



WCMCA Head Start

Rule 3 Policy Manual

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Policy ID Rule 3 (R-3) Behavior Guidance

Related Regulations:	Minn. Rule part 9503.0055 subp. 1 through 6		
Revised by:	WCMCA Head Start Supervisor (AR)	Revision Date:	04/22/2022
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/22/2022 (p)
Responsibility:	Head Start Teacher; Classroom Teaching Staff		
Timeline:	Ongoing		
Evaluation:	Observations; CLASS		
Forms:	Separation Report ; Behavior Assessment Form; Behavior Plan, 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
Active supervision ensures children are safe in the environments at all times. Adults are appropriately zoned and step in to intervene as needed to protect children and staff.	If a child demonstrates unacceptable behavior, staff will intervene and explain why the behavior was inappropriate, and then restate positive behavior expectations. (ex. If a child throws a toy, staff may say "it's not okay to throw toys, please go pick it up." The child is then guided to pick up the toy immediately.

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 behavior support plan, accompanied by an Individualized Child Care Program Plan (ICCPP) 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 Prohibited Actions by Staff or at the Direction of Staff

- a) Corporeal 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 cannot 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

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

Related Regulations:	Minn. Rules, part 9503.0110, subp. 1,2, and 3. Minn. Stat. 245A.41		
Revised by:	Health Supervisor (JH)	Revision Date:	04/22/2022
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/22/2022 (p)
Responsibility:	Head Start Teacher; Classroom Teaching staff; Head Start Supervisor Health Supervisor; Administrative Assistant		
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 The director, staff persons, substitutes, and unsupervised volunteers must satisfactorily complete training in cardiopulmonary resuscitation (CPR) that includes CPR techniques and for infants and children and in the treatment of obstructed airways prior to having unsupervised contact with a child.
- 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 and 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 the 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** The director, staff persons, substitutes, and unsupervised volunteers 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, prior to having unsupervised contact with a child.
- 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 the requirements outlined above.
- 2.5** Documentation of training will be uploaded by the Head Start Administrative Assistant 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:	Minn. Rules, part 9503.0110, subparts 1, 2, and 3. Minn. Statutes, Section 245A.41		
Revised by:	WCMCA Health Supervisor (JH)	Revision Date:	04/22/2022
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/22/2022 (p)
Responsibility:	Head Start Supervisor; Health Supervisor; Head Start Teacher; Classroom Teaching staff		
Timeline:	Ongoing		
Evaluation:	Monitoring forms, postings; ChildPlus reports and documentation		
Forms:	Facility Health & Safety Inspection , Daily Safety Inspection , Playground Safety Plan , OHS Health & Safety Screener , I/I/I 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 The Head Start Teacher 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 times.
- d) Daily sign-out forms are used to determine that children are released to authorized 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 Head Start Teachers review facility risk assessment and emergency preparedness procedures, aligning with facility partners whenever possible.

3.5 Head Start Teacher 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:	04/22/2022
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/22/2022 (p)
Responsibility:	Head Start Management Team; Head Start Teacher; Classroom Teaching staff		
Timeline:	Ongoing; as specified by document		
Evaluation:	Completed safety screeners and plans		
Forms:	Facility Health & Safety Inspection ; Daily Safety Inspection ; OHS Health & 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 Checklists 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 and designated socialization space before classes begin and again mid-year.
- b) Daily Safety Inspection: This inspection monitors the classroom or socialization inspection of 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:	04/22/2022
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/22/2022 (p)
Responsibility:	Head Start Management Team; Head Start Teacher; Classroom Teaching staff		
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; PASS Instruction		

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) Head Start Teachers regularly test smoke detectors as applicable.

b) Head Start Teachers 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 Head Start Teachers 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 Head Start Teachers and Classroom Teaching staff.

Policy ID Rule 3 (R-3) Emergency Shelter

Related Regulations:	Minn. Rules 9503.110, subp. 1,2, and 3; Minn. Statute 245A.41		
Revised by:	WCMCA Head Start Health Supervisor (JH)	Revision Date:	04/22/2022
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/22/2022 (p)
Responsibility:	Head Start Teacher, 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 Head Start Teacher exercise good judgment regarding the safety of children playing outdoors in all types of weather.

a) Classroom Teaching staff and Head Start Teacher 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 Head Start Teacher may limit or disallow outdoor play.

a) Classroom Teaching staff and Head Start Teacher exercise good judgment regarding the safety of children playing outdoors in all types of weather.

b) Classroom Teaching staff and Head Start Teacher are responsible for taking appropriate precautions as feasible such as dressing children in layers with hats and mittens.

1.5 Classroom Teaching staff and Head Start Teacher 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) Head Start Teacher 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 WCMCA Head Start 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 with 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:	04/22/2022
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/22/2022 (p)
Responsibility:	Head Start Supervisor; Head Start Teacher; Classroom Teaching Staff		
Timeline:	Ongoing		
Evaluation:	n/a		
Forms:	n/a		

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 Head Start Teacher will take charge of children.
- b) The Head Start Teacher, 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:	04/22/2022
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/22/2022 (p)
Responsibility:	Head Start Director; Head Start Supervisor; Head Start Teacher; Classroom Teaching Staff		
Timeline:	Ongoing		
Evaluation:	Signed Enrollment Emergency Agreement; legal documentation of custody/parental rights		
Forms:	Enrollment Emergency Agreement ; I/I/I 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 Head Start Teacher 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.
 - a) All authorized individuals must be at least 12 years old.
 - b) 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 A parent or legal guardian who is under the influence of alcohol or drugs cannot be denied access to 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 A parent or legal guardian who is suspected of abuse or neglect cannot be denied access to a child.

- a) If the child is in immediate danger law enforcement will be notified.
- b) Staff will complete a mandated report with Child Protection services.
- c) Staff will complete and submit a written to the Incident Report to the Head Start Supervisor and System Specialist containing circumstances, witnesses and action taken.

7.2 If an individual who is suspected of abuse or neglect 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 child is in immediate danger law enforcement will be notified.
- c) Staff will complete a mandated report with Child Protection services.
- d) Staff will complete and submit a written to the Incident Report to the Head Start Supervisor and System Specialist containing circumstances, witnesses and action taken.

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. Rules, part 9503.0110, subparts 1, 2, and 3. Minn. Statutes, Section 245A.41		
Revised by:	WCMCA Head Start Health Supervisor (JH)	Revision Date:	04/22/2022
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/22/2022 (p)
Responsibility:	HS Management Team; Head Start Teacher; 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 Head Start Teachers 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 Head Start Teachers are responsible for documenting monthly fire drills and making them available for review at all times.
- 1.7 Head Start Teachers are responsible for documenting monthly tornado drills (September, April May) and making them available for review at all times.
- 1.8 The Head Start Teacher or Head Start Supervisor is responsible for ensuring 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:	04/22/2022
Approved by:	WCMCA Head Start Management Team; Policy Council	Approval Date:	06/22/2022 (p)
Responsibility:	Head Start Teacher; Classroom Teaching staff		
Timeline:	Required when an incident or injury occurs		
Evaluation:	ChildPlus and child's electronic file		
Forms:	I/I/I 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 the following:

- a) Name and age of the person(s) involved
- b) Date of the incident, injury, or illness
- c) Place of the incident, injury, or illness
- d) Type of injury
- e) Action taken by a staff person(s); and
- f) To whom the incident, injury, or illness was reported.

2.3 The Head Start Teacher notifies the Head Start Supervisor and Health Supervisor of the incident, injury, or illness.

2.4 The Head Start Teacher will contact the family for updates related to suspected communicable disease and/or medical treatment, documenting on the Incident, Injury, Illness Report.

2.5 Serious injuries that result in death or require emergency medical or dental treatment will be reported to state licensing and the Office of Head Start Regional offices.

- a) 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, part 9503.0110, subparts 1, 2, and 3. Minn. Statutes, Section 245A.41		
Revised by:	WCMCA Head Start Health Supervisor (JH)	Revision Date:	04/22/2022
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/22/2022 (p)
Responsibility:	Head Start Supervisor, Health Supervisor, Head Start Teacher, Classroom Teaching staff		
Timeline:	Ongoing		
Evaluation:	ChildPlus documentation/report		
Forms:	I/I/I 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** Head Start Teachers 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 Head Start Teacher 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) Head Start Teachers 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:	04/22/2022
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/22/2022 (p)
Responsibility:	Head Start Supervisor; Head Start Teacher; Classroom Teaching staff		
Timeline:	Ongoing		
Evaluation:	ChildPlus Documentation/Report, Team Meeting Minutes		
Forms:	Health History ; Release of Information ; Food Allergy & Anaphylaxis Action Plan ; ICCPP ; I/I/I report		

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. Using this information Head Start staff complete a written plan outlining the prevention and response to a child's allergy.

1.0 Allergy Prevention

- 1.1 Before admitting a child for care, the Head Start Teacher must support parents to obtain documentation of any known allergy indicated on the Health History Form or a record from child's source of medical care obtained from 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 medical information about the allergy in ChildPlus and on-site within the classroom's Emergency Binder.
- 1.3 The Head Start Teacher will support parents in securing a child's allergy information and response plan (Action Plan) from the provider.
- 1.4 The Head Start Teacher, with support from the Head Start Supervisor and Health Supervisor, will partner with the parent to develop an Individual Child Care Program Plan (ICCPP) form.
 - a) Utilizing an allergy-related Action Plan or 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.
 - b) ICCPP information will be updated annually, per calendar year, or as allergy information for the child is updated.
 - c) Staff will review and be trained on any updates to the ICCPP, this will be documented by the staff signature and date on the ICCPP form.
- 1.5 Allergy information must be posted and readily available to a staff person at all times in the area where food is prepared or served to the child with allergies.
- 1.6 Allergy information will be kept confidentially using a cover sheet.

2.0 Allergy Response

- 2.1 Head Start Supervisors ensure that the Head Start Teacher 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, Head Start Teachers assist the family to update the child's individual care or allergy plan. 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 for evacuations.
- 2.3** WCMCA Head Start's policy on medication administration to children will be followed when responding to allergies using emergency and rescue medications.
- 2.4** The Head Start Teacher, 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.
- 2.5** Head Start Teachers or Classroom Teaching staff must call 911 or emergency medical services when a child is in a medical emergency and when epinephrine is administered as a result of an allergy.
- a) Rescue medications administered to the child while in WCMCA's Head Start Care (i.e., Epinephrine, Diastat) will be made available to the first responders when emergency medical services are needed.
 - b) An Incident/Injury/ Illness Report will be completed to provide written summary of the incident and emergency response.

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:	04/22/2022
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/22/2022 (p)
Responsibility:	Health Supervisor, Head Start Supervisor; Head Start Teacher; Classroom teaching staff		
Timeline:	Ongoing		
Evaluation:	ChildPlus Documentation/Report		
Forms:	Cleaning, Sanitizing, and Disinfecting Guidelines		

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 Bloodborne Pathogens Training

- 1.1 WCMCA Head Start ensures that Head Start Teacher 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 Head Start Teacher 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): Child Care Program Plan

Related Regulations:	Minn Rule 9503.0045		
Revised by:	WCMCA Head Start Supervisor (DH)	Revision Date:	04/22/2022
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/22/2022 (p)
Responsibility:	Head Start Management Team		
Timeline:	Ongoing		
Evaluation:	n/a		
Forms:	n/a		

Performance Objective: WCMCA maintains a written Child Care program plan that outlines its services and details of program operation.

1.0 Child Care Program Plan

*See the corresponding **WCMCA Head Start Child Care Program Plan.***

Policy ID Rule 3 (R-3) Emergency Preparedness

Related Regulations:	Minn. Rules, part 9503.0140, subpart. 3, subpart. 21. Minn. Stat. 245A.41, subd. 3.		
Revised by:	WCMCA Head Start Management Team	Revision Date:	04/14/2021
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/22/2022 (p)
Responsibility:	Head Start Management Team, Head Start Supervisor, Head Start Teacher		
Timeline:	Ongoing		
Evaluation:	Written Emergency Plan		
Forms:	MN DHS Child Care Emergency Plan ; WCMCA Emergency Response Procedures ; location specific evacuation and relocation postings.		

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

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 MN DHS 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) WCMCA Head Start trains 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) WCMCA Head Start conducts drills according to the requirements. The date and time of the drills must be documented.
 - iv) WCMCA Head Start reviews and update the emergency plan annually. Documentation of the annual emergency plan review shall be maintained in the program's administrative records.
 - v) WCMCA Head Start includes the emergency plan in the program's policies and procedures.
 - vi) WCMCA Head Start provides a physical or electronic copy of the emergency plan to the child's parent or legal guardian upon enrollment.

vii) The evacuation route which includes the relocation site must be posted in a visible place as part of the written procedures.

1.3 The Emergency plan will be reviewed annually, and verified by signature, prior the first day of the program year.

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 subp. 10 subp. 11 subp. 12 subp. 13 subp. 14, subp. 15		
Revised by:	WCMCA Head Start Health Supervisor (JH)	Revision Date:	04/22/2022
Approved by:	WCMCA Head Start Policy Council; HS Management Team; Health Consultant	Approval Date:	06/22/2022 (p)
Responsibility:	Head Start Teacher; Classroom Teaching Staff		
Timeline:	Ongoing; Daily		
Evaluation:	Posted Procedures; Observation		
Forms:	N/A		

Performance Objective: All WCMCA Head Start 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 to ensure each staff person follows universal precautions to reduce the risk of spreading infectious disease.

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) 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. 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) Commercial premoistened wipes are labeled when the prevention of cross contamination cannot be ensured.
- d) 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 subp. 10 subp. 11		
Revised by:	WCMCA Head Start Health Supervisor (JH)	Revision Date:	04/22/2022
Approved by:	WCMCA Head Start Policy Council; HS Management Team; Health Consultant	Approval Date:	06/22/2022 (p)
Responsibility:	Family Education Specialist; Classroom Teaching Staff		
Timeline:	Daily		
Evaluation:	Observation; Hand Washing Posting, Cleaning, Sanitizing, Disinfecting Schedules; Respiratory Etiquette Postings		
Forms:	I/I/I report		

Performance Objective: WCMCA Head Start maintains standards for personal hygiene. All staff systematically and routinely implement handwashing and 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 regularly to prevent the spread of illness and disease.

a) Staff, volunteers, and children must wash their hands with soap and running water during the following times.

- i. Before and after each meal.
- ii. After activities such as diapering and toilet use.

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.

c) Additionally, staff, volunteers, and children should wash their hands with soap and running water during the following times:

- i. Upon arrival at the Head Start/Early Head Start location.
- ii. After returning inside from outdoor activities.
- iii. After handling pets, other animals, pet cages or other pet objects that have come in contact with the pet or animal.
- iv. 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) Classroom and teaching staff are responsible for the secure storage of hand sanitizer.

2.0 Hygiene Practices

2.1 Classrooms and designated socialization spaces 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 Head Start Teachers 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 Head Start Teachers and Classroom Teaching Staff maintain procedures for monitoring signs of child illness by completing and documenting Daily Health Checks.

2.4 Head Start Teachers and Classroom Teaching 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 report 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) Head Start Teachers and Classroom Teaching Staff 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. Head Start Teachers 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 subp. 16		
Revised by:	WCMCA Health Supervisor (JH)	Revision Date:	04/22/2022
Approved by:	WCMCA Head Start Policy Council; HS Management Team; Health Consultant	Approval Date:	06/22/2022 (p)
Responsibility:	Head Start Supervisor; Health Supervisor, Head Start Teachers; Classroom Staff		
Timeline:	Ongoing		
Evaluation:	First Aid Kit Inventory, Staff Communication		
Forms:	First Aid Inventory Form		

Performance Objective: WCMCA Head Start maintains readily available emergency preparedness kits, that include 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) Head Start Teachers 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 Teachers have first aid kits with them when visiting families in the home.
 - c) The “Procedures for Emergency Care” flip chart will accompany the first aid kit to provide Head Start Teachers and Classroom Teaching staff with common, easy to access, first aid procedures.
- 1.2** Head Start Teachers 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 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.
- 1.3** The location of the emergency preparedness kits including 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.
- 1.4** 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:	04/22/2022
Approved by:	WCMCA Head Start Policy Council; HS Management Team; Health Consultant	Approval Date:	06/22/2022 (p)
Responsibility:	Health Supervisor; Administrative Assistant; Head Start Teacher		
Timeline:	Initial Enrollment; Ongoing		
Evaluation:	ChildPlus Report/Documentation; Child Health Records		
Forms:	Enrollment Emergency Agreement ; Health History ; 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) Head Start Teachers must assist families in identifying a medical home, if needed.
 - b) Head Start Teachers 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 Head Start Teacher 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 Head Start Teacher 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 Head Start Teacher is notified of children's needed records or failure to make an appointment by the Health Supervisor or Administrative Assistant.
- 2.3 The Head Start Teacher 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 Head Start Teacher 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, Head Start Teachers 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:	Minn. Rules 9503.1040 Subpt.2		
Revised by:	WCMCA Head Start Health Supervisor (JH)	Revision Date:	04/22/2022
Approved by:	WCMCA Head Start Policy Council; HS Management Team; Health Consultant	Approval Date:	06/22/2022 (p)
Responsibility:	Health Supervisor		
Timeline:	Ongoing		
Evaluation:	Child Care Health Consultant Review and Approval		
Forms:	n/a		

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 ; Minn. Rule 9503.0140 Subp. 5		
Revised by:	WCMCA Head Start Health Supervisor (JH)	Revision Date:	04/22/2022
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/22/2022 (p)
Responsibility:	Health Supervisor, Administrative Assistant, Head Start Teacher		
Timeline:	Enrollment; Ongoing		
Evaluation:	ChildPlus Report/Documentation; Immunization Records		
Forms:	MDH 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 Head Start Teacher communicates any immunizations that are required for enrollment or due.

- a) Head Start Teachers 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 ; Minn Rule 9503.0140 ; Minn Rule 9503.0145 Subp. 7 .		
Revised by:	WCMCA Head Start Health Supervisor (JH)	Revision Date:	04/22/2022
Approved by:	WCMCA Head Start Policy Council; HS Management Team; Health Consultant	Approval Date:	06/22/2022 (p)
Responsibility:	Head Start Health Supervisor, Head Start Teacher, Head Start Nutrition Consultant		
Timeline:	Ongoing		
Evaluation:	Refrigeration Log		
Forms:	Health History ; Refrigeration Temperature Log		

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.

1.0 Supports for Breast Feeding/Formula

- 1.1 WCMCA Head Start does not currently have center-based programing for infants and toddlers.
- 1.2 Early Head Start Teachers provide all enrolled pregnant women with in-depth information and resources on the importance of breast feeding.
- 1.3 The Head Start Nutrition Consultant, Health Supervisor and Head Start Teachers provide parents with the opportunity to participate in training, workshops, and seminars to gain knowledge about the benefits of breastfeeding.
- 1.4 Head Start Teachers assist parents in enrolling and accessing local WIC programs and provides information and referrals to the Head Start Nutrition Consultant.
- 1.5 Head Start Teachers reference the Prenatal and Birth to 5 Health History forms to support moms in making appropriate food choices that support breast feeding.
- 1.6 Instructions for the handling of baby food, bottle feeding, and breast milk are posted in each socialization space.
- 1.7 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.

a) Refrigeration temperatures are logged as required.

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 , Minn Rules 9503.0140 Subp. 7		
Revised by:	WCMCA Head Start Health Supervisor (JH)	Revision Date:	04/22/2022
Approved by:	WCMCA Head Start Policy Council; HS Management Team; Health Consultant	Approval Date:	06/22/2022 (p)
Responsibility:	Health Supervisor; Head Start Teacher; Classroom Teaching Staff		
Timeline:	Ongoing		
Evaluation:	ChildPlus Documentation/Report; Parental Medication Consent; Doctors Statements		
Forms:	Medication Consent Form ; Food Allergy & Anaphylaxis Action Plan ; Medication Log		

Performance Objective: WCMCA Head Start’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 Medication Consent form, or “Action Plan” form that outlines medication administration for special health care needs, 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 Medication Consent or Action Plan is secured for each medication administered.
- 1.8 The Head Start Teacher maintains a separate Medication Log form for each medication administered.
 - a) The Medication Log will be kept and 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:	Minn. Rules, part 9503.0145, subpart 3.		
Revised by:	WCMCA Health Supervisor (JH)	Revision Date:	04/22/2022
Approved by:	WCMCA Head Start Policy Council; HS Management Team; Health Consultant	Approval Date:	06/22/2022 (p)
Responsibility:	Health Supervisor; Nutrition Consultant; Head Start Teacher; Classroom Teaching staff		
Timeline:	Ongoing		
Evaluation:	Child Plus Reports/Documentation; State Licensing Certifications; CACFP Monitoring, Food Safety Postings, Menu Review		
Forms:	ICCPP ; Allergy List / Allergy Cover Sheet ; Food Temperature Log ; Refrigeration Temperature Log		

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 (ICPPs) are completed in partnership with the parent on behalf of a child in connection with Action Plans or primary care provider statements, 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 Head Start staff designated as MN Certified Food Protection Manager (CFPM) 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 temperature of catered food is checked at each meal by the Head Start Teacher 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 Head Start Teachers 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 Head Start Teachers 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/Rule 3 (HPS-AD/R-3) Protection from Contagious Disease/Communicable Disease

Related Regulations:	HSSP 1302.47 b 7 iii , Minn. Rules 9503.0080		
Revised by:	WCMCA Head Start Health Supervisor (JH)	Revision Date:	04/22/2022
Approved by:	WCMCA Head Start Policy Council; HS Management Team, Health Consultant	Approval Date:	06/22/2022 (p)
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 Check ; I/I/I report		

Performance Objective: WCMCA Head Start'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** Head Start Teachers and classroom teaching 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** Head Start Teachers 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) Head Start Teachers 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. Head Start Teacher 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/Infectious Disease

- 2.1** WCMCA Head Start utilizes information from the CDC, American Academy of Pediatrics, and MN Department of Health to guide Infectious Disease Policies.
- 2.2** 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.
- 2.3** Head Start Teachers and classroom staff complete Incident/Injury/Illness (I/I/I) reports for documenting and monitoring child health and safety.
- 2.4** 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.
- 2.5** 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.
- 2.6** 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:	04/22/2022
Approved by:	WCMCA Head Start Policy Council; HS Management Team; Health Consultant	Approval Date:	06/22/2022 (p)
Responsibility:	Head Start Supervisor; Health Supervisor; Nutrition Consultant: Family Education Specialist; Classroom Teaching staff		
Timeline:	Ongoing		
Evaluation:	State Food Licensing certifications/inspections; CACFP monitoring, food safety postings, menu review		
Forms:	Food Temperature Log , Refrigeration Temperature Log		

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 CACFP and state requirements for food code and local sanitation inspection.

1.0 Food Safety

- 1.1 WCMCA Head Start develops and complies to all requirement for Vended Meal Contracts under the Child and Adult Care Food Program (CACFP).
- 1.2 The Health Supervisor conducts pre-operation visits with new vendors to ensure food safety and sanitation requirements can be met.
- 1.3 The Health Supervisor meets with managers of vended meal contracts regularly to ensure food is prepared in a licensed facility by licensed and trained as Certified Food Production Managers.
- 1.4 Menus from vendors are reviewed by Health Supervisor, Head Start Supervisor, Head Start Teacher, and classroom teaching staff prior to the month of service to ensure special diets and allergy needs are met.
- 1.5 The temperature of catered food is checked at each meal by the Head Start Teacher or designated staff with a calibrated thermometer upon arrival.
 - a) Foods that are required to keep cool are kept at a temperature of 40 degrees F or below.
 - b) Foods that are required to keep hot are kept at a temperature of 140 degrees F or above.
- 1.6 Foods that do not meet these temperature criteria are deemed unsafe and are returned to the caterer.
- 1.7 If keeping food at required temperatures is an ongoing problem, the Health Supervisor and Nutrition Consultant assistance in determining solutions.
- 1.8 Head Start Teacher 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.
- 1.9 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 Head Start Teacher 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 cannot be guaranteed, disposable paper and plastic products should be considered.

Policy ID Rule 3 (R-3) Reusable Water Bottles or Cups

Related Regulations:	Minnesota Statutes, section 245A.14, subdivision 17		
Revised by:	Head Start Health Supervisor (JH)	Revision Date:	04/22/2022
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/22/2022 (p)
Responsibility:	Head Start Supervisor; Health Supervisor		
Timeline:	n/a		
Evaluation:	n/a		
Forms:	n/a		

Performance Objective: WCMCA Head Start does not allow drinking water in reusable bottles or cups, therefore does not maintain procedures for this regulation.

Policy ID Rule 3 (R-3) Child Abuse and Neglect Reporting

Related Regulations:	MN Statute 245A.145 ; MN Statute 260E		
Revised by:	WCMCA Head Start System Specialist (SJ)	Revision Date:	04/22/2022
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/22/2022 (p)
Responsibility:	Head Start Management Team; Head Start Supervisor; Head Start Teacher; Classroom Staff		
Timeline:	Ongoing		
Evaluation:	MN DHS Maltreatment of Minors Mandated Reporting form; County Social Service intake/written report; New Employee Orientation Packet		
Forms:	Daily Health Check ; I/I/I report; written report		

Performance Objective: WCMCA Head Start maintains various safety practices and policies to ensure the safety of enrolled children. Head Start staff, partners and volunteers are legally required or mandated to report suspected child abuse or neglect.

1.0 Injury and Abuse Monitoring

- 1.1 Head Start Teachers and Classroom Teaching staff preform Daily Health Checks children which includes monitoring for visible injury or changes in behavior.
- 1.2 Concerns are noted and on the Daily Health Check form and reported on Incident/Injury/Illness reports within ChildPlus.

2.0 Child Abuse and Neglect Reporting

- 2.1 WCMCA Head Start staff follow the required policies and procedures outlined in the [MN DHS Maltreatment of Minors Mandated Reporting form.](#)

- a) County Social Service Phone Numbers:

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

Wadena County: 218-631-7605

3.0 Recordkeeping

- 3.1 A copy of the written report must be forwarded to the Head Start Supervisor at the WCMCA Administration office for filing,
 - a) In the Head Start Supervisor's absence, the report will be submitted to the Head Start Director.
- 3.2 All information is kept in the WCMCA Head Start administrative offices in a separate, locked file.
 - a) Parents are informed and provided this policy at initial enrollment visit.

Maltreatment of Minors Mandated Reporting

This form may be used by any provider licensed by the Minnesota Department of Human Services, except family child care. The form for family child care providers can be found in eDocs #7634C.

What to report

- Maltreatment includes egregious harm, neglect, physical abuse, sexual abuse, substantial child endangerment, threatened injury, and mental injury. For definitions refer to [Minnesota Statutes, section 260E.03](#), and pages 3-6 of this document. Maltreatment must be reported if you have witnessed or have reason to believe that a child is being or has been maltreated within the last three years.

Who must report

- If you work in a licensed facility, you are a “mandated reporter” and are legally required (mandated) to report maltreatment. You cannot shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility.
- In addition, people who are not mandated reporters may voluntarily report maltreatment.

Where to report

- If you know or suspect that a child is in immediate danger, call 9-1-1.
- Reports concerning suspected maltreatment of children, or other violations of Minnesota Statutes or Rules, in facilities licensed by the Minnesota Department of Human Services, should be made to the Licensing Division’s Central Intake line at 651-431-6600.
- Incidents of suspected maltreatment of children occurring within a family, in the community, at a family child care program, or in a child foster care home, should be reported to the local county social services agency at
or local law enforcement at

When to report

- Mandated reporters must make a report to one of the agencies listed above immediately (as soon as possible but no longer than 24 hours).

Information to report

- A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the maltreatment (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected maltreatment occurring within a licensed facility, the report should include any actions taken by the facility in response to the incident.

Failure to report

- A mandated reporter who knows or has reason to believe a child is or has been maltreated and fails to report is guilty of a misdemeanor.
- In addition, a mandated reporter who fails to report serious or recurring maltreatment may be disqualified from a position allowing direct contact with, or access to, persons receiving services from programs, organizations, and/or agencies that are required to have individuals complete a background study by the Department of Human Services as listed in Minnesota Statutes, section 245C.03.

Retaliation prohibited

- An employer of any mandated reporter is prohibited from retaliating against (getting back at):
 - an employee for making a report in good faith; or
 - a child who is the subject of the report.
- If an employer retaliates against an employee, the employer may be liable for damages and/or penalties.

Staff training

The license holder must train all mandated reporters on their reporting responsibilities, according to the training requirements in the statutes and rules governing the licensed program. 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.

Provide policy to parents

For licensed child care centers, the mandated reporting policy must be provided to parents of all children at the time of enrollment and must be available upon request. The definitions section (p. 3-6) is optional to provide to parents.

The following sections only apply to license holders that serve children. This does not include family child foster care per [Minnesota Statutes 245A.66, subd. 1](#).

Internal review

- 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:
 - related policies and procedures were followed;
 - the policies and procedures were adequate;
 - there is a need for additional staff training;
 - the reported event is similar to past events with the children or the services involved; and
 - 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 reviews completed

The internal review will be completed by **Head Start Director**. If this individual is involved in the alleged or suspected maltreatment, **WCMCA Chief Executive Officer** will be responsible for completing the internal review.

Documentation of internal review

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

Based on the results of the internal review, the license holder must develop, document, and implement a corrective action plan to correct any current lapses and prevent future lapses in performance by individuals or the license holder.

Definitions

Found in [Minnesota Statutes, section 260E.03](#)

Egregious harm ([Minnesota Statutes, section 260E.03, subd. 5](#))

"Egregious harm" means harm under [section 260C.007, subdivision 14](#), or a similar law of another jurisdiction.

[Minnesota Statutes, section 260C.007, Subd. 14](#):

"Egregious harm" means the infliction of bodily harm to a child or neglect of a child which demonstrates a grossly inadequate ability to provide minimally adequate parental care. The egregious harm need not have occurred in the state or in the county where a termination of parental rights action is otherwise properly venued. Egregious harm includes, but is not limited to:

1. conduct towards a child that constitutes a violation of sections [609.185](#) to [609.2114](#), [609.222, subdivision 2](#), [609.223](#), or any other similar law of any other state;
2. the infliction of "substantial bodily harm" to a child, as defined in section [609.02, subdivision 7a](#);
3. conduct towards a child that constitutes felony malicious punishment of a child under [section 609.377](#);
4. conduct towards a child that constitutes felony unreasonable restraint of a child under [section 609.255, subdivision 3](#);
5. conduct towards a child that constitutes felony neglect or endangerment of a child under [section 609.378](#);
6. conduct towards a child that constitutes assault under section [609.221](#), [609.222](#), or [609.223](#);
7. conduct towards a child that constitutes solicitation, inducement, or promotion of, or receiving profit derived from prostitution under [section 609.322](#);
8. conduct towards a child that constitutes murder or voluntary manslaughter as defined by United States Code, title 18, section 1111(a) or 1112(a);
9. conduct towards a child that constitutes aiding or abetting, attempting, conspiring, or soliciting to commit a murder or voluntary manslaughter that constitutes a violation of United States Code, title 18, section 1111(a) or 1112(a); or
10. conduct toward a child that constitutes criminal sexual conduct under [sections 609.342](#) to [609.345](#).

Maltreatment ([Minnesota Statutes, section 260E.03, subd. 12](#))

"Maltreatment" means any of the following acts or omissions:

1. egregious harm under subdivision 5;
2. neglect under subdivision 15;
3. physical abuse under subdivision 18;
4. sexual abuse under subdivision 20;
5. substantial child endangerment under subdivision 22;
6. threatened injury under subdivision 23;
7. mental injury under subdivision 13; and
8. maltreatment of a child in a facility.

Mental injury ([Minnesota Statutes, section 260E.03, subd. 13](#))

"Mental injury" means an injury to the psychological capacity or emotional stability of a child as evidenced by an observable or substantial impairment in the child's ability to function within a normal range of performance and behavior with due regard to the child's culture.

Neglect ([Minnesota Statutes, section 260E.03, subd. 15](#))

- A. "Neglect" means the commission or omission of any of the acts specified under clauses (1) to (8), other than by accidental means:
1. failure by a person responsible for a child's care to supply a child with necessary food, clothing, shelter, health, medical, or other care required for the child's physical or mental health when reasonably able to do so;
 2. failure to protect a child from conditions or actions that seriously endanger the child's physical or mental health when reasonably able to do so, including a growth delay, which may be referred to as a failure to thrive, that has been diagnosed by a physician and is due to parental neglect;
 3. failure to provide for necessary supervision or child care arrangements appropriate for a child after considering factors as the child's age, mental ability, physical condition, length of absence, or environment, when the child is unable to care for the child's own basic needs or safety, or the basic needs or safety of another child in their care;
 4. failure to ensure that the child is educated as defined in sections [120A.22](#) and [260C.163, subdivision 11](#), which does not include a parent's refusal to provide the parent's child with sympathomimetic medications, consistent with section [125A.091, subdivision 5](#);
 5. prenatal exposure to a controlled substance, as defined in section [253B.02, subdivision 2](#), used by the mother for a nonmedical purpose, as evidenced by withdrawal symptoms in the child at birth, results of a toxicology test performed on the mother at delivery or the child at birth, medical effects or developmental delays during the child's first year of life that medically indicate prenatal exposure to a controlled substance, or the presence of a fetal alcohol spectrum disorder;
 6. medical neglect, as defined in section [260C.007, subdivision 6](#), clause (5);
 7. chronic and severe use of alcohol or a controlled substance by a person responsible for the child's care that adversely affects the child's basic needs and safety; or
 8. emotional harm from a pattern of behavior that contributes to impaired emotional functioning of the child which may be demonstrated by a substantial and observable effect in the child's behavior, emotional response, or cognition that is not within the normal range for the child's age and stage of development, with due regard to the child's culture.
- B. Nothing in this chapter shall be construed to mean that a child is neglected solely because the child's parent, guardian, or other person responsible for the child's care in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the child in lieu of medical care.
- C. This chapter does not impose upon persons not otherwise legally responsible for providing a child with necessary food, clothing, shelter, education, or medical care a duty to provide that care.

Physical abuse ([Minnesota Statutes, section 260E.03, subd. 18](#))

- A. "Physical abuse" means any physical injury, mental injury under subdivision 13, or threatened injury under subdivision 23, inflicted by a person responsible for the child's care on a child other than by accidental means, or any physical or mental injury that cannot reasonably be explained by the child's history of injuries, or any aversive or deprivation procedures, or regulated interventions, that have not been authorized under section [125A.0942](#) or [245.825](#).
- B. Abuse does not include reasonable and moderate physical discipline of a child administered by a parent or legal guardian that does not result in an injury. Abuse does not include the use of reasonable force by a teacher, principal, or school employee as allowed by section [121A.582](#).
- C. For the purposes of this subdivision, actions that are not reasonable and moderate include, but are not limited to, any of the following:
1. throwing, kicking, burning, biting, or cutting a child;
 2. striking a child with a closed fist;
 3. shaking a child under age three;
 4. striking or other actions that result in any nonaccidental injury to a child under 18 months of age;
 5. unreasonable interference with a child's breathing;
 6. threatening a child with a weapon, as defined in [section 609.02, subdivision 6](#);

7. striking a child under age one on the face or head;
8. striking a child who is at least age one but under age four on the face or head, which results in an injury;
9. purposely giving a child:
 - i. poison, alcohol, or dangerous, harmful, or controlled substances that were not prescribed for the child by a practitioner in order to control or punish the child; or
 - ii. other substances that substantially affect the child's behavior, motor coordination, or judgment; that result in sickness or internal injury; or that subject the child to medical procedures that would be unnecessary if the child were not exposed to the substances;
10. unreasonable physical confinement or restraint not permitted under [section 609.379](#), including but not limited to tying, caging, or chaining; or
11. in a school facility or school zone, an act by a person responsible for the child's care that is a violation under section [121A.58](#).

Sexual abuse ([Minnesota Statutes, section 260E.03, subd. 20](#))

"Sexual abuse" means the subjection of a child by a person responsible for the child's care, by a person who has a significant relationship to the child, or by a person in a current or recent position of authority, to any act that constitutes a violation of section [609.342](#) (criminal sexual conduct in the first degree), [609.343](#) (criminal sexual conduct in the second degree), [609.344](#) (criminal sexual conduct in the third degree), [609.345](#) (criminal sexual conduct in the fourth degree), [609.3451](#) (criminal sexual conduct in the fifth degree), or [609.352](#) (solicitation of children to engage in sexual conduct; communication of sexually explicit materials to children).

Sexual abuse also includes any act involving a child that constitutes a violation of prostitution offenses under sections [609.321](#) to [609.324](#) or [617.246](#). Sexual abuse includes all reports of known or suspected child sex trafficking involving a child who is identified as a victim of sex trafficking. Sexual abuse includes child sex trafficking as defined in section [609.321](#), subdivisions 7a and 7b.

Sexual abuse includes threatened sexual abuse, which includes the status of a parent or household member who has committed a violation that requires registration as an offender under section [243.166, subdivision 1b](#), paragraph (a) or (b), or required registration under section [243.166, subdivision 1b](#), paragraph (a) or (b).

Substantial child endangerment ([Minnesota Statutes, section 260E.03, subd. 22](#))

"Substantial child endangerment" means that a person responsible for a child's care, by act or omission, commits or attempts to commit an act against a child under their care that constitutes any of the following:

1. egregious harm under subdivision 5;
2. abandonment under section [260C.301, subdivision 2](#);
3. neglect under subdivision 15, paragraph (a), clause (2), that substantially endangers the child's physical or mental health, including a growth delay, which may be referred to as failure to thrive, that has been diagnosed by a physician and is due to parental neglect;
4. murder in the first, second, or third degree under section [609.185](#), [609.19](#), or [609.195](#);
5. manslaughter in the first or second degree under section [609.20](#) or [609.205](#);
6. assault in the first, second, or third degree under section [609.221](#), [609.222](#), or [609.223](#);
7. solicitation, inducement, and promotion of prostitution under section [609.322](#);
8. criminal sexual conduct under sections [609.342](#) to [609.3451](#);
9. solicitation of children to engage in sexual conduct under section [609.352](#);
10. malicious punishment or neglect or endangerment of a child under section [609.377](#) or [609.378](#);
11. use of a minor in sexual performance under section [617.246](#); or
12. parental behavior, status, or condition that mandates that the county attorney file a termination of parental rights petition under section [260C.503, subdivision 2](#).

Threatened injury ([Minnesota Statutes, section 260E.03, subd. 23](#))

- A. "Threatened injury" means a statement, overt act, condition, or status that represents a substantial risk of physical or sexual abuse or mental injury.
- B. Threatened injury includes, but is not limited to, exposing a child to a person responsible for the child's care, as defined in subdivision 17, who has:
 - 1. subjected a child to, or failed to protect a child from, an overt act or condition that constitutes egregious harm under subdivision 5 or a similar law of another jurisdiction;
 - 2. been found to be palpably unfit under section [260C.301, subdivision 1](#), paragraph (b), clause (4), or a similar law of another jurisdiction;
 - 3. committed an act that resulted in an involuntary termination of parental rights under section [260C.301](#), or a similar law of another jurisdiction; or
 - 4. committed an act that resulted in the involuntary transfer of permanent legal and physical custody of a child to a relative under Minnesota Statutes 2010, section [260C.201](#), subdivision 11, paragraph (d), clause (1), section [260C.515, subdivision 4](#), or a similar law of another jurisdiction.
- C. A child is the subject of a report of threatened injury when the local welfare agency receives birth match data under section [260E.14, subdivision 4](#), from the Department of Human Services.

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:	04/22/2022
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/22/2022 (p)
Responsibility:	Head Start Management Team		
Timeline:	Ongoing		
Evaluation:	Written Risk Reduction Plan, various health, and safety checklists/forms		
Forms:	MN DHS Child Care Risk Reduction Plan ; various health and safety checklists/documentation		

Performance Objective: In accordance with Minnesota state statutes, WCMCA Head Start maintains a written risk reduction plan utilizing the MN DHS Child Care Risk Reduction Plan document which assesses risk to children the center or facility 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 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 written 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.

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.

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

- a) Additional assessment is supported within home environments as part of WCMCA Head Start home visiting and family services.

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 to ensure redundant systems of active supervision of children.

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 Classroom Teaching 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 Classroom Teaching staff will conduct a review annually 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.

7.2 The Head Start Supervisor and center-based Classroom Teaching Staff will review the risk reduction plan, typically at the end of the Head Start program year and prior to the next class year beginning.

7.3 Signatures on the MN DHS Child Care Risk Reduction Plan document verifies proof of the annual review.

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

Related Regulations:	Minn. Stat. 245A.41. Subd. 2. ; Minnesota Rules, part 9503.0005, subpart 11		
Revised by:	Health Supervisor (JH)	Revision Date:	04/22/2022
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/22/2022 (p)
Responsibility:	Health Supervisor, Head Start Supervisor; Head Start Teacher; Classroom teaching staff		
Timeline:	Ongoing		
Evaluation:	ChildPlus Documentation/Report		
Forms:	Cleaning, Sanitizing, and Disinfecting Guidelines ; Gloving procedures		

Performance Objective: WCMCA Head Start holds naps and rest policies consistent with the developmental level of the children enrolled in the center. Rest and sleep are an essential part of a child's health and development, parents are informed of program policy and additionally supported through safe sleep resources.

1.0 Center-Based Nap and Rest

- 1.1 For full-day (duration) classes, a quiet nap and rest time will occur daily in the afternoons.
- 1.2 During rest time, each child will be provided with a separate cot and blanket.
- 1.3 The 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 Cots will be placed 3 feet apart when possible, or by maximizing space between children such as a head-to-toe arrangement.
- 1.5 Additional considerations of cot placement will be considered to reduce the risk of the spread of infectious diseases.
- 1.6 After the children have napped or rested for 30 minutes, they will have the option to get up and engage in a separate activity.
- 1.7 Supervision of children will occur in an area with sufficient light, activities provided for non-resting children occur where they do not disrupt the remaining resting children.
- 1.8 Bedding and blankets are washed weekly and when soiled or wet.

2.0 Infants and Toddlers

- 2.1 WCMCA Head Start does not serve infants and toddlers in a center-based setting.
- 2.2 Early Head Start will support parent education and resources regarding safe sleep habits during home visits.

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

Related Regulations:	Minn. Stat. 245A.41. Subd. 2.; Minnesota Rules, part 9503.0005, subpart 11		
Revised by:	WCMCA Head Start Supervisor (AR)	Revision Date:	04/22/2022
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/22/2022 (p)
Responsibility:	Head Start Supervisor; Head Start Teacher; Classroom Teaching staff		
Timeline:	Ongoing		
Evaluation:	Orientation, Signature; Handbook Acknowledgement Authorization		
Forms:			

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

1.0 Drug and Alcohol Policy

- 1.1** As part of the new hire or orientation process, the WCMCA CEO, HR Coordinator, 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

- 1.2** Employees verify training by electronic signature within the KPay management system.

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.