

WCMCA RULE 3 Policies Manual

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Policy ID Rule 3 (R-3) Behavior Guidance

Related Regulations:	Minn. Rule part 9503.0055 subpt 1 through 5		
Revised by:	WCMCA Head Start Supervisor (AR)	Revision Date:	01/01/2018
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	05/18/2018
Responsibility:	Family Education Specialist; Classroom Teaching Staff		
Timeline:	Ongoing		
Evaluation:	Observations; CLASS		
Forms:	Separation Report; Behavior Assessment Form; Behavior Plan, DHS ICCPP (as appropriate)		

Performance Objective: The board, management, and staff of WCMCA-Head Start believes in and employs positive behavior management strategies which teach, encourage and foster young children in their journey to manage their own behavior. Child guidance and classroom management decisions used at Head Start, promote positive social skills development, foster mutual respect, strengthen self-esteem, and support a safe environment for all. Classroom adults model positive and acceptable behaviors.

Young children do not possess the skill and judgement necessary to always know what behavior is appropriate. Head Start uses the need for behavior guidance as a teaching opportunity to provide children with the knowledge, confidence, and security necessary for emotional and social growth and self-regulation skills development.

1.0 Positive Behavior Guidance Strategies

- 1.1 WCMCA Head Start employees a low staff to child ratio as a proactive measure in behavior guidance.
- 1.2 Head Start Preschool classrooms will maintain a 10/1 ratio. Ten children to one adult.
- 1.3 It is the work of staff to understand what children are trying to express and assist them in meeting their needs.
- 1.4 All staff must carefully observe and listen to children.
- 1.5 Young children’s behaviors are a communication tool, which expresses their needs and wants.
- 1.6 Behavior guidance issues can be avoided with good classroom management and planning, having materials available and activities planned in advance, using transitions, and developing new activities and environments with children’s needs and interests in mind.
- 1.7 Classroom environment can determine the success of the classroom. (i.e. reduction of running lanes, balance of quiet/loud areas)

EXAMPLES OF STRATEGIES TYPICALLY USED ARE:	
Careful observation of children’s play to understand the context of the behaviors expressed - Be patient, cheerful and friendly	Clearly stated expectations for appropriate behavior – do involve children in setting classroom rules, post the rules, and review them regularly
Accept each child as a unique individual	Allow children time to complete projects
Using praise, encouragement and other positive means of recognizing appropriate behavior	Respect children’s need to do what they are capable to doing
Prepare children for transitions from one activity to the next	Give children the chance to do as much as they can for themselves, offer assistance as needed.

Proactively teach pro-social skills followed by modeling and practicing new skills with children so they can be used or referred during stressful interactions	Providing children alternative choices and redirection away from inappropriate behavior and toward constructive activity in order to reduce conflict and avoid power struggles with children
Allow children to make decisions and to solve problems on their own, providing guidance as necessary	Preschool children will participate in weekly Second Step curriculum lessons. Second Step is an anti-violence curriculum which teaches pro-social behaviors

1.8 Teachers plan a safe and developmentally appropriate environment to support a pro-social environment

- a) Toddler and Preschool classrooms will have a general picture schedule so children can follow the sequence of their day, which promotes predictability and security for children. Predictable routines with activities that range from active to quiet and back to active assist in keeping children engaged.
- b) Each part of the day's routine needs to be taught and instruction reviewed as needed to assist children both using and expanding the use/play of classroom toys
- c) Classroom environments will reflect the cultures of the children in a positive and inclusive ways
- d) Room arrangement that promotes ease of movement and includes large play spaces, small play spaces and a quiet area

2.0 Persistent Difficult Behavior

2.1 Head Start Staff in each classroom work as a team as they guide behavior development within the classroom.

2.2 In addition to planning together to create environments that support individual development, staff teams must discuss the behaviors observed and reflect on changes needed and desired in the environment.

2.3 This strategy supports each child's development and success.

2.4 Team meeting minutes document these discussions and action plans.

2.5 Classroom Lesson Plans document the planful changes in the environment and individualized activities.

2.6 Head Start staff members consult with their Head Start Supervisor and Mental Health consultant for support in identifying the source of difficult and persistent behaviors as well as strategies for resolving problems.

2.7 Parents are involved at each step and have a critical role in executing behavior plans for both school and home. WCMCA Head Start 3-5-year-old classroom programs maintain a staff ratio of 10/1 to assist staff with meeting the individual needs of each child.

3.0 Separation from the Group

3.1 No child may be separated from the group unless all other less intrusive methods of behavior guidance have been ineffective, and the child's behavior threatens the well-being of him/herself or the other children.

3.2 The child's behavior must be observed and recorded with the staff response to the behavior documented.

3.3 A child who requires separation from the group must remain in the area so as to be seen and heard by the teachers at all times.

3.4 The child's return to the group must be contingent on the child stopping or bringing under control the behavior that precipitated the separation.

3.5 The child must be allowed to return to the group as soon as this happens.

3.6 Children separated from the group against his will must be recorded on the Separation Log.

3.7 If the behavior persists a behavior guide may be written.

3.8 The child's parents must be notified of all separations.

4.0 Responding to Difficult Behaviors

4.1 Head Start classroom staff need to respond immediately to behaviors that may hurt a child. When this occurs, staff determines the cause for the behavior, and record the behavior over time to determine if a pattern exists. Staff response to behaviors will be documented as well. Young children present difficult behaviors that require strategies to keep both children and staff safe. These behaviors and staff responses will be documented on the Behavior Assessment form.

4.2 Proactive strategies that can be used include:

- a) Redirection of children away from problems
- b) Natural consequences – i.e.: explain to the child that when he/she hits their friend, the friend will not want to play with him/her. (Immediate and directly related consequences)
- c) Assist the child to calm down
- d) Listen to the children as to what happened
- e) Problem solve with the child/children about how to handle a similar situation in the future – model and/or talk through the situation
- f) Plan with the child how he/she will re-enter the play group

4.3 Consulting parents is essential whenever there is a concern.

4.4 The staff may need parent's insights that will help the center work through the situation and find a solution.

4.5 Care needs to be taken in discussing problems with parents so not to blame the parent or make the parent feel ashamed of their child's behavior.

4.6 Assure parents it is typical for children to have mistaken behavior as they learn to work and play in groups.

4.7 Staff needs to consider that at times a parent may punish their child in less than desirable ways once they learn of their child's difficult to manage behavior.

4.8 Discussions with parents need to include a plan about handling the behavior that can be used both at school and at home.

5.0 Behavior Guidance Plans

5.1 If needed, outside resource persons may be contacted including the Head Start Mental Health Consultant and other local resources.

5.2 A plan to address the behavior concerns may be developed with a team of staff including the parent/s, the child's teacher, support staff in the classroom, Head Start Management Team members and/or a consultant or professional (with parent consent).

5.3 Behavior Guidance Plans will address:

- a) The behavior of concern
- b) The setting and function of the behavior
- c) Positive alternative behaviors for the child
- d) Alternate staff strategies
- e) A consistent home to school plan for both environments
- f) Identifies the new behaviors the child is taught and encouraged to learn
- g) Methods for teaching the new behaviors
- h) Methods for monitoring progress
- i) Reinforcers for the child's progress
- j) System for follow-up and review
- k) Time frame for meeting again to discuss progress and set next step

6.0 Discipline Methods NOT Permitted by Adults in Head Start Classrooms

- a) Corporal Punishment such as but not limited to shoving, hair pulling, slapping, kicking, biting, pinching, spanking, hitting, rough handling, ear pulling, and shaking.
- b) Emotional Abuse such as but not limited to name calling, shaming, ostracism, making derogatory remarks about the child or the child's family, using language that threatens, humiliates, or frightens the child. Negative reinforcers (sad faces) having "naughty" areas are also not allowed.
- c) Unsubstantiated Separation – Separating one child from the group may be necessary to ensure the safety of the other children.
- d) Punishments for lapses in Toilet Habits. Children should never be humiliated or punished for lapses in toilet training
- e) Withholding Food, Light, Warmth, Clothing, or Medical Care. Food is not to be used as punishment or reward. For example, staff members can not say, "If you don't eat your lunch,

you will not get dessert (your blanket at rest time). We never deprive a child of his/her source of security as a means of punishment for unacceptable behavior.

- f) Physical Restraint other than to physically hold a child when containment is necessary to protect a child or others from harm is not allowed
- g) Mechanical Restraints such as tying or taping are not allowed.
- h) Dismissal from the Program - WCMCA-Head Start does not unenroll a child from the program for behavior lapses.

7.0 Guidance for Children with Special Needs

7.1 Positive behavior guidance methods as listed above will be used for all children including those with special needs.

7.2 All interactions and strategies with the child will be geared towards that child's age and/or developmental level.

7.3 Interactions between a child and teacher should show mutual respect. Teachers who enjoy and receive satisfaction from working with young children display sensitivity, acceptance, cooperation, and are accessible to the children and their families.

8.0 Hierarchy of Behavior Redirection *(Listed from least invasive to most invasive)*

1. Independence- established routines and expectations, no intervention
2. Group Verbal Direction- can include visuals or gestures
3. Individual Verbal Direction- can include visuals or gestures
4. Extended Hand/Holding Hands- friendly, cooperative
5. Herding/Blocking- neutral physical proximity and guidance
6. Physical Redirection- non-cooperative
7. Restraint- total loss of control



HEAD START BEHAVIOR SUPPORT PLAN



STUDENT NAME: _____ DATE OF BIRTH: _____
FAMILY EDUCATION SPECIALIST/CLASSROOM: _____ DATE: _____
SPECIALIST WORKING WITH CHILD (E.G. BEHAVIORAL SPECIALIST, PHYSICAL THERAPIST): _____

DESCRIPTION OF CONCERNING BEHAVIOR(S):

A BEHAVIOR ASSESSMENT FORM HAS BEEN COMPLETED AND IS ON FILE? YES NO

PREVIOUS INTERVENTIONS ATTEMPTED:

DESIRED POSITIVE ALTERNATIVE BEHAVIORS/BEHAVIORAL GOAL(S):

ALTERNATE STAFF STRATEGIES FOR CLASSROOM IMPLEMENTATION/METHODS FOR TEACHING NEW BEHAVIORS:

PARENT INPUT/STRATEGIES FOR HOME TO SCHOOL:

REEVALUATION/MONITORING DATE:

SIGNATURE OF ATTENDEES:

Name _____ Title: _____ Date: _____
Name _____ Title: _____ Date: _____
Name _____ Title: _____ Date: _____



This form or collection of forms is maintained in a separate folder or binder at each Head Start classroom. Periodically the Head Start Supervisor assigned to the classroom will review the separation documentation.

Separation occurs when a child is removed from the group and is temporarily unable to participate in the program activities. No child may be separated from the group unless the classroom staff have tried less intrusive methods of guiding the child's behavior which have been ineffective, and the child's behavior threatens the well-being of the child or other children in the center. All separations from the group must be noted on a daily log (Separation Report).

Redirection occurs when a staff person intervenes during conflict and asks a child to choose an alternative constructive activity. Redirections do not need to be noted on a daily log.

MN Rule 3 9503.0055

Subp. 4. **Separation from the group.** No child may be separated from the group unless the license holder has tried less intrusive methods of guiding the child's behavior which have been ineffective and the child's behavior threatens the well-being of the child or other children in the center. A child who requires separation from the group must remain within an unenclosed part of the classroom where the child can be continuously seen and heard by a program staff person. When separation from the group is used as a behavior guidance technique, the child's return to the group must be contingent on the child's stopping or bringing under control the behavior that precipitated the separation, and the child must be returned to the group as soon as the behavior that precipitated the separation abates or stops. A child between the ages of six weeks and 16 months must not be separated from the group as a means of behavior guidance.

Subp. 5. **Separation report.** All separations from the group must be noted on a daily log. The license holder must ensure that notation in the log includes the child's name, staff person's name, time, date, and information indicating what less intrusive methods were used to guide the child's behavior and how the child's behavior continued to threaten the well-being of the child or other children in care. **If a child is separated from the group three times or more in one day, the child's parent shall be notified and notation of the parent notification shall be indicated on the daily log. If a child is separated five times or more in one week or eight times or more in two weeks, the procedure in subpart 2 must be followed (see below).**

Subp. 2. **Persistent unacceptable behavior.** The license holder must have written procedures for dealing with persistent unacceptable behavior that requires an increased amount of staff guidance and time. The procedures must specify that staff:

- A. observe and record the behavior of the child and staff response to the behavior; and
- B. develop a plan to address the behavior documented in item A in consultation with the child's parent and with other staff persons and professionals when appropriate.



Persistent Unacceptable Behavior Forms:

In reference to MN statute 9503.0055, subpart 2.



WCMCA Behavior Assessment Form:

Staff will use this form to observe and record specific unacceptable student behaviors as well as staff's response to these behaviors. This behavioral assessment will be reviewed at the end of the week with the classroom staff as part of a team meeting and shared with the Head Start Supervisor to help determine next steps.

WCMCA Behavioral Plan:

This plan is used to address the specific behaviors documented in the Behavioral Assessment Form and/or with the Classroom Separation Report to facilitate discussions with parents, classroom staff, Head Start supervisors and/or Head Start Mental Health Consultants when needed.



WCMCA HEAD START SEPARATION REPORT



DATE & TIME OF INCIDENT	CHILD'S NAME/ FIRST & LAST	STAFF PERSONS NAME	INCIDENT DESCRIPTION	PREVIOUS GUIDANCE METHODS USED	HOW WAS THE WELL BEING OF OTHERS CONTINUALLY AFFECTED?	SEPARATION TIME BEGIN/END	PARENTS NOTIFIED? YES or NO	BEHAVIOR PLAN ON FILE YES OR NO?

SEPARATION occurs when a child is removed from the group and is temporarily unable to participate in the program activities. No child may be separated from the group unless the license holder has tried less intrusive methods of guiding the child's behavior which have been ineffective and the child's behavior threatens the well being of the child or other children in the center. All separations from the group must be noted on a daily log. (Minnesota Rule 9503.0055, subpart 4 & 5.)

REDIRECTION occurs when a staff person intervenes during conflict and asks a child to choose an alternate constructive activity. Redirections do not need to be noted on a daily log.

Policy ID Rule 3 (R-3) CPR/AED and First Aid

Related Regulations:	Minn. Rules, part 9503.0110, subpt. 1,2, and 3. Minn. Stat. 245A.41		
Revised by:	Health Supervisor (JH)	Revision Date:	01/01/2018
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	05/18/2018
Responsibility:	Family Education Staff; Classroom staff; Head Start Supervisor Health Supervisor; Systems Specialist		
Timeline:	Ongoing		
Evaluation:	CPR and First Aid Card-Certificate; ChildPlus Report		
Forms:	n/a		

Performance Objective: State law requires that teachers and assistant teachers, and regular volunteers, in a licensed center and at least one staff person during field trips, must complete CPR and First Aid training within the first 90 days of the start of work unless the training has been completed within the previous two years.

1.0 CPR and AED

- 1.1 Family Education Specialists and Classroom Teaching Staff must satisfactorily complete training in cardiopulmonary resuscitation (CPR) that includes CPR techniques and for infants and children and in the treatment of obstructed airways.
- 1.2 The CPR training must be completed within 90 days of the start of work, unless the training has been completed within the previous two years.
- 1.3 The CPR training must have been provided by an individual approved to provide CPR instruction, must be repeated at least once every two years, and must be documented in the staff person's records.
- 1.4 At least one staff person who has satisfactorily completed cardiopulmonary resuscitation training must be present at all times in the center, during field trips.
- 1.5 CPR training may be provided for less than four hours.
- 1.6 Persons providing CPR training must use CPR training that has been developed:
 - a) by the American Heart Association or the American Red Cross and incorporates psychomotor skills to support the instruction; or
 - b) using nationally recognized, evidence-based guidelines for CPR and incorporates psychomotor skills to support the instruction.
- 1.7 Head Start Supervisors and Health Supervisor will assist staff to identify local trainings that meets these requirements outlined above.
- 1.8 Documentation of training will be uploaded by the Head Start Systems Specialist and kept in employees electronic file within ChildPlus and regularly monitored by the Head Start Supervisors.

2.0 First Aid

- 2.1 Family Education Specialists and Classroom Teaching staff must satisfactorily complete pediatric first aid training within 90 days of the start of work, unless the training has been completed within the previous two years.
- 2.2. The First Aid training must be completed within 90 days to complete training, at least one staff person who has satisfactorily completed pediatric first aid training must be present at all times in the center and during field trips.
- 2.3 The pediatric first aid training must be repeated at least every two years, documented in the person's personnel record and indicated on the center's staffing chart, and provided by an individual approved as a first aid instructor. This training may be less than eight hours.
- 2.4 Head Start Supervisor and Health Supervisor will assist staff to identify local trainings that meets these requirements outlined above.
- 2.5 Documentation of training will be uploaded by the Head Start Systems Specialist and kept in employees electronic file within ChildPlus and regularly monitored by the Head Start Supervisors.

Policy ID Rule 3 (R-3) Safety and Injury Prevention

Related Regulations:	Minnesota Rules, part 9503.0110, subparts 1, 2, and 3. Minnesota Statutes, Section 245A.41		
Revised by:	WCMCA Health Supervisor (JH)	Revision Date:	01/01/2018
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	05/18/2018
Responsibility:	Head Start Supervisor; Health Supervisor; Family Education Specialist; Classroom Teaching staff		
Timeline:	Ongoing		
Evaluation:	Monitoring forms, postings; ChildPlus reports and documentation		
Forms:	Facility Health & Safety Inspection, Daily Safety Inspection, Playground Safety Plan, Classroom Posters and Signs, Office of Head Start Health and Safety Screener, Incident/Injury/Illness reports.		

Performance Objective: WCMCA Head Start maintains policies regarding hazards. The safety of the child in Head Start is a prime responsibility of the entire staff. The protection of the children and injury prevention is the first concern of all who care for them in any capacity.

1.0 Staff and Facility Safety

- 1.1 Family Education Specialist and Classroom Teaching staff maintain current pediatric first aid and CPR certification.
- 1.2 Head Start staff, regular volunteers and community partners get background checks to ensure safety.
- 1.3 First Aid kits include an easy to reference *Procedure for Emergency Care* flip chart to assist in emergency responsiveness.
- 1.4 New classroom equipment and supplies selections avoid sharp corners, small pieces and the desire to assure materials are made of safe and durable materials.
- 1.5 Sidewalks must be kept free of snow and ice.
- 1.6 Spills are to be wiped up immediately to avoid falls.

2.0 Hazard Prevention

2.1 Burn Prevention:

- a) Water temperature in hand washing sinks will not exceed 120 degrees. In centers where this cannot be managed staff persons will control water faucets.

- b) Children are not to enter the kitchen area.
- c) Heat sources in the classroom are protected or insulated to protect children from burns.
- d) When using equipment which heats children must be closely supervised.

2.2. Poison Prevention:

- a) Poisons are to be stored in locked cabinets out of the reach of children
- b) In shared facilities, it is especially important to check regularly to see that cleaning products are stored out of the reach of children.
- c) When outdoors, care must be taken to review rules about not putting anything in our mouths that is unknown.
- d) Staff purses and coats are to be placed in areas inaccessible to the children.
- e) The Poison Control number must be posted near the phone at all times.

2.3 Choking Prevention:

- a) When buying equipment and supplies for the classroom, care is taken to purchase games and manipulatives that are age appropriate.
- b) Children are not to put game pieces or building items in their mouths.
- c) Staff monitor the size of food pieces served. Staff are to encourage children to take time when eating and to provide a calm, relaxed atmosphere, 30 minutes is allowed for meals.
- d) Choking and CPR posters hang in each classroom. All Classroom Head Start staff receives CPR and First Aid training certificates.

2.4 Suffocation:

- a) All plastic bags are to be disposed of properly and are stored out of children's reach. They are not to remain accessible to children.
- b) When children are playing with blankets or similar play items, staff must be alert to the potential for suffocation and intervene when necessary. Blinds cords must be kept out of children's reach.

2.5 Pedestrian safety:

- a) When walking with children, one adult will lead, one will follow and others will be evenly distributed amongst the children.

- b) Parents will be provided information on pedestrian safety.

2.6 Traffic Safety:

- a) Staff will discuss center parking lot procedures and safe transition to vehicles during parent orientation and open houses events.

2.7 Active Supervision

- a) Preschool classrooms meet ratios of 4-6 students per staff member.
- b) Classrooms have primary and back up procedures for head counts.
- c) Staffing patterns for classrooms, playgrounds and transitions between rooms will ensure that children are supervised and remain in sight at all time.
- d) Daily sign-out forms are used to determine that children are released to the proper individuals.

3.0 Risk Assessment and Monitoring

3.1 First Aid and CPR posters will be prominently displayed in all classrooms and socialization locations.

3.2 Fire and tornado evacuation routes and procedures outlining staff responsibilities will be prominently displayed.

- a) Documentation of monthly drills are available at all times.

3.3. All staff participate in regular daily health and safety monitoring of classroom space, equipment, playgrounds, including making sure safety and emergency response postings are current.

3.4 Head Start Supervisors and Family Education Specialists review facility risk assessment and emergency preparedness procedures, aligning with facility partners whenever possible.

3.5 Family Education Specialist and Classroom Teaching staff are trained in documentation of accidents and incidents resulting in injury.

3.6 Reports of accidents and injury are routinely monitored for trends by Classroom teams and Head Start Supervisors to determine that policies and staff training is adequate.

Policy ID 64002-Rule 3 (R-3 HPS-AD) Inspection for Potential Hazards

Related Regulations:	1302.47 b 7 ii Minn. Rules, part 9503.0110, subparts 1, 2, and 3. Minn. Statutes, Section 245A.41		
Revised by:	WCMCA Head Start Health Supervisor (JH)	Revision Date:	01/01/2018
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	05/18/2018
Responsibility:	Head Start Management Team; Family Education Specialists; Classroom Teaching staff		
Timeline:	Ongoing and as listed		
Evaluation:	Completed safety screeners and plans		
Forms:	Facility Health & Safety Inspection; Daily Safety Inspection; OHS Health and Safety Screener; Playground Safety Plan		

Performance Objective: Prevention of injuries is paramount at WCMCA Head Start. Sites, Classrooms, and Outdoor activity areas are regularly inspected for hazards.

1.0 Inspection Check-lists and Safety Plans

1.1 The following work in tandem to ensure program sites are identified for hazards and safe for children:

- a) Facility Health & Safety Inspection: This detailed inspection is aligned to meet Rule 3 requirements and completed for each classroom before classes begin and again mid-year.
- b) Daily Safety Inspection: This inspection monitors the classroom's safety daily. Identified concerns are communicated immediately and monitored for correction.
- c) OHS Health and Safety Screener: This screener provided by the Office of Head Start will help organizations adhere to Head Start Program Performance Standards by reviewing health and safety best practices.
- d) Playground Safety Plan: This form details how staff members will interact with children and keep them safe on the playground. Posted by the door to the playground.

Policy ID 64002-Rule 3 (R-3 HPS-AD) Fire Prevention and Response

Related Regulations:	1302.47 b 7 ii Minnesota Rules, part 9503.0110, subparts 1, 2, and 3. Minnesota Statutes, Section 245A.41		
Revised by:	WCMCA Head Start Health Supervisor (JH)	Revision Date:	01/01/2018
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	05/18/2018
Responsibility:	Head Start Management Team; Family Education Specialists		
Timeline:	Ongoing and as needed		
Evaluation:	Licensed professional reports and documentation; Classroom Start-Up and Safety Checklist Module; Evacuation Routes; Classroom Fire and Tornado log		
Forms:	Facility Health & Safety Inspection; Classroom Fire and Tornado log		

Performance Objective: WCMCA Head Start promotes fire safety practices including fire prevention and response.

1.0 Fire Safety Practices

- 1.1 WCMCA Head Start and Early Head Start sites are appropriately equipped with building materials that detect fire and ensure fire safety (for example: smoke detectors, fire suppression system, sprinklers, fire alarms, etc.)
- 1.2 Classroom fire evacuation drills are required to be practiced monthly and documented on logs that include exact date and time.
- 1.3 All Head Start and Early Head Start sites have approved, working fire extinguishers that are readily available.
- 1.4 The Fire Department or Fire Marshall inspects facilities for fire safety and fire prevention.
 - a) Facility partners submit professionally certified inspection reports and regular safety checklists, to the Head Start Management Team for review.
 - b) If the Head Start Management Team finds items of concern in the inspection report or safety checklists, he or she will follow up with the facility leadership.

2.0 Fire Prevention: Fire Extinguishers

- 2.1 Head Start Supervisors perform annual inspections and coordinate the maintenance as needed, which includes:
 - a) Checking fire extinguishers for proper mounting,
 - b) Filling the fire extinguishers with foam as necessary, and
 - c) Updating fire extinguisher tags.
- 2.2. General instruction for operation of extinguishers:
 - Pull pin
 - Aim at base of the fire
 - Squeeze trigger
 - Spray from side to side

3.0 Fire Prevention: Smoke Detectors

- 3.1 An appropriate number of smoke detectors are installed.

a) Family Education Specialists regularly test smoke detectors as applicable.

b) Family Education Specialists keep a log of smoke detector checks.

3.2 Program staff document and file the results of the smoke detector tests, which are available for review.

4.0 Fire Response

4.1 The following information will outline fire response and procedures, which must also be posted within the classroom:

a) Primary and secondary exits,

b) Building evacuation routes,

c) The telephone number of the fire department, and

d) Which staff persons are responsible for the evacuation of children in all areas of the center

i. In case of a smoke or fire emergency, program staff first tend to the safety of the children before accessing the fire extinguisher/s.

5.0 Fire Safety and Prevention Education

5.1 Family Education Specialists include fire safety procedures and fire prevention education in their daily routine and lesson plans.

5.2 As part of yearly classroom orientation, the procedure for carrying out the fire response will be discussed between Family Education Specialists and Classroom Teaching staff.

Policy ID Rule 3 (R-3) Emergency Shelter

Related Regulations:	Minn.Rules 9503.110, subrpt. 1,2,and 3; Minn. Statute 245A.41		
Revised by:	WCMCA Head Start Health Supervisor (JH)	Revision Date:	01/01/2018
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	05/18/2018
Responsibility:	Family Education Specialists, Classroom Teaching staff		
Timeline:	As weather permits		
Evaluation:	Observation		
Forms:	n/a		

Performance Objective: Each program/option provides an opportunity for supervised outdoor play each day when weather is suitable.

1.0 Safe Outside Play: Temperatures

1.1 Each center/site plans a daily outdoor play period for each child.

a) Outdoor play is shown as part of the center/site program schedule.

1.2 Children play outside in most types of weather.

a) The center/site takes into account the combined effects of wind or humidity and the current temperature.

b) The heat index or wind chill factor is the best gauge of the conditions outside.

1.3 **Extreme Heat:** Because extreme heat and prolonged exposure to the sun may cause sunburn or heat exhaustion for some children, Classroom Teaching staff and Family Education Specialists exercise good judgment regarding the safety of children playing outdoors in all types of weather.

a) Classroom Teaching staff and Family Education Specialist make sure that safe, drinkable water is available for staff and children to drink.

b) When the outdoor temperature exceeds 100 degrees Fahrenheit, the program disallows children playing outside.

1.4 **Extreme Cold:** When the temperature is very cold, Classroom Teaching staff and Family Education Specialists may limit or disallow outdoor play.

a) Classroom Teaching staff and Family Education Specialists exercise good judgment regarding the safety of children playing outdoors in all types of weather.

b) Classroom Teaching staff and Family Education Specialists are responsible for taking appropriate precautions as feasible such as dressing children in layers with hats and mittens.

1.5 Classroom Teaching staff and Family Education Specialists are encouraged to discuss with parents the importance of dressing their children appropriately.

1.6 Head Start Classrooms that operate in collaborative facilities may consider aligning safe outside play policies with partners.

2.0 Natural Disasters:**2.1 Blizzards:**

a) Family Education Specialists will monitor weather reports and utilize community facility partners (i.e. schools) to assess blizzard safety and cancellation/closer procedures.

i) Parents will be informed of procedures and details through the Parent Policy Handbook and ongoing classroom communication.

- ii) Parents and emergency contacts will be contacted to take their child home if classes are cancelled during hours of operation.
- b) If it becomes inadvisable to transport children in a Blizzard emergency, the classroom will operate under a modified schedule until it is safe for children to be released.
 - i) Additional food will be held at the site for emergencies.
 - ii) Battery operated communication devices and emergency lighting will be used to monitor safety with adverse weather.

2.2. TORNADOS:

- a) Head Start staff will identify appropriate tornado shelter in conjunction with the building administrators.
 - i) Tornado shelter will be an interior hallway on the lowest level.
 - ii) Outdoor procedure will consist of lying flat on the ground away from hazards.
- b) Classroom Teaching staff will prepare children for tornado drills as part of safety routines.

2.3 Additional procedures as a result of natural disaster will be followed in accordance to WCMCA Head Start emergency preparedness and response policies.

Policy ID Rule 3 (R-3) Missing Child Policy

Related Regulations:	Minn. Rules, part 9503.0110, subparts 1, 2, and 3. Minn. Statutes, Section 245A.41		
Revised by:	WCMCA Head Start Health Supervisor (JH)	Revision Date:	01/01/2018
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	05/18/2018
Responsibility:	Head Start Supervisor; Family Education Specialist; Classroom Teaching Staff		
Timeline:	Ongoing		
Evaluation:			
Forms:			

Performance Objective: WCMCA Head Start will maintain active supervision procedures for all children in the care of WCMCA Head Start. WCMCA Head Start has policies for urgent response to missing children.

1.0 Prevention and Active Supervision

1.1. Active supervision procedures and strategies will be maintained at all times for children in the care of WCMCA staff and volunteers.

2.0 Missing Child Policy

2.1. If a child is discovered to be missing from a Center the following steps will be taken:

- a) The Assistant Family Education Specialist will take charge of children.
- b) Family Education Specialist, additional Classroom Teaching staff and volunteers will organize a search party.
- c) Search team will search the building and immediate area from which the child disappeared.
- d) The Head Start Supervisor will be notified of the search.

2.2. If the child is not found with a reasonable amount of time, as determined by risk factors, the following steps will be taken:

- a) Notify the parents or emergency contact person.
- b) Phone 911.
- c) Head Start Supervisor will notify the Head Start Director and/or WCMCA administration, who will advise as needed.

Policy ID Rule 3 (R-3) Custody Disputes/ Unauthorized Access to Child

Related Regulations:	Minn. Rules, part 9503.0110, subparts 1, 2, and 3. Minn. Statutes, Section 245A.41		
Revised by:	WCMCA Head Start Health Supervisor (JH)	Revision Date:	01/01/2018
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	05/18/2018
Responsibility:	Head Start Director; Head Start Supervisor; Family Education Specialist; Classroom Teaching Staff		
Timeline:	Ongoing		
Evaluation:	Signed Enrollment Emergency Agreement; legal documentation of custody/parental rights		
Forms:	Enrollment Emergency Agreement; Incident/Accident/Illness report		

Performance Objective: WCMCA Head Start treats the safety of children during parental custody disputes and pick-up procedures as a primary goal.

1.0 Custody Disputes

- 1.1. If a custodial parent of an enrolled child indicates there is a conflict regarding with whom the child resides, the parent will be encouraged to provide legal documentation supporting their statement.
- 1.2. Legal documentation may include a restraining order or visitation schedule mitigated by the court.
- 1.3. The custodial parent is also informed that Head Start cannot deny a non-custodial parent/guardian access to a child at the center during Head Start hours if a restraining order has not been physically or electronically submitted to site staff.
- 1.4. Other acceptable forms of documentation include:
 - a) Letter or Temporary Letter of Guardianship,
 - b) Judicial Counseling Form,
 - c) Notarized and signed letter giving adult temporary custody,
 - d) Official Joint Custody papers listing dates and times of visitation or shared custody times,
 - e) Proof of Foster status stating if custody is physical or legal or both.

2.0 Dual Custody

- 2.1 In dual custody/non-custodial situations, where the parent is to be involved in their child's Head Start experience, staff need to devise ways for both parents to attend parent conferences and home-visits.

2.2 To the maximum extent possible, the Family Education Specialist will contact the non-custodial parent for their address and phone number and invite them to attend Head Start events.

2.3 In the case where the parent cannot be physically present, for example, if the parent is incarcerated, duplicate educational materials or progress reports, including classroom newsletters and send by mail to include the non-custodial parent in their child's education.

2.4 The primary goal of staff is to ensure the safety of all children.

2.5 If a non-custodial parent/guardian arrives at the site to pick up their child and they are not listed on the Enrollment Emergency Agreement (EEA) Form, staff will follow the Picking up Children- Unauthorized Person Procedure.

3.0 Court Order Restricts Access Of The Unauthorized Person

3.1 If a court order restricts access of the unauthorized person, the staff will follow this procedure:

- a) If a court order is on file that restricts access by the unauthorized person and the unauthorized person does not leave the premises, staff will call local law enforcement.
- b) If the unauthorized person takes the child, staff will gather identifying information, if possible (i.e. license plate number, clothing) and call 911.
- c) If an unauthorized person removes a child from center, center staff will:
 1. Call 911 to report the incident
 2. Call parents
 3. Call Supervisor
- d) Staff will ensure that all other children are safe.

4.0 Picking-Up Children:

4.1 The Head Start Emergency and Enrollment Agreement (EEA) form names authorized persons to whom the child may be released. Staff cannot allow a child to leave the center with a person they do not know.

4.2 Any change to the Head Start Emergency Enrollment Agreement form must be in writing and submitted to the WCMCA Head Start office.

5.0 Picking-Up Children: Unauthorized Person

5.1 If any unauthorized person arrives to pick up a child, the staff will follow this procedure:

- a) Staff will ask any new people who pick-up for a picture ID and check the EEA for any recent changes to the people with release to authorization.
- b) Staff will check messages to see if there were any changes for the child's pick-up from the person who signed the EEA,
- c) If there is no authorization, the unauthorized person will be informed that they do not have permission to pick up the child.
- d) If the unauthorized person has legal documentation that he or she has physical rights or parenting time, staff will follow the legal documentation. A Head Start Supervisor will be contacted for assistance.
- e) If the unauthorized person becomes irrational and will not leave the premises, the staff will contact law enforcement.
- f) To ensure the safety of all children, the child and the other children will be brought to a secure environment.
- g) The person who signed the EEA form will be contacted to inform them of the situation.
- h) Staff will notify a Head Start Supervisor.
- i) Head Start Supervisor will notify the Head Start Director, and/or WCMCA Chief Executive Officer.
- j) Staff will fill out an Incident/Injury/Illness report, documenting circumstances, witnesses and action taken.

6.0 Picking-Up Children: Person Who Is Under the Influence

6.1 Any person who is under the influence of alcohol or drugs may not pick up a child.

6.2 If a person who is under the influence of alcohol or drugs attempts to pick-up a child, the staff will follow this procedure:

- a) If a person arrives that is suspected to be under the influence, staff will ensure the safety of all children.
- b) If the person is suspected to be incapacitated, the staff will request the suspected person call for an alternative ride for themselves and the child.
- c) Staff will distract while waiting for the alternative ride.
- d) If the parent does not follow the staff's request, they will contact law enforcement to assist.
- e) Staff will notify a Head Start Supervisor.

- f) Head Start Supervisor will notify the Head Start Director.
- g) Staff will fill out an incident log, documenting circumstances, witnesses and action taken.
- h) If law enforcement was not contacted, staff will make a mandated report to social services.

7.0 Picking-Up Children: Person Suspected of Abuse

7.1 Any person who is visibly upset with concerns of suspected child abuse shall not pick up a child.

7.2 If a person is visibly upset with concerns of suspected child abuse attempts to pick-up the child, the staff will follow this procedure:

- a) If it is a person other than the parent/guardian the parent/guardian will be notified.
- b) If the person is the parent/guardian, staff will contact an authorized emergency contact on the Emergency Enrollment Agreement (EEA) Form.
- c) If an emergency contact cannot be reached, staff will contact law enforcement.
- d) Staff will complete an Incident Report containing circumstances, witnesses and action taken.
- e) If law enforcement was not previously contacted, staff will report to Social Services.

8.0 No One Comes to Pick Up a Child

8.1 If no one comes to pick-up the child, the staff will follow this procedure.

- a) Teaching staff must remain at the center until all children have been picked up.
- b) If no one comes to pick up a child, the parent/ guardian on the Emergency Enrollment Agreement (EEA) form will be called.
- c) If the parent/guardian cannot be reached, the authorized contacts on the EEA will be called.
- d) Staff will notify the Head Start Supervisor.
- e) If the authorized contacts cannot be reached, after an hour passes, staff will contact local law enforcement.
- f) Staff will stay with the child until law enforcement arrives.
- g) Staff will notify a Head Start Supervisor when the child has been safely released.

Policy ID Rule 3 (R-3) Health Emergency Procedures

Related Regulations:	1302.41 b 2 Minn. Rule, part 9503, subpt. 1,2, and 3; Minn. Statute 245A.41		
Revised by:	WCMCA Head Start Health Supervisor (JH)	Revision Date:	01/01/2018
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	05/18/2018
Responsibility:	HS Management Team; Family Education Specialist; Classroom Teaching staff		
Timeline:	As needed		
Evaluation:	Health emergencies postings and emergencies documented.		
Forms:	various		

Performance Objective: Programs operating at center-based options must implement these policies and procedures to respond to medical and dental health emergencies. Programs must ensure that all staff are trained and familiar with these procedures.

1.0 Health Emergency Procedures and Contacts

- 1.1 Programs post policies and plans of action for emergencies that require rapid response on the part of staff (e.g. a child choking) or immediate medical or dental attention.
- 1.2 The location and telephone numbers of emergency response systems are posted near a phone in a conspicuous place in every classroom. Emergency contact numbers include 911 and/or those for police, fire, ambulance, poison control, Child Protective Services, and others as appropriate.
- 1.3 Family Education Specialists are responsible for maintaining up-to-date family contact information and authorization for emergency care for each child including emergency transportation authorization, in a secure place in the classroom.
- 1.4 Emergency evacuation routes and other safety procedures for emergencies (e.g., fire or weather-related) are conspicuously posted.
- 1.5 Emergency evacuation routes and other safety procedures for emergencies are practiced regularly (see 1304.53 for additional information).
- 1.6 Family Education Specialists are responsible for documenting monthly fire drills and making them available for review at all times.
- 1.7 Family Education Specialists are responsible for documenting monthly tornado drills (September, April May) and making them available for review at all times.
- 1.8 The Family Education Specialist or Head Start Supervisor is responsible for insuring that parents are notified in the event of an emergency involving their child. Methods of notification include telephone, in person, through emergency contacts, e-mail, text messages and/or other viable means.
- 1.9 WCMCA Head Start makes this information available to parents.

Policy ID Rule 3 (R-3) Incidents and Injuries

Related Regulations:	Minn. Rules, part 9503.0110, subparts 1, 2, and 3. Minn. Statutes, Section 245A.41		
Revised by:	WCMCA Head Start Health Supervisor (JH)	Revision Date:	01/01/2018
Approved by:	WCMCA Head Start Management Team; Policy Council	Approval Date:	05/18/2018
Responsibility:	Family Education Specialist; Classroom Teaching staff		
Timeline:	Required when an incident or injury occurs		
Evaluation:	ChildPlus and child's electronic file		
Forms:	Incident, Injury, Illness report		

Performance Objective: WCMCA Head Start responds to medical and dental health concerns and notifies the parents and WCMCA Head Start in the event of an emergency involving an enrolled child of the program.

1.0 Incident and Injury Prevention

- 1.1 Program staff attempt to prevent injuries.
- 1.2 Program staff ensure that staff and volunteers can demonstrate health and safety practices.
- 1.3 Program staff foster health and safety awareness among children and parents by incorporating it into child and parent activities.
- 1.4 Only staff members trained in First Aid and CPR should administer first aid to an injured child.

2.0 Incident/Injury/Illness Report

- 2.1 When an incident, injury, or illness occurs, the staff member in charge of the child when the incident/injury occurred completes the Incident, Injury, Illness report in ChildPlus. Such incidents include:
 - a) An incident, injury, illness that requires first aid treatment
 - b) An identified, or parent reported, communicable or infectious disease or ailment, including parasites and infestation
 - c) An illness or injury that requires emergency medical treatment
 - d) An unusual or unexpected incident that jeopardizes the safety of children or staff, such as suspected maltreatment, attempted pick-up by unauthorized individual, or a child leaving the premises unattended.
- 2.2 The staff member completing the Incident, Injury, Illness Report documents what occurred, what was done to care for the child, notification to parents, and the parents' responsibility to this notification.
- 2.3 The Family Education Specialist notifies the Head Start Supervisor and Health Supervisor of the incident, injury, or illness.
- 2.4 Serious injuries that result in death or require emergency medical or dental treatment will be reported to state licensing.

This report is submitted to the MN DHS licensing office within 24 hours of notification. If there are concerns of child abuse or neglect, the WCMCA Child Abuse and Neglect policy will be followed.

Policy ID Rule 3 (R-3) Monitoring Incident/Injury/Illness

Related Regulations:	Minn. Rules 9503.0110 subpt 1,2, and 3; Minn. Statute 245.A.41		
Revised by:	WCMCA Head Start Health Supervisor (JH)	Revision Date:	01/01/2018
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	05/18/2018
Responsibility:	Head Start Supervisor, Health Supervisor, Family Education Specialist, Classroom Teaching staff		
Timeline:	Ongoing		
Evaluation:	ChildPlus documentation/report		
Forms:	Incident/Injury/ Illness report, Team Meeting Minutes		

Performance Objective: The monitoring of incidents is an integral part of ongoing the internal monitoring process.

1.0 Monitoring Incident/Injury/Illness

- 1.1 Family Education Specialists and Classroom Teaching staff notify the Head Start Supervisor and Health Supervisor after an Incident/ Injury/ Illness report has been completed in ChildPlus.
- 1.2 As part of the incident, injury, or illness reporting process, the Family Education Specialist and/or Classroom Teaching staff identifies possible changes to prevent the incident from happening again and records these findings on the Incident/Injury/Illness Report form.
- 1.3 Routine monthly monitoring of ChildPlus reports identify specific and program wide trends related to incident, injury, and illness.
- 1.4 The monitoring of the frequencies of these incidents occurs in two ways:
 - a) Family Education Specialists review ChildPlus reports monthly to identify trends with children and/or environment.
 - b) Head Start Supervisors and Health Supervisor reviews ChildPlus reports for trends within classrooms/socialization spaces, between staff, or across the program.
- 1.5 Corrective actions to reduce cases of incident, injury, and illness is reflected on:
 - a) Individual Incident/Injury/ Illness reports
 - b) Classroom Team Meeting Minutes
 - c) Training and reinforcement of program health and safety procedures communicated by Supervisors.
- 1.6 In addition, all Head Start programs must participate in a self-assessment process and Health Services Advisory Committee meetings that reviews health and safety processes and procedures.

Policy ID Rule 3 (R-3) Allergy Prevention and Response Plan

Related Regulations:	Minn. Stat. 245A.41, subd. 1		
Revised by:	WCMCA Health Supervisor (JH)	Revision Date:	01/01/2018
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	05/18/2018
Responsibility:	Head Start Supervisor; Family Education Specialist; Classroom Teaching staff		
Timeline:	Ongoing		
Evaluation:	ChildPlus Documentation/Report, Team Meeting Minutes		
Forms:	Health History; Authorization for Release of Information; Allergy Action Plan; Individual Child Care Program Plan; Team Meeting Minutes		

Performance Objective: WCMCA Head Start secures documentation of any known allergy from the child's parent/ legal guardian or the child's source of medical care.

1.0 Allergy Prevention

- 1.1 Before admitting a child for care, Family Education Specialists must obtain documentation of any known allergy from the child's parent or legal guardian via Health History Form or a record from child's source of medical care with an Authorization of Release of Information form signed by the parent.
- 1.2 If a child has a known allergy, WCMCA Head Start maintains current information about the allergy in ChildPlus.
- 1.3 The Family Education Specialist will support parents in submitting a child's allergy information/action plan from the provider and develop Individual Child Care Program Plan (ICCPP) form in collaboration with the parent.
 - a) Utilizing allergy-related documentation from the provider and information from the parent, the ICCPP must include but not be limited to:
 - i) a description of the allergy
 - ii) specific triggers
 - iii) avoidance techniques
 - iv) symptoms of an allergic reaction
 - v) procedures for responding to an allergic reaction, including medication, dosages, and a doctor's contact information.
- 1.4 A child's food allergy information must be posted and readily available to a staff person in the area(s) where food is prepared and served to the child.

2.0 Allergy Response

- 2.1 Head Start Supervisors ensure that the Family Education Specialist and Classroom Teaching staff review and follows the plan.
 - a) Staff review of the plan is documented on the ICCPP form.
- 2.2 Annually, or following any changes made to allergy-related information in the child's record, Family Education Specialists assist the family to update the child's individual care or allergy plan.
- 2.3 A child's allergy information must be available at all times including on site, during transitions, and as part of the site's emergency response plan.
- 2.4 WCMCA Head Start's policy on medication administration to children will be followed when responding to allergies using emergency and rescue medications.

2.5 The Family Education Specialist, or designated Classroom Teaching staff, must contact the child's parent or legal guardian as soon as possible in any instance of exposure or allergic reaction that requires medication or medical intervention.

2.6 Family Education Specialists or Classroom Teaching staff must call 911 or emergency medical services when a child is in a medical emergency as a result of an allergy.

- a) Rescue medications administered to the child while in WCMCA's Head Start Care (ie. Epinephrine) will be made available to the first responders when emergency medical services are needed.

Policy ID Rule 3 (R-3) Handling and Disposal of Bodily Fluids

Related Regulations:	Minn. Stat. 245A.41. Subd. 2.; Minnesota Rules, part 9503.0005, subpart 11		
Revised by:	Health Supervisor (JH)	Revision Date:	01/01/2018
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	05/18/2018
Responsibility:	Health Supervisor, Head Start Supervisor; Family Education Specialists; Classroom teaching staff		
Timeline:	Ongoing		
Evaluation:	ChildPlus Documentation/Report		
Forms:	Cleaning, Sanitizing, and Disinfecting Guidelines; Gloving procedures		

Performance Objective: In addition to current requirements for first aid, WCMCA Head Start centers and classrooms follow requirements for handling and disposing of potentially infectious bodily fluids, such as blood and vomit.

1.0 Blood Borne Pathogens Training

1.1 WCMCA Head Start ensures that Family Education Specialists and Classroom Teaching staff is trained annually on universal precautions to reduce the risk of spreading infectious disease.

1.2 A staff person's completion of the training is documented in the staff person's training record in ChildPlus.

2.0 Handling and Disposal of Bodily Fluids.

2.1 Family Education Specialists and Classroom Teaching staff will treat all blood and bodily fluids as potentially infectious.

2.2 Surfaces that come in contact with potentially infectious bodily fluids, including blood and vomit, must be cleaned and disinfected according to Minnesota Rules, part 9503.0005, subpart 11; additional procedures are outlined in program Cleaning, Sanitizing, and Disinfecting Guidelines form.

- a. Ensure disinfectant/sanitizer product is EPA approved
- b. Bleach solutions is programs primary disinfectant/sanitizer
- c. Alternative disinfecting products, such as those used by schools/facility partners, are acceptable by securing Hazardous Safety Data Sheets.

2.3. Blood-contaminated material must be disposed of using personal protective equipment and placed in a plastic bag with a secure tie;

2.4 Sharp items used for a child with special care needs must be disposed of in a "sharps container." The sharps container must be stored out of reach of a child;

2.5 The Head Start Supervisor and Health Supervisor will ensure the following bodily fluid disposal supplies are in the classroom and socialization locations: disposable gloves, disposal bags, and eye protection.

Policy ID Rule 3 (R-3) Emergency Preparedness

Related Regulations:	Minn. Stat. 245A.41, Subd. 3.		
Revised by:	WCMCA Head Start Management Team	Revision Date:	01/01/2018
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	05/18/2018
Responsibility:	Head Start Management Team		
Timeline:	Ongoing		
Evaluation:	Written Emergency Plan		
Forms:	Child Care Emergency Plan		

Performance Objective: WCMCA Head Start maintains emergency preparedness plans for emergencies that require evacuation, sheltering, and other protection of children. T

1.0 Emergency Preparedness Plan

- 1.1 WCMCA Head Start completes written emergency plan for emergencies that require evacuation, sheltering, or other protection of a child, such as fire, natural disaster, intruder, or other threatening situation that may pose a health or safety hazard to a child.
- 1.2 The plan must be written on the Child Care Emergency Plan form developed by the commissioner and must include:
- a) Procedures for an evacuation, relocation, shelter-in-place, or lockdown
 - b) Designated relocation site and evacuation route
 - c) Procedures for notifying a child's parent or legal guardian of the evacuation, relocation, shelter-in-place, or lockdown, including procedures for reunification with families;
 - d) Accommodations for a child with a disability or a chronic medical condition;
 - e) Procedures for storing a child's medically necessary medicine that facilitates easy removal during an evacuation or relocation;
 - f) Procedures for continuing operations in the period during and after a crisis;
 - i) Procedures for communicating with local emergency management officials, law enforcement officials, or other appropriate state or local authorities.
 - ii) The license holder must train staff persons on the emergency plan at orientation, when changes are made to the plan, and at least once each calendar year. Training must be documented in each staff person's training file.
 - iii) The license holder must conduct drills according to the requirements in Minnesota Rules, part 9503.0110, subpart 3. The date and time of the drills must be documented.
 - iv) The license holder must review and update the emergency plan annually. Documentation of the annual emergency plan review shall be maintained in the program's administrative records.
 - v) The license holder must include the emergency plan in the program's policies and procedures as specified under section 245A.04, subdivision 14. The license holder must provide a physical or electronic copy of the emergency plan to the child's parent or legal guardian upon enrollment.

- vi) The relocation site and evacuation route must be posted in a visible place as part of the written procedures for emergencies and accidents in Minnesota Rules, part 9503.0140, subpart 21.



Emergency Response Procedures

WCMCA Head Start



Emergency Contacts:

- Call 911 for: Fire, Police, or Emergency Medical or Dental
- MN Poison Control: 1-800-222-1222
- Local Police (Non-Emergency): _____
- Local Public Health Department: _____
- MN Dept Of Human Service Division of Licensing: 651-431-6500

Evacuation Relocation Site:

Name of Site: _____

Head Start Classroom: _____

Location: _____

Direction-Route: _____

Designate staff position for specific roles in each emergency response scenario. Duration classrooms should consider back-up staff during staffing transitions that happened during day.

FIRE/EMERGENCY EVACUATION

1. Alert staff and to begin evacuation procedure. Call emergency services (911): _____
2. Quickly and calmly gather children, perform head count. _____
3. Gather emergency kit and assist with keeping children calm: _____
4. Ensure windows and door are closed, final sweep of classroom: _____
5. Lead children to designated relocation area _____ (evacuation location), account for all children in attendance: _____
6. Inform WCMCA Head Start Director at 218-685-7094: _____

TORNADO WARNING/SEVERE THUNDERSTORM WARNING

1. Quickly and calmly lead children _____ (staff position) to _____ (location) designated safe area.
2. Assist with leading children to safe area: _____
3. Account for all children in attendance: _____
4. Gather emergency kit, access weather updates and bring with the group _____
5. Guide all children to kneel in a head tuck position safe zone and ensure all children accounted for until the conditions dissipate: _____
6. Inform WCMCA Head Start Director at 218-685-7094: _____

SOFT LOCK DOWN-threat is in community but not directly at school

1. Account for all of the children in attendance: _____
2. Lock classroom door when given directive (ie: "Secure the Building"): _____
3. Continue with indoor routine.
4. Inform WCMCA Head Start Director at 218-685-7094: _____

HARD LOCK DOWN-threat is within the school

1. Implement facility/district procedure, lock classroom door, turn off lights & cover window: _____
2. Quickly and calmly lead children _____ (staff position) to _____ (location) designated safe area.
3. Keep children calm and quiet, with students in secured area until "ALL CLEAR": _____
4. Inform WCMCA Head Start Director at 218-685-7094: _____

MISSING CHILD

1. Search site, seek assistance from available team members: _____
2. Contact parent/guardian Call 911: _____
3. Continue search in and around site: _____
4. Inform WCMCA Head Start Director at 218-685-7094: _____

BLIZZARD

1. Monitor local weather announcements, radar on cell phone: _____
2. Call parents/emergency contacts to inform them of early dismissal: _____
3. Keep children safe, comfortable and calm, using modified schedule if necessary until all children are picked up safely.



DEPARTMENT OF HUMAN SERVICES

Child Care Emergency Plan

Instructions: State law requires the following providers to use this form to create an emergency preparedness plan: (1) licensed child care centers (Minn. Stat. 245A.41, Subd. 3), (2) licensed family child care providers (Minn. Stat. 245A.51, Subd. 3), and (3) certified child care centers (Minn. Stat. 245H.15). Please refer to the Keeping Kids Safe planning guide for guidance in creating your emergency preparedness plan.

1. Provider Information

DATE CREATED	DATE(S) REVISED		
PROVIDER NAME			
ADDRESS	CITY	STATE	ZIPCODE
PHONE NUMBER	EMERGENCY PHONE		

2. Shelter-in-Place / Lockdown Procedures If we need to stay in the building due to an emergency, the following procedures will be followed

LOCATION 1 (IN-BUILDING)	LOCATION 2 (IN-BUILDING)
--------------------------	--------------------------

PROCEDURES FOR SHELTER-IN-PLACE / LOCKDOWN Describe your procedures (who, what, where, when)

SHELTER-IN-PLACE / LOCKDOWN FOR CHILDREN WITH DISABILITIES OR CHRONIC MEDICAL CONDITIONS

Include any special circumstances or procedures needed for children with disabilities or chronic medical conditions

Notification

EMERGENCY RESPONDERS WILL BE NOTIFIED WHEN

PARENTS / GUARDIANS WILL BE NOTIFIED WHEN

Emergency Kit for Shelter-in-Place / Lockdown Situations

PLEASE DESCRIBE YOUR EMERGENCY KIT. Please see Keeping Kids Safe for more information about how to use your emergency kit during shelter-in-place and lockdown situations

3. Evacuation and Relocation Procedures

IF WE NEED TO EVACUATE OUR SITE AND RELOCATE TO ANOTHER SITE, THE FOLLOWING PROCEDURES WILL BE FOLLOWED

EVACUATION ROUTES AND EXITS Show how you and the children will leave from any room in the building

EVACUATING INFANTS AND TODDLERS Describe any special circumstances or procedures needed for evacuating infants and toddlers from the building

EVACUATING CHILDREN WITH DISABILITIES OR CHRONIC MEDICAL CONDITIONS Describe any special circumstances or procedures needed for evacuating children with disabilities or chronic medical conditions from the building including procedures for storing a child's medically necessary medicine

Notification

EMERGENCY RESPONDERS WILL BE NOTIFIED WHEN

PARENTS / GUARDIANS WILL BE NOTIFIED WHEN

Emergency Kit for Evacuation and Relocation Situations

DESCRIBE YOUR EMERGENCY KIT. Please review Keeping Kids Safe for more information about how to use your emergency kit during evacuation and relocation situations

Relocation - Location 1

BUILDING NAME	REASON(S) TO EVACUATE TO LOCATION 1		
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	EMERGENCY PHONE		
TRANSPORTATION TO LOCATION 1			

OTHER DETAILS

Relocation - Location 2 (optional)

BUILDING NAME	REASON(S) TO EVACUATE TO LOCATION 2		
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	EMERGENCY PHONE		
TRANSPORTATION TO LOCATION 2			

OTHER DETAILS

4. Parent/Guardian and Child Reunification Procedures

If we need to evacuate, shelter-in-place, or when parents/guardians are unable to get to children, the following procedures will be followed to reunite children with parents/guardians or designated contacts as soon as it is safe.

PARENTS / GUARDIANS WILL BE NOTIFIED WHEN

PARENT/GUARDIAN CONTACT INFORMATION WILL BE MAINTAINED IN THIS LOCATION

Release Children will only be released to parents/guardians or other individuals listed on the child's form (with proper identification)

OTHER DETAILS ABOUT RELEASE OR REUNIFICATION

5. Continuing Operations Procedures

In the period during and after a crisis, the following procedures will be followed regarding continuing operations

Notification and Decision Making

THE FOLLOWING PEOPLE WILL NEED TO BE NOTIFIED AND BE A PART OF THE DECISION-MAKING PROCESS REGARDING CONTINUED OPERATIONS DURING A CRISIS

THE FOLLOWING PEOPLE WILL NEED TO BE NOTIFIED AND BE A PART OF THE DECISION MAKING-PROCESS REGARDING CONTINUED OPERATIONS AFTER A CRISIS

ANY ADDITIONAL CONSIDERATIONS FOR OPERATIONS

6. Emergency Contact Information**For Emergencies - Dial 911****Law Enforcement Agencies**

CITY (if applicable)	CONTACT NAME
NON-EMERGENCY NUMBER	24-HOUR EMERGENCY NUMBER
CITY (if applicable)	CONTACT NAME
NON-EMERGENCY NUMBER	24-HOUR EMERGENCY NUMBER

Utility Emergency Phone Numbers

ELECTRIC	COMPANY
CONTACT PERSON	24-HOUR EMERGENCY NUMBER
GAS	COMPANY
CONTACT PERSON	24-HOUR EMERGENCY NUMBER
WATER	COMPANY
CONTACT PERSON	24-HOUR EMERGENCY NUMBER

General Emergency Resource Numbers

MINNESOTA POISON CONTROL	PHONE NUMBER 800-222-1222
CRIME VICTIM SERVICES	PHONE NUMBER
POST-CRISIS MENTAL HEALTH HOTLINE	PHONE NUMBER
FIRE DEPARTMENT	PHONE NUMBER
OTHER	PHONE NUMBER
NAME OF INSURANCE AGENCY	
INSURANCE CONTACT PERSON	PHONE NUMBER

Licensing or Certification Information

LICENSING OR CERTIFICATION NUMBER	
LICENSED OR CERTIFIED BY STATE OR COUNTY	
LICENSOR NAME	LICENSOR PHONE

Child Care Assistance Program (CCAP) Information (If applicable)

CCAP PROVIDER ID	
CCAP AGENCIES REGISTERED WITH	CCAP AGENCY PHONE NUMBER(S)

7. Identification of Hazards

This section is provided as a resource for your emergency preparedness. It allows you to identify the risk of certain hazards occurring, the impact that a hazard could have if it did occur, and how you would continue operating during and after the emergency.

Attention licensed child care centers: You are not required to complete this section as you should have already identified potential risks and impacts as part of your Risk Reduction Plan (see Minn. Stat. 245A.66). If you have not addressed any of these hazards that could impact your site, you should use this section or add items to your Risk Reduction Plan.

HAZARDS	RISK OF HARM, POTENTIAL IMPACT AT YOUR SITE, AND PLAN FOR CONTINUING OPERATIONS DURING AND AFTER THE EMERGENCY
Fire	
Flood	
Gas/Chemical Leaks	
Hazardous Materials	
High or Low Temperatures	
Infectious Diseases	
Nuclear Power Plant	Please note, there are two nuclear power plants in Minnesota. Depending on your proximity to these plants, which are located in Welch and Monticello, you may/may not have a potential "risk of harm."
Severe Winter Weather	
Thunderstorm	
Tornado	
Violent Incidents	
Other	

8. Child Emergency Contact Information

You should collect each child's emergency contact information and keep it with your emergency kit(s). Licensed child care centers and licensed family child care providers already collect this information from parents/guardians upon enrollment.

Keep the following information with your emergency kit(s) in case of an emergency:

Child specific information:

- Child's name
- Child's address
- Child's date of birth
- (If applicable) Special instructions for children with disabilities or chronic medical conditions

Parent/guardian information:

- Name(s) & relationship to child
- Preferred contact information (i.e., phone number or email address)
- Alternate emergency contacts
- Individuals authorized for pick-up

For licensed family child care providers, this information is on the first page of each child's Admissions and Arrangements form. Keep a copy of the first page of each child's Admissions and Arrangements form with your emergency kit(s) so that the information can be easily accessed in an emergency.

Please note: Do not post any child-specific information with your emergency plan or share it with other parents.

Policy ID 63006/Rule 3 (R-3) Appropriate Toileting, Hand Washing, and Diapering

Related Regulations:	HSPPS 1302.47 b 6 i, 1302.47 b 6 iii, Minn. Rule 9503.0140 sub 10 sub 11 sub 12 sub 13 sub 14, sub 15		
Revised by:	WCMCA Head Start Health Supervisor (JH)	Revision Date:	06/01/2020
Approved by:	WCMCA Head Start Policy Council; HS Management Team; Health Consultant	Approval Date:	05/18/2018
Responsibility:	Family Education Specialist; Classroom Teaching Staff		
Timeline:	Ongoing; Daily		
Evaluation:	Posted Procedures; Observation		
Forms:	N/A		

Performance Objective: All staff systematically and routinely implement hygiene practices, including during toileting and diaper changes.

1.0 Hygiene and Safety Practices

1.1 WCMCA Head Start maintains standards for personal hygiene.

1.2 Non-porous (e.g., non-latex) powder free gloves, safety glasses, and disposal bags are available for staff when they are in contact with spills of blood or other visible bodily fluids.

- a) Additional Personal Protective Equipment (PPE) is available during health emergencies.
- b) Classroom staff are responsible for storing and the inventory of PPE in each classroom.

1.3 Spills of bodily fluids (e.g., urine, feces, blood, saliva, nasal discharge, eye discharge or any fluid discharge) are cleaned and disinfected immediately in keeping with professionally established guidelines.

- a) Any tools and equipment used to clean spills of bodily fluids are disposed of or cleaned and disinfected immediately.

1.4 Toilet facilities have routine procedures related to hazards that adequately protect the health and safety of children served by the program and staff.

- a) Bathrooms or toilet training space within classroom or socialization space will be cleaned daily.
- b) Toilets and seats must be washed with soap and water and disinfected when soiled, or at least daily.
- c) Bathrooms are routinely checked for hazards including proper flushing of toilets and drainage of sinks.
- d) Disposal in covered waste containers, lined with plastic.

2.0 Hand Washing

2.1 Hand washing signs are posted near all sinks.

2.2 Staff must monitor the hand washing of children and assist a child as needed.

2.3 Children wash their hands with soap and running water regularly and specifically related to diapering and toileting procedures:

- a) After each diapering or pull up change,

- b) After toileting or using the toileting facility,
- c) And additional routine times not related to toileting.

2.4 Staff wash their hands with soap and running water during the following times specifically related to diapering and toileting procedures:

- a) Before and after taking off disposable gloves for clean-up of bodily fluids or excretions,
- b) Before and after each diapering or pull up change,
- c) After toileting or after assisting each child with toileting,
- d) Additional routine times not related to toileting.

3.0 Toileting and Diapering

3.1 Diapering procedures are posted in the diaper changing area.

3.2 Adequate supplies will be available and accessible during toileting.

- a) The program will make the following supplies available and accessible to children:
 - i. Toilet paper,
 - ii. Liquid hand soap,
 - iii. Facial tissues,
 - iv. And singles use paper towels or hand dryers.
- b) During Early Head Start socializations, the Family Education Specialists provide pull-ups for family use and information to parents on appropriate diapering and toileting (potty training) tips.

3.3 Classroom Teaching staff follow proper hygiene and sanitation procedures when diapering and toileting children which ensures:

- a) Diapers or pullups are changed on a smooth, nonporous surface used only for that purpose.
- b) The use of individual disposable changing covers for the table or changing space; and
- c) Application of diaper products on a child meet the requirements of the medication administration policies.

3.4 Changing areas are located away from adult bathrooms, dental hygiene, and food preparation and serving areas.

- a) Diaper changing areas are never used for the temporary placement or serving of food.
- b) Diaper changing areas are located as close to a hot and cold running water source as possible; within 3 feet as required by state licensed classrooms.

3.5 Classroom Teaching staff must ensure child safety at all times.

- a) Changing tables are supervised by an adult when in use.

b) Changing mats are kept in good condition.

c) Toilets, mats, and sinks for toddler and preschool use are appropriate in height.

d) Step stools or low platforms may also be used with adult supervision if facilities are too high.

3.6 Diapers and accessories storage areas are placed close to or within the diapering area.

a) The following items are available in these areas: clean diapers, wipes, and nonporous gloves.

b) Cleaning supplies are stored in a secure area away from children.

Policy ID 63006/Rule 3 (R-3) Handwashing and Hygiene

Related Regulations:	HSPPS 1302.47 b 6 i, 1302.47 b 6 iii, Minn. Rules. 9503.0140 sub 10 sub 11		
Revised by:	WCMCA Head Start Health Supervisor (JH)	Revision Date:	06/01/2020
Approved by:	WCMCA Head Start Policy Council; HS Management Team; Health Consultant	Approval Date:	05/18/2018
Responsibility:	Family Education Specialist; Classroom Teaching Staff		
Timeline:	Daily		
Evaluation:	Observation ;Hand Washing Posting Cleaning, Sanitizing, Disinfecting Schedules; Respiratory Etiquette Postings		
Forms:	Incident, Injury, Illness Report		

Performance Objective: WCMCA Head Start maintains standards for personal hygiene. All staff systematically and routinely implement hygiene practices.

1.0 Hand Washing

1.1 Hand washing procedures are posted near all sinks (kitchen, classroom, restrooms).

1.2 Staff will monitor and assist children with handwashing as needed.

1.3 Staff, volunteers, and children wash their hands before and after each meal and after activities such as diapering and toilet use to help prevent the spread of illness and disease.

a) Staff, volunteers, and children wash their hands with soap and running water at least once during the following times:

- i. Upon arrival at the Head Start/Early Head Start location.
- ii. After returning inside from outdoor activities.
- iii. After contact with bodily fluids or cleaning up spills or objects contaminated with bodily fluids.
- iv. After handling pets, other animals, pet cages or other pet objects that have come in contact with the pet or animal.
- v. Before eating, serving or preparing food or bottles or feeding a child.
- vi. Any other time as needed.

b) Staff and volunteers also wash their hands with soap and running water:

- i. Before and after administering medication, first aid or completing a medical procedure.
- ii. Before and after treating or bandaging a wound (nonporous gloves should be worn if there is contact with blood or blood-containing body fluids).
- iii. Before food preparation, handling, consumption, or any other food-related activity (e.g. setting the table).
- iv. Before and after assisting a child with diapering or toilet use.
- v. Before and after taking off disposable gloves.
- vi. Before handling newborns.
- vii. Any other time as needed.

1.4 Hand Sanitizer may be considered as alternative for cleaning hands only in the absence of soap and water.

- a) Careful supervision of children is required to monitor effective use and safety when using hand sanitizers.
- b) Hand sanitizer should not be used with children under two years of age.
- c) Hand sanitizers using an alcohol-based active ingredient must contain a minimum of 60% alcohol.
- d) Family Education Specialist and classroom teaching staff are responsible for the secure storage of hand sanitizer.

2.0 Hygiene Practices

2.1 Classrooms follow routine cleaning and disinfecting schedules for materials and equipment that protect the health and safety of children served by the program and staff.

2.2 Family Education Specialists systematically provide resources and educations to parents and children regarding health and hygiene, such as respiratory etiquette to build and improve health literacy within families.

2.3 Family Education Specialists and classroom teachings staff maintain procedures for monitoring signs of child illness by completing and documenting Daily Health Checks.

2.4 Family Education Specialists and classroom staff complete Incident/Injury/Illness (I/I/I) reports for documenting and monitoring child health and safety.

- a) Parent facts sheet from the *Hennepin County Infectious Disease Manual for Schools and Childcare* notify and inform families of the potential exposure and spread of communicable disease.
- b) The Head Start Supervisors and Health Supervisor monitor the I/I/I reports via the Child Plus electronic tracking system to evaluate effectiveness of procedures and potential follow-up related to health and safety.
- c) The Health Supervisor is responsible for proper reporting to the MN Department of Health and/or local health departments during related to serious injuries and outbreak infectious disease among children .

2.5 Toileting items such as tissues, liquid soap, are accessible by children.

2.6 Spills of bodily fluids (e.g., urine, feces, blood, saliva, nasal discharge, eye discharge or any fluid discharge) are cleaned and disinfected immediately in keeping with professionally established guidelines.

- a) Family Education Specialists are responsible for insuring that first aid kits and infectious disease control materials (gloves, bags for hazardous materials, and protective eyewear) are readily available for staff and volunteers.
 - i. Family Education Specialist and/or designated classroom staff will regularly inventory first aid kits and infectious disease control materials.
 - ii. The Head Start Supervisor and Health Supervisor will assist with securing more of these items.
- b) Non-porous (e.g., non-latex powder free) single use gloves are worn during diapering and by staff when they are in contact with spills of blood or other visible bodily fluids.
- c) Other blood-contaminated materials are disposed of in a plastic hazard bag with a secure tie.
- d) Any tools and equipment used to clean spills of bodily fluids are disposed of or cleaned and disinfected immediately.
- e) "Sharps" containers are available and utilized in all classrooms.

Policy ID Rule 3 (R-3) First Aid Kits

Related Regulations:	Minn. Rule 9503.0140 subpt. 16		
Revised by:	WCMCA Health Supervisor (JH)	Revision Date:	06/01/2020
Approved by:	WCMCA Head Start Policy Council; HS Management Team; Health Consultant	Approval Date:	05/18/2018
Responsibility:	Head Start Supervisor; Health Supervisor, Family Education Specialists; Classroom Staff		
Timeline:	Ongoing		
Evaluation:	First Aid Kit Inventory, Staff Communication		
Forms:	WCMCA First Aid Inventory Form		

Performance Objective: WCMCA Head Start maintains readily available, well-supplied first aid kits appropriate for the ages served and available on outings away from the site and accessible to staff members at all times but kept out of the reach of children.

1.0 First Aid Kits

1.1 First aid kits are available in each classroom and socialization space, and are accessible to all staff members at all times, including for Early Head Start home visitors.

- a) Family Education Specialists and Classroom Teaching staff make sure that first aid kits are available on playgrounds or off-site trips, including emergency evacuation as part of an emergency kit.
- b) Early Head Start Family Education Specialists have first aid kits with them when visiting families in the home.

1.2 The "Procedures for Emergency Care" flip chart will accompany the first aid kit to provide Family Education Specialists and Classroom Teaching staff with common, easy to access, first aid procedures.

1.3 Family Education Specialists and Classroom Teaching Staff ensure adequate supplies are maintained, staff take inventory of the first aid kit regularly, or as needed, and monitor for any potential expiration dates closely.

- a) Head Start Supervisors and the Health Supervisor support staff in replacing first aid supplies.
- b) In addition to meeting licensing requirements, additional first aid and emergency supplies are used to meet recommendations for emergency preparedness.

1.4 The location of the first aid kit is posted prominently in the classroom.

- a) Parents and families are notified of the availability of first aid kits during family events and socializations.
- b) Additional First Aid and CPR signage is posted prominently in classrooms for all staff and visitors in case of an emergency.

1.5 First aid kits are kept out of the reach of children.

Policy ID Rule 3 (R-3) Health Information at Admission

Related Regulations:	MN Rule 9503.0140 Subp. 3.; Subp 4.		
Revised by:	WCMCA Head Start Health Supervisor (JH)	Revision Date:	06/01/2020
Approved by:	WCMCA Head Start Policy Council; HS Management Team; Health Consultant	Approval Date:	05/18/2018
Responsibility:	Health Supervisor; Administrative Assistant; Family Education Specialist		
Timeline:	Initial Enrollment; Ongoing		
Evaluation:	ChildPlus Report/Documentation; Child Health Records		
Forms:	Emergency Enrollment Agreement; Health History; Authorization for Release of Information		

Performance Objective: WCMCA Head Start maintains policies and procedures for completing regular immunizations and physical exams. This includes exclusion of a child when tracking determines that there is not an initial dose of a required immunization prior to attendance and current physical exam on file within the first 30 days of attending the center as part of initial enrollment.

1.0 Physical Exam

- 1.1 WCMCA Head Start requires a determination of health signed by a medical professional at enrollment, submitted within 30 days of admission.
- 1.2 At the enrollment visit, determination of a medical home and permission to refer the child for a medical exam and screening is obtained using the Emergency Enrollment Agreement form.
 - a) Family Education Specialists must assist families in identifying a medical home, if needed.
 - b) Family Education Specialist will provide the Well-Child/Physical Exam form to support families in completing upcoming exams.
- 1.3 Dates of completed or scheduled exams are recorded on the Health History and recorded in the ChildPlus electronic monitoring system.
- 1.4 Authorization for Release of Information signed by parents are secured and sent to the source of medical care when the Family Education Specialist provides verification of recently completed appointment.
- 1.5 The Head Start Administrative Assistant assigned to support health services tracks the scheduled appointments and medical records received in ChildPlus, contacting the health information departments and/or Child and Teen Outreach staff to assist in securing records.
- 1.6 The Family Education Specialist supports children and family members with resources to assist in the scheduling and completion of well child/physicals.

2.0 Exclusion of Children without Physical Exam

- 2.1 ChildPlus monitoring and reports are reviewed weekly to determine which children have immunizations, exams and/or screening record on file, and if carryover children have a current record.
- 2.2 Family Education Specialist is notified of children's needed records or failure to make an appointment by the Health Supervisor or Administrative Assistant.
- 2.3 The Family Education Specialist contacts the family to remind them of the 30 day requirement and exclusion policy and offers additional assistance in making and keeping the appointment.
- 2.4 At the end of 30 days, the Family Education Specialist will notify the parents of first year, initial, enrollees that the child may not attend until a physical exam is received. Communication is documented in the Family Services or Health Information section of ChildPlus.

3.0 Reexaminations

- 3.1** For children enrolled in Head Start programing the prior year, Family Education Specialists will assist parents in scheduling and completing updated physical exams and screenings as required by state Child and Teen Check-up/EPDST charts.

Policy ID Rule 3 (R-3) Health Policy Monitoring and Consultation

Related Regulations:	<u>Minn. Rules 9503.1040 Subpt.2</u>		
Revised by:	WCMCA Head Start Health Supervisor (JH)	Revision Date:	06/01/2020
Approved by:	WCMCA Head Start Policy Council; HS Management Team; Health Consultant	Approval Date:	05/18/2018
Responsibility:	Health Supervisor		
Timeline:	Ongoing		
Evaluation:	Child Care Health Consultant Review and Approval		
Forms:			

Performance Objective: WCMCA Head Start regularly reviews policies and procedures as a way to support safety and wellness of children and families.

1.0 Health Policy Monitoring/Consultation

1.1 The Head Start Health Supervisor position includes ongoing monitoring of the program's health and safety policies and procedures and compliance with the standards related to exams, screenings and immunizations.

1.2 A contracted Child Care Health Consultant reviews and makes recommendations regarding WCMCA Head Start's Health Policies and Procedures at initial licensure and annually including:

- a) Review of health policies and practices as part of updates or proposed changes,
- b) Recommended changes to practices following a contagious outbreak of reportable illness.

1.3 Verification of review and any findings are maintained and kept as part of administrative records.

1.4 Additionally, the WCMCA Head Start Health Services Advisory Committee made up of representatives from Public Health, medical providers, Head Start Management Team members, Head Start staff and parents problem solve local health concerns and recommend policies for implementation as part of routine meetings.

Policy ID: Rule 3 (R-3) Immunizations

Related Regulations:	HSPPS 1302.15 e; <u>Minn. Rule 9503.0140 Subt 5</u>		
Revised by:	WCMCA Head Start Health Supervisor (JH)	Revision Date:	06/01/2020
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	05/18/2018
Responsibility:	Health Supervisor, Administrative Assistant, Family Education Specialist		
Timeline:	Enrollment; Ongoing		
Evaluation:	ChildPlus Report/Documentation; Immunization Records		
Forms:	Minnesota Department of Health Childcare Immunization Form		

Performance Objective: WCMCA Head Start assists families in ensuring that all children enrolling in Head Start or Early Head Start services are up to date in immunizations and assists families with children who are not current with immunizations.

1.0 Immunizations

1.1 Upon registration and enrollment, a copy of the enrolling child's immunization record is secured.

- a) Parent or guardian provides a copy of child's current immunization record.
- b) Minnesota Immunization Information Connection (MIIC) is accessed to provide a record of child's immunization status.

1.2 Immunization status per state childcare licensing requirements must be verified prior to the child's admission including classes or socialization events.

1.3 The Health Supervisor will review the immunization record based on immunization schedule requirements.

1.4 The Family Education Specialist communicates any immunizations that are required for enrollment or due.

- a) Family Education Specialists assist parents in arranging and completing medical appointments as needed.

1.5 If an alternative schedule is recommended for the child, the physician must sign the appropriate section of the Minnesota Department of Health Childcare Immunization Form.

1.6 Parent objection to a required immunization is signed and notarized on the Minnesota Department of Health Childcare Immunization Form.

1.7 Immunization and parent objection information is maintained and accessed in the child's electronic record, via ChildPlus.

Policy ID: Rule 3 (R-3) Breastfeeding and Storage and Management of Breastmilk/Formula

Related Regulations:	HSPPS 1302.44 a 2 viii;		
Revised by:	WCMCA Head Start Health Supervisor (JH)	Revision Date:	06/01/2020
Approved by:	WCMCA Head Start Policy Council; HS Management Team; Health Consultant	Approval Date:	05/18/2018
Responsibility:	Family Education Specialists		
Timeline:	Ongoing		
Evaluation:	Refrigeration log		
Forms:	Health History Form		

Performance Objective: WCMCA Head Start provides education and support to encourage breastfeeding and proper storage/handling of breastmilk (and formula through its Early Head Start home visiting programing and socialization events. WCMCA Head Start does not currently have center-based programing for infants and toddlers.

1.0 Supports for Breast Feeding/Formula

- 1.1 Family Education Specialists provide all enrolled pregnant women with in-depth information and resources on the importance of breast feeding.
- 1.2 Family Education Specialists provide parents with the opportunity to participate in training, workshops, and seminars to gain knowledge about the benefits of breastfeeding.
- 1.3 Family Education Specialists assist parents in enrolling and accessing local WIC programs and provides information and referrals to the Head Start Nutrition Consultant.
- 1.4 Family Education Specialists reference the Prenatal and Birth to 5 Health History forms to support moms in making appropriate food choices that support breast feeding.
- 1.5 Instructions for the handling of baby food, bottle feeding, and breast milk are posted in each socialization space.
- 1.6 Fortified infant formula is made available for all Early Head Start socialization everts.

2.0 Lactation Areas

- 2.1 WCMCA Head Start makes every effort to assist enrolled mothers in identifying lactation areas to use for breastfeeding their children and for pregnant women who plan to breast feed their newborns.
- 2.2 Lactation areas may include considerations for private area equipped with:
 - a) comfortable chairs,
 - b) water source for clean up,
 - c) and refrigerator for storage of breast milk/formula.

3.0 Storage and Handling of Breast Milk/Formula

- 3.1** WCMCA Head Start encourages mothers to provide breast milk for their children and assists in supporting breastfeeding during Early Head socialization events.
- 3.2** Parents are not required to bring formula for their children as the program provides it during socializations.
- 3.3** Breast milk/formula brought in by the parent will only be accepted if it is in a tightly sealed container.
 - a) The container must be clearly labeled with date and time of when breast milk was collected along with the child's name.
- 3.4** All breast milk/mixed formula is kept refrigerated between 35° and 38° until used.
- 3.5** Unused refrigerated breast milk is returned with the parent.
- 3.6** Unused refrigerated mixed formula is discarded.

Policy ID: Rule 3 (R-3) Medications

Related Regulations:	HSPPS 1302.47 b 7 iv, <u>Minn Statute 9503.0140 Subp. 7</u>		
Revised by:	WCMCA Head Start Health Supervisor (JH)	Revision Date:	06/01/2020
Approved by:	WCMCA Head Start Policy Council; HS Management Team; Health Consultant	Approval Date:	05/18/2018
Responsibility:	Health Supervisor; Family Education Specialist; Classroom Teaching Staff		
Timeline:	Ongoing		
Evaluation:	ChildPlus Documentation/Report; Parental Medication Consent; Doctors Statements		
Forms:	Parental Medication Consent Form or Action Plan; WCMCA Head Start Medication Log		

Performance Objective: The program's safety practices include procedures for the proper handling, storage, administration, and record of administration of medication to children.

1.0 Administering Medicine to Children

- 1.1 All medication should be given at the child's home unless it is absolutely necessary for it to be given at a Head Start center.
- 1.2 When parents request WCMCA Head Start staff to administer medication they must complete a Parental Medication Consent form, or Special Care "Action Plan" form that outlines medication administration, signed by the parent and with instruction from the medical provider.
- 1.3 WCMCA Head Start only administers medicine that has been dispensed by a registered pharmacist and is in its original container.
- 1.4 Over the Counter (OTC) medication, topical creams, or supplements must follow instructions on the product and include physicians' instructions on exact times to be given, including start-end date.
- 1.5 Medication is labeled with child's name and properly stored, locked, out of the children's reach, and at the appropriate temperature.
- a) Emergency medication (e.g., EpiPens, glucose) is stored out of children's reach yet quickly accessible by staff.
- 1.6 Emergency or Rescue Medication must be secured before the child can attend class.
- 1.7 A separate Parental Medication Consent or Special Care Plan is secured for each medication administered.
- 1.8 The Family Education Specialist maintains a separate Medication Log form for each medication administered.
- a) The Medication Log will be kept to include the child's name, medication name, dosage, expiration date and include printed name of staff administering, date and time administered,, signature of staff, and side effects for each dose.
- b) All logs will be submitted for uploading in the child's electronic file monthly, including those indicating no medications were administered during that month.
- 1.9 The first dose of new medication should be given at home, 24 hours prior to being given at the center, to watch for side effects.
- 1.10 The person assigned to administering the medication will closely watch for side effects. If side effects are noted, staff will notify the parent immediately, so that they can notify the doctor.
- 1.11 Expired or unused medication will be returned to the parent for proper disposal.

Policy ID Rule 3 (R-3) Food Safety and Sanitation Requirements for On-site Classroom Preparation and Service

Related Regulations:	MN Rules, part 9503.0145, subpart 3.		
Revised by:	WCMCA Health Supervisor (JH)	Revision Date:	06/01/2020
Approved by:	WCMCA Head Start Policy Council; HS Management Team; Health Consultant	Approval Date:	05/18/2018
Responsibility:	Health Supervisor; Nutrition Consultant; Family Education Specialist; Classroom Teaching staff		
Timeline:	Ongoing		
Evaluation:	Child Plus Reports/Documentation; State Licensing Certifications; CACFP Monitoring, Food Safety Postings, Menu Review		
Forms:	Individual Child Care Program Plans; Allergy and Special Diet Posting/Cover Sheet; Food Temperature Logs; Refrigeration Logs		

Performance Objective: WCMCA Head Start ensures that policies and procedures for food safety and sanitation are met where food is prepared or served on-site. The policies and procedures meet state requirements for food code and food certification managers.

1.0 Special Diet and Allergy

1.1 Individual Child Care Program Plans are completed on behalf of a child in connection with medical records/provider documentation and in partnership with the parent, reviewed by all staff and volunteers, and outline all allergies and special care plans related to food.

1.2 The special diet and allergy documentation is posted prominently but confidentially, in the classroom or kitchen area.

2.0 Food Safety

2.1 Food is prepared in a food safety licensed facility and overseen by Certified Food Service Managers when required following consultation from county sanitarians.

2.2 Food preparation staff and classroom staff that assist with service follow proper hygiene procedures including gloving and washing hands in separate handwashing sinks at proper times.

2.3 Staff may not work with the preparation or service of food if they have:

- a) Diarrhea, vomiting or have jaundice.
- b) Infected, uncovered wounds
- c) Infections that can be spread through food (such as Salmonella, E coli, Hep A)

2.4 The temperatures of catered food is checked at each meal by the Family Education Specialist or designated Classroom Teaching staff with calibrated thermometer upon arrival.

- a) Foods that are required to keep cool are kept at a temperature of 41 degrees F or below.
- b) Foods that are required to keep hot are kept at a temperature of 140 degrees F or above.

2.5 Foods that do not meet these temperature criteria are deemed unsafe and are thrown.

2.6 If keeping food at required temperatures is an ongoing problem, notify the Health Supervisor and Nutrition Consultant for assistance in determining solutions.

2.7 Family Education Specialists or designated staff are responsible for submitting monthly temperature log, meal count production records (if applicable) or menu substitutions at the end of the month.

2.8 Food storage is at least six inches above the floor in a clean, dry area. All containers are labeled and dated.

2.9 Leftover food is stored with labels that includes the identity of the food and date opened.

2.10 . Use by dates is closely monitored. Temperature Sensitive foods (TSF) are used within 7 days of opening.

2.11 Unused food is thrown or picked up by caterers. No food should leave the center with staff.

3.0 Equipment

3.1 Equipment used in food storage and preparation meets NSF requirements.

3.2 Refrigerators and freezers temperature is monitored with internal and external thermometers. Temperature is monitored daily.

a) Thermometers in refrigerators stay at or below 41 degrees F.

b) Thermometers in freezers stay below 0 degrees F.

3.3 Microwaves are used with special care, food is heated to 165 degrees F, and only if necessary, food is stirred during heating and allowed to cool at least 2 minutes before serving.

4.0 Sanitation and General Safety

4.1 Cleaning and sanitizing is done according to the Cleaning Sanitizing/ Disinfecting Chart and Schedule.

a) Cleaning supplies and chemicals are stored away from food prep and service areas, away from the reach of children in locked cabinets.

b) Tables are cleaned and sanitized before and after every meal service.

4.1 Food preparation sink is not used for general purpose or handwashing.

4.2 Special safety considerations are made during child cooking and food experiences.

a) Children are closely monitored by Family Education Specialists and Classroom teaching staff.

b) Developmentally appropriate health cooking/food activities are considered.

c) Cutting boards, bowls, utensils are washed, rinsed and sanitized between each use. No wooden cutting boards are allowed.

Policy ID 64003 (HPS-AD) Protection from Contagious Disease/Communicable Disease

Related Regulations:	HSSP 1302.47 b 7 iii		
Revised by:	WCMCA Head Start Health Supervisor (JH)	Revision Date:	06/01/2020
Approved by:	WCMCA Head Start Policy Council; HS Management Team, Health Consultant	Approval Date:	05/18/2018
Responsibility:	Head Start Supervisor; Health Supervisor; Classroom Teaching staff		
Timeline:	Arrival, Ongoing as needed		
Evaluation:	Observation; I/I/I Report; Various Hand Hygiene/Communicable Disease Postings; Hennepin County Infectious Disease Manual for Schools and Childcare; Diseases Reportable to the Minnesota Department of Health Poster		
Forms:	Daily Health Form, I/I/I Report		

Performance Objective: The program's safety practices include protection from contagious disease, including appropriate inclusion and exclusion policies for when a child is ill, and from an infectious disease outbreak, including appropriate notifications of any reportable illness.

1.0 Protection from Contagious Disease/Communicable Disease

- 1.1 Staff, volunteers, and children wash their hands before and after each meal and after activities such as diapering and toilet use to help prevent the spread of illness and disease.
 - a) Hand Sanitizer may be considered as alternative for cleaning hands only in the absence of soap and water.
- 1.2 Family Education Specialists and classroom teachings staff maintain procedures for monitoring signs of child illness by completing and documenting Daily Health Checks.
 - a) If a child is suspected of having a communicable disease during the class day, Classroom Teaching staff contact the parent/guardian to pick up their child.
- 1.3 Classrooms follow routine cleaning and disinfecting schedules for materials and equipment that protect the health and safety of children served by the program and staff.
- 1.4 Family Education Specialists systematically provide resources and educations to parents and children regarding health and hygiene to improve health literacy within families.
- 1.5 Toileting items such as tissues, liquid soap, toilet paper, single use disposable towels are accessible by children.
- 1.6 Spills of bodily fluids (e.g., urine, feces, blood, saliva, nasal discharge, eye discharge or any fluid discharge) are cleaned and disinfected immediately in keeping with professionally established guidelines.
 - a) Family Education Specialists are responsible for insuring that first aid kits and infectious disease control materials (gloves, bags for hazardous materials. and protective eyewear) are readily available for staff and volunteers.
 - i. Family Education Specialist and/or designated classroom staff will regularly inventory first aid kits and infectious disease control materials.
 - ii. The Head Start Supervisor and Health Supervisor will assist with securing more of these items.
 - b) Non-porous (e.g., non-latex powder free) single use gloves are worn during diapering and by staff when they are in contact with spills of blood or other visible bodily fluids.

2.0 Communicable Disease

- 2.1 WCMCA Head Start temporarily excludes a child who are notably ill or exhibit symptoms of communicable disease to protect the health of the affected child, other children, and staff.
- 2.2 Family Education Specialists and classroom staff complete Incident/Injury/Illness (I/I/I) reports for documenting and monitoring child health and safety.
- 2.3 Parent facts sheet from the *Hennepin County Infectious Disease Manual for Schools and Childcare* notify and inform families of the potential exposure and spread of communicable disease.
- 2.4 Any pattern of illness that is unusual for the site or any unusual increase in occurrence of cases are reported to the local health department.
- 2.5 Additionally, the Health Supervisor reports any diagnosed cases illnesses identified from the *Diseases Reportable to the Minnesota Department of Health* list to the Minnesota Department of Health via the required method.

Policy ID Rule 3 (R-3) Food Safety and Sanitation Requirements for Catered Food-Outside Vendors.

Related Regulations:	MN Rules, part 9503.0145, subpart 3.		
Revised by:	WCMCA Health Supervisor (JH)	Revision Date:	06/01/2020
Approved by:	WCMCA Head Start Policy Council; HS Management Team; Health Consultant	Approval Date:	05/18/2018
Responsibility:	Head Start Supervisor; Health Supervisor; Nutrition Consultant: Family Education Specialist; Classroom Teaching staff		
Timeline:	Ongoing		
Evaluation:	State food licensing certifications; CACFP monitoring, food safety postings, menu review		
Forms:	Food Temperature Logs, Refrigeration Logs		

Performance Objective: WCMCA Head Start ensures that policies and procedures for food safety and sanitation are met where food is prepared off site. The policies and procedures meet state requirements for food code and food certification managers.

1.0 Food Safety

- 1.1 The Health Supervisor conducts pre-operation visits with new vendors to ensure food safety and sanitation requirements can be met.
- 1.2 The Health Supervisor meets with managers of vended meal contracts regularly to ensure food is prepared in a licensed facility by licensed and trained and certified food service managers.
- 1.3 Menus from vendors are reviewed by Health Supervisor, Head Start Supervisor, Family Education Specialists and classroom teaching staff prior to the month of service to ensure special diets and allergy needs are met.
- 1.4 The temperatures of catered food is checked at each meal by the Family Education Specialist or designated staff with a calibrated thermometer upon arrival.
 - a) Foods that are required to keep cool are kept at a temperature of 41 degrees F or below.
 - b) Foods that are required to keep hot are kept at a temperature of 140 degrees F or above.
- 1.5 Foods that do not meet these temperature criteria are deemed unsafe and are returned to the caterer.
- 1.6 If keeping food at required temperatures is an ongoing problem, the Health Supervisor and Nutrition Consultant assistance in determining solutions.
- 1.7 Family Education Specialists or designated staff are responsible for submitting monthly temperature log, meal count production records (if applicable) or menu substitutions at the end of the month.
- 1.8 Leftover food is thrown or picked up by caterers.

2.0 Equipment

2.1 The Head Start Supervisor partners with managers of vended meal contract to ensure equipment used in food storage and preparation meets NSF requirements.

2.2 Refrigerators and freezers temperature are regularly monitored by vendor.

3.0 Sanitation

3.1 Family Education Specialists and classroom teaching staff report food safety and sanitation concerns related to vended meals to the Health Supervisor.

3.2 The Health Supervisor and Nutrition Consultant monitors sanitation as part of routine CACFP monitoring visits.

3.3 If proper sanitation of dishes and utensils can not be guaranteed, disposable paper and plastic products should be considered.



West Central MN Communities Action Inc. Head Start Maltreatment of Minors Mandated Reporting Policy



Policy/Procedure:	Maltreatment of Minors Mandated Reporting	Monitoring/ Documentation:
Area:	Safety Practices	Child Plus
Related Performance Standard/Rule 3 Statute:	<ul style="list-style-type: none"> Head Start Performance Standards 1302.47 (b)(5)(i) MN Department of Human Services, Division of Licensing, Rule 3 – Maltreatment of Minors Mandated Reporting Policy for DHS Licensed Programs 	

WHO SHOULD REPORT CHILD ABUSE AND NEGLECT	<ul style="list-style-type: none"> Any person may voluntarily report abuse or neglect If you work with children in a licensed facility, you are legally required or mandated to report and cannot shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility. If you know or have reason to believe a child is being or has been neglected or physically or sexually abused within the preceding three years you must immediately (within 24 hours) make a report to an outside agency.
WHERE TO REPORT	<ul style="list-style-type: none"> If you know or suspect that a child is in immediate danger, call 911. Reports concerning suspected abuse or neglect of children occurring in a licensed child foster care or family childcare facility should be made to county child protection services. Reports concerning suspected abuse or neglect of children occurring in all other facilities licensed by the Minnesota Department of Human Services should be made to the Department of Human Services, Licensing Division's Maltreatment Intake line at (651) 431-6600. Reports regarding incidents of suspected abuse or neglect of children occurring within a family or in the community should be made to the local county social services agency at: Douglas County: 320-762-2302, Grant County: 218-685-8500, Otter Tail County: 218-998-8150, Pope County: 320-634-7755, Stevens County: 320-203-6600, Traverse County: 320-563-8255 and Wadena County: 218-631-7605 If your report does not involve possible abuse or neglect but does involve possible violations of MN Statutes or Rules that govern the facility, you should call the Department of Human Services Licensing Division at 651-431-6500 and the Head Start Regional Office must be contacted.
WHAT TO REPORT	<ul style="list-style-type: none"> Definitions of maltreatment are contained in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556) and should be attached to this policy. A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the abuse or neglect (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected abuse or neglect occurring within a licensed facility, the report should include any actions taken by the facility in response to the incident. Or oral report of suspected abuse or neglect made to one of the above agencies by a mandated reporter must be followed by a written report to the same agency within 72 hours, exclusive of weekends and holidays. A copy of written report must be forwarded to your Supervisor at the main office.

West Central MN Communities Action Inc. Head Start Maltreatment of Minors Mandated Reporting

FAILURE TO REPORT	<ul style="list-style-type: none"> A mandated reporter who know or has reason to believe a child is or has been neglected or physically or sexually abused and fails to report is guilty of a misdemeanor. In addition, a mandated reporter who fails to report maltreatment that is found to be serious or recurring maltreatment may be disqualified from employment in positions allowing direct contact with persons receiving services from programs licensed by the Department of Human Services and by the Minnesota Department of Health, and unlicensed Personal Care Provider Organizations.
REALITATION PROHIBITED	<ul style="list-style-type: none"> An employer of any mandated reporter shall not retaliate against the mandated reporter for reports made in good faith or against a child with respect to whom the report is made. The Reporting of Maltreatment of Minors Act contains specific provisions regarding civil actions that can be initiated by mandated reporters who believe that retaliation has occurred.
INTERNAL REVIEW	<ul style="list-style-type: none"> When the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the facility must complete an internal review within 30 calendar days and take corrective action, if necessary, to protect the health and safety of children in care. The internal review must include an evaluation of whether: <ol style="list-style-type: none"> (i) related policies and procedures were followed; (ii) the policies and procedures were adequate; (iii) there is need for additional staff training; (iv) the reported event is similar to past events with the children or the services involved; and (v) there is a need for corrective action by the license holder to protect the health and safety of children in care.
PRIMARY AND SECONDARY PERSON OR POSITION TO ENSURE INTERNAL REVIEWS ARE COMPLETED	<ul style="list-style-type: none"> The internal review will be completed by the Head Start Director. If this individual is involved in the alleged or suspected maltreatment, the WCMCA Chief Executive Officer will be responsible for completing the internal review.
DOCUMENTATION OF THE INTERNAL REVIEW	<ul style="list-style-type: none"> The facility must document completion of the internal review and make internal reviews accessible to the commissioner immediately upon the commissioner's request.
CORRECTIVE ACTION PLAN	<ul style="list-style-type: none"> Based on the results of the internal review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any.
STAFF TRAINING	<ul style="list-style-type: none"> The license holder must provide training to all staff related to the mandated reporting responsibilities as specified in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556). The license holder must document the provision of this training in individual personnel records, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statues, section 245A.04, subdivision 14.

Policy ID Rule 3 (R-3) Risk Reduction

Related Regulations:	Minnesota Statutes, section 245A.66, subdivisions 2 and 3.		
Revised by:	WCMCA Head Start Management Team	Revision Date:	01/01/2018
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	05/18/2018
Responsibility:	Head Start Management Team		
Timeline:	Ongoing		
Evaluation:	Written Risk Reduction Plan		
Forms:	MN DHS Child Care Risk Reduction Plan; various health and safety checklists/forms		

Performance Objective: In accordance with Minnesota state statutes, WCMCA Head Start maintains a risk reduction plan which assesses risk to children the center serves or intends to serve and identify specific risks based on the outcome of the assessment.

1.0 PHYSICAL PLANT

1.1 As part of the written risk reduction plan, WCMCA Head Start identifies specific risks to children based on an assessment of the physical plant where licensed services are provided.

1.2 The physical plant assessment must include an evaluation of the following factors:

- a) The condition and design of the facility;
- b) The condition and design of the outdoor space;
- c) Bathrooms;
- d) Storage areas;
- e) Accessibility of medications and cleaning products that are harmful to children when children are not supervised; and
- f) The existence of areas that are difficult to supervise

1.3 For each risk identified in the physical plant assessment, the risk reduction plan must include the development and implementation of specific policies and procedures or refer to existing policies and procedures that minimize the risks identified.

2.0 ENVIRONMENT

2.1 The risk reduction plan must identify specific risks to children based on an assessment of the environment for each facility and for each site.

2.2 The environmental assessment must include an evaluation of the following factors:

- a) The type of grounds and terrain surrounding the building; and
- b) The proximity to hazards, busy roads, and publicly accessed businesses.

2.3 For each risk identified in the physical plant assessment, the risk reduction plan must include the development and implementation of specific policies and procedures or a reference to existing policies and procedures that minimize the risks identified.

3.0 RISK OF HARM

3.1 The risk reduction plan must include the development and implementation of policies and procedures or refer to existing policies and procedures that minimize the risk of harm or injury to children for known risks.

3.2 The risk of harm assessment must include an evaluation of the following factors:

- a) Closing children's fingers in doors, including cabinet doors;
- b) Leaving children in the community without supervision;
- c) Children leaving the facility without supervision;
- d) Caregiver dislocation of children's elbows;
- e) Burns from hot food or beverages, whether served to children or being consumed by caregivers, and the devices used to warm food and beverages;
- f) Injuries from equipment, such as scissors and glue guns;
- g) Sunburn;
- h) Feeding children foods to which they are allergic;
- i) Children falling from changing tables; and
- j) Children accessing dangerous items or chemicals or coming into contact with residue from harmful cleaning products.

3.3 Current health and safety program checklists for indoor and outdoor learning environments assess and initiate follow-up procedure related to risk of harm.

4.0 ACCESSIBILITY OF HAZARDOUS ITEMS

4.1 Hazardous items will be inaccessible to child at all times when children are present.

5.0 SUPERVISION OF CHILDREN

5.1 WCMCA Head Start maintains policies and procedures ensure redundant systems of active supervision of children at all times.

5.2 The policies and procedures for supervision include particular emphasis on the following:

- a) Nap-time supervision
- b) Child drop-off and pick-up times;
- c) Supervision during outdoor play and on community activities, including but not limited to field trips and neighborhood walks;
- d) Supervision of children in hallways.

6.0 ORIENTATION TO THE RISK REDUCTION PLAN

6.1 All WCMCA Head Start staff are orientated to the site Risk Reduction Plan prior to child contact.

6.2 Staff are orientated as part of site orientation as part of new staff orientation, and annually thereafter.

7.0 ANNUAL REVIEW OF THE RISK REDUCTION PLAN

7.1 The Head Start Supervisor and Family Education Specialist will review the risk reduction plan annually, typically at the end of the Head Start program year.

7.2 The Head Start Supervisor and Family Education Specialist will conduct a review considering any incidents that have occurred in the center since the last review, including:

- a) The assessment factors in the plan;
- b) The internal reviews conducted under this section, if any;
- c) Substantiated maltreatment findings, if any;
- d) Incidents that caused injury or harm to a child, if any, that occurred since the last review.

Risk Reduction Plan

Licensed Child Care Centers

Child care centers must develop a risk reduction plan that identifies the general risks to children served by the child care center. The license holder must establish specific policies and procedures or refer to existing policies and procedures that minimize identified risks, train staff on the procedures, and each calendar year review the procedures. [\[Minnesota Statutes, section 245A.66, subdivision 2\]](#)

Physical Plant

Identify specific risks to children based on an assessment of the physical plant where licensed services are provided.

1. The assessment must include an evaluation of the required factors listed below in column 1.
2. Write each identified risk in column 2.
3. In column 3, write specific policies and procedures you have developed and implemented to minimize each risk, **OR** in column 4, reference existing policies and procedures that minimize each risk.

Physical plant factors required to be assessed	Identified risks	Policies and procedures developed and implemented to minimize the risks	Existing policies and procedures that minimize the risks
Condition and design of the facility			
Condition and design of the outdoor space			
Bathrooms			

Physical Plant

Identify specific risks to children based on an assessment of the physical plant where licensed services are provided.

1. The assessment must include an evaluation of the required factors listed below in column 1.
2. Write each identified risk in column 2.
3. In column 3, write specific policies and procedures you have developed and implemented to minimize each risk, **OR** in column 4, reference existing policies and procedures that minimize each risk.

Physical plant factors required to be assessed	Identified risks	Policies and procedures developed and implemented to minimize the risks	Existing policies and procedures that minimize the risks
Storage areas			
Accessibility of medications and cleaning products			
Areas that are difficult to supervise			

Environment

Identify specific risks to children based on an assessment of the environment for each facility.

1. The assessment must include an evaluation of the required factors listed below in column 1.

2. Write each identified risk in column 2.

3. In column 3, write specific policies and procedures you have developed and implemented to minimize each risk, **OR** in column 4, reference existing policies and procedures that minimize each risk.

Environmental factors required to be assessed	Identified risks	Policies and procedures developed and implemented to minimize the risks	Existing policies and procedures that minimize the risks
Type of grounds and terrain surrounding the building			
Proximity to hazards, busy roads and publicly accessed businesses			

Additional Risk of Harm Factors to Children

In addition to any program-specific risks identified under the physical plant and environment assessments, the risk reduction plan must address the risks identified below in **column 1**.

In **column 2**, write specific policies and procedures you have developed and implemented to minimize each risk, **OR** in column 3, reference existing policies and procedures that minimize each risk.

Identified risks	Policies and procedures developed and implemented to minimize the risk	Existing policies and procedures that minimize the risk
Closing children's fingers in doors, including cabinet doors		
Leaving children in the community without supervision		
Children leaving the facility without supervision		
Caregiver dislocation of children's elbows		
Burns from hot food or beverages, whether served to children or being consumed by caregivers, and the devices used to warm food and beverages		
Injuries from equipment, such as scissors and glue guns		
Sunburn		
Feeding children foods to which they are allergic		
Children falling from changing tables		
Children accessing dangerous items or chemicals or coming into contact with residue from harmful cleaning products		

Accessibility of hazardous items

The accessibility of hazardous items to children is prohibited at all times when children are present.

Policies and procedures to ensure adequate supervision of children.

The risk reduction plan must include specific policies and procedures to ensure adequate supervision of children at all times as defined under Minnesota Statutes, section 245A.02, subdivision 18. The policies and procedures must include particular emphasis on the areas identified below in column 1.

In column 2, write specific policies and procedures developed and implemented to ensure children will be adequately supervised at all times.

Required areas to be addressed regarding supervision of children	Policies and procedures developed and implemented to ensure adequate supervision of children
Times when children are transitioned from one area within the facility to another.	
Nap-time supervision for infant crib rooms: When an infant is placed in a crib to sleep, supervision occurs when a staff person is within sight or hearing of the infant, as specified under <u>Minnesota Statutes, section 245A.02, subdivision 18</u> . When supervision of a crib room is provided by sight or hearing, the center must have a plan to address the other supervision component.	
Nap-time supervision for older age groups (toddler, preschool, school age as applicable): When children are asleep, supervision occurs when at least one staff person is within sight and hearing of the children. All other staff required to meet ratio and distribution requirements must be in the center and able to return to the area where children are sleeping when needed. When children begin to awaken, staff must return to the area as necessary to maintain ratio and distribution requirements based on the number of children who are awake.	
Child drop-off and pick-up times.	
Supervision during outdoor play and on community activities, including but not limited to field trips and neighborhood walks.	
Supervision of children in hallways.	
Supervision of school age when using the rest room and visiting the child's personal storage space.	

Date Risk Reduction Plan was initially completed: _____

Orientation to the risk reduction plan

As part of orientation training under Minnesota Statutes, section 245A.40, subdivision 1, the director, staff persons, substitutes, and unsupervised volunteers must successfully complete training on the center's risk reduction plan before starting assigned duties.

Yearly review of the risk reduction plan

The license holder must review the risk reduction plan each calendar year and document the review. When conducting the review, the license holder must consider incidents that have occurred in the center since the last review, including the following:

1. The assessment factors in the plan;
2. The internal reviews conducted under Minnesota Statutes, section 245A.66, subdivision 1, if any;
3. Substantiated maltreatment findings, if any; and
4. Incidents that caused injury or harm to a child, if any, that occurred since the last review.

Following any change to the risk reduction plan, the license holder must inform staff persons of the changes in the risk reduction plan. The license holder must document that staff persons were informed of the changes.

Yearly review of the Risk Reduction Plan

Program Name

License Number

The license holder must review the risk reduction plan every calendar year. When conducting the review, the license holder must consider incidents that have occurred in the center since the last review, including:

(1) A review of the assessment factors in the plan:

(2) A review of the internal reviews conducted under Minnesota Statutes section 245A.66, subdivision 1 (if any):

(3) A review of substantiated maltreatment findings, if any:

(4) A review of incidents that caused injury or harm to a child since the last review, if any:

Based on the yearly review, what changes were made to the Risk Reduction Plan?

Name and title of person completing yearly review:

Date of yearly review:

Facility Health and Safety Inspection WCMCA Head Start

Date: _____ Center: _____ FES(s): _____

The following health and safety items meet the most stringent standards by MN Rule 3 Child Care Center Licensing, Caring for our Children *adopted by the Office of Head Start*, Child and Adult Care Food Program(CACFP) and MN Dept of Health food sanitation requirements.

1. Complete and review this checklist with classroom team. 1 form-per classroom
 2. Concerns or corrective actions should be addressed with the Head Start Supervisor and resolved by FES immediately whenever possible.
 3. **Submit before classes begin, by Sept 15th, and following winter break, but by Jan 15th.**
-

Active Supervision:

- Classroom design promotes engagement and guarantees staff directly supervise children by sight and hearing at all times. (includes hallways, bathroom, rest areas)
- Classroom sign-in/sign out is implemented. Staff reviewed Emergency Enrollment Agreements(EEAs) and are trained as to who is authorized to pick up a child, asking for an ID when someone new has been authorized by the child's parent.
- Redundant systems of determining child counts in place, inclusive of children support services partners (ECSE, Mental Health Practitioners), ensuring ongoing staff head counts are accurate.
- Standards of Conduct have been reviewed, maltreatment reporting policies and procedures are followed.

Nap and Rest:

- A child who has completed a nap or rested quietly for 30 minutes must not be required to remain on a cot.
- Naps must be provided in a quiet area, physically separated from children who are engaged in activities that will disrupt a napping or resting child.
- Cots must be placed so there are clear aisles and unimpeded access for both adults and children on at least one side of each piece of napping and resting equipment.
- Cots must be placed directly on the floor, preferably 3 feet apart or head to toe.
- Bedding used at nap and rest time must be provided; bedding and blankets are washed weekly and when soiled or wet.

Facility Health and Safety Inspection

WCMCA Head Start

Facilities are Safe, Healthy and Sanitary:

Safe Environments

- The entire Head Start facility and playground is free of toxins, such as cigarette smoke, lead, poisonous plants, pesticides, herbicides, other air pollutants as well as soil and water contaminants
- Hazardous or unsafe items are stored in locked areas out of the reach of children: Poisons, cleaning supplies, hand sanitizers, aerosol cans, sharp objects, scissors
- Children are never present during the spraying of pesticides or herbicides and do not return to the affected area until it is safe to do so
- Open windows and doors used for ventilation are covered with screens.
- Classrooms are posted as a “smoke free facility”
- Ventilation works adequately, there are no hazardous odors or fumes present
- Location of phone and emergency numbers are together and clearly posted.
- Emergency lighting and emergency alert device/radio is available
- Fire extinguishers maintain yearly inspections, indicated on tag. Instructions are provided using the PASS procedure.
- Structural surfaces or equipment have no splinters, peeling paint, protruding nails, sharp edges, broken or loose parts.
- All electrical sockets are tamper-resistant or covered when not in use
- Cords (electrical extension/blinds) are used only when necessary and secured out of the reach of children.
- There is adequate indoor lighting, including during rest time.
- Room temperatures should be at least 68 degrees
- Platform or steps to sink is sturdy, secure, and safe
- Children are not permitted to play with plastic bags or balloons
- Toys and equipment are clean and in good repair, with no small or detachable parts that can cause choking
- “Observable classroom” pets are permitted. No outside/visiting pets.
- Pathways are free of obstruction and debris at all times.
- Fabrics are flame retardant and/or treated with EPA approved spray.
- Hot surfaces are protected and insulated, hot liquids are kept out of the classroom
- Adult handbags are stored out of the classroom, or out of children’s reach.
- Center staff and volunteers are orientated, and notified of changes, to a center’s MN Department of Human Services Risk Reduction Plan (see Risk Reduction Plan form)
- Center staff and volunteers are trained on the center’s written MN Department of Human Services Childcare Emergency Plan and classroom Emergency Procedures annually. (see Child Care Emergency Plan form)
- Each classroom has an easily accessible emergency backpack and binder; The Emergency Binder maintains:
 - MN Department of Human Services Childcare Emergency Plan
 - Staff Emergency Agreements
 - Emergency Enrollment Agreements (emergency contacts)
 - Action Plans (allergies, medical alerts)
 - ICCPPs (special care plans)

Facility Health and Safety Inspection WCMCA Head Start

Healthy Environments

- Medications administration has parent consent, are in original containers/packages and properly stored as directed in locked storage or in the case of rescue medication out of the reach of children but easily accessible to staff
- Prescription and over the counter medications, (creams, lotions, and supplements) and are administered as directed and/or by written instruction from medical provider.
- Medication administration is properly logged, ensuring medications have not expired and disposed of properly by being returned to parent.(see Medication Log)
- Regularly inventoried First Aid Kits are available (see First Aid Inventory)

Sanitary Environments

- Diligent hand washing is practiced, at regular intervals recommended by MN Dept of Health and CDC, child handwashing is directed by a classroom adult
- Tissues, liquid soap, and disposable towels for washing hands are in ample supply, and readily available for children and adults
- Staff are trained on daily health checks and Incident, Injury, Illness (I/I/I) reporting, parents are informed of possible communicable disease exposure.
- State Health Dept. exclusion and reporting policies are followed
- If a child becomes sick, a cot and blanket is available, the child is isolated from other children but within sight and hearing of a staff person and supervised by a staff person.
- Disinfectants and sanitizers are EPA approved, bleach solutions are mixed daily and clearly labeled.
- Mouthed items are placed in a designated container, to be washed and disinfected at the end of the day.
- Bathrooms floors, sinks, toilets and counter surfaces, are clean, properly disinfected daily
- Hand sinks for children must not be used for custodial work or food preparation
- Hot water does not exceed 120 degrees F
- Toilets are flushed immediately after each use and sinks drain properly
- Lined waste baskets are available for diapering and food disposal, securely stored with lids, garbage is disposed of daily
- Toothbrush storage eliminates cross contamination, and is out of the path of children* *Suspended for 20-21 program year due to COVID
- Staff immediately clean up and sanitize all areas following spilled bodily fluids by wearing nonporous gloves and protective eyewear.
- Sharps containers are available and kept out of the reach of children.
- Contaminated materials from spilled bodily fluids are placed in a plastic bag with a secure tie before disposing
- Designated diapering areas are close to a sink and separated from cooking, eating, and children's activity
- Staff changing diapers/pull-up follow the posted diapering procedure, including using individual disposal liners

Facility Health and Safety Inspection

WCMCA Head Start

Meal Service:

- Allergy and special diet notifications are posted in classrooms and near food preparation and service areas
- Dated menus for each meal served are posted, with substitutions noted for each food item.
- Point of Service meal count is implemented at each meal (each child sitting with all food available).
- Meals are served family style when possible
- Children have the opportunity to serve themselves* *temporarily suspended due to COVID-19
- Protective barriers are used during food service (serving spoons, tongs, single-use gloves)
- Children and staff are seated while eating
- Drinking water is made available to children at all times and offered at frequent intervals
- Food is not used as a punishment or reward
- Children with special needs are provided adaptive techniques and utensils to promote independence
- If applicable, refrigerator is clean and temperature is logged, maintained at 40 degrees or colder, freezer at 0 degrees,
- Food service preparation and service areas are free of debris; tables and counters sanitized.
- Food preparation sinks are designated, if applicable.
- MN Food and Beverage Licenses and Certified Food Protection Manager (CFPM) certificates are posted, if applicable
- All foods are stored away from poisons or medications
- Back-up food is available in an emergency, via classrooms supply or through food service partners.

Transportation:

- Children are never left unattended during pickup and delivery
- Children arriving at the center should be walked into the classroom

Outdoor Areas and Play Equipment:

- Minimum of 75 square feet per child
- Playground is 2000 feet or less from the center
- Variety of surfaces and equipment (ie: wheel toys, slides, swings, balls, sand play)
- First Aid Kit and rescue medication is taken outdoors during outdoor play and field trips
- Playground is fenced or protected
- Outdoor sidewalks/cement play courts are checked for slipping/tripping hazards.
- Sandbox/sensory boxes are properly covered at all times when not in use to eliminate debris
- Plan outlining playground rules, safe transitions to/from, and staff zoning is in place. (see Playground Safety Plan)
- Outdoor play areas and equipment has been checked for hazards at regularly designated times. (see Outdoor Play and Equipment form)

Classroom/Socialization Posters and Signs Checklist

The following postings and signs support requirements put forth by MN Rule 3 Child Care licensing, Caring for our Children (*national standards adopted by OHS*), and CACFP/local food sanitation health and safety standards. Complete this checklist as part of Facility Health and Safety Inspection before classes begin and January before classes resume. Use [highlighted links](#) to access external forms as reference. Please contact Head Start Supervisor/Health Supervisor with questions about postings.

Poster or Sign	Where to post	Poster/Sign ✓
Standards of Conduct	Near entrance for staff, parents and visitor to read	
Daily Schedule/PIWI Schedule	Near entrance for staff, parents and visitor to read	
Weekly Planning Forms	Near entrance for staff, parents and visitor to read	
Menus	Near entrance for staff, parents, and visitor to read	
Fire Drill Map	Near the exit of the classroom	
Tornado Map	Near the exit of the classroom	
Emergency Response Procedures for Classrooms	Near the exit of a classroom, near the fire drill/tornado maps	
Exit	At all designated emergency exits	
Playground Safety Plan	Near classroom door leading to the playground	
Smoke Free Facility	Near the entrance to the center/classrooms	
Emergency Phone	At designated location of the classroom telephone/cell phone and within clear view of the whole classroom	
Emergency Numbers including:	Near designated classroom/cell phone location and within clear view of the whole classroom	
<ul style="list-style-type: none"> • 911 for Medical and Dental care • Poison Control 1-800-222-1222 • Local Sheriff • Local Public Health • Local Human/Social Services • MN DHS-Licensing Div. 651-431-6500 (<i>required for licensed centers only</i>) 		
First Aid Kit	Near the First Aid Kit, in proximity to Emergency Backpack, within clear view of the whole classroom	
<u>First Aid Wall Chart</u>	Near the First Aid Kit and Emergency Care info	
<u>CPR Poster and Choking Wall Chart</u>	Near the First Aid Kit and Emergency Care info	
Fire Extinguisher	In classroom, near location of Fire Extinguisher	
P.A.S.S procedure for Fire Extinguishers	At location of the Fire Extinguisher	
<u>Hand Washing posters</u>	At all designated hand washing locations	
Tooth Brushing poster	Near designated tooth brushing location *tooth brushing is temp. suspended due to COVID-19-however oral health is promoted daily	
Cleaning, Sanitation, and Disinfecting Schedule	In each classroom and/or where the cleaning materials are mixed daily	
Diapering and Pull Up procedures	At designated diapering/changing area	
Coversheet for Food Allergies (lime green) and Allergy List w/Pictures	Clearly visible in classroom, near the food service/preparation area	
<u>Justice for All (CACFP)</u>	One per center – visible to all visitors	
<u>Building for the Future (CACFP)</u>	One per center – visible to all visitors	
<u>WIC (CACFP)</u>	One per center – visible to all visitors	

Daily Safety Inspection WCMCA Head Start/ Early Head Start

Complete safety inspection daily or per socialization event. Person completing the checklist initials in the box aligned with the week/day of review. Submit one form monthly (per classroom/ EHS socialization site) by the 5th of the following month. Concerns should be addressed with the Head Start Supervisor and resolved by FES/classroom team immediately whenever possible.

FES(s) in this classroom/socialization space: _____ Month/Year: _____

1. Indoor <u>and</u> Outdoor Materials/ Areas: <ul style="list-style-type: none"> ✓ In good repair. (checked for missing or broken parts/choking hazards, protrusion on nuts/bolts, rust & chipping/peeling paint, sharp edges, splinters and rough surfaces, stability of handholds/railings, visible cracks) ✓ Hazardous objects are stored, electrical outlets are covered/tamper-resistant, cords are secured out of reach of children ✓ Active Supervision in place. 						
wk	M	T	W	TH	F	Corrective Action Needed:
1						
2						
3						
4						
						Date corrective action taken:
2. Cleaning/Disinfecting materials: <ul style="list-style-type: none"> ✓ Products are EPA certified, used as instructed ✓ Clearly marked with contents/date ✓ Stored out of reach of children. 						
wk	M	T	W	TH	F	Corrective Action Needed:
1						
2						
3						
4						
						Date Corrective Action Taken:
3. Hazardous Waste: <ul style="list-style-type: none"> ✓ Bathroom sinks, toilets, counters, floors, and diapering area are washed and properly disinfected. ✓ Toilets are flushed immediately after use, sinks drain properly. ✓ Waste receptacles are lined, leak-proof, and securely stored with covers. Waste is removed daily, 						
wk	M	T	W	TH	F	Corrective Action Needed:
1						
2						
3						
4						
						Date Corrective Action Taken:
4. Child Health: (Medication-Allergy Prevention/Response) <ul style="list-style-type: none"> ✓ Medication includes authorization from parent. Is properly stored, in its original container and not expired. ✓ Special diet and allergy information is posted in prominent location in classroom where food is served. 						
wk	M	T	W	T	F	Corrective Action Needed:
1						
2						
3						
4						
						Date Corrective Action Taken:



OFFICE OF HEAD START

An Office of the Administration for Children & Families

Health and Safety Screener: Policies and Procedures for Head Start Programs

Introduction

Organizations that serve young children have an obligation to ensure that children in their care are in healthy and safe environments, and that policies and procedures that protect children are in place.

This screener will help organizations to identify where they need to make changes and build capacity in order to ensure children are healthy and safe while in their care. It contains best practices as well as requirements found in the Head Start Program Performance Standards.*

Suggestions for Use

1. Complete a health and safety screening for each site where children receive services.
2. Mark each item in the screening form "yes" or "no." Provide descriptions for items marked "no."
3. Determine issues, priorities, and staff responsible for actions and improvements within each site and across the program.
4. Follow up to assure improvements are made in a timely fashion.

** This screener does not include all applicable Head Start Program Performance Standards, nor does it cover every possible health and safety concern or replace each grantee's responsibility to ensure ongoing compliance with local, state, and federal health and safety requirements. Requirements related to healthy and safe environments can be found throughout the Head Start Program Performance Standards. Programs should also consult Caring for Our Children Basics, for additional information to develop and implement adequate safety policies and practices.*

Date: _____

Completed by: _____

Health/Safety Factors	Yes	No	Description of Conditions
Facilities			
All areas are safe, clean, and free from pests.	<input type="checkbox"/>	<input type="checkbox"/>	
Exits are clearly marked, and emergency evacuation routes and other safety procedures are posted in the classroom and in appropriate locations throughout the site.	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting is sufficient and adequate for all classroom activities.	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency lighting is available in case of a power failure.	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers are available, accessible, tested, and serviced regularly.	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke, carbon monoxide, and as necessary, radon detectors are installed, properly located, and tested regularly.	<input type="checkbox"/>	<input type="checkbox"/>	
Current child care, health, fire, and other applicable licenses and inspection certificates are present on site.	<input type="checkbox"/>	<input type="checkbox"/>	
All indoor and outdoor spaces meet minimum square footage requirements per local, state, tribal, and Head Start regulations, whichever is more stringent.	<input type="checkbox"/>	<input type="checkbox"/>	
All playground areas are visible to supervising adults.	<input type="checkbox"/>	<input type="checkbox"/>	
Necessary accommodations and modifications are made to ensure the safety, comfort, and full participation of all children including those with disabilities.	<input type="checkbox"/>	<input type="checkbox"/>	
Children are protected from potential hazards including choking, strangulation, electrical and drowning hazards, contagious diseases, and those presented by windows and glass doors, including falls and breakage.	<input type="checkbox"/>	<input type="checkbox"/>	

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Health/Safety Factors	Yes	No	Description of Conditions
Toilets and hand washing facilities are clean, in good repair, and easily accessible for children's use. Supplies including toilet paper, hand soap, and towels are available and accessible.	<input type="checkbox"/>	<input type="checkbox"/>	
Toileting and diapering areas are separated from areas used for food preparation, service and eating, and equipped with sanitizing supplies for exclusive use in the area.	<input type="checkbox"/>	<input type="checkbox"/>	
Garbage is stored in a safe and sanitary manner to prevent contamination.	<input type="checkbox"/>	<input type="checkbox"/>	
Children and staff are protected from potential injuries from heating and cooling systems, including burns from hot water (water should not exceed 120 degrees).	<input type="checkbox"/>	<input type="checkbox"/>	
Indoor and outdoor environments are free of mold and pollutants, including smoke, lead, pesticides, and herbicides, as well as soil and water pollutants.	<input type="checkbox"/>	<input type="checkbox"/>	
Child-accessible electrical outlets have covers, are tamper-resistant, or have safety plugs.	<input type="checkbox"/>	<input type="checkbox"/>	
Sleeping arrangements for infants follow safe practices as recommended by the American Academy of Pediatrics (AAP) and are free of soft bedding materials (e.g., soft mattress, crib bumpers, pillows, stuffed animals, fluffy blankets, and comforters). No drop-side cribs are in use.	<input type="checkbox"/>	<input type="checkbox"/>	
Age-appropriate rest and nap opportunities are available for preschool age children if the program operates six hours or longer.	<input type="checkbox"/>	<input type="checkbox"/>	
Children are protected from any hazards posed by classroom or family child care pets.	<input type="checkbox"/>	<input type="checkbox"/>	
Clean, sanitary drinking water should be readily accessible in indoor and outdoor areas throughout the day.	<input type="checkbox"/>	<input type="checkbox"/>	

Health/Safety Factors	Yes	No	Description of Conditions
Equipment and Materials			
Equipment, toys, materials, supplies, and furniture are safe, age, and developmentally appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	
Medication is properly stored and labeled and is not accessible to children.	<input type="checkbox"/>	<input type="checkbox"/>	
Cleaning supplies and other potentially dangerous materials and toxins are not accessible to children.	<input type="checkbox"/>	<input type="checkbox"/>	
All indoor and outdoor equipment, materials and furnishings meet standards set by the Consumer Product Safety Commission (CPSC) or the American Society for Testing and Materials, International (ASTM).	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency supplies, including parent and emergency contact information, first aid kits, and fire safety supplies are readily accessible to staff.	<input type="checkbox"/>	<input type="checkbox"/>	
No firearms or other weapons are accessible to children.	<input type="checkbox"/>	<input type="checkbox"/>	
Policies and Procedures			
A sign-in/sign-out system is used to track those who enter and exit the facility.	<input type="checkbox"/>	<input type="checkbox"/>	
Policies and procedures ensure children are released only to authorized adults.	<input type="checkbox"/>	<input type="checkbox"/>	
Procedures are in place to ensure children are safe when they are unexpectedly absent and the parent has not contacted the program.	<input type="checkbox"/>	<input type="checkbox"/>	
Agency policies and procedures protect children with allergies from known allergens.	<input type="checkbox"/>	<input type="checkbox"/>	
Agency has all-hazards emergency management/disaster preparedness and response plans for events including natural and man-made disasters and emergencies, and violence in or near programs.	<input type="checkbox"/>	<input type="checkbox"/>	
Agency maintains current parent or guardian and emergency contact list. Staff carry list on field trips and during evacuations.	<input type="checkbox"/>	<input type="checkbox"/>	

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Health/Safety Factors	Yes	No	Description of Conditions
Infectious disease policies and procedures are in place and include contacting parents and communicating with the local health department as necessary.	<input type="checkbox"/>	<input type="checkbox"/>	
Staff are trained and implement policies that ensure children are released only to a parent, legal guardian, or other formally designated individual.	<input type="checkbox"/>	<input type="checkbox"/>	
Policies for health emergencies that require rapid response or immediate medical attention are shared with parents.	<input type="checkbox"/>	<input type="checkbox"/>	
Staff notify parents when children are sick or injured.	<input type="checkbox"/>	<input type="checkbox"/>	
Premises are kept free of undesirable and hazardous materials and conditions. Indoor and outdoor premises are inspected prior to each use by children.	<input type="checkbox"/>	<input type="checkbox"/>	
A routine schedule of cleaning, sanitizing, and disinfecting is followed. Infant toys are cleaned and sanitized by staff as needed between each use by individual children.	<input type="checkbox"/>	<input type="checkbox"/>	
Procedures are in place to protect the confidentiality of any personally identifiable information in child records, including references to (a) disclosure with parental consent, (b) disclosure without parental consent but with parental notice and opportunity to refuse, and (c) disclosure without parental consent.	<input type="checkbox"/>	<input type="checkbox"/>	
Active Supervision			
Children, including sleeping children, are supervised by staff at all times and never left alone with volunteers.	<input type="checkbox"/>	<input type="checkbox"/>	
Children in outdoor areas do not have access to unsafe or unsupervised areas (e.g. body of water, roads or parking lots, or other hazards).	<input type="checkbox"/>	<input type="checkbox"/>	

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Health/Safety Factors	Yes	No	Description of Conditions
Constant and active supervision is maintained when any child is in or around water.	<input type="checkbox"/>	<input type="checkbox"/>	
Redundant procedures are in place to ensure that no child is left alone, i.e. a second staff person is designated to check classroom, outdoor play areas, sleeping areas, and vehicles during transitions and prior to departure.	<input type="checkbox"/>	<input type="checkbox"/>	
Required staff to child ratios are maintained at all times per local, state, and Head Start regulations, whichever is more stringent.	<input type="checkbox"/>	<input type="checkbox"/>	
Required group sizes are maintained at all times per local, state, and Head Start regulations, whichever is more stringent.	<input type="checkbox"/>	<input type="checkbox"/>	
Human Resources			
All staff abide by the program's standards of conduct which must support children's well-being, prevent and address challenging behaviors, and prevent maltreatment of children or endangerment to children's health or safety.	<input type="checkbox"/>	<input type="checkbox"/>	
All staff have background checks, sex offender registry checks, criminal history checks including fingerprint checks, and initial health exams.	<input type="checkbox"/>	<input type="checkbox"/>	
Complete background checks are conducted for all staff at least once every five years unless there is a more stringent system to ensure child safety; health exams must be periodically completed as recommended and required by state, tribal, or local requirements.	<input type="checkbox"/>	<input type="checkbox"/>	
All regular volunteers have been screened for appropriate communicable diseases as required by law, or in absence of a related law, as recommended by the Health Services Advisory Committee.	<input type="checkbox"/>	<input type="checkbox"/>	
All staff are trained in mandated reporter responsibilities, including recognizing suspected child abuse and neglect and following mandated reporting requirements.	<input type="checkbox"/>	<input type="checkbox"/>	



Health/Safety Factors	Yes	No	Description of Conditions
Direct service staff are trained in first aid, CPR, prevention and control of infection diseases, use of safe sleeping practices, preventing and identifying Shaken Baby Syndrome, abusive head trauma, sun safety and medication administration (including the special needs of children with health issues), and to respond to specific medical emergencies, including asthma and allergies.	<input type="checkbox"/>	<input type="checkbox"/>	
All staff are trained in and implement hygiene practices related to toileting, hand washing, diapering, safe food preparation, and exposure to blood and body fluids.	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation (if applicable)			
Program vehicles are properly equipped (e.g. two-way communication system, labeled and charged fire extinguisher, labeled first aid kit, seat belt cutter, reverse beeper, adaptations for children with disabilities as needed).	<input type="checkbox"/>	<input type="checkbox"/>	
Program carries out systematic preventive maintenance and each driver implements daily pre-trip vehicle inspections to ensure that vehicles used to transport children are in safe operating condition.	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicles used for child transportation are inspected annually by an inspection program licensed or operated by the state.	<input type="checkbox"/>	<input type="checkbox"/>	
All auxiliary seating is built into the vehicle by the manufacturer, maintained, and included in the annual inspection.	<input type="checkbox"/>	<input type="checkbox"/>	
Children are seated using age, height and weight appropriate child passenger safety systems.	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicle aisles and exits remain unobstructed at all times, and items in the passenger compartment are properly stored and secured.	<input type="checkbox"/>	<input type="checkbox"/>	

Health/Safety Factors	Yes	No	Description of Conditions
Drivers receive training prior to transporting any enrolled child, and refresher training each year. Topics include first aid, emergency response, operation of any special equipment, routine maintenance and vehicle safety checks, and recordkeeping.	<input type="checkbox"/>	<input type="checkbox"/>	
Bus monitors participate in annual training including child boarding and exiting procedures, use of child passenger safety systems, emergency response, evacuation procedures, pre- and post-trip vehicle checks, and child pick-up and release procedures.	<input type="checkbox"/>	<input type="checkbox"/>	
Trip routing minimizes the time a child is in transit, prevents vehicles from exceeding maximum passenger capacity, and assures child safety during pick-up and drop-off.	<input type="checkbox"/>	<input type="checkbox"/>	
Bus monitors and drivers have current information about individuals authorized to pick up the children.	<input type="checkbox"/>	<input type="checkbox"/>	
Bus monitors and drivers complete pre- and post-trip vehicle checks, including second or third complete interior inspections to ensure no child is ever left on a vehicle.	<input type="checkbox"/>	<input type="checkbox"/>	
Children receiving transportation services are taught safety procedures and participate in an initial emergency evacuation drill and at least two additional evacuation drills during the program year.	<input type="checkbox"/>	<input type="checkbox"/>	





Center:

Date:

1. The Playground is a learning area of the classroom, please identify how adults (include collaborative partners as appropriate) will interact with children during the use of this learning area:
2. Adults (including collaborative partners) should be stationed various areas of the playground so that children playing are ensured safety. What is your plan at your playground?:
3. What are the playground rules at your center? Please include where they are posted so adults including visiting adults can review them each day:
4. What is your plan for moving children to and from the play area safely?:
5. Should a child or staff person need to return to the classroom while the others remain on the playground, how is this handled, and how are roles changed:?
6. In the event of an emergency or injury what is the plan of action on your playground?:
7. Please define the play area at your center and identify how the adults are going to keep children in that area:
8. What is the staffing pattern that will be used each day during playground activities?:

Location/Center: _____ Date of Inspection: _____

OUTDOOR EQUIPMENT AND PLAY AREA INSPECTION WCMCA HEAD START

Outdoor equipment and play area shall be inspected for safety at regular intervals and the observations documented. Playground equipment will be checked according to the manufacturer's instructions. Health and safety items meet the most stringent standards by MN Rule 3 Child Care licensing, Caring for our Children adopted by the Office of Head Start (see CFOC rationale included on the back of this form) Concerns should be addressed with the Head Start Supervisor, resolved by FES immediately whenever possible. **Due before classes begin, by Sept 15th, and following Spring melt, but by April 30th. 1-per center**

Indicators	Yes	No	Improvement Actions
1. A variety of surfaces and equipment (climbing equipment, slides, sand play, grassy area)			
2. Staff zoning plan (Active Supervision) in place			
3. First Aid Kit, cell phone and emergency contacts in place for outdoor use			
4. Outdoor play area fenced in or otherwise protected from adjacent hazards			
5. Sunny and shady areas on the playground			
6. Permanent equipment properly secured, anchored			
7. Adequate cushioned material under climbing surfaces			
8. Loose fill playground material (especially sand) has been inspected for debris, proper depth, compaction points, standing water, ice or snow			
9. Playground surface is checked; litter, sharp objects or animal feces is removed			
10. Riding toys are stable (well balanced) and appropriately sized for the children			
11. Children wear approved helmets while riding pedal powered equipment			
12. All equipment is free of rust, chipping or peeling paint			
13. Sharp edges, splinted wood, rough or cracked surfaces			
14. Handhold/railings stable			
15. Non-anchored play pieces (ex. playhouse) stable			
16. Pinch or crush points are protected, non-play moving parts are covered			

Outdoor play areas shall be checked daily for areas of poor drainage and accumulation of water and ice.

COMMENTS: If an off-site play area is used, a safety check for hazardous materials within the play area should be done upon arrival to the off-site playground. Hazardous materials may have been left in the play area by other people before the arrival of children from the childcare facility.

6.2.5.2: Inspection of Play Area Surfacing

Loose-fill surfacing materials used to provide impact absorption beneath play equipment should be checked frequently to ensure surfacing is of sufficient depth and has not shifted or displaced significantly, especially in areas under swings and slide exits. Missing or displaced loose-fill surfacing should be raked back into proper place or replaced so that a constant depth is maintained throughout the playground.

All loose-fill surfacing material, particularly sand, should be inspected daily for:

- a. Debris (such as glass);
- b. Animal excrement, and other foreign material;
- c. Depth and compaction of surface;
- d. Standing water, ice, or snow.

Loose fill surfaces should be hosed down for cleaning and raked or sifted to remove hazardous debris as often as needed to keep the surface free of dangerous, unsanitary materials. Surfacing should be raked to fill in areas of wear (e.g., under swings, bottom of slides, etc.) on a daily basis before use.

Check for packing as a result of rain or ice, and if found to be compressed, material should be turned over or raked up to increase resilience capacity. Play should not be permitted on structures in the area if a packed surface cannot be raked up or turned over.

RATIONALE

The number one cause of injury on playgrounds is falls to the surface. Maintaining the correct depth of loose-fill material is crucial for safety. Surfaces should be shock-absorbing (1-3). Cold temperatures may cause "packing," which causes the surface material to lose shock-absorbing capacity. Other materials, such as glass, debris, and animal excrement, present potential sources of injury or infection. Maintaining loose fill surfaces provides for proper sanitation.

COMMENTS

Surfacing is not tested with ice or snow on it and thus its shock-absorbing and injury-preventing ability is unrated. Therefore, surfacing with ice or snow cannot be relied upon to absorb falls and prevent injuries. Sand is not an appropriate playground covering in areas where pets or animals are a problem. Contact a Certified Playground Safety Inspector (CPSI) for further guidance. To locate a CPSI, check the National Park and Recreation Association (NPRA) registry at https://ipv.nrpa.org/CPSI_registry/.

5.7.0.2: Removal of Hazards From Outdoor Areas

All outdoor activity areas should be maintained in a clean and safe condition by removing:

- | | | |
|-------------------------------------|-------------------------------------|-----------------------------------|
| a. Debris; | h. Branches; | p. Wells; |
| b. Dilapidated structures; | i. Animal excrement; | q. Holes; |
| c. Broken or worn play equipment; | j. Tobacco waste (cigarette butts); | r. Grease traps; |
| d. Building supplies and equipment; | k. Garbage; | s. Cisterns; |
| e. Glass; | l. Toxic plants; | t. Cesspools; |
| f. Sharp rocks; | m. Anthills; | u. Unprotected utility equipment; |
| g. Stumps and roots; | n. Beehives and wasp nests; | v. Other injurious material. |
| | o. Unprotected ditches; | |

Holes or abandoned wells within the site should be properly filled or sealed. The area should be well-drained, with no standing water.

A maintenance policy for playgrounds and outdoor areas should be established and followed.

RATIONALE

Proper maintenance is a key factor when trying to ensure a safe play environment for children. Each playground is unique and requires a routine maintenance check program developed specifically for that setting.

Preschool Equipment and Supplies

(33 mos. through Pre-Kindergarten)

One Form per Classroom

Program Name:	Address, City, State, Zip:	License Number:	Room Capacity:
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To complete this form, please refer to Minnesota Rules, part 9503.0060, to determine the description and numbers of equipment required for this age group. Equipment must be age appropriate and address any special needs of children served. The center must have enough equipment for the number of children for which the center is licensed. If equipment is rotated among groups of children, there must be enough to serve the maximum group size of the age group using the equipment and the rotation must be shown on the daily schedule in the child care program plan. Equipment must be in good repair and accessible for use by the children during hours of operation each day. Accessible means that the equipment is stored in a location where children themselves are able to reach and use the equipment.

Furniture	# Req.	On Hand	DHS Use	Supplies-Adequate Amount	On Hand	DHS Use
Area rug or carpeting-1 per group				Facial tissue		
Non-folding child size chairs-1 per child				Single service towels		
Cot-1 per child				Liquid hand soap		
Partially enclosed quiet activity space-1 per group				Interest Areas		
Open shelves-1 linear foot per child				Interest areas are physically defined and observable areas within the classroom that are supplied with the equipment and materials needed to carry out the activities specified for each area. Children must be provided daily access to interest areas according to the center's child care program plan. Daily access to interest areas means children have access to the equipment and materials within the interest area. It is not considered to meet the requirement if all equipment and materials are stored out of reach of children and only brought out for a brief period of time		
Tables-20 linear inches per child				A child care center operating more than three hours a day must provide children with daily access to all interest areas. A center operating for less than three hours a day, operating exclusively as a drop-in center, or a center serving school-age children only must provide access to large muscle activities and at least five of the required interest areas		
Program Equipment and Materials				<input type="checkbox"/> Creative arts and crafts <input type="checkbox"/> Construction <input type="checkbox"/> Dramatic play <input type="checkbox"/> Science <input type="checkbox"/> Music <input type="checkbox"/> Fine motor activities <input type="checkbox"/> Large muscle activities* <input type="checkbox"/> Sensory stimulation activities		
Books-2 per child				DHS Use Only:		
Large building blocks-48 per group						
Small building blocks-200 per group						
Double easel-1 per group						
Manipulative toys (e.g. interlocking plastic forms) -2 sets per child						
Music source and selections-1 per group						
Musical or rhythm instruments-1 per child						
Bulletin board or wall display-2 sq ft per child						
Cognitive developmental equipment (e.g. puzzles and letter games, etc.)-1 per child						
Pictures (at child's eye level)						
Large Muscle Play						
Durable outdoor large muscle equipment-3 pieces per group						
Durable indoor large muscle equipment-3 pieces per group						
Dramatic Play						
Dramatic play equipment or sets of Montessori Practical Life equipment-5 pieces per group						
Materials and accessories for dramatic play						
Mirror at least 12x36 inches, made of Plexiglas or similar plastic or safety glass-1 per group						
Art and Craft Supplies						
The following should be available in an adequate supply: Clay or playdough, tempera or fingerpaints, white or colored paper, paste, collage materials, paint brushes, felt type markers, crayons, scissors, and smocks						

WCMCA-Head Start Child Care Program Plan

West Central Minnesota Communities Action, Inc. – Head Start program operates in 7 West Central counties – Grant, Traverse, Stevens, Pope, Douglas, Otter Tail and Wadena.

A. Child Supervision and Staffing Patterns

Each WCMCA - Head Start Classroom has from 15 to 20 enrolled 3 and 4-year old children. Each class is assigned a qualified Teacher (Family Education Specialist) and one or two support staff depending on the collaborations with public school programs. It is the intent to maintain a child to staff ratio of no more than 1 staff member to 6 children in the 3 and 4- year old classrooms.

WCMCA – Early Head Start enrolls children ages 0 to 3 and/or pregnant moms. EHS is a home visiting program with children and parents meeting for socializations two times a month. EHS operates 12 months of the year.

For all WCMCA – Head Start, children are within the sight or sound of a classroom adult at all times. Children are supervised at all time by Staff that have been trained on Active Supervision using the following handout:

ACTIVE SUPERVISION AT-A-GLANCE

SIX STRATEGIES TO KEEP CHILDREN SAFE

The following strategies allow children to explore their environments safely. Infants, toddlers, and preschoolers must be directly supervised at all times. Programs that use active supervision take advantage of all available learning opportunities and never leave children unattended.

Set Up the Environment

Staff set up the environment so that they can supervise children at all times. When activities are grouped together and furniture is at waist height or shorter, adults are always able to see and hear children. Small spaces are kept clutter free and big spaces are set up so that children have clear play spaces that staff can observe.

Position Staff

Staff carefully plan where they will position themselves in the environment to prevent children from harm. They place themselves so that they can see and hear all of the children in their care. They make sure there are always clear paths to where children are playing, sleeping, and eating so they can react quickly when necessary. Staff stay close to children who may need additional support. Their location helps them provide support, if necessary.

Scan and Count

Staff are always able to account for the children in their care. They continually scan the entire environment to know where everyone is and what they are doing. They count the children frequently. This is especially important during transitions, when children are moving from one location to another.

Listen

Specific sounds or the absence of them may signify reason for concern. Staff who are listening closely to children immediately identify signs of potential danger. Programs that think systemically implement additional strategies to safeguard children. For example, bells added to doors help alert staff when a child leaves or enters the room.

Anticipate Children's Behavior

Staff use what they know about each child's individual interests and skills to predict what he/she will do. They create challenges that children are ready for and support them in succeeding. But they also recognize when children might wander, get upset, or take a dangerous risk. Information from the daily health check (e.g., illness, allergies, lack of sleep or food, etc.) informs staff's observations and helps them anticipate children's behavior. Staff who know what to expect are better able to protect children from harm.

Engage and Redirect

Staff use active supervision skills to know when to offer children support. Staff wait until children are unable to solve problems on their own to get involved. They may offer different levels of assistance or redirection depending on each individual child's needs.

Ages of Children Served

Classes for 3 & 4- year old children meet either 3 ½ hours (PD) or 7-8 hours(FD) per day at the following sites and days:

Sites	No. of Classes	No. of Students	Days Meeting	Sites	No. of Classes	No. of Students	Days Meeting
Fergus Falls	2 FD	32	M-Th	Alexandria EEC	2 PD	34	M-TH
Fergus Falls	1 PD	16	M-Th	Alexandria ATCC	2 FD	34	M-TH
Menahga	1 PD	16	M-W-Th	Ashby	1 FD	16	M-TH
Perham	1 PD	17	M-Th	Brandon	1 PD	17	M-TH
Pelican Rapids	1 PD	16	T-F	Elbow Lake	1 FD	16	M-TH
Pelican Rapids	1 FD	17	T-F	Glenwood	1 PD	17	M-TH
Wadena	1 FD	17	M-F	Morris	1 PD	17	M-TH
Osakis	1 FD	16	M-F				

Home based classes are held in:

Wadena County – 11 children	Pelican Rapids – 11children
Traverse County – 10 children	Alexandria – 22 children
Fergus Falls – 11 children	Glenwood – 11 children
Grant County – 11 children	Morris – 11 children
Parker's Prairie- 11 children	

B. Hours and Days of Operation

One class in Perham, Fergus Falls, Pelican, Brandon, Glenwood, Morris and two classes in Alexandria, meet 3 ½ hours a day, four days a week, either Monday – Thursday or Tuesday – Friday either in the afternoon or the morning, September through May.

One class in Menahga meets 3 ½ hours a day, three days a week, either in the morning or the afternoon usually on Tuesday – Thursday, September through May.

One class in Pelican, Wadena, Ashby, Elbow Lake, Osakis, 2 classes in Alexandria and Fergus Falls meet 7 ½ -8 hrs. per day four days a week either Monday – Thursday or Tuesday – Friday, September – May.

Home based programs meet 22 times a year.

C. Education & Curriculum Philosophy

Our program and curriculum philosophy follows:

West Central Head Start Philosophy of Curriculum

It is the belief of West Central Head Start that:

- Children learn best by doing. Learning requires active thinking and experimenting in order for children to find out how things work – rather than simply repeating what someone else says.

- Play is the foundation for academic learning. As children use the materials within their environment they learn about size, shapes, colors and relationships. Play encourages children to become explorers, discoverers, problem solvers and inventors.
- Children that are allowed ample time to play learn to ask questions and figure out the answers to those questions.

West Central Head Start would like children enrolled in our program to

- Become enthusiastic learners, by encouraging them to be active and creative explorers, not afraid to try out their ideas.
- Develop a positive attitude about themselves and their ability to learn.
- Learn HOW to learn – so that they will continue to be self-motivated learners throughout the rest of their lives.

It is our hope to create environments in which...

- Children become active participants in their learning
- Children feel safe to experiment with new ideas.
- Children develop a positive attitude towards themselves and learning.

We also believe that ...

- Parents are their child's first and most important teacher. By working together in partnership with their child's teacher parents provide an insight into their child's abilities as well as their interests.

The ultimate goal of West Central Head Start:

It is the goal of West Central Head Start that each of our teachers will be able to document the skills of the children in their classroom. Together parents and staff will combine the information they have gathered to set goals for their children. Staff members will use this information to create environments that will allow children to engage in learning experiences that are challenging enough to move the children to a higher level of learning within their "Zone of Proximal Development" but not so challenging as to be frustrating for the child.

West Central Head Start chose The Creative Curriculum as our base curriculum because it fits with the beliefs and goals that we have outlined above and because it is rooted in the educational philosophy and theories of the following educators:

- **Erik Erikson-** Erikson's "Eight Stages of Man" defined 8 stages of socio -emotional growth from infancy to old age. At each stage people confront particular socio-emotional circumstances that must be addressed. How these situations are handled determines how a person's character and personality develop. As children develop from infants and toddlers through preschool age they pass through the following stages:
 1. Children learn to trust or mistrust their environment - Infants who get their needs met in a timely fashion begin to trust that they will be cared for by the adults in their lives.

Independence is an outgrowth of trust. Children in the classroom learn to trust when adults provide:

- a predictable schedule and consistency in routine
 - follow through on plans or promises
 - when adults have positive contact with each child throughout the day.
2. **Autonomy** - When adults allow children to do things for themselves children develop autonomy. Children gain independence in the classroom when adults:
- Create environments where children can use materials on their own
 - Value their play
 - Provide developmentally appropriate materials that support and challenge their abilities
 - Praise their efforts and encourage children to complete tasks.
3. **Take initiative and assert themselves in socially acceptable ways.** Initiative is the ability to persist and overcome obstacles that might arise during a project and follow through until completion of the activity or project. Children develop initiative when adults :
- Provide opportunities for creative expression
 - Allow children to explore the environment freely
 - Allow children to work independently and promote problem solving and risk taking.
- **Jean Piaget**- Logical thinking and reasoning – Piaget believed that children develop at different rates and that children do not benefit from being taught skills before they are developmentally ready. The process and not just the actual results of the development are important. Just because a child is able to achieve a result there is no guarantee that they actually understand the logic or reasoning that lead them to that conclusion. Implementing classroom practices based on Piaget’s theories adults would :
 1. structure the classroom environment and activities based on the children’s cognitive development.
 2. provide a variety of materials that vary in complexity that would allow children to sort/arrange objects by size, shape, color etc.
 3. describe objects according to features (big, little, light, heavy etc.)
 - **Lev Vygotsky** -Theories of social interaction and learning. According to Vygotsky children learn and grow by interacting with not only the materials in their environment but also with more knowledgeable peers and the adults around them. “He believed that observing what a child can do with assistance of others can give a more accurate picture of their abilities than by observing what a child can do alone” (Creative Curriculum, 2002, p. 8) Vygotsky coined the term Zone of Proximal Development (ZPD) he believed that a child had a range of abilities that fell within this ZPD. What a child could do at the lower end of the zone represented what they could do without any assistance from others, while the upper end of the ZPD demonstrated what a child could accomplish by watching /interacting with peers and adults. (Creative Curriculum, 2002)
 - **Vygotsky** believed that “social interaction is key to children’s learning” in the classroom learning takes place through:
 1. positive relationships between children and adults
 2. when children are taught the skills for creating friendships
 3. solving social problems and sharing.
 4. Creating an environment where “each child is a learner and a teacher.

D. WCMCA Head Start Program Plans

Program plans are reviewed yearly by a team of staff and collaborative partners as part of program’ yearly self-assessment process.

WCMCA Head Start Education Plan

It is the intent of West Central MN Communities Action, Head Start to provide families and children participating in our program with “high quality early education and child development services including children with disabilities that promote children’s cognitive, social and emotional growth for later success in school. (HSPPS 2017: 1302.30)

Providing high quality educational services includes the following; research-based curriculum and screening and assessment procedures that support individualization and developmental growth, a well-planned and organized learning environment, teaching practices that emphasize nurturing and responsive practices, and support all children’s engagement in learning activities.

The Creative Curriculum Preschool System is a research-based curriculum that is used in all of our 3-5 year old programs. The emphasis of this curriculum is one of creating an environment that supports children’s development. There are specific suggestions for choosing materials for each area of the classroom, the role of the teacher, and what children learn in each area. The assessment used in all of our classrooms is teaching Strategies GOLD, this tool is aligned with the Head Start Learning Outcomes Framework and allows Family Education Specialists to authentically assess children in each of the domains (Cognitive, Social and Emotional, Physical, Language, Literacy and mathematics) and their objectives.

Teaching Strategies GOLD is a web-based assessment and individualization system. The checkpoints (completed 3 times a year) create a road map for determining where each child is on the developmental continuum. This data is tracked for each child’s progress and for planning learning experiences and environments that scaffold each child’s development. The checkpoints lay out the progression of development in each domain of learning. For our classroom staff the aggregated data collected in TS GOLD reveals patterns in the progress of groups of children as well as the individual child. With TS GOLD Family Education Specialists can identify strengths, clarify needs and improve curriculum implementation.

Classroom Staff and Parents collect information for the check points using authentic observations. Checkpoints are analyzed three times a year (fall, winter and spring) and Family Education Specialists share this information with parents via Report Cards. This system creates reports that will show where each child is on the continuum of skills and assists in individualizing for each child in the classroom. Together the Parent and Family Education Specialist set goals for the child. Management staff both monitor individual children’s development as well as aggregate data from the web-based system for classroom and program improvement.

All classrooms are assessed one to two times a year using the following tools. Office of Head Start Health and Safety Screener, Classroom Assessment Scoring System (CLASS) and Creative Curriculum Fidelity tool.

The OHS Health and Safety Screener assesses each classroom and playground to make sure the environment is safe. CLASS looks at the classroom through three different lenses – Emotional Support (adult/ child interactions) Classroom Organization and Instructional Support which looks specifically at the intentional practices in the areas of Cognitive Development, Quality of Feedback and Language Modeling. The Creative Curriculum Fidelity tool looks at the degree to which Family Education Specialists and classroom staff are implementing the curriculum in the ways the developers intended.

Family Education Specialists also use information from the Physical and Dental exams to ensure that children are healthy and ready to learn.

WCMCA Head Start Health, Nutrition, Mental Health and Dental Health

Philosophy and Goals

Philosophy: In collaboration with parents and community partners, West Central Minnesota Communities Action, Inc. Head Start strives for optimal child physical and oral health and development, nutrition, mental health and emotional growth. Based on these principles, we embrace a comprehensive vision of the health of children and families. This holistic vision supports wellness by encouraging practices that prevent, identify, treat, and reduce health risks for Head Start families and children.

The focus of Head Start health, nutrition, oral health and mental health is to integrate services to keep children safe and to prevent health problems whenever possible by addressing the needs of enrolled children as early as possible. Facilitating and maintaining positive, respectful, and collaborative relationships is the key to the success of this approach. When concerns are found, they are addressed quickly in partnerships with parents, staff and health care partners to improve the health and development of the child and to prevent future problems.

WCMCA Head Start supports healthy physical and emotional development by encouraging research based best practices that prevent illness or injury and by promoting positive, culturally relevant health behaviors to enhance life-long well-being. This is accomplished by coordinating individualized preventive and early intervention services for young children in the areas of medical, dental, nutrition, and mental health services. Children who are physically, socially, and emotionally healthy are better equipped for cognitive development and school readiness.

West Central Minnesota Communities Action Head Start provides:

- ❖ *Comprehensive services.* To develop fully and achieve social competence, children and families need a comprehensive, interdisciplinary approach to services including education, health, nutrition, social services, and parent involvement. The range of services available must also be responsive and appropriate to each child and family's unique developmental, ethnic, cultural, and linguistic experiences.
- ❖ *Parent involvement and family focus.* Head Start is family-centered and designed to foster a parents' role as the principal influence on their children's development and as their children's primary educators, nurturers, and advocates. Parents are encouraged to become involved in all aspects of Head Start, including direct involvement in policy and program decisions that respond to their interests and needs.
- ❖ *Community partnerships and community-based services.* Head Start programs are community-based, with models of service based on the unique needs of the diverse communities they serve.

Health and Dental Services Goal: To ensure that all Head Start children's health and developmental concerns are identified early, and children and families are linked to an ongoing source of continuous, accessible care to meet their basic health needs through collaboration among families, staff, early education providers and health professionals

- Determine children's current physical and oral health status
- Through screening for developmental, sensory, and behavioral concerns
- Refer for follow up care, evaluations and treatment if needed
- Link families to ongoing health and dental care
- Promote ongoing communication between staff, parents and providers

- Implement best practice policies and procedures for responding to health and dental emergencies
- Foster and maintain strong collaborative relationships with health care and early education providers
- Locate sources of funding for health and dental services
- Promote healthy living, physical activity and dental hygiene in the classrooms
- Offer families health and oral promotion activities, including information about the importance of well-child care and child development to help parents understand the benefits of prevention, early intervention and early oral health care, along with the importance of establishing a medical and dental home early in life

Nutrition Services Goal: To provide a nutrition program that supports sound nutrition, healthy choices and physical activity.

- Promote child wellness by providing nutrition services that supplement those of the home and community
- Offer nutrition activities in the classrooms, family events and for the home that promote healthy eating and physical activity best practices
- Link families to community services such as WIC, Food Support, Food Shelves, etc.
- Assessing children's height, weight and nutrition status

Safe Environments Goal: To ensure safe Head Start environment and promote safe and healthy homes.

- Ensure that classroom learning environments are safe and well maintained
- Implement best practices in health and safety policies and procedures
- Provide families information on how to provide safe environments at home

Mental Health Goal: To foster positive social emotional development and a positive attitude toward early childhood mental health.

- Screening for developmental, sensory, and behavioral concerns
- Refer for follow up care, evaluations and treatment if needed
- Empowering caregivers to address mental health concerns
- Locate sources of funding for mental health services
- Maintain strong collaborative relationships with mental health services and supports

WCMCA Head Start Staff Development and Staff Qualifications Plan

WCMCA Head Start uses a multi-layered approach of staff development for their teachers and staff. As part of this approach, staff have multiple opportunities for trainings and leadership opportunities that builds on their teaching and family engagement.

INDIVIDUAL/CAREER DEVELOPMENT:

WCMCA Individual Professional Development Plan:

Staff who are seeking a higher degree or certification in Early Childhood Education, or a related field, will create a WCMCA Individual Professional Development Plan that outlines steps and timetables to assist

staff in completing goals. This plan will be reviewed by their supervisor at agreed upon intervals to evaluate adequate progress.

Annual Performance Evaluations:

All WCMCA agency staff completes a 6 -month orientation and yearly annual performance evaluation to assess individual strength and growth opportunities. As part of this appraisal, staff will complete an employee preparation form which allows staff to provide input on training and support systems that will assist them in their ongoing professional development.

ONGOING STAFF DEVELOPMENT/TRAINING:

WCMCA Head Start utilizes the support of their Regional T/TA and self-assessment committees to help assess and guide program professional development opportunities. All Head Start staff receive a minimum of 24 hours of yearly professional development hours which as required by federal mandate. This training includes, but is not limited to, topics that cover ERSEA, health and safety, PFCE, and curriculum/assessment.

Staff development and training is presented in the following forms:

WCMCA/Regional CAP Agency All-Staff: Held two times per year, agency All-Staffs inform and train staff regarding resources and services that improve support systems for individuals and families in communities and across the service region.

WCMCA Head Start Training Camp: A yearly pre-service training for all Head Start staff, which includes trainings and information on updated program initiatives and requirements. The Training Camp committee utilizes evaluations and input from previous Training Camps and program self-assessment to determine trainings and agendas for the event.

Monthly Staff Meetings: These program meetings are held bi-monthly, or as needed, and are comprised of Supervisors, FESs, or various combinations of Head Start staff. These meetings include ongoing training and updates on program expectations and community partnerships.

- Professional Learning Communities (PLCs): Organized groups of FESs that meet bi-monthly to reflect and identify continuous improvement opportunities around on-going program goals including focuses on curriculum, CLASS, Data and PFCE.
- Classroom/Site Team Meetings: Classroom and/or individual child planning or trainings between FESs, Assistants FESs, and Head Start Aides that focuses on curriculum planning, data analysis, and CLASS.
- Coaching/Mentorship: Head Start Supervisors utilize reflective supervision with FESs around their work, focusing on CLASS, curriculum, and assessment. Additionally, new FESs may be

placed with peer mentors to assist in increasing understanding around forms and expectations.

NEW STAFF ORIENTATION:

New employees of WCMCA Head Start will receive orientation on Head Start, state licensing, and agency mandated topics. Trainings will be distributed through in-person and web-based trainings. Trainings plans and timetables for completion will be adapted to meet the requirements of the position and needs of the individual. As of June 2018, these training will be documented on the DHS form Orientation Checklist (found at the end of this plan)

WCMCA Head Start makes every effort to ensure that direct service staff have the necessary teaching qualifications and experience to provide high-quality service to children and families.

Prior to hire, the WCMCA Human Resources Director screens and weighs the candidates based on qualification and experience. It is the responsibility of any current or prospective employee to provide the agency with information on the college credit courses taken and to demonstrate that the courses address early childhood education or child development. The Head Start Director, a Head Start Supervisor, or Human Resources Director will examine the college transcripts and review course descriptions or syllabi if needed, to determine the relevance of the courses to the Head Start program.

Teacher Qualifications:

Lead teachers of preschool center-based classrooms or Early Head Start home visitors of WCMCA Head Start are designated as Family Education Specialists (FESs)

In accordance with federal mandate, center- based FESs have the following qualifications:

1. An associate, baccalaureate or advanced degree in early childhood education (ECE);
2. An associate degree in a field related to early childhood education and coursework equivalent to a major relating to early childhood education, with experience teaching preschool-age children;
3. A baccalaureate or advanced degree in any field and coursework equivalent to a major relating to early childhood education, with experience teaching preschool-age children

*Staff who do not meet these minimum qualifications, will maintain a *WCMCA Individual Professional Development Plan*, which will outline their current enrollment in a program to obtain the requirements.

It is the goal of WCMCA Head Start that 100% of FESs hold an ECE baccalaureate/advanced degree. As a result, staff who hold an ECE baccalaureate/advanced degree, or a related degree identifying a concentration or state licensure in early childhood education shall be classified as Family Education Specialist I (FES I). Alternatively, any preschool based teacher who does not meet this expectation but holds any of the other minimum qualifications noted above will be classified as Family Education Specialist II (FES II). The FES I position holds monetary incentives with a higher rate of pay.

Additionally, Early Head Start FESs must also show a minimum of 12 credits in child development or infant/toddler care to be classified as an FES I.

Assistant Teacher Qualifications:

Assistant Teachers of preschool center-based classrooms, are classified by WCMCA Head Start as Assistant Family Education Specialists (Asst. FESs), and have the following qualifications:

1. Have a child development associate (CDA) credential; or
2. Have an associate or baccalaureate degree (in any area) or be enrolled in a program leading to such a degree.

Any staff who provides service to preschool center based classrooms, but does not meet these expectations are classified by WCMCA Head Start as Head Start Aides. Head Start Aides will maintain a WCMCA Head Start Individual Professional Development Plan which outlines their enrollment in a CDA credential program.

Individual Professional Development Support

Staff who are attempting to obtain a degree or certification that will result in a required or higher qualification related to Early Childhood Education may request financial support through a WCMCA Head Start Tuition Support Plan or WCMCA Agency Employee Loan. (Please see the related documentation for more detail.) Both opportunities are contingent on adequate funding

Orientation Training Record

Licensed Child Care Centers

The center director, staff persons, substitutes, and unsupervised volunteers must be given orientation training and successfully complete the training **before starting assigned duties**. According to MN Statutes, section 245A.40, subdivision 1, training for orientation cannot be used to meet in-service training requirements. Documentation of orientation is required.

Name	License Number	Date of Hire	Date Background Notice Issued to Individual	Date of First Direct Contact	Date of First Unsupervised Contact

Choose one of the following positions to describe the role of the individual:
(Center Director, Staff Person, Substitute, Unsupervised Volunteer)

Check all that apply:

- Works with infants
- Works with preschool children
- Works with toddlers
- Works with school age children

Orientation Training Requirements

The license holder must ensure that all required content is included in each orientation training requirement.	Date Completed
Abusive Head Trauma training for individuals working with a child under school age per <u>MN Statutes, section 245A.40, subd. 5a</u> ; Can be N/A for centers with only school age children	Training Hours
Allergy Prevention and Response training on details of center policy per <u>MN Statutes, section 245A.41, subd. 1</u>	
Behavior Guidance training on details of center policy per <u>MN Rules, part 9503.0055</u>	
Child Development and Learning training as required per <u>MN Statutes, section 245A.40, subd. 2</u>	Training Hours
Center Child Care Program Plan training on details of the center's child care program plan per <u>MN Rules, part 9503.0045</u>	
Emergency Preparedness training on details of the center's Emergency Plan per <u>MN Statutes, section 245A.41, subd. 3</u>	
Handing and Disposal of Bodily Fluids training on details of center policy per <u>MN Statutes, section 245A.41, subd. 2</u>	
Handling Emergencies and Accidents training on details of center policy per <u>MN Rule, part 9503.0110, subp. 1</u>	
Health Policies training on details of center policy per <u>MN Rules 9503.0140, subp. 1</u>	
Individual Child Care Program Plan training on details of individual child care program plans for all children that the staff will interact with per <u>MN Rules 9503.0065</u> and <u>MN Statutes, section 245A.41, subd. 1</u> , if applicable	
Job Responsibilities specific to the individual's position at the center per <u>MN Statutes, section 245A.40, subd. 1 (1)</u>	
Pediatric Cardiopulmonary Resuscitation (CPR) for individuals as required per <u>MN Statutes, section 245A.40, subd. 4</u>	
Pediatric First Aid training for individuals as required per <u>MN Statutes, section 245A.40, subd. 3</u>	
Program Drug and Alcohol Policy training on the details of the center's policy per <u>MN Statutes, section 245A.40, subd. 1c</u>	
Reporting Responsibilities and training per <u>MN Statutes, chapter 260E</u> and <u>MN Rules, part 9503.0130</u>	
Risk Reduction Plan training on details of the center's Risk Reduction Plan per <u>MN Statutes, 245A.66, subd. 2</u>	
Sudden Unexpected Infant Death training for individuals working with infants per <u>MN Statutes, section 245A.40, subd. 5</u> ; Can be N/A for centers not serving infants.	Training Hours

Verification

I received training for orientation and yearly in-service as required for my position at this certified child care center.	Date Completed
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Supervisor Verification

Signature of Supervisor attesting to the accuracy of training information and approval of in-service training above	Date Completed
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WCMCA Head Start Parent Family Community Engagement Plan

We cannot pretend to work for the best interests of children while ignoring the needs of their parents.

~Joyce L. Frett

WCMCA - Head Start has an important role in supporting mothers/mother figures and fathers/father figures (parents) as they identify their own goals, nurture the development of their child in the context of their family and culture, and advocate for communities that are supportive of children and families of all cultures. Within the supportive network offered by Head Start staff members, parents have the opportunity to practice and increase their skills in decision-making, teaching, personal and financial management, advocacy and other areas they individually identify. They develop habits of learning that will continue throughout their lives and view themselves as capable of directing their own learning and growth.

Parents As They Meet Their Own Goals

Head Start Family Education Specialists work in partnership with families by serving as a conduit to the resource information within the community, not assuming to know the next step but by asking the next question so families can discover and take their own journey. Because we believe the importance of developing strong relationships, WCMCA - Head Start designed the Family Education Specialist positions as the single service provider for both children and their families.

All families and all family members have strengths. Through a goal-setting process, families find ways to resolve their own questions and meet their own needs. By taking small steps to meet personal goals, families have an approach to solving future quandaries.

Parents As They Nurture the Development of Their Children

Parents have the lead role in ensuring their child's well-being. Head Start's Family Education Specialists work as partners, coaches, and mentors to families as they strengthen their child and family's quality of life. A central tenet of Head Start is its validation of a parent's role in their child's development. Research shows that participation of parents and caregivers at the earliest stages of child's academic development is one of the best ways to ensure that child's future success. WCMCA-Head Start offers parents the opportunity to learn general parenting information as well as have their individual questions and concerns satisfied. Both parent meeting opportunities and individual home visits implement transformational curriculum designed to ensure parents have an active role in:

- planning for their child's educational needs and school readiness, including disability services if needed
- planning their own opportunities to enhance parenting skills

- accessing health care for their children
- making community services more responsive to their family needs
- transitioning their children into school
- volunteering and observing within the classroom at any time

It is a central belief of WCMCA-Head Start that connecting families to their community allows them to meet their family's needs both now and in the future. Having these community connections strengthens a family's ability to grow in independence after their year or two in Head Start. Head Start parents participate in community advisory committees giving them the opportunity to influence the nature of the programs and services they need.

Parents As They Advocate for All Children and Families

Local Parent Committees, Policy Council, Head Start's committee systems, WCMCA- Governing Board, and community committee participation, all afford parents opportunities to become decision makers and agents of change in their own lives, programs and communities. Local Parent Committees plan and discuss the proceedings and concerns of their local classroom and plan events and trainings that meet the needs of the local parents served. Each Parent Committees elects Policy Council members who experience decision making within the context of the Head Start Performance Standards.

WCMCA-Head Start has an extensive committee system that involves parents, Head Start field staff, Head Start management staff, and WCMCA administration. These committees address program concerns, problems, and opportunities. Having this mix of voices addressing the needs of both the families and the program creates and encourages well thought out plans of action for WCMCA-Head Start.

Policy Council members elect one of its members to participate on the WCMCA- Governing Board. In partnership with the Governing Board's representative to Policy Council, these two members facilitate ongoing communication ensuring each group maintains a close relationship. Head Start parents have opportunities to become involved in leadership training, giving them opportunities to strengthen their ability to play key roles in the community.

E. Program Goals and Objectives

WCMCA School Readiness goals align with the Head Start Early Learning Outcomes Framework (HSLOF) and address the five domains of learning and development. They also align with the Minnesota Early Learning Guidelines which are called the Early Childhood Indicators of Progress

and they meet the requirements and expectations of local school districts and the Parent Family Community Engagement (PFCE).

HSELOF Domains	School Readiness Goals for Birth to Five	Assessment Indicators	PFCE Outcomes
APPROACHES TO LEARNING	1. Children will demonstrate a positive approach to learning through self-regulation, persistence, initiative, curiosity, and creativity.	TS Gold Objectives 1. Regulates own emotions and behaviors a. Manages feelings	Positive Parent-Child Relationships: Beginning with transitions to parenthood, parents and

	<p>Young Infants (Birth-9 months)</p> <ul style="list-style-type: none"> Engages with familiar adults Expresses feelings of comfort and discomfort Stares at or sucks on hands or feet <p>Older Infants (8-18 months)</p> <ul style="list-style-type: none"> Increases ability to attend to people, objects, and activities Looks to familiar adults for assistance with needs and emotions <p>Toddlers (16-36 months)</p> <ul style="list-style-type: none"> Begins to manage and adjust actions and behaviors Begins to use pretend and imaginary objects and/or materials Experiments with new activities, objects, and materials <p>Preschoolers (3-5 year olds)</p> <ul style="list-style-type: none"> Manages actions, emotions, and behaviors with increasing independence Seeks out new information and explores new play and tasks Transitions to less desirable activities with support Consistently uses imagination in play and other creative works 	<p>b. Follows limits and expectations</p> <p>c. Takes care of own needs appropriately</p> <p>2. Establishes and sustains positive relationships</p> <p>a. Forms relationships with adults</p> <p>11. Demonstrates positive approaches to learning</p> <p>a. Attends and engages</p> <p>b. Persists</p> <p>c. Solves Problems</p> <p>d. Shows curiosity and motivation</p> <p>e. Shows flexibility and inventiveness in thinking</p> <p>14. Uses symbols and images to represent something not present</p> <p>a. Thinks symbolically</p> <p>b. Engages in socio-dramatic play</p>	<p>families develop warm relationships that nurture their child's learning and development.</p> <p>Families as Lifelong Educators: Parents and families observe, guide, promote and participate in the everyday learning, other children at home, school, and in their communities.</p> <p>Families as Lifelong Educators: Parents and Families advance their own learning interests through education, training and other experiences that support their parenting, careers, and life goals.</p> <p>Family Engagement in Transitions: Parents and families support and advocate for their child's learning and development as they transition to new learning environments (ex. EHS to HS).</p>
<p>SOCIAL AND EMOTIONAL DEVELOPMENT</p>	<p>2. Children will initiate and engage in pro-social behaviors with adults and children.</p> <p>Young Infants (Birth-9 months)</p> <ul style="list-style-type: none"> Responds to the actions, sounds, and emotions of others through actions of their own <p>Older Infants (8-18 months)</p> <ul style="list-style-type: none"> Uses adults for security and emotional support Begins simple interactions with peers <p>Toddlers (16-36 months)</p> <ul style="list-style-type: none"> Uses familiar adults to initiate and build positive interactions with adults and peers Seeks to do things for themselves <p>Preschoolers (3-5 year olds)</p> <ul style="list-style-type: none"> Usually attends to adult requests and directions Able to separate from adults in familiar or repeated situations Cooperatively plays and compromises with other children <p>3. Children will identify and manage emotions within themselves and begin to recognize the emotions of others.</p>	<p>TS Gold Objectives</p> <p>1. Regulates own emotions and behaviors</p> <p>a. Manages feelings</p> <p>2. Establishes and sustains positive relationships</p> <p>a. Forms relationships with adults</p> <p>b. Responds to emotional cues</p> <p>c. Interacts with peers</p> <p>d. Makes friends</p> <p>3. Participates cooperatively and constructively in group situations</p> <p>a. Balances needs and rights of self and others</p> <p>b. Solves social problems</p>	<p>Family Well- Being: Parents and families are safe, healthy, and have increased financial security.</p> <p>Positive Parent-Child Relationships: Beginning with transitions to parenthood, parents and families develop warm relationships that nurture their child's learning and development.</p> <p>Family Engagement in Transitions: Parents and families support and advocate for their child's learning and development as they transition to new learning environments (ex. EHS to HS).</p>

	<p>Young Infants (Birth-9 months)</p> <ul style="list-style-type: none"> Expresses and reacts to a broad range of emotions <p>Older Infants (8-18 months)</p> <ul style="list-style-type: none"> Modifies emotions according to the actions of adults and children <p>Toddlers (16-36 months)</p> <ul style="list-style-type: none"> Begins to express empathy with adults and children Shows understanding of and labels some emotional expressions <p>Preschoolers (3-5 year olds)</p> <ul style="list-style-type: none"> Uses words to describe own feelings Balances own emotions with those of others to solve social problems and engage in shared activities Responds appropriately when others are distressed 		<p>Family Connections to Peers and Community: Parents and families form connections with peers and mentors in formal or informal social networks that are supportive and/or educational and that enhance social well-being.</p>
<p>Language and Literacy</p>	<p>4. Children will use and comprehend increasingly complex and varied vocabulary.</p> <p>Young Infants (Birth-9 months)</p> <ul style="list-style-type: none"> Takes turns in verbal and non-verbal communications Explores sounds Looks at objects and people when named <p>Older Infants (8-18 months)</p> <ul style="list-style-type: none"> Communicates and meets needs by pointing, using gestures, and babbling Follows and responds appropriately to words and simple directions Imitates new and simple sounds and words <p>Toddlers (16-36 months)</p> <ul style="list-style-type: none"> Communicates using simple questions and responses Uses language to express thoughts and needs <p>Preschoolers (3-5 year olds)</p> <ul style="list-style-type: none"> Attends to conversations of multiple exchanges Understands and follows multi-step directions Produces and organizes sentences using increasingly complex vocabulary <p>5. Children will demonstrate an appreciation of books and text, while increasing their print, alphabet knowledge, and phonological awareness.</p> <p>Young Infants (Birth-9 months)</p> <ul style="list-style-type: none"> Touches books Pays attention to sights and sounds Recognizes pictures and some symbols, signs, and words <p>Older Infants (8-18 months)</p> <ul style="list-style-type: none"> Holds books and turns pages Points to and labels pictures Signs songs, repeats sounds, and recites rhymes <p>Toddlers (16-36 months)</p>	<p>TS GOLD Objectives</p> <p>8. Listens to and understands increasingly complex language.</p> <ol style="list-style-type: none"> comprehends language follows directions <p>9. Uses language to express thoughts and needs</p> <ol style="list-style-type: none"> Uses an expanding expressive vocabulary Speaks clearly <p>10 Uses appropriate conversational and other communication skills</p> <ol style="list-style-type: none"> Engages in conversation Uses social rules of language <p>15. Demonstrates phonological awareness</p> <ol style="list-style-type: none"> Notices and discriminates rhyme Notices and discriminates alliteration Notices and discriminates smaller units of sound <p>16. Demonstrates knowledge of the alphabet</p> <ol style="list-style-type: none"> Identifies and names letters 	<p>Positive Parent-Child Relationships: Beginning with transitions to parenthood, parents and families develop warm relationships that nurture their child's learning and development.</p> <p>Families as Lifelong Educators: Parents and families observe, guide, promote and participate in the everyday learning, other children at home, school, and in their communities.</p>

	<ul style="list-style-type: none"> • <i>Pretends to read books by using pictures as cues</i> • <i>Begins to recognize numbers and letters</i> • <i>Repeats familiar phrases, rhymes, and stories</i> <p>Preschoolers (3-5 year olds)</p> <ul style="list-style-type: none"> • <i>Identifies and names uppercase and lower case letters</i> • <i>Interacts and participates in conversations about books</i> • <i>Uses letter and sound knowledge</i> • <i>Notifies and discriminates smaller units of sound</i> • <i>Uses more complex book orientation strategies</i> <p>6. Children will write marks with increasing proficiency to represent objects, symbols, and actions.</p> <p>Young Infants (Birth-9 months)</p> <ul style="list-style-type: none"> • <i>EMERGING</i> <p>Older Infants (8-18 months)</p> <ul style="list-style-type: none"> • <i>Makes marks on paper</i> • <i>Explores writing materials</i> <p>Toddlers (16-36 months)</p> <ul style="list-style-type: none"> • <i>Scribbles on paper to represent objects, symbols, and actions</i> <p>Preschoolers (3-5 year olds)</p> <ul style="list-style-type: none"> • <i>Accurately writes letters in name</i> • <i>Draws lines or shapes</i> • <i>Uses drawing or writes letters/letter-like marks to convey meaning</i> 	<ul style="list-style-type: none"> b. Uses letter-sound knowledge <p>17. Demonstrates knowledge of print and its uses</p> <ul style="list-style-type: none"> a. Uses and appreciates books b. Uses print concepts <p>18. Comprehends and responds to books and other texts</p> <ul style="list-style-type: none"> a. Interacts during read-aloud and book conversations b. Uses emergent reading skills c. Retells stories <p>19. Demonstrates emergent writing skills</p> <ul style="list-style-type: none"> a. Writes name b. Writes to convey meaning 	
<p>Cognition Including Mathematics Development and Scientific Reasoning</p>	<p>7. Children will demonstrate understanding of spatial/directional words and their meaning, use mathematical thinking to identify and discriminate numbers and shapes, and count objects.</p> <p>Young Infants (Birth-9 months)</p> <ul style="list-style-type: none"> • <i>Shows awareness of more than one object in play</i> • <i>Explores or examines objects and watches when they move</i> <p>Older Infants (8-18 months)</p> <ul style="list-style-type: none"> • <i>Uses basic words to refer to changes in amounts or objects ("more" or "all gone")</i> • <i>Explores how objects fit together, how they fit with other things and through space (a ball under a table)</i> <p>Toddlers (16-36 months)</p>	<p>TS Gold Objectives</p> <p>11. Demonstrates positive approaches to learning</p> <ul style="list-style-type: none"> a. Attends and engages b. Persists c. Solves Problems d. Shows curiosity and motivation e. Shows flexibility and inventiveness in thinking <p>12. Remembers and connects experiences</p>	<p>Positive Parent-Child Relationships: Beginning with transitions to parenthood, parents and families develop warm relationships that nurture their child's learning and development.</p> <p>Families as Lifelong Educators: Parents and families observe, guide, promote and participate in the everyday learning, other children at home, school, and in their communities.</p>

	<ul style="list-style-type: none"> • <i>Uses language to refer to quantity, using some number words or signs for small amounts ("too little /too much")</i> • <i>Predicts how things fit together or move through space</i> • <i>Recognizes and matches basic shapes and compares their orientation</i> <p>Preschoolers (3-5 year olds)</p> <ul style="list-style-type: none"> • <i>Uses words to count and counts objects with a beginning understanding that the last number represents how many</i> • <i>Compares groups of objects, recognizes small sets without counting and uses numbers to indicate positions or order</i> • <i>Adds or subtracts small collections of objects, using manipulatives or fingers, often with adult support</i> • <i>Names and describes two and three dimensional shapes in terms of length, sides, angles</i> • <i>Accurately uses spacial words and follows positional directions (under, behind, first, second, below)</i> <p>8. Children will engage in discovery and exploration through observation, recall, manipulation, predictions, reasoning, problem solving, comparisons, connections and identifying patterns.</p> <p>Young Infants (Birth-9 months)</p> <ul style="list-style-type: none"> • <i>Engages in simple repeated actions to reach a goal or solve a problem (reaching for objects, rolling, hand in mouth, dropping object for adult to pick up)</i> • <i>Explores similarities and differences between objects and people</i> • <i>Recognizes that objects still exist when out of sight (person leaves room)</i> <p>Older Infants (8-18 months)</p> <ul style="list-style-type: none"> • <i>Remembers how to use objects</i> • <i>Matches objects by similar or related characteristics, such as shapes, colors, or size or putting a toy bottle with a baby doll</i> • <i>Is purposeful with actions to make something happen (splashing, rolling a ball to knock over a tower)</i> <p>Toddlers (16-36 months)</p> <ul style="list-style-type: none"> • <i>Sorts objects by color, shape or size</i> • <i>Makes simple predictions about what will happen next in routines and stories</i> • <i>Understands some cause and effect relationships (cup spilling, tower falling)</i> • <i>Tells others about past experiences and repeats simple rules about expected behaviors</i> <p>Preschoolers (3-5 year olds)</p> <ul style="list-style-type: none"> • <i>Groups and organizes objects by more than one characteristic such as color, shape or size</i> 	<ul style="list-style-type: none"> a. Recognizes and recalls b. Makes connections <p>13. Uses classification skills</p> <p>14. Uses symbols and images to represent something not present</p> <ul style="list-style-type: none"> a. Thinks symbolically b. Engages in sociodramatic play <p>20. Uses number concepts and operations</p> <ul style="list-style-type: none"> a. Counts c. Connects numerals with their quantities <p>21. Explores and describes spatial relationships and shapes</p> <ul style="list-style-type: none"> a. Understands spacial relationships b. Understands shapes <p>22. Compares and measures</p> <p>23. Demonstrates knowledge of patterns</p>	
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	<ul style="list-style-type: none"> • <i>Fills in, extends, or creates patterns with objects, sounds, and movements.</i> • <i>Recalls a set of objects removed from view</i> <p>9. Children will use symbols and images to represent something not present.</p> <p>Young Infants (Birth-9 months)</p> <ul style="list-style-type: none"> • <i>Plays imitation games (patting, back and forth exchanges)</i> <p>Older Infants (8-18 months)</p> <ul style="list-style-type: none"> • <i>Imitates common actions (wiping up a spill, closing door, feeding baby doll)</i> • <i>Uses play objects in similar ways as the real object (toy phone, play dishes)</i> <p>Toddlers (16-36 months)</p> <ul style="list-style-type: none"> • <i>Imitates more complex actions of multiple steps (setting table, imitating conversations on play phone)</i> • <i>Uses props to act out routines, stories and social situations (pretending to shop, cook)</i> <p>Preschoolers (3-5 year olds)</p> <ul style="list-style-type: none"> • <i>Understands that pictures or written numbers represent quantity, recognizes numbers and symbols</i> • <i>Uses objects to stand for something else (fishing with a ruler, pretending a block is a phone)</i> 		
<p>PERCEPTUAL MOTOR, AND PHYSICAL AND DEVELOPMENT</p>	<p>10. Children will demonstrate control of large muscles for movement, navigation and balance.</p> <p>Young Infants (Birth-9 months)</p> <ul style="list-style-type: none"> • <i>Uses arms and legs to move forward or backwards on stomach and back</i> • <i>Explores new body positions and movements (kicking, rolling, sitting, or crawling)</i> <p>Older Infants (8-18 months)</p> <ul style="list-style-type: none"> • <i>Transitions from crawling to walking</i> <p>Toddlers (16-36 months)</p> <ul style="list-style-type: none"> • <i>Increases awareness of depth perception and spacial awareness</i> • <i>Uses increasingly complex movements, body positions, and postures</i> <p>Preschoolers (3-5 year olds)</p> <ul style="list-style-type: none"> • <i>Utilizes complex movements such as running, hopping, jumping, kicking, catching, and riding a tricycle</i> • <i>Demonstrates more coordination and balance while moving</i> <p>11. Children will demonstrate fine motor strength and coordination.</p> <p>Young Infants (Birth-9 months)</p> <ul style="list-style-type: none"> • <i>Grasps fingers or small toys</i> • <i>Uses simple actions to explore objects</i> <p>Older Infants (8-18 months)</p>	<p>TS Gold objectives</p> <p>1. Regulates own emotions and behavior</p> <p>c. Takes care of own needs appropriately.</p> <p>4. Demonstrates traveling skills</p> <ol style="list-style-type: none"> Walks Runs Gallops and skips <p>5. Demonstrates balancing skills</p> <ol style="list-style-type: none"> Sits & Stands Walks on Beam Jumps and Hops <p>6. Demonstrates gross motor manipulative skills</p> <ol style="list-style-type: none"> Throws Catches Kicks <p>7. Demonstrates fine motor strength and coordination</p> <ol style="list-style-type: none"> Uses fingers and hands 	<p>Family Well- Being: Parents and families are safe, healthy, and have increased financial security.</p> <p>Positive Parent-Child Relationships: Beginning with transitions to parenthood, parents and families develop warm relationships that nurture their child's learning and development.</p> <p>Families as Lifelong Educators: Parents and families observe, guide, promote and participate in the everyday learning, other children at home, school, and in their communities.</p>

	<ul style="list-style-type: none"> • <i>Uses hand-eye coordination for more complex actions (picking-up, releasing stacking, turning objects)</i> Toddlers (16-36 months) • <i>Adjusts grasp to use tools for different purposes</i> Preschoolers (3-5 year olds) • <i>Performs tasks that require more complex hand-eye coordination (cutting, writing, buttoning, and stringing beads)</i> 	<p>b. Uses writing and drawing tools</p>	
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How are the Head Start School Readiness Goals measured? We use Teaching Strategies GOLD Online Assessment System for Preschool Children to conduct accurate, authentic ongoing assessment for our children.

How do we support children’s learning? We help children succeed by linking Curriculum and Assessment using observation-based assessment information to individualize children’s learning.

F. Activities which promote Physical, Intellectual, Social, and Emotional Development

WCMCA – Head Start uses Creative Curriculum Preschool System and Teaching Strategies GOLD to plan both group and individualized instruction for children. Teachers submit weekly lesson plans, before the week begins to their supervisor for approval. These detailed lesson plans record the specific activities designed to promote the intellectual, physical, social and emotional development within the context of the cultural background of the children served in that classroom. GOLD Plus Classroom
The daily lesson plans are posted in each classroom for parents and visitors to view.

G. Development of Children Documented Individually and Parent Conferences

WCMCA - Head Start Family Education Specialists use Teaching Strategies GOLD to record individual child observations within the range of development on each developmental indicator. Three times a year Family Education Specialists complete and share GOLD Report Cards and classroom observations with parents. Goals for each child are developed with parents at individual conferences in the fall. Progress toward the goals are discussed at the Winter and Spring conferences as well as the opportunity to set new goals.

H. Daily Schedules

The classroom’s daily schedule is posted in each classroom for parents and visitors to review. One can clearly observe from these schedules the plan for activities that change pace from quiet to active and back to quiet. Also the daily schedule demonstrates that children meet in small groups for play and learning as well in large group activities. Free choice activity time is scheduled for long enough in each classroom to give children the opportunity to explore the many learning center in each classroom. Additionally, lesson plans identify activities for both the whole group of children and specific activities for individual children, indoor and outdoor activities, active and quiet activities as well as offer activities that use a variety of hands-on equipment and materials to strengthen learnings. Implementing transformational curriculum methods ensure

that children have input into their learning facilitating child directed activity and give instruction for teacher directed activities.

I. Activities include: Quiet Active & Teacher Directed/Child Initiated

The daily schedule shows that the Head Start day is arranged in such a way as to intersperse quiet and active times throughout the day. Quiet times of the day also tend to be Teacher directed such as – Circle, small groups, breakfast and lunch. And other times there are more active activities for the children to participate in; such as music and movement, the majority of choice time is active unless they choose to be in the library or listening centers. Those are also activities that are child initiated.

J. Activities Requiring the use of varied equipment and materials

Throughout the day Family Education Specialists plan activities that use a variety of modalities and materials. Whenever possible they include a range of visual, auditory and movement along with hand on activities. Family Education Specialists plan music and movement activities for at least one circle, choice time would have a variety of hands on materials available such as – painting, art, playdough, sand & water, blocks, dramatic play. Many small group activities are hands on activities.

K. Program Plans are available to Parents Upon Request

The parent handbook (a copy of which is given to all parents at the first home visit) has a section entitled My Rights as a Head Start Parent Among other rights it states that a parent has the right to:

- Always be treated with respect and dignity
- Receive a fair and courteous answer to each question
- Be welcomed into the classroom
- To receive information about menus and nutrition activities
- Be able to learn about the operation of the program including the budget
- To take part in major policy decisions affecting the planning and operation of the program.

Policy ID Rule 3 (R-3) Nap and Rest

Related Regulations:	Minn. Rule 9503.0050		
Revised by:	WCMCA Head Start Supervisor (TH)	Revision Date:	01/01/2018
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	05/18/2018
Responsibility:	Family Education Specialist, Classroom Teaching staff		
Timeline:	Ongoing		
Evaluation:	Observation; Health Safety Checklists		
Forms:	N/A		

Performance Objective: WCMCA Head Start maintains policies and procedures for safe sleep and rest. Rest is an essential part of a preschooler's health and development.

1.0 Nap/Rest

- 1.1 Full-day classes will include a quiet nap and rest time daily in the afternoons.
- 1.2 Each child will be provided with a cot and blanket.
- 1.3 Cots will be stored in an area that is easily accessible and during rest time, each cot will be placed so there are clear aisles and adult/child access on at least one side.
- 1.4 After 30 minutes of sleep or rest, children have the option to get up and engage in a separate activity.
- 1.5 The activities offered, will occur in an area with sufficient light, where they do not disrupt the remaining resting children.
- 1.6 Bedding and blankets are washed weekly and when soiled or wet.

2.0 Infant sleep

- 2.1 WCMCA Head Start does not serve infants and toddlers in a center-based setting.
- 2.2 Early Head Start Family Education Specialist will promote safe sleep and sleep education to parents at home visits and during socializations.

Policy ID Rule 3 (R-3) Drug and Alcohol Policy

Related Regulations:	MN Statute Section 245A.04 sub. 1 (c)		
Revised by:	WCMCA Head Start Supervisor (AR)	Revision Date:	01/01/2018
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	05/18/2018
Responsibility:	WCMCA Chief Executive Officer; HR Administrative Assistant; Head Start Supervisors		
Timeline:	Orientation		
Evaluation:	Handbook Acknowledgement form; New Employee Orientation Packet		
Forms:	n/a		

Performance Objective: WCMCA Head Start follows the Drug and Alcohol and Grievance Policy of West Central Minnesota Communities Action.

1.0 Drug and Alcohol Policy

1.1. As part of the new hire or orientation process, the WCMCA CEO, HR Administrative Assistant, and Head Start Supervisors train employees and volunteers on the content in the employee handbook, which includes the DISCIPLINE, DRUG-FREE WORKPLACE POLICY AND GRIEVANCE POLICY

See related: WCMCA Employee Handbook:

VII. DISCIPLINE, DRUG-FREE WORKPLACE POLICY AND GRIEVANCE POLICY
SECTION 2.1: DRUG-FREE WORKPLACE POLICY
SECTION 6.1 GRIEVANCE POLICY
SECTION 6.2 GRIEVANCE POLICY

VII. DISCIPLINE, DRUG-FREE WORKPLACE POLICY AND GRIEVANCE POLICY

SECTION 1.1: DISCIPLINARY AND EMPLOYEE CONDUCT POLICIES

EMPLOYEE CONDUCT

General: WCMCA's objective is a safe, healthful and productive work environment for all employees, and a swift and fair means of correcting any conduct that disrupts it. WCMCA is committed to the establishment and administration of rules in a fair, firm, consistent and clearly communicated manner. Further means are provided for the reporting of violations of any provisions of this policy, which result in disciplinary procedures for violators, and the opportunity for employees to communicate disagreement with the rules' application.

Policy: It is each employee's responsibility to follow both the law and WCMCA's rules of conduct. Explanation of the rules is available through new employee orientation, discussions with Supervisors, the Chief Executive Officer, bulletin boards and various written sources. Violations of any provision of this policy will result in disciplinary action (see Disciplinary Guidelines) up to and including discharge.

THE AGENCY IS THE SOLE SOURCE OF RULES AND MAY MAKE CHANGES TO THESE RULES OR ESTABLISH OTHER RULES TO GOVERN EMPLOYEE CONDUCT WHEN NECESSARY. THE LANGUAGE CONTAINED IN THIS SECTION DOES NOT MODIFY THE EMPLOYER'S RIGHT TO TERMINATE EMPLOYEES AT WILL.

PROGRAM

The major rules that follow are representative of the general categories of prohibited employee conduct but are not necessarily all-inclusive.

Solicitation and Distribution: With the exception of management-approved charity drives WCMCA prohibits:

1. solicitation or distribution on Agency premises by non-employees or outside organizations;
2. employee solicitation during work time;
3. employee preparation or distribution of non-work-related materials during working time or while in Agency work areas;
4. use of Agency materials, supplies, equipment, etc. for distribution or solicitation;
5. posting information or related activities within the facility without prior approval of the Chief Executive Officer. Activities that may be permitted upon prior approval include exchange of gifts on special occasions, posting of advertisements, donation programs and Agency-related activities.

VII. DISCIPLINE, DRUG-FREE WORKPLACE POLICY AND GRIEVANCE POLICY

SECTION 2.1: DRUG-FREE WORKPLACE POLICY

WCMCA recognizes the value of having a drug-free workplace and, in conjunction with the Drug-Free Workplace Act of 1988, adopts the following policy:

1. The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited in the workplace. For purposes of this section, the term "controlled substance" is defined as a controlled substance that appears in Schedule I through V of Section 202 of the Controlled Substances Act (21 USC 812). Additionally, this policy shall extend to the abusive use of prescription medications or alcohol.
2. As a condition of employment, employees will abide by the terms and conditions of this drug-free policy and will notify their Department Head of any criminal drug statute conviction for which a violation occurs in the workplace within five (5) calendar days after such conviction.
3. WCMCA will notify all applicable federal contracting or granting agencies within 10 calendar days after receiving actual notice of an above conviction.
4. Within 30 calendar days of receiving notice from an employee of a drug-related workplace conviction, WCMCA will take appropriate personnel action which may require an employee to satisfactorily participate in an approved drug abuse assistance or rehabilitation program.
5. A violation of this drug-free workplace policy constitutes "just cause" for disciplinary action, up to and including immediate suspension and/or termination. Each situation will be evaluated on a case-by-case basis depending upon the severity and circumstances.
6. WCMCA will establish an annual drug-free awareness program to inform employees about:
 - a. The dangers of drug/alcohol abuse in the workplace.
 - b. The policy of maintaining a drug-free workplace.
 - c. The availability of drug/alcohol counseling, rehabilitation and any other assistance programs.
 - d. The penalties that may be imposed upon employees for drug/alcohol abuse violations.
7. WCMCA will make a good faith effort to continue to maintain a drug-free workplace through implementation of this policy.

VII. DISCIPLINE, DRUG-FREE WORKPLACE POLICY AND GRIEVANCE POLICY

SECTION 6.1: GRIEVANCE POLICY

PURPOSE

The management of WCMCA is committed to resolving conflict and legal claims related to employment through internal methods of dispute resolution. As such, the Grievance Procedure at WCMCA has been established to provide our employees with the opportunity to bring forward any complaint which may affect their employment relationship with the Agency. An employee who feels aggrieved for any reason, including ADA accommodations, is urged to take the matter up immediately with his/her Supervisor. The Grievance Procedure has been designed to provide fairness, expediency and reduced cost when resolving employment-related complaints. This procedure does not waive anyone's substantive rights. It merely provides a forum for disputes to be resolved in a way that will be mutually beneficial.

DEFINITION OF A GRIEVANCE

A grievance is defined as a dispute or disagreement as to the interpretation or application of the specific terms and conditions of this Handbook.

- **Extension:** Time limits specified in this Handbook may be extended by mutual written agreement.
- **Days:** Reference to days regarding time periods in this grievance procedure shall refer to calendar days.
- **Computation of Time:** In computing any period of time, the date of the act, event or default for which the designated period of time begins to run shall not be included. The last day of the period so computed shall be counted, unless it is a Saturday, Sunday or legal holiday, in which case the period shall run until the end of the next day which is not a Saturday, Sunday or legal holiday.
- **Filing and Postmark:** The filing or service of any notice or document, herein, shall be timely if it is personally served or if it bears the postmark of the United States Postal Service within the time period.
- **Reduced to Writing:** Shall mean setting forth in writing the nature of the grievance, the facts upon which it is based, the provision(s) of the Handbook allegedly violated and the remedy requested.
- **Time Limitation:** Grievances shall not be valid for consideration unless the grievance is submitted in writing, setting forth the facts in the specific provision or provisions of the Employee Handbook allegedly violated and the particular relief sought, within 15 days after the date of the first event giving rise to the grievance. Failure to file any grievance within such period shall be deemed a waiver thereof.

SECTION 6.2: GRIEVANCE POLICY

PROCEDURE

Step 1: The employee shall discuss the grievance with the immediate supervisor and/or Department Head and attempt to resolve the grievance informally. A copy will be given to the Chief Executive Officer.

Step 2: In the event that the grievance is not resolved in Step 1, the grievance shall be reduced to writing and served on the Agency Chief Executive Officer or designee within 15 days after the date of the first event giving rise to the grievance. The Chief Executive Officer or designee shall submit a written decision to the employee, Department Head and Supervisor within 10 days of the date the written grievance is received.

Step 3. In the event the grievance is not resolved, the grievance may be appealed to the Chairperson of the WCMCA Board within 10 days of the decision rendered in Step 2. The Board Chair shall direct the Personnel Committee to hear the grievance at its earliest possible convenience. Said hearing shall be held no sooner than 10 days and no more than 30 days following receipt of the appeal. The Board Committee will submit a decision within 10 days of said meeting. Board or Board Committee decisions shall be final.

- **Suspension or Termination:** In the event of a suspension or discharge, the grievance may be submitted directly to the Chief Executive Officer or designee at Step 2.
- **Grievance of Disciplinary Action:** Any disciplinary action, with the exception of an oral or written reprimand, may be processed through the grievance procedure.
- **Waiver:** If a grievance is not presented within the designated time limit set forth in this Handbook, it shall be considered "waived". If the grievance is not appealed to the next step within the specified time limit or any agreed upon extension thereof, it shall be considered settled on the basis of WCMCA's last answer. If WCMCA, from Step 2 and beyond, does not answer a grievance or appeal, thereof, within the specified time limit, it shall be considered denied, and the employee can appeal to the next step in the grievance procedure.

Policy Information for Parents

Part	Policy Info Required	Where to find this information
A	Ages and numbers of children the center is licensed to serve	Posted licenses Parent Handbook Page 1
B	Hours and days of operation	Parent Handbook Page 1
C	Child Care program options the center is licensed to operate, including a description of the program's educational methods and religious, political or philosophical basis, if any, and how parents may review the center's child care program plan	Parent Handbook Page 5, 6, 7, 14 Posted license
D	Center's policy on parent conferences and notification to a parent of a child's intellectual, physical, social and emotional development	Teaching Strategies GOLD Education Program Plan Report Cards/Family Conference Forms Parent Handbook Page 5, 6, 13, 14
E	Center's policy requiring a health care summary and an immunization record of a child	Parent Handbook Page 16
F	Policies and procedures for the care of children who become sick at the center and parent notification practices for the onset of or exposure to a contagious illness or condition when there is an emergency or injury requiring medical attention	Parent Handbook Page 5, 18
G	Center's policies and procedures for administering first aid and sources of care to be used in case of emergencies	Classroom postings for first aid and CPR. Source of care identified by the parent is on the Enrollment & Emergency Agreement
H	Center policies on the administration of medicine	Parent Handbook Page 17

I	Procedures for obtaining written parental permission for field trips	Parent Handbook Page 8 Field Trip permission form
J	Procedures for obtaining written parental permission before each occasion of research, experimental procedure or public relations activity involving a child	Parent Handbook Page 10 Release of Information
K	Center's policies on the provision of meals and snacks	Parent Handbook Page 22
L	Center's behavior guidance policies and procedures	Parent Handbook Page 15
M	Presence of pets	Parent Handbook Page 8
N	Center's policy that parents of enrolled children may visit the center any time during the hours of operation	Parent Handbook Page 3, 27
O	Telephone number of the Department of Human Services, Division of Licensing	Parent Handbook Page 10

Parents grievance procedure and policy is in the Parent Handbook Page 9

Policy ID Rule 3 (R-3) Nap and Rest

Related Regulations:	Minn. Rule 9503.0050		
Revised by:	WCMCA Head Start Supervisor (TH)	Revision Date:	01/01/2018
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	05/18/2018
Responsibility:	Family Education Specialist, Classroom Teaching staff		
Timeline:	Ongoing		
Evaluation:	Observation; Health Safety Checklists		
Forms:	N/A		

Performance Objective: WCMCA Head Start maintains policies and procedures for safe sleep and rest. Rest is an essential part of a preschooler's health and development.

1.0 Nap/Rest

- 1.1 Full-day classes will include a quiet nap and rest time daily in the afternoons.
- 1.2 Each child will be provided with a cot and blanket.
- 1.3 Cots will be stored in an area that is easily accessible and during rest time, each cot will be placed so there are clear aisles and adult/child access on at least one side.
- 1.4 After 30 minutes of sleep or rest, children have the option to get up and engage in a separate activity.
- 1.5 The activities offered, will occur in an area with sufficient light, where they do not disrupt the remaining resting children.
- 1.6 Bedding and blankets are washed weekly and when soiled or wet.

2.0 Infant sleep

- 2.1 WCMCA Head Start does not serve infants and toddlers in a center-based setting.
- 2.2 Early Head Start Family Education Specialist will promote safe sleep and sleep education to parents at home visits and during socializations.

**West Central MN Communities Action, Inc.-Head Start
Program Grievance Procedure for Parents**

Please see Parent Handbook Page 9... Problem Solving



West Central MN Communities Action Inc. Head Start Maltreatment of Minors Mandated Reporting Policy



Policy/Procedure:	Maltreatment of Minors Mandated Reporting	Monitoring/ Documentation:
Area:	Safety Practices	Child Plus
Related Performance Standard/Rule 3 Statute:	<ul style="list-style-type: none"> Head Start Performance Standards 1302.47 (b)(5)(i) MN Department of Human Services, Division of Licensing, Rule 3 – Maltreatment of Minors Mandated Reporting Policy for DHS Licensed Programs 	

WHO SHOULD REPORT CHILD ABUSE AND NEGLECT	<ul style="list-style-type: none"> Any person may voluntarily report abuse or neglect If you work with children in a licensed facility, you are legally required or mandated to report and cannot shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility. If you know or have reason to believe a child is being or has been neglected or physically or sexually abused within the preceding three years you must immediately (within 24 hours) make a report to an outside agency.
WHERE TO REPORT	<ul style="list-style-type: none"> If you know or suspect that a child is in immediate danger, call 911. Reports concerning suspected abuse or neglect of children occurring in a licensed child foster care or family childcare facility should be made to county child protection services. Reports concerning suspected abuse or neglect of children occurring in all other facilities licensed by the Minnesota Department of Human Services should be made to the Department of Human Services, Licensing Division's Maltreatment Intake line at (651) 431-6600. Reports regarding incidents of suspected abuse or neglect of children occurring within a family or in the community should be made to the local county social services agency at: Douglas County: 320-762-2302, Grant County: 218-685-8500, Otter Tail County: 218-998-8150, Pope County: 320-634-7755, Stevens County: 320-203-6600, Traverse County: 320-563-8255 and Wadena County: 218-631-7605 If your report does not involve possible abuse or neglect but does involve possible violations of MN Statutes or Rules that govern the facility, you should call the Department of Human Services Licensing Division at 651-431-6500 and the Head Start Regional Office must be contacted.
WHAT TO REPORT	<ul style="list-style-type: none"> Definitions of maltreatment are contained in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556) and should be attached to this policy. A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the abuse or neglect (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected abuse or neglect occurring within a licensed facility, the report should include any actions taken by the facility in response to the incident. Or oral report of suspected abuse or neglect made to one of the above agencies by a mandated reporter must be followed by a written report to the same agency within 72 hours, exclusive of weekends and holidays. A copy of written report must be forwarded to your Supervisor at the main office.

West Central MN Communities Action Inc. Head Start Maltreatment of Minors Mandated Reporting

FAILURE TO REPORT	<ul style="list-style-type: none"> A mandated reporter who know or has reason to believe a child is or has been neglected or physically or sexually abused and fails to report is guilty of a misdemeanor. In addition, a mandated reporter who fails to report maltreatment that is found to be serious or recurring maltreatment may be disqualified from employment in positions allowing direct contact with persons receiving services from programs licensed by the Department of Human Services and by the Minnesota Department of Health, and unlicensed Personal Care Provider Organizations.
REALITATION PROHIBITED	<ul style="list-style-type: none"> An employer of any mandated reporter shall not retaliate against the mandated reporter for reports made in good faith or against a child with respect to whom the report is made. The Reporting of Maltreatment of Minors Act contains specific provisions regarding civil actions that can be initiated by mandated reporters who believe that retaliation has occurred.
INTERNAL REVIEW	<ul style="list-style-type: none"> When the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the facility must complete an internal review within 30 calendar days and take corrective action, if necessary, to protect the health and safety of children in care. The internal review must include an evaluation of whether: <ul style="list-style-type: none"> (i) related policies and procedures were followed; (ii) the policies and procedures were adequate; (iii) there is need for additional staff training; (iv) the reported event is similar to past events with the children or the services involved; and (v) there is a need for corrective action by the license holder to protect the health and safety of children in care.
PRIMARY AND SECONDARY PERSON OR POSITION TO ENSURE INTERNAL REVIEWS ARE COMPLETED	<ul style="list-style-type: none"> The internal review will be completed by the Head Start Director. If this individual is involved in the alleged or suspected maltreatment, the WCMCA Chief Executive Officer will be responsible for completing the internal review.
DOCUMENTATION OF THE INTERNAL REVIEW	<ul style="list-style-type: none"> The facility must document completion of the internal review and make internal reviews accessible to the commissioner immediately upon the commissioner's request.
CORRECTIVE ACTION PLAN	<ul style="list-style-type: none"> Based on the results of the internal review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any.
STAFF TRAINING	<ul style="list-style-type: none"> The license holder must provide training to all staff related to the mandated reporting responsibilities as specified in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556). The license holder must document the provision of this training in individual personnel records, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

Policy ID Rule 3 (R-3) Record of Information Given to Parents

Related Regulations:	<i>MN Rules 9503.0115, 9503.0140, MN Statutes 245A.14, 245A.146, 245A.66</i>		
Revised by:	AR	Revision Date:	01/01/2018
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	05/18/2018
Responsibility:	Family Education Specialists, Head Start Supervisors		
Timeline:	Ongoing		
Evaluation:	Orientation for Staff and Parents		
Forms:	Enrollment Packet, Staff Orientation Folder		

Performance Objective: Head Start documents the dates parents receive pertinent program information.

1.0 RECORD OF INFORMATION GIVEN TO PARENTS

- a. Parent Policy Handbook
- b. Maltreatment of Minors Mandated Reporting Policy
- c. Community Resource Guide (online)
- d. General orientation to Head Start/ Early Head Start
- e. Documentation of Parent Orientation Training is included on the Enrollment/Emergency Agreement
- f. Creative Curriculum "A Family's Guide to Preschool" and supporting "A Parent Page."
- g. Home Visits and Parent Conferences are documented in CP under Family Services as they occur.

1.2. PERSONNEL RECORDS

- a. The Human Resources Department maintains personnel files for all WCMCA Head Start staff which are stored in locked files at the Elbow Lake Central Office.
- b. Each Personnel File contains:
 - 1) Staff member's personal information including: their name, home address, home telephone number, and date of birth.
 - 2) Teaching licenses, transcripts, and CDA certificates document a staff person's credentials.
 - 3) Each file contains the job description for the job held
 - 4) A Personnel Information Form with supporting documentation of the way staff meet the licensing credentials for the position they hold
 - 5) Program orientation documentation
 - 6) Documentation of current and past background studies
 - 7) Staff members receive a Staff Handbook at Employment which includes information regarding the confidential nature of their work.

- 8) All personnel and professional development records including most current copies of First Aid/ CPR cards are uploaded in Child Plus.
- 9) A variance permits WCMCA – Head Start to house personnel files at our central office located at West Central MN Communities Action, 411 Industrial Park Blvd, Elbow Lake, MN 56531.

1.3 CHILDREN'S RECORDS

1.4 A child's enrollment marks the beginning of data collection relevant to MN Rule 3 Licensing and enables our Head Start program to serve children and families in safe and planned ways.

1.5 The main office in Elbow Lake houses all Child files electronically. Items found in the child's file are:

- 1) The child's Head Start Program Application which identifies
- 2) The child's full name, birth date, and current home address
- 3) Head Start Enrollment/Emergency Agreement Form – which contains
 - a) The name, address, and telephone number of the child's parents
 - b) Instructions on how the parent can be reached when the child is attending the center
 - c) The names and telephone numbers of any persons authorized to take the child from the center
 - d) The name, addresses, and telephone numbers of the child's source of regular medical and dental care and the source of medical and dental care to be used in case of emergency
 - e) The names, addresses, and phone numbers of two emergency contact persons if a parent is unavailable.
 - f) Written authorization for the license holder to act in an emergency, or when a parent cannot be reached or is delayed.
- 4) Completed medical physical and immunization information
- 5) The hours and days of the week the child will attend the center, also located in Parent Handbook.
- 6) Documentation of any dietary or medical needs of the child, paper form posted at center.
- 7) Documentation of any individual child care program needs for the child.
- 8) Date of parent conferences as they occur. Teaching Strategies Gold Report Card is uploaded in Child Plus under Education.
- 9) Release of information signed by the parent to get needed information from other agencies or institutions, to better serve the child.
- 10) The Parent Handbook explains WCMCA – Head Start's Confidentiality policies.

1.6 Confidentiality/Restricted/Private information – explains Head Start employee's role in handling families' confidential information.

1.7 Children's files are kept electronically on Child Plus, a secure software program used by WCMCA to organize and maintain each child file. The contents of each file include:

1. Head Start/Early Head Start Application, Selection Criteria and a letter to the family indicating the enrollment status.
2. Enrollment/Emergency Agreement
3. Health History, Special Diet Forms, Special Care Plans
4. Immunization Record
5. Screening results- including, medical, developmental, dental and mental health screenings and follow-up.
6. Incident, Injury, Illness Reports

7. Family Service Records, Family Assessment and Goal Setting, Monthly Communication and Parent Education, documentation of home-visits and conferences, court documents.
8. Education Records- Teaching Strategies Gold Report Card, Transition Plans
9. Disability Services, Disability Referral Forms, Evaluation Reports, IEP, IFSP, IIIP, Developmental Screenings and assessment results, releases of information

CHILDCARE PROGRAM PLANS

1.7 Education & Early Childhood Development Plan

1.8 Yearly the WCMCA – Head Start Program Plans are reviewed and updated by staff and parents.

1.9 The Head Start Supervisors, each with a minimum of a Bachelor's Degree or advanced degree in Education with an Early Childhood Emphasis, manage the educational component of the WCMCA's Head Start program and guide the team of staff and parents in the revision of the Education & Early Childhood Development Plan (Child Care Program Plan)

2.0 Head Start Supervisors each oversee center sites including the supervision of all teaching staff and lead the review and revision of the educational service "plan" serving in part as the Child Care Program Plan.

2.1 Site and Classroom Listing information can be found on Child Plus report 1010.

FIRE & TORNADO DRILL LOG & INCIDENT, ILLNESS & INJURY REPORTS

2.3 Records of occurrences for Fire & Tornado Drills, Incident, Illness, Injury Reports are located in Child Plus modules

2.4 Head Start Systems Specialist reviews modules twice a year to ensure they are complete and up to date.

STAFF DISTRIBUTION SCHEDULES

2.5 Each classroom is assigned a teacher qualified staff person. Hiring preference at WCMCA is to hire Early Childhood BA or BS degreed teaching staff

2.6 Each classroom has an assistant teacher with a CDA or greater qualifications.

2.7 Additionally, each class has a second assistant teacher, a teacher aide, or a staff person hired by a collaborative partner to meet our program's standards of 6 or 7 children to one adult

2.8 Each of the WCMCA – Head Start staff members have current First Aid and CPR credentials.

2.9 All have current, positive background studies.

SEPARATION REPORTS

3.0 WCMCA – Head Start prides itself on operating a program that has a positive approach to Behavior Guidance

3.1 Staff members receive regular training on understanding child behavior and the needs that children are trying to express

3.2 Because of these principles and staff training, few separations occur in our classrooms

3.3 When they do, staff record the separation on the appropriate log and situations are discussed with parents

3.4 The regular review of Separation Logs occurs at regular site management visits by Head Start Management Team members

3.5 Staff members needing guidance to strengthen their skills receive training and support to improve their guidance skills.

3.6 Children with disabilities experience the same positive approach to behavior guidance. The developmental level of each child directs individualized learning plans developed both for individual children and for the group as a whole.

Health Supervisor

3.7 WCMCA – Head Start employs a full-time Health Supervisor who reviews health and safety procedures yearly

MEDICINE ADMINISTRATION

3.8 WCMCA-Head Start will administer medication at our centers under the guidelines outlined in the Parent Handbook if it is authorized by a licensed physician or dentist and the medication comes in the original prescription container with the administration information required.

3.9 Head Start Staff members will administer the medication in accordance with the direction of the physician or dentist.

4.0 Medication logs document each occurrence.

4.5 The Head Start Enrollment & Emergency Agreement offers parents the opportunity to give permission for the use of diapering products, sunscreen lotions and insect repellents. Use of these products is in accordance with the manufacturer's instruction or a licensed physician or dentist.

CRIB SAFETY CHECKS

4.6 WCMCA – Head Start does not serve Infants or Toddlers in Center based programs at this time.

EXPERIENCED AIDE

4.7 Experienced Aides are not used by WCMCA – Head Start and should it become necessary to do so, we will record the Experienced Aide hours on the appropriate log.

RECORD OF INTERNAL REVIEWS AND CORRECTION PLANS

4.8 Environmental safety checklists for both the classroom and the playground are in paper form and/or as modules within Child Plus

4.9 The yearly Self-Assessment Plan identifies the review period for program plans, policies, procedures, and forms updating

5.0 Head Start Management Team may change policies, procedures or forms to meet newly identified concerns as the need arises.

SAFETY SCREENERS/MODULES

5.1 OHS Health & Safety Screener: Supervisors complete annually within 30 days of class start date, turn in to our Head Start Administrative Assistant for tracking and filing in the FES's Teacher File

5.2 Head Start Facility Health and Safety Inspection is completed before classes begin and by January 15th and turned into Head Start System Specialist for tracking and filing in the FES's Teacher File

5.3 Individual Center Playground Safety Plan is completed annually before classes begin. Our Head Start Administrative Assistant will track completion and upload to Child Plus.

5.4 Daily Classroom Safety Inspection: Completed once per classroom daily for a month. Due the 5th of the next month to Supervisor. Our Head Start Administrative Assistant will track completion and upload to Child Plus.