____

of _____,do hereby state that
(city) (county) (state)

I am (we are) the parent (s) or legal guardian (s) of:

_____, a minor, age _____, born _____
(name) (date)

who resides with me (us) at _____
(address)

I (we) authorize _____, an adult, who resides

at _____ in the city of _____,

county of_____, state of _____ to

act in my/our behalf in authorizing medical, dental, surgical care and hospitalization for

the above named minor (s) during the periods of my/our absence from:

_____ _____ _____through _____ _____ _____
(month) (day) (year) (month) (day) (year)

In no event shall this delegation of parental rights be effective for more than six months _____
(date)

_____ _____
Signature of Parent or guardian (date) Signature of Parent or guardian (date)

This document shall be presented to a physician, dentist or appropriate hospital representative at such time as medical, dental, surgical care or hospitalization may be required.

ALLERGIES:_____

CHRONIC DISEASE OR MEDICAL PROBLEMS_____

_____

MEDICINES CHILD IS NOW TAKING:_____

_____

How to Make a Winter Survival Kit

Everyone should carry a Winter Survival Kit in their car. In an emergency, it could save your life and the lives of your passengers. Here is what you need:

- a shovel
- windshield scraper and small broom
- flashlight with extra batteries
- battery powered radio
- water
- snack food including energy bars
- raisins and mini candy bars
- matches and small candles
- extra hats, socks and mittens
- First aid kit with pocket knife
- Necessary medications
- blankets or sleeping bag
- tow chain or rope
- road salt, sand, or cat litter for traction
- booster cables
- emergency flares and reflectors

http://readywisconsin.wi.gov/winter/HowToMakeAKit.asp

• fluorescent distress flag and whistle to attract attention

• Cell phone adapter to plug into lighter

Kit tips:

• Reverse batteries in flashlight to avoid accidental switching and burnout.

• Store items in the passenger compartment in case the trunk is jammed or frozen shut.

• Choose small packages of food that you can eat hot or cold.

911 tips:

• If possible, call 911 on your cell phone. Provide your location, condition of everyone in the vehicle and the problem you're experiencing.

• Follow instructions: you may be told to stay where you are until help arrives.

• Do not hang up until you know who you have spoken with and what will happen next.

• If you must leave the vehicle, write down your name, address, phone number and destination. Place the piece of paper inside the front windshield for someone to see.

Survival tips:

• Prepare your vehicle: Make sure you keep your gas tank at least half full.

• Be easy to find: Tell someone where you are going and the route you will take.

• If stuck: Tie a florescent flag (from your kit) on your antenna or hang it out the window. At night, keep your dome light on. Rescue crews can see a small glow at a distance. To reduce battery drain, use emergency flashers only if you hear approaching vehicles. If you're with someone else, make sure at least one person is awake and keeping watch for help at all times.

• Stay in your vehicle: Walking in a storm can be very dangerous. You might become lost or exhausted. Your vehicle is a good shelter.

• Avoid Overexertion: Shoveling snow or pushing your car takes a lot of effort in storm conditions. Don't risk a heart attack or injury. That work can also make you hot and sweaty. Wet clothing loses insulation value, making you susceptible to hypothermia.

• Fresh Air: It's better to be cold and awake than comfortably warm and sleepy. Snow can plug your vehicle's exhaust system and cause deadly carbon monoxide gas to enter your car. Only run the engine for 10 minutes an hour and make sure the exhaust pipe is free of snow. Keeping a window open a crack while running the engine is also a good idea.

• Don't expect to be comfortable: You want to survive until you're found.

Winter Safety Tips

Whether winter brings severe storms, light dustings or just cold temperatures, the American Academy of Pediatrics (AAP) has some valuable tips on how to keep your children safe and warm.

What to Wear

- Dress **infants** and **children** warmly for outdoor activities. Several thin layers will keep them dry and warm. Don't forget warm boots, gloves or mittens, and a hat.
- The rule of thumb for older babies and young children is to dress them in one more layer of clothing than an adult would wear in the same conditions.
- Blankets, quilts, pillows, bumpers, sheepskins and other loose bedding may contribute to **Sudden Infant Death Syndrome (SIDS)** and should be kept out of an infant's sleeping environment. Sleep clothing like one-piece sleepers or wearable blankets is preferred.
- If a blanket must be used to keep a sleeping infant warm, it should be tucked in around the crib mattress, reaching only as far as your baby's chest, so the infant's face is less likely to become covered by bedding materials.

Hypothermia

- Hypothermia develops when a child's temperature falls below normal due to**exposure to colder temperatures**. It often happens when a youngster is **playing outdoors** in extremely cold weather without wearing proper clothing or when clothes get wet. It can occur more quickly in children than in adults.
- As hypothermia sets in, the child may shiver and become lethargic and clumsy. Speech may become slurred and body temperature will decline in more severe cases.
- If you suspect your child is hypothermic, **call 911** at once. Until help arrives, take the child indoors, remove any wet clothing, and wrap him in blankets or warm clothes.

Frostbite

- **Frostbite** happens when the skin and outer tissues become frozen. This condition tends to happen on extremities like the fingers, toes, ears and nose. They may become pale, gray and blistered. At the same time, the child may complain that his/her skin burns or has become numb.
- If frostbite occurs, bring the child indoors and place the frostbitten parts of her body in warm (not hot) water. 104° Fahrenheit (about the temperature of most hot tubs) is recommended. Warm washcloths may be applied to frostbitten nose, ears and lips.
- Do not rub the frozen areas.
- After a few minutes, dry and cover the child with clothing or blankets. Give him/her something warm to drink.
- If the numbness continues for more than a few minutes, call your doctor.

Winter Health

- If your child suffers from winter **nosebleeds**, try using a cold air humidifier in the child's room at night. Saline nose drops or petrolatum may help keep nasal tissues moist. If bleeding is severe or recurrent, consult your pediatrician.
- Many pediatricians feel that **bathing** two or three times a week is enough for an infant's first year. More frequent baths may dry out the skin, especially during the winter.
- Cold weather does not cause **colds** or **flu**. But the viruses that cause colds and flu tend to be more common in the winter, when children are in school and are in closer contact with each other.

Frequent **hand washing** and teaching your child to sneeze or cough into the bend of her elbow may help reduce the spread of colds and flu.

- Children 6 months of age and up should get the **influenza vaccine** to reduce their risk of catching the flu.

Winter Sports and Activities

- Set reasonable time limits on outdoor play to prevent hypothermia and frostbite. Have children come inside periodically to warm up.
- Using **alcohol** or **drugs** before any winter activity, like snowmobiling or skiing, is dangerous and should not be permitted in any situation.

Ice Skating

- Allow children to skate only on approved surfaces. Check for signs posted by local police or recreation departments, or call your local police department to find out which areas have been approved.
- Advise your child to:
  - Skate in the same direction as the crowd
  - Avoid darting across the ice
  - Never skate alone
  - Not chew gum or eat candy while skating.
  - Consider having your child wear a helmet while **ice skating**.

Sledding

- Keep sledders away from motor vehicles.
- Children should be supervised while **sledding**.
- Keep young children separated from older children.
- Sledding feet first or sitting up, instead of lying down head-first, may prevent head injuries.
- Consider having your child wear a helmet while sledding.
- Use steerable sleds, not snow disks or inner tubes.
- Sleds should be structurally sound and free of sharp edges and splinters, and the steering mechanism should be well lubricated.
- Sled slopes should be free of obstructions like trees or fences, be covered in snow not ice, not be too steep (slope of less than 30°), and end with a flat runoff.
- Avoid sledding in crowded areas.

Sun Protection

The sun's rays can still cause **sunburn** in the winter, especially when they reflect off snow. Make sure to cover your child's exposed skin with sunscreen.

Fire Protection

Winter is a time when **household fires** occur. It is a good time to remember to:

- Buy and install smoke alarms on every floor of your home
- Test smoke alarms monthly
- Practice fire drills with your children
- Install a **carbon monoxide** detector outside bedrooms

WSDOT PRESENTS

WHAT TO CARRY IN YOUR CAR?

Because you never know when you will encounter winter weather or emergency road closure

full tank of gas

first aid kit

cellphone charger

flashlight

water/snacks

ice scraper/ snow brush

boots/gloves/ warm clothes

music/games

jumper cables

flares

tire chains

511

Know before you go

wsdot.com/traffic

GET OUR MOBILE APP

Our Android and iPhone apps include statewide traffic cameras, travel alerts, mountain pass reports, ferry schedules and alerts, northbound Canadian border wait times and more.

Android

iPhone

Footprint Penguin Craft

This is a great animal craft for toddlers to help teach them about penguins and where they live as well as a great winter craft! We both love it because the body of the penguin is made by tracing her foot so I plan to keep making footprint penguins every year to watch how my own little penguin has grown!

What you'll need:

- Black, white and orange construction paper
- 2 googly eyes
- Scissors
- Glue
- Pencil
- White crayon

How to make your Footprint Penguin Craft

- Trace your child's foot onto black construction paper using the white crayon (don't go in between their toes or your penguin will be far too bumpy!)
- Cut out the footprint.
- Ordinarily we would provide templates for the remaining pieces of the penguin, but since every child's foot is a different size that wasn't practical this time. So you'll need to cut out two wings for your penguin out of black construction paper that are the right size for your little penguin and glue one wing on each side.
- Cut an oval out of white construction paper and glue it to the body of the penguin.
- Cut out two trapezoids from orange construction paper and glue to the bottom of the penguin as feet.
- Cut out a small orange triangle for the penguin's beak and glue into place.
- Glue on two googly eyes.

http://www.allkidsnetwork.com/crafts/animals/footprint-penguin.asp

Paper Plate Snow Globe Craft

Our daughter has always loved snow globes. We have made real snow globes with her but this time wanted a winter craft that was a little different. This cute snow globe craft is made with two paper plates, a Ziploc bag, lots of paint and white pom-poms. This winter craft turned out very cute.

What you'll need:

- Two paper plates
- Paint
- Paint brushes
- Markers, crayons, stickers, etc.
- White pom-poms
- Glue
- Scissors
- Scotch tape
- Large Ziploc bag
- Staples or Glue-dots (available at craft stores)

How to make your Paper Plate Snow Globe

1. Cut the center circle out of a paper plate. Let your child paint the underside of the paper plate (ie: the non-food side) any color they would like.
2. Have your child paint a second paper plate any color they would like (paint the "food side" of this plate). We went with blue so it would look like a sky.
3. Once the full paper plate is dry have your child put together a winter scene in the center of the plate. Remember you won't really see the edges of the plate, so encourage them to stay in the middle. We made a snowman out of the paper plate cut out from step one and dotted on white paint with the handle of the paintbrush for snow.
4. While the winter scene dries, cut the edges off of a Ziploc bag. What you want is the back piece of the bag (the part with no writing on it). This will be the window of your snow globe. (note: we originally tried saran wrap but found that it was too frustrating for both the preschooler and for the adults! The Ziploc bag doesn't curl and stays where you put it.)
5. Cut the Ziploc bag to fit the circle and use scotch tape to secure it to the non-painted side of the plate with the hole in the center.
6. Once the winter scene on the intact paper plate is dry, lay your pom-poms on top of the plate.
7. Using either glue dots (we love these!) or staples attach the top plate to the bottom plate to complete your snow globe.

Tree Trimmer Treats

Prep Time: 20 minutes • **Total Time:** 40 minutes • **Servings:** 12

Christmas Recipes – Ornament-shaped desserts you can decorate

Spruce up Santa's snack with your little helpers by decorating each tasty "ornament" with frosting and Christmas-colored M&M'S® candies.

Ingredients:

- 12 (6-inch lengths) red or black string licorice
- 12 miniature marshmallows
- 3 tablespoons butter or margarine
- 1 package (10 oz., about 40) regular marshmallows
- - OR -
- 4 cups miniature marshmallows
- 6 cups ***Kellogg's® Rice Krispies®*** cereal
- Frosting
- M&M'S® brand chocolate candies
- **Why use Kellogg's® *Rice Krispies®*?**

Directions:

1. Fold each licorice piece in half and push ends through centers of 12 miniature marshmallows. Set aside.

2. In large saucepan melt butter over low heat. Add 10 ounces marshmallows and stir until completely melted. Remove from heat. Add KELLOGG'S RICE KRISPIES cereal. Stir until well coated.

3. Using 1/2-cup measuring cup coated with cooking spray divide warm cereal mixture into 12 portions. Using buttered hands shape each portion into ornament shape around licorice ends. Cool. Decorate with frosting and M&M'S® brand chocolate candies. Best if served the same day.

MICROWAVE DIRECTIONS: In microwave-safe bowl heat butter and marshmallows on HIGH for 3 minutes, stirring after 2 minutes. Stir until smooth. Follow steps 2 through 3 above. Microwave cooking times may vary.

Note:

For best results, use fresh marshmallows.

Diet, reduced calorie or tub margarine is not recommended.

Store no more than two days at room temperature in airtight container.

Chocolate Chip Cookie Dough and Cheesecake Bites

These rich, no-bake morsels are utterly decadent and packed with chocolate-y flavor. Make the night before so they have time to properly set, then unveil and impress your guests.

PrintEmail

Prep Time 15 minutes **Cook Time** 4 hours

by Anne Coleman

There's no busier time of year for many moms than the winter holidays. While most of the treats I make are the baked kind, I like these because they're completely no-bake but every bit as decadent as anything else I make. Setting time is important, so don't skimp on the 4-hour refrigeration time - you'll be glad you waited.

What you'll need

- **Cookie Dough Layer**
- 2 cups all-purpose flour
- 1 cup mini semi-sweet morsels
- 1 cup unsalted butter, softened
- 1 cup light brown sugar, packed
- 1 teaspoon vanilla extract
- **Cheesecake Layer**
- 1 cup powdered sugar
- 1 - 8 ounce package cream cheese - softened
- 1/2 cup heavy cream - whipped stiff
- **Chocolate Layer**
- 2 cups semi-sweet chocolate chips or chocolate coating pieces

How to make it

1. Cream together butter, brown sugar and vanilla extract until smooth.
2. Add flour until a soft dough forms. Fold in chocolate morsels.
3. Press cookie dough layer evenly into an 8x10 pan with straight sides.
4. Blend cream cheese with powdered sugar until smooth. Fold in heavy whipped cream.
5. Spread over top of cookie dough layer and cover with plastic wrap so that wrap is not touching the cream cheese layer. Refrigerate for 2 hours.
6. Melt chocolate chips or coating until smooth and spreadable. Spread over cream cheese layer evenly and refrigerate for another 2 hours or overnight until firm. Cover with plastic wrap that is not touching the chocolate top layer.
7. Let stand at room temperature for 10 minutes before cutting with a heated and dry knife.

Recipe: Honey Deviled Eggs
Category: Christmas Side Dish Recipes
Age: preschool, kindergarten, elementary

Ingredients:

12 hard-cooked eggs
1/3 cup mayonnaise
4 bacon strips, cooked and crumbled
2 tablespoons finely shredded Cheddar cheese
2 tablespoons honey mustard
1/4 teaspoon pepper

Instructions:

Hard boil, shell and rinse your eggs. Slice eggs in half. Carefully remove the yolks and place in a large mixing bowl. Place egg whites on a platter. Cook 4 bacon strips to very crisp. Drain, allow to cool and crumble. Mash egg yolks with a fork. Blend in mayonnaise, crumbled bacon, cheese, honey mustard and pepper. Place a spoon full of yolk mixture into each egg white. Cover and refrigerate until ready to serve. Sprinkle paprika on top of eggs before serving

Source: http://www.apples4theteacher.com/holidays/christmas/kids-recipes/honey-deviled-eggs.html

State of Wisconsin
Department of Health Services

Scott Walker, Governor
Dennis G. Smith, Secretary

For Immediate Release
November 21, 2012

Contact: Claire Smith
(608) 266-1683

SECRETARY DENNIS G. SMITH RELEASES STATEMENT REGARDING NON-EMERGENCY TRANSPORTATION FOR MEDICAID MEMBERS

MADISON—Department of Health Services Secretary Dennis G. Smith today released a statement regarding LogistiCare's decision to terminate its contract for serving as the Medicaid and BadgerCare Plus transportation manager and providing non-emergency medical transportation to members.

"Yesterday, LogistiCare notified us that it plans to terminate its contracts with the Department of Health Services, effective in 90 days on February 17, 2013," said Secretary Smith. "As a result of receiving this letter, the Department intends to rewrite and issue a new Request for Proposal (RFP) for a non-emergency medical transportation manager, with updated data, so we can secure a transportation manager who will be able provide this important benefit to our members as soon as possible.

During the next 90 days, we will be working closely with LogistiCare to continue providing this benefit to members. This announcement does not affect the benefits that members are eligible for and they will still receive the transportation they need to get to their medical services. We are monitoring the performance standards and will take any action necessary to ensure all members receive the timely transportation they need.

This announcement is not an indicator that we will go back to the old county-based system for providing members transportation to medical appointments or that we will be changing our approach to providing transportation to our members. We are committed to the transportation manager model in here in Wisconsin. I am confident that this model will work here in Wisconsin, as it has in other states.

We recognize that there were limitations to the original RFPs. The Department had limited data to share regarding utilization of these services and prospective bidders, including LogistiCare, did not have all of the data needed to submit a reasonable estimate of the costs to adequately staff to serve as the state's non-emergency medical transportation manager.

This situation will be corrected and we believe a new contract can be secured that is both financially viable for a transportation manager and will still achieve savings for the state."

# # #

JOB DESCRIPTION

POSITION: Associate Judge
LOCATION: Judicial Branch, Red Cliff Tribal Court
SALARY: Contractual

THIS IS A REGULAR PART-TIME EXEMPT POSITION

APPLICANTS MUST ATTACH A LETTER EXPLAINING WHY THEY WISH TO BE AN ASSOCIATE JUGE.
SUPERVISOR(S): Chief Judge

JOB SUMMARY:

DUTIES AND RESPONSIBILITIES:
A. Serve as an Associate Judge. To promulgate and enforce ordinances governing the conduct of persons subject to the jurisdiction of the Tribe, and providing for the maintenance of law and order and the administration of justice by establishing a reservation court and defining its duties and powers.
Prepare and issue written orders, judgments, search arrest warrants.
Assist and provide legal research and writing when necessary for the decision in a case in a timely manner.
Assist in the development and implementation of policy and procedures that are complimentary to current court policies and where the court has not determined standards of policy, consistent with the Tribe's needs and Tribal Law.
Keep accurate records of cases and hearings, communicate needs of courts, and provide quarterly and annually reporting to the Chief Judge.
Assist in facilitating development of Tribal Case Law and alternative dispute resolution.
Must maintain confidentiality due to nature of certain cases such as ICW matters.

SUPERVISORY AUTHORITY:

KNOWLEDGE: Must be familiar with courtroom procedures, constitution and laws of the Red Cliff Band of Lake Superior Chippewas.

QUALIFICATIONS:
Must be of legal age; never convicted of a felony, unless pardoned.
Must be a Red Cliff Tribal Member.
Must be of good character and reputation.
Must provide three (3) letters of reference.
Must be able to travel to attend training, and meetings as required.
A background investigation will be performed.
Must complete a writing sample.
Must be thoroughly familiar with the Constitution and laws of the Red Cliff Band of Lake Superior Chippewas; must be familiar with the Indian Civil Rights Act; courtroom procedures; trust responsibilities of the Federal Government; civil and criminal law concepts; and the cultures, traditions and values of the Red Cliff Reservation. Must pass the Red Cliff Bar exam.

PERSONAL CONTACTS: Tribal court personnel, ICW, Law Enforcement and community members.

PHYSICAL REQUIREMENTS None

WORK ENVIRONMENT: Mainly sedentary position but may require bending, lifting, and reaching.

TRAVEL REQUIREMENTS: Attend training in and out of state as required. May do weddings at various locations.

POSTING: JULY 8, 2011
DEADLINE: AUGUST 5, 2011 AT 4:00 PM **or UNTIL FILLED**

FOR FURTHER INFORMATION:

Red Cliff Tribal Administration Building
Personnel Office
88385 Pike Road
Hwy 13
Bayfield, WI 54814
rwygonik@redcliff-nsn.gov
(715) 779-3700 ext. 267 or 268

The Red Cliff Tribal Council has a Drug Free Work Place Policy and adheres to the intent of the Drug Free Work Place Act. All new hires are subject to a drug test prior to starting.

ALL APPLICANTS FOR EMPLOYMENT WITH THE RED CLIFF TRIBE ARE SUBJECTED TO THE BACKGROUND INVESTIGATION AND OTHER REQUIREMENTS OF RCCL CHAPTER 43, AND THAT YOU ARE UNDER A CONTINUEING OBLIGATION TO SUPPLEMENT THIS APPLICATION FOR EMPLOYMENT WITH INFORMATION CONCERNING ANY CONVICTIONS THAT OCCUR AFTER COMMENCEMENT OF EMPLOYMENT WITH THE TRIBE.

JOB DESCRIPTION

POSITION: Secretary / Billing Clerk
LOCATION: Red Cliff AODA-Mishomis House / Red Cliff Health Department
SALARY: $8.00 - $11.00 depending upon qualifications

THIS IS A REGULAR FULL-TIME NON-EXEMPT POSITION

SUPERVISOR(S): AODA Treatment Director/Coordinator

JOB SUMMARY: This position will provide accurate and professional communication at the office, on the phone and in writing. Bill various vendors for services, and keep up to date with M.A. County and Indian Health Services Billing Criteria.

DUTIES AND RESPONSIBILITIES:

1. Complete monthly, quarterly, and annual reports as required by Health Center Administration, the Health Board, Tribal council, regulatory bodies, and/or third party payers. Maintain a record of all reports and supporting documentation as required.
2. Greet clients, visitors, and guests of the AODA outpatient program.
3. Answer the telephone, route calls to the appropriate staff person or take messages.
4. Schedule appointments for AODA treatment staff and maintain the master appointment log.
5. Maintain a staff schedule and itinerary to facilitate on-call, after-hours, and emergency services.
6. Prepare individual client records for new clients. Confirm that all clients are entered into the Health Center patient database (RPMS) and that registration data is current.
7. Maintain individual records on active and inactive clients according to program policy and state and federal regulations.
8. Receive all program mail and correspondence, route to appropriate staff, or process in accord with assigned duties.
9. Type staff correspondence, reports, and other materials. Maintain copies for program records and files. Distribute as directed.
10. Maintain files on program referral agreements, other inter-agency agreements, and contractual services.
11. Maintain strict confidentiality of all program activities and information as required by state and federal regulation.
12. Present a professional, caring image for the Health Center and its programs.

a. Maintain a cooperative relationship with other Health Center staff and co-workers

b. Demonstrate tact, courtesy, and respect in communication and interaction with Health Center patients, visitors, and staff and with outside agencies and programs

c. Promote a working environment noted for effective cooperation and collaboration between programs, services, and co-workers

13. Maintain an adequate inventory of office supplies and materials for program use. Order replacement items according to Health Department policy to insure accurate inventory control and proper fiscal accounting.
14. Oversee the scheduled and unscheduled maintenance of all office equipment.
15. Perform other job-related duties such as attending meetings, workshops as directed by immediate supervisor.

SUPERVISORY AUTHORITY: NONE

KNOWLEDGE:

1. Personal commitment to a drug and alcohol-free lifestyle consistent with the accept norms for abstinence and sobriety. If there is a personal history of alcohol and/or chemical dependency, a minimum of two years of absolute sobriety is required.
2. Sound judgment and the capacity to respond to unusual circumstances and emergencies.
3. Ability to deal constructively with emergencies and conflicts.

QUALIFICATIONS:

High school Diploma, GED or HSED
Administrative/Secretarial Certificate or 2 years equivalent experience
2 years experience with health care billing procedures preferred
Good interpersonal skills and the ability to get along with diverse populations (clients, co-workers, professional staff, administration and the public)
Excellent communication skills, written and oral
Ability to operate standard office machines
2 years computer knowledge, preferred
Knowledge of and sensitivity for Ojibwa culture and traditions
Work experience or volunteer activities in the field of substance abuse treatment preferred
Native American preference will be applied in the case of equally qualified applicants, but all qualified applicants will be considered

PERSONAL CONTACTS: AODA staff, Tribal Employees, Bayfield County, Department of Corrections, EDS, Numerous Private Insurance Companies, Carolyn Gouge – Medical Relief Block Grant.

PHYSICAL REQUIREMENTS: The duties assigned to this position involve bending, stooping, lifting and carrying. Items may be placed on overhead shelving.

WORK ENVIRONMENT: Red Cliff AODA Office and Mishomis House

TRAVEL REQUIREMENTS: CBRF and other Training for billing. Many of these training are out of town at various locations.

POSTING: NOVEMBER 19, 2012
DEADLINE: DECEMBER 5, 2012 at 4:00 P.M.

FOR FURTHER INFORMATION:

Red Cliff Tribal Administration Building
Human Resource Department
88385 Pike Road
Hwy 13
Bayfield, WI 54814

rwygonik@redcliff-nsn.gov
susie.gurnoe@redcliff-nsn.gov

JOB DESCRIPTION

Title IV- D Child Support Enforcement Agency planning grant

POSITION: Administrative Assistant
LOCATION: Family Services Division Offices
SALARY: $13.00 per hour/29 hours per week

THIS IS A REGULAR FULL-TIME NON EXEMPT POSITION
(Funded for two years through DHS)

SUPERVISOR: Child Support Program/Agency Director

JOB SUMMARY: The Administrative Assistant will provide a variety of administrative, logistical arranging and documentary support services to this Tribal Title IV D Child Support Enforcement Agency Planning; working with the Division administrator, Contractors and Tribal Child Enforcement work group. The Administrative assistant will be responsible for all logistical arrangements for work group meetings, workshops, Community gatherings, necessary travel etc. The Administrative Assistant will also be primarily responsible for maintaining all records, meeting minutes, decisions and notes, generated for the title IV-D Tribal child enforcement agency planning Project, many of these records will be used in the development of an operations manual and will also be used in reporting to the Funding Agency. The Administrative Assistant will prepare requisitions for payment of contracts and for other such activities as necessary to fulfill the obligations and objectives of this Project.

DUTIES AND RESPONSIBILITIES:

1. Performs administrative and clerical support services for staff, meetings, workshops, traveling, community forums, etc.
2. Facilitate the development of notices to be sent via mail, internet, posting on the local Tribal Channel, and other communications methods.
3. Answer telephone, route calls to appropriate staff, take messages, etc.
4. Must be able to work with other tribal departments for example the Procurement and Accounting staff to make travels arrangements and the required documentation required
5. Maintain appropriate filing and recording system which will maintain all records of project activities,
6. Function in a respectable manner to all contacts, resources, individuals, etc., who make contact with the staff,

SUPERVISORY AUTHORITY: None

KNOWLEDGE: Candidate must be knowledgeable or have the ability to acquire the knowledge

- Of the Tribal Child Support enforcement
- Of the Red Cliff Tribe, Tribal history and its families.
- Must have knowledge about the practical application of core Anishinaabe values in working with tribal youth and families and in generating interest in gaining insight from community as it relates to program development incorporating these values into the Child Support enforcement agency and program.
- Must have knowledge of benefits gained in working together as a collaborative with other tribal and non tribal entities that interface now and will in the future with this Tribal child support enforcement agency.

QUALIFICATIONS:

- A High School diploma or GED is required. If a High School diploma is the only education the individual has, they will also be require to have four years experience as an Administrative or Program Assistant with skills as indicated in duties. **Or** a two year degree in Human Services or Administrative Assistance and one year experience with skills indicated in duties.
- Must possess good verbal and written communication skills.
- Strong keyboarding skills (50 wpm)
- Computer literate
- Must be proficient in Microsoft Word, Power Point and Excel
- Must be skilled in working with computers, various word processing, publishing, power-point, scanning, and data based computer programs, e-mailing, and use of internet and recordkeeping and organizing people, events and reports.
- Be able to pass a child care giver back ground check.
- Must have a valid driver's license an insurance or the ability to get insurance within two weeks of employment, as well as the ability to be placed upon the tribes insurance
- Must be able to build positive relationships and maintain a positive perspective in working with tribal people and with colleagues.
- Native American preference will be applied in the event of equally qualified applicants.

PERSONAL CONTACTS: There will be a number of contacts with individuals associated with the Grant Project. These may consist of, and not limited to, Red Cliff and other Tribal Staff, County/State staff members of various Agencies particularly child support enforcement agency staff, contact with individuals from the Funding Agency (Federal), contacts with various sub group with -in the tribal governmental services, elders and tribal population in general.

PHYSICAL REQUIREMENTS: The physical requirements associated with this position include bending, stooping, lifting, over head lifting, and carrying items which are typically less than 50 pounds.

WORK ENVIRONMENT: The work environment will mainly consists of work in an Office setting. However, some of the work associated with the position will involve training session, Community type sessions to gather information, and other data related to the Grant Project. There may also be occasions where Grant Project staff may attend outdoor setting for ceremonies and other Traditional related gatherings, facilitation of project activities in a large group indoor setting such as convention-workshop typesetting will also occur.

TRAVEL REQUIREMENTS: The Administrative Assistant for the Title IV D Child Support Enforcement Agency Planning initiative will be required to travel to meetings, trainings session, Community events, etc., related to the Grant Project ;locally, regionally, and nationally.

POSTED: NOVEMBER 19, 2012
DEADLINE: DECEMBER 4, 2012 UNTIL 4:00 PM

FOR FURTHER INFORMATION:
Red Cliff Tribal Administration Building
Human Resources Dept.
(715) 779-3706 ext. 267 or 268

DESCRIPTION

TITLE: Project Coordinator/Zaagichigaazowin Home Visiting Project

EXEMPT 40 hours per week. This is a grant-funded position and is subject to the ongoing availability of federal (ACF) funding; the position is funded through 9/28/13.

PROGRAM: Tribal Maternal infant Early Child Home Visiting (TMIECHV) Project

WAGE: Negotiable

SUPERVISOR: Health Director
Supervisor of Baminiijaanisag Department

JOB SUMMARY:

The Project Coordinator position is responsible for day-to-day program activities; coordination of needs assessment activities, including identification of existent needs assessments; focus group outreach and coordination; collaboration outreach to programs; MOU formulation with partners; and to serve as a liaison between the evaluation team and any cultural consultant(s).

DUTIES AND RESPONSIBILITIES:

1. In collaboration with the co-directors and evaluation team, coordinate the needs assessment activities, including focus group outreach and coordination.
2. Facilitate communication between federal project directors, local program directors, tribal staff, regional partners and local community constituents.
3. Provide consultation to the project directors, evaluators, and collaborating partners to support the cultural relevancy of project activities.
4. Contribute to data collection and management as well as tracking activities as required by the funding agency.
5. In conjunction with the project co-directors, collaborate with evaluation partners to identify culturally appropriate home visiting models based on the community needs assessment.
6. Submit a Monthly Activity Report.
7. Track grant expenditures
8. Support/adhere to established policies and procedures of the Red Cliff Tribe.
9. Maintain strict confidentiality and safeguard the privacy of patients in common areas of the clinic.
10. Present a professional, caring image for the Health Center and its programs.

a. Maintain a cooperative relationship with other Health Center staff and employees.
b. Demonstrate tact, courtesy, and respect in communication and interaction with Health Center patients, visitors, and staff and with outside agencies and programs.
c. Promote a working environment noted for effective cooperation and collaboration between programs, services, and co-workers.
d. Dress appropriately to promote professionalism within the Health Center.

PERSONAL CONTACTS:
Tribal and Health Center Administration, other Health Center staff , other tribal program staff, community members as well as Federal partners relating to the specific project.

WORK ENVIRONMENT:

1. Red Cliff Community Health Center (office and clinic settings), other tribal program settings, community settings.
2. Exposure to hazards of the health care industry.

11. Attend staff and other meetings, in-services, reflective practice and other events as directed by supervisor.
12. Participate in the implementation of grants, contracts, or projects being carried out under the auspices of the Red Cliff Community Health Center and at the direction of the Administrator of the Health Center. These activities are to comply with the directives of Tribal and Health Center Administration and to fulfill the conditions and stipulations of the grant, contract, or project. The specific duties will reflect the individual grant, contract, or project and the concurrent needs and resources of the Health Center. These assignments will vary from time to time due the cyclical nature of these program efforts.
13. Perform other duties as determined by the Tribal Health Director.

QUALIFICATION REQUIREMENTS:

a. Bachelor degree in community health related field and/or five (5) years of experience in community based preventative health care and/or maternal/child health programming.
b. Experience in a multi-disciplinary health care setting is preferred.
c. Three (3) or more years of home visiting experience in a tribal community.
d. Minimum of five years' experience working within the Red Cliff Tribal community.
e. Birth Doula with five or more years of field experience.
f. Newborn observation (NBO) training with a minimum of 1 year field experience.
g. Touchpoints individual level training.
h. Currently or willing to be trained and certified in CPR.

KNOWLEDGE

a. Knowledge of culturally relevant parenting practices and Ojibwe language is highly preferred.
b. Experience with grant management, including budgeting and report preparation.
c. Excellent written and verbal communication skills
d. Proficient in the use of standard computer programs and software including Excel.
e. Ability to manage and establish clear priorities for multiple projects under deadline pressure.
f. Ability to work well with groups and build inter-disciplinary, community/professional teams.

3. Work setting must be maintained as a clean, nonsmoking, well-ventilated area in compliance with all applicable safety regulations.
4. Private homes and other facilities will not necessarily meet the criteria of the established safety regulations.

PHYSICAL REQUIREMENTS:

The duties assigned to this position involve bending, stooping, lifting, and carrying. Items may be placed on overhead storage. Work requires regular and recurring periods of standing or walking.

TRAVEL REQUIREMENTS:

Must have valid WI driver's license, vehicle, and at least liability insurance. If no insurance, must get within three weeks. Must also be eligible for the Tribe's vehicle insurance. May require overnight travel to attend meetings or training.

POSTED: NOVEMBER 15, 2012

DEADLINE: NOVEMBER 29, 2012 AT 4:00 PM

Red Cliff Band Of Lake Superior Chippewas

"The Hub Of The Chippewa Nation"

RED CLIFF TRIBAL COUNCIL

THE RED CLIFF TRIBAL COUNCIL IS SEEKING ONE (1) INDIVIDUAL TO SERVE ON THE FRIENDS OF THE DIRT COMMITTEE.

FOR FURTHER INFORMATION CONTACT TRIBAL ADMINISTRATION AT 779-3700.

If you are interested in serving on this committee, please pick up an application at the front desk, upper level of the administration building.

Please return your application to the receptionist at the upper level of the administration building.

The deadline for applications is OPEN TIL FILLED.

Red Cliff Band Of Lake Superior Chippewas

"The Hub Of The Chippewa Nation"

RED CLIFF TRIBAL COUNCIL

THE RED CLIFF TRIBAL COUNCIL IS SEEKING FOUR (4) INDIVIDUALS TO SERVE ON THE CEMETERY COMMITTEE.

FOR FURTHER INFORMATION CONTACT TRIBAL ADMINISTRATION AT 779-3700.

If you are interested in serving on this committee, please pick up an application at the front desk, upper level of the administration building.

Please return your application to the receptionist at the upper level of the administration building.

The deadline for applications is OPEN TIL FILLED.

THE RED CLIFF TRIBAL COUNCIL IS SEEKING THREE (3) INDIVIDUALS TO SERVE ON THE GAMING COMMISSION.

FOR FURTHER INFORMATION CONTACT THE ADMINISTRATION OFFICE AT 715-779-3700.

If you are interested in serving on this committee, please pick up an application at the front desk, upper level of the administration building.
Please return your application with a resume to the receptionist at the upper level of the administration building.
The deadline is December 17, 2012 by Noon.

Red Cliff Early Childhood Center

Regular Policy Council Meeting MINUTES
Tuesday, October 9th 2012
5:00pm @ Memengwaa Trailer

Policy Council Members Present: Gerri Gordon, Amanda Cadotte, Liz King, Jeanne Gordon, Jessie Defoe, Sierra Christiansen, Angie Defoe, Autumn Montano

Other Present: Nicky Gurnoe, Head Start Director; Nicole Boyd, Family Services Manager; Jamie Goodlet-King, Wendy Fletcher, Julie Erickson

Sign In Completed

Confidentiality Training-Red Cliff Human Resource Dept.
Rick did not show up, no call from HR, Nicole will follow up and ask for him to attend the next PC meeting.

Program Governance (Binder Distribution & Overview)
Nicole went through binders with PC section by section. We covered the Performance Standards relating to Program Governance.

Election of Officers
Sierra motioned to appoint Gerri as chairperson, Gerri accepted, Jessie seconded, six in favor, one abstention, motion carried.

Autumn motioned to appoint Angela as vice chairperson, Angela accepted, Amanda seconded, six in favor, one abstention, motion carried.

Sierra motioned to appoint Liz as secretary/treasurer, Liz accepted, Amanda seconded, six in favor, one abstention, motion carried.

Set Meeting Dates: November-July
November 20th, 2012 @ noon
December 18th, 2012 @ noon
January 15th, 2013 @ noon
February 19th, 2013 @ noon
March 19th, 2013 @ noon
April 16th, 2013 @ noon
May 21st, 2013 @ noon
June 18th, 2013 @ noon
July 16th, 2013 @ noon

Other
Nicky asked PC if a member would be available for Head Start Bus Driver interviews Friday, October 12th, 2013 at 9:30am at upper Tribal Administration. Liz agreed and will be there. Nicky will have Rick complete confidentiality training prior to interviews.

Adjourn
5:45pm adjournment.

Minutes typed and respectfully submitted by Nicole Boyd, Family Services Manager

Red Cliff Youth Center—715-779-3722

December 2012

Hours:

Tuesday—Friday	3:30-8:00P.M.
Saturdays	2:00-8:00P.M.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						Merry Christmas
2 **CLOSED** Open Gym 6-8pm Men's League	3 **CLOSED**	4 Swimming 4:30-6:30pm Wii Night 5:30-8pm	5 Open Gym 6-8pm Middle School B-ball Game with Bad River @ Bad River 5-8pm	6 Swimming 4:30-6:30pm Wii Night 5:30-8pm	7 Archery 4-5pm Xbox Night 5:30-8pm Movies in Ashland 5-10pm	8 Bentleyville Duluth, Minnesota 2:00-7pm
9 **CLOSED** Open Gym 6-8pm Men's League	10 **CLOSED**	11 Swimming 4:30-6:30pm Wii Night 5:30-8pm	12 Middle School B-ball Game with Bad River @ Red Cliff 6-8pm	13 Swimming 4:30-6:30pm Wii Night 5:30-8pm	14 Archery 4-5pm Xbox Night 5:30-8pm	15 World of Wheels Superior, Wisconsin 3:00-11pm
16 **CLOSED** Open Gym 6-8pm Men's League	17 **CLOSED**	18 Swimming 4:30-6:30pm Wii Night 5:30-8pm	19 **ECC x-mas Party** Xbox Night 5:30-8pm Open Gym 6-8pm	20 Swimming 4:30-6:30pm Wii Night 5:30-8pn	21 Archery 4-5pm Xbox Night 5:30-8pm Movies in Ashland 5-10pm	22 World of Wheels Superior, Wisconsin 3:00-11pm
23 **CLOSED** Open Gym 6-8pm Men's League	24 **CLOSED**	25 **CLOSED** **Christmas Holiday**	26 **CLOSED** **Christmas Holiday**	27 Swimming 4:30-6:30pm Wii Night 5:30-8pm	28 Archery 4-5pm Sliding @ Valhalla 2:00-5pm Xbox Night 5:30-8pm	29 Sliding @ Valhalla 1:00-3pm
30 **CLOSED** Open Gym 6-8pm	31 **CLOSED** **New Year's Eve Holiday**	Happy New Year!				

- Children 7 years and younger have to be accompanied by their parent/ guardian
- Monthly Family Pool Passes
- After School Tutoring—3:30-5pm Tuesday—Friday

DECEMBER 2012

MANIDOO-GIIZIS

NITAN ANOKII-GIIZHIGAD	NIISHOO-GIIZHIGAD	AABITOOSE	NIIYO-GIIZHIGAD	NAANO-GIIZHIGAD
3B OATMEAL, BLUEBERRIES, TOAST L BURRITOS, MANGOS, CC SALAD, CORN SNUTRIGRAIN/MILK	4B KIX, PEARS, CC, MUFFIN L CHIX STIR FRY, RICE, YOGURT, M ORANGES SVEGGI PIZZA	5B HB OATS, BANANA, BREAD, YOGURT L BEEF VEG SOUP, CHEEZ SAND, HONEYDEW SPICKLE-ROLLUP	6B RICE CHEX, APPLESAUCE, CC, ENG MUFFIN L P CHOP, SQUASH, B REDS, BERRIES, YOGURT SBREADSTICK/ MARINARA SAUCE	
10B RICE PUDDING, BERRIES, YOGURT L BROCCOLI CHEZ SOUP, CANTALOUPE, CRACKER S CRACKERS/CHEESE	11B CORNFLAKES, PEACHES, YOG, TOAST L BOIL DINNER, BISCUIT, CC, M ORANGES S TURKEY KABOBS	12B KIX, BAGEL, PB, CANTLOUPE LHAMB HD, SALAD, APPLES, YOGURT, CARROT S CHEX MIX/JUICE	13B CORN CHEX, ORANGES, MUFFIN L CHIX ALFREDO, PEAS, SALAD, CC, MANGOS JELLO-FRUITW/CREAM	MILK SERVED WITH ALL MEALS
17B FRENCH TOAST BK, BLUEBERRIES, YOGURT L TORTELLINI, GR BEANS, PEARS, CC S X-MAS COOKIE/MILK	18 CORNFLAKES, APPLES, PB, MUFFIN L CHIX STIR FRY, FRUIT COCKTAIL, RICE, STIR FRY S HAM SAND./JUICE	19 X-MAS PARTY	20 CLOSED	MENU SUBJECT TO CHANGE