



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:	06/01/2023
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/27/2023
Responsibility:	Head Start Family Education Specialist; 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. Parents are given a copy of this policy upon enrollment.

1.0 Positive Behavior Guidance Strategies

- 1.1 WCMCA Head Start employs 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 (e.g., 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 to involve children in setting classroom rules, posting the rules, and reviewing them regularly.
Accept each child as a unique individual.	Allow children time to complete projects.
Use praise, encouragement, and other positive means of recognizing appropriate behavior.	Respect children’s need to do what they are capable of doing.
Prepare children for transitions from one activity to the next.	Give children the chance to do as much as they can for themselves, help as needed.

Proactively teach pro-social skills followed by modeling and practicing new skills with children so they can be used or referred to during stressful interactions.	Provide children alternative choices. Redirect away from inappropriate behavior and toward constructive activity 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.	Head Start and Early Head Start implement practices of Conscious Discipline, which utilizes everyday events to cultivate emotional intelligence through a self-regulation program that integrates social-emotional learning and discipline.
Active supervision ensures children and adults are safe in program settings 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 to provide immediate and directly related consequences for the child, then restate positive behavior expectations.

1.8 Family Education Specialists 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 positive and inclusive ways.
- d) Room arrangement will promote ease of movement and include 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 classroom 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 others.
- 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 to be seen and heard by the teaching staff 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** A child separated from the group against their will must be recorded on the Separation Log.
- 3.7** If the child is separated from the group three or more times in one day, the child's parent shall be notified and the parent notification shall be indicated on the daily log; and if the child is separated five or more times in one week or eight times or more in two weeks, the procedures for Persistent Unacceptable Behavior must be followed.
- 3.8** If the behavior persists a behavior plan may be written.
- 3.9** The child's parents must be notified of all separations.

4.0 Responding to Difficult Behaviors

- 4.1** Head Start classroom staff must respond immediately to behaviors that may hurt children or adults. 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. 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 to use include:
 - a) Redirection of children away from problems
 - b) Natural consequences – e.g., 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 child's perspective of what happened
 - e) Problem solving with the child/children about how to handle a similar situation in the future – model and/or talk through the situation, and or;
 - 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 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 behavior plan that can be used both at school and at home.
- 4.9 In instances when child or staff safety is at risk, a safety intervention meeting will be implemented as soon as possible.

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 to address behavior concerns, may be developed with a team of staff including the parent/s, the child's Family Education Specialist, support staff in the classroom, Head Start Management Team members, and/or a consultant or professional (with parent consent).
- 5.3 Behavior Guidance Plans will address:
 - a) The behavior of concern
 - b) The setting and function of the behavior
 - c) Positive alternative behaviors for the child
 - d) Alternate staff strategies
 - e) A consistent home to school plan for both environments
 - f) Identifies the new behaviors the child is taught and encouraged to learn
 - g) Methods for teaching the new behaviors
 - h) Methods for monitoring progress
 - i) Reinforcers for the child's progress
 - j) System for follow-up and review
 - k) Time frame for meeting again to discuss progress and set next step

6.0 Discipline Methods NOT Permitted by Adults in Head Start Classrooms

- a) Corporal punishment such as but not limited to shoving, hair pulling, slapping, kicking, biting, pinching, spanking, hitting, rough handling, ear pulling, and shaking.
- b) Emotional abuse such as but not limited to name calling, shaming, ostracism, making derogatory remarks about the child or the child's family, using language that threatens, humiliates, or frightens the child. Negative reinforcers (sad faces) or 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 do not eat your lunch,

you will not get playtime.” 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 adapted for the child’s age and/or developmental level.

7.3 Interactions between a child and Family Education Specialist should show mutual respect. Family Education Specialists 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



WCMCA Head Start Behavioral Assessment



Student Name: _____ Date of Birth: _____ Family Education Specialist: _____

Description of Behavior(s) of Interest: _____

Date	Time	Antecedent/Trigger	Behavior	Staff Response	Comments	Staff Initial

Team Review Date: _____

Head Start Supervisor Signature: _____



Head Start Behavior Support Plan/ Safety Intervention Plan



Student Name: _____ Date of Birth: _____

Family Education Specialist/Classroom: _____ Date: _____

Specialist Working With Child: (e.g. Behavioral Specialist, Physical Therapist): _____

Description of Concerning Behavior(s):

Has a Behavioral Assessment Form been completed and is on file? Yes No

Is this plan a result of implementing a Safety Intervention Plan? Yes No

Previous interventions attempted:

Desired positive alternative behaviors/behavioral goals(s):

Alternative staff strategies for classroom implementation/methods for teaching new behaviors:

Parent input/strategies for home-to-school:

Reevaluation/monitoring date: _____

Signatures of attendees:

Name _____

Title: _____ **Date:** _____

Name _____

Title: _____ **Date:** _____

Name _____

Title: _____ **Date:** _____

Name _____

Title: _____ **Date:** _____



Behavior Support Plan Progress



Student Name: _____ Date of Birth: _____

Family Education Specialist/Classroom: _____ Date: _____

Specialist Working with Child (e.g. Behavioral Specialist/Physical Therapist): _____

Description of Concerning Behavior(s):

What interventions have been attempted?

What interventions have been successful?

Child has met the behavior goal(s) of this plan: Yes No

Next strategies and methods to pursue:

Parent input/strategies for home-to-school:

Reevaluation/monitoring date: _____

Signatures of attendees:

Name: _____ Title: _____ Date: _____

Name: _____ Title: _____ Date: _____

Name: _____ Title: _____ Date: _____

Name: _____ Title: _____ Date: _____

WCMCA HEAD START DAILY LOG & SEPARATION REPORT



Site location: _____

License #: _____

Date of Separation	Child's first and last name	Staff persons name	Incident Description	Less Intrusive Behavior Guidance Methods Used Prior to Separation	How Was the well-being of Others Continually Affected?	Separation Time Beginning/End	Parents Notified? Yes or No	Behavior Support Plan on File? Yes or No

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

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



Persistent Unacceptable Behavior Forms and Procedures:
In reference to MN statute 9503.0055, subpart 2.



WCMCA Behavior Assessment Form:

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

WCMCA Separation Report:

Staff will use this form to document separation from the group when a child is removed from the group and is temporarily unable to participate in program activities.

WCMCA Behavioral Plan:

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



Persistent Unacceptable Behavior Forms and Procedures:
In reference to MN statute 9503.0055, subpart 2.



WCMCA Safety Intervention Protocol:

This protocol is used anytime a child poses an immediate threat to themselves, other children, or the staff. This includes situations of self-harm, physical harm, or verbal threats to others.

Examples of physical harm to others may include, but are not limited to:

Punching, kicking, biting, arm twisting, hair pulling, etc.; Throwing objects or furniture with force; Bringing a weapon to school, use of weapons; Misuse of classroom materials (such as using a scissor or pencil to poke others)

Examples of self-harm may include, but are not limited to:

Escaping the classroom or playground; head banging; comments of future self-harm or severe threats to staff or other children (using a knife, gun, or other weapons)

In instances of extreme behavior as stated above, the Family Education Specialist will complete an Injury/Illness/Incident Report and notify families of all children involved as soon as possible. Family Education Specialists will request a meeting with the parent to address these concerns. In addition to the parent(s) and Family Education Specialist, this meeting may include the Head Start supervisor, MH Consultant, collaborative partners, and additional parent supports. The team will create a Behavior Support Plan with a plan for follow-up (including timeline to discuss progress, should be 2-4 weeks, depending on severity of behavior(s) and progress)

Immediate accommodations may be necessary to support the program/classroom until a meeting occurs (this may include distance learning until a meeting can take place in some situations)
Staff may be assigned to an individual child due to behavioral needs. In some situations, additional outside staff (Special Education partners) may be asked to assist in the classroom to ensure a safe environment for all children and staff.



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

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

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

MN Rule 3 9503.0055

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

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

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

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

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:	WCMCA Health Supervisors (DH and TB)	Revision Date:	06/01/2023
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/27/2023
Responsibility:	Head Start Family Education Specialist; Classroom Teaching Staff; Head Start Health Supervisor; Administrative Assistant		
Timeline:	Ongoing		
Evaluation:	Pediatric CPR and First Aid Card-Certificate; ChildPlus Reports		
Forms:	N/A		

Performance Objective: State law requires that Family Education Specialists, assistant teachers, and regular volunteers in a licensed center and at least one staff person during field trips, must complete Pediatric 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, 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 the Health Supervisor will assist staff to identify local trainings that meet the requirements outlined above.
- 1.8 Documentation of training will be uploaded by the Head Start Systems Specialist and kept in employees' electronic files 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. It must be provided by an individual approved as a first aid instructor and may be less than eight hours.
- 2.4** Head Start Supervisor and the Health Supervisor will assist staff to identify local trainings that meet the requirements outlined above.
- 2.5** Documentation of training will be uploaded by the Head Start Administrative Assistant or Systems Specialist and kept in employees' electronic files 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 Supervisors (DH and TB)	Revision Date:	06/01/2023
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/27/2023
Responsibility:	Head Start Supervisor; Head Start Health Supervisor; Head Start Family Education Specialist; Classroom Teaching Staff		
Timeline:	Ongoing		
Evaluation:	Monitoring forms, postings; ChildPlus reports and documentation		
Forms:	Facility Health & Safety Inspection , Daily Safety Inspection , Playground Safety Plan , OHS Health and Safety Annual Screener , Emergency Response Procedures , I/I/I reports		

Performance Objective: WCMCA Head Start maintains policies regarding hazards. The safety of children in Head Start is a prime responsibility of the entire staff. The protection of 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 Family Education Specialist and Classroom Teaching Staff maintain current pediatric first aid and CPR certification.
- 1.2 Head Start Staff, regular volunteers, and community partners through their employer, complete 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 supply 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 Fahrenheit. 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 mouths that is unknown.
- d) Staff purses 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 and relaxed atmosphere. Thirty minutes is allowed for meals.
- d) Choking and CPR posters hang in each classroom. All classroom Head Start Staff receive Pediatric 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. Window blind 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 house events.

2.7 Active Supervision:

- a) Preschool classrooms meet ratios of ten students per staff member.
- b) Classrooms have primary and redundant 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 Shelter in-place, fire and tornado evacuation routes and procedures outlining staff responsibilities will be prominently displayed.

- a) Classroom Teaching staff emergency roles and responsibilities are assigned by the Family Education Specialist, and are outlined on the Emergency Response Procedures Form.
- b) Evacuation relocation location is identified on the evacuation map.
- c) 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, and playgrounds, including making sure safety and emergency response postings are current.

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

3.5 Head Start Family Education Specialists and Classroom Teaching Staff are trained in documentation of communicable diseases, accidents and incidents resulting in injury or safety concerns.

3.6 Reports of illness, incidents, and injuries are routinely monitored for trends by Classroom teams and Head Start Supervisors to determine that policies and staff training are 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 (AR, MW)	Revision Date:	06/01/2023
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/27/2023
Responsibility:	Head Start Management Team; Head Start Family Education Specialists; Classroom Teaching Staff		
Timeline:	Ongoing; as specified by document		
Evaluation:	Completed safety screeners and plans		
Forms:	Facility Health and Safety Inspection ; Daily Safety Inspection ; Playground Safety Plan ; OHS Health and Safety Annual Screener		

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 Head Start Program Performance Standards, completed for each classroom and designated socialization space before classes begin and again mid-year.
- b) Daily Safety Inspection: This inspection monitors safety in the classroom or socialization daily. Identified concerns are communicated immediately and monitored for correction.
- c) OHS Health and Safety Screener: This screener monitors for best practices and the requirements mandated by MN Rule 3 and HSPPS and is completed before classes begin by supervisors.
- d) Playground Safety Plan: This form details how staff members will interact with children and keep them safe on the playground. This plan is 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 (AR, MW)	Revision Date:	06/01/2023
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/27/2023
Responsibility:	Head Start Management Team; Head Start Family Education Specialists; Classroom Teaching Staff		
Timeline:	Ongoing and as needed		
Evaluation:	Licensed professional reports and documentation; health and safety checklists; evacuation routes; Classroom Fire and Tornado log		
Forms:	Facility Health and Safety Inspection ; Classroom Fire and Tornado log; PASS Instruction , Emergency Response Procedures		

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 at least 12 months prior to initial childcare licensing.
 - a) Fire extinguishers must be inspected annually by a qualified inspector.
 - b) The name of the inspector and the date of inspection must be written on the tag and attached to the extinguisher.

2.0 Fire Prevention: Fire Extinguishers

2.1 Annual inspection and coordination of 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

2.3 Close off fire by restricting airflow (close doors, windows, vents, etc.); specific staff persons responsibilities are designated on the Emergency Response Procedures document, when safe to do so.

3.0 Fire Prevention: Smoke Detectors

3.1 An appropriate number of smoke detectors are installed in each classroom.

- a) Head Start Family Education Specialists regularly test smoke detectors as applicable.
- b) Head Start Family Education Specialists keep a log of smoke detector checks.

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

4.0 Fire Response

4.1 Specific staff persons responsibilities are designated on the Emergency Response Procedures document.

4.2 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 and relocation information,
- c) The telephone number of the fire department, and
- d) Family Education Specialists and classroom teaching 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).

4.2 Close off fire by restricting airflow (close doors, windows, vents, etc.), when safe to do so.

5.0 Fire Safety and Prevention Education

5.1 Head Start Family Education Specialists include fire safety procedures and fire prevention education in their routines.

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



Emergency Response Procedures



WCMCA Head Start

Emergency Contacts:

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

Evacuation Relocation Site:

Name of Site: _____
 Head Start _____
 Classroom: _____
 Location: _____
 Direction-Route: _____

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

FIRE/EMERGENCY EVACUATION

1. Alert staff and begin evacuation procedure. Call emergency services(911): _____
2. Quickly and calmly gather children, perform head count. _____
3. Gather emergency kit and assist with keeping children calm: _____
4. Ensure windows and door are closed, final sweep of classroom: _____
5. Lead children to designated relocation area _____ (evacuation location), account for all children in attendance: _____
6. Inform WCMCA Head Start Director at 218-685-7039: _____

TORNADO WARNING/SEVERE THUNDERSTORM WARNING

1. Quickly and calmly lead children _____ (staff position) to _____ (location) designated safe area.
2. Assist with leading children to safe area: _____
3. Account for all children in attendance: _____
4. Gather emergency kit, access weather updates and bring with the group: _____
5. Guide all children to kneel in a head tuck position safe zone and ensure all children accounted for until the conditions dissipate: _____
6. Inform WCMCA Head Start Director at 218-685-7039: _____

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

1. Account for all of the children in attendance: _____
2. Lock classroom door when given directive (ie: "Secure the Building"): _____
3. Continue with indoor routine.
4. Inform WCMCA Head Start Director at 218-685-7039: _____

HARD LOCK DOWN-threat is within the school

1. Implement facility/district procedure, lock classroom door, turn off lights & cover windows: _____
2. Quickly and calmly lead children _____ (staff position) to _____ (location) designated safe area.
3. Keep children calm and quiet, with students in secured area until "ALL CLEAR": _____
4. Inform WCMCA Head Start Director at 218-685-7039: _____

MISSING CHILD

1. Search site, seek assistance from available team members: _____
2. Call 911 then parent/guardian: _____
3. Continue search in and around site: _____
4. Inform WCMCA Head Start Director at 218-685-7039: _____
5. Assistant Teacher will stay with other children and lead the class: _____

BLIZZARD

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

Policy ID Rule 3 (R-3) Emergency Shelter

Related Regulations:	Minn. Rules, part 9503.0110, subparts 1, 2, and 3. Minn. Statutes, Section 245A.41		
Revised by:	WCMCA Head Start Health Supervisor (AR, MW)	Revision Date:	06/01/2023
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/27/2023
Responsibility:	Head Start Family Education Specialists, Classroom Teaching Staff		
Timeline:	As weather permits		
Evaluation:	Observation, general monitoring		
Forms:	n/a		

Performance Objective: Each program option provides daily supervised outdoor play when weather is suitable.

1.0 Safe Outside Play: Temperatures

1.1 Each center/site plans daily outdoor play periods for children.

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 considers 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 children, classroom teaching staff and Head Start Family Education Specialists exercise good judgment regarding the safety of children playing outdoors in all types of weather.

a) classroom teaching staff and Head Start Family Education Specialists make sure that safe, drinkable water is available for staff and children to drink.

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

1.4 Extreme Cold: When the air temperature is very cold, 0 to 5 degrees Fahrenheit, classroom teaching staff and Head Start Family Education Specialists find alternative indoor play options.

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

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

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

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

2.0 Natural Disasters

2.1 Blizzard:

a) Head Start Family Education Specialists will monitor weather reports and utilize community facility partners (i.e., schools) to assess blizzard safety and cancellation/closure 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 Tornado:

- a) Head Start Staff will identify the 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 (AR)	Revision Date:	06/01/23
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/27/23
Responsibility:	Head Start Supervisor; Head Start Family Education Specialist; 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 Teacher will take charge of the children.
- b) The Head Start Family Education Specialist, additional classroom teaching staff and volunteers will organize a search team.
- c) The 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 within a reasonable amount of time, as determined by risk factors, the following steps will be taken:

- e) Call 911
- f) Notify the parents or emergency contacts.
- g) 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 (AR)	Revision Date:	06/01/23
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/27/23
Responsibility:	Head Start Director; Head Start Supervisor; Head Start Family Education Specialist; Classroom Teaching Staff		
Timeline:	Ongoing		
Evaluation:	Signed Enrollment Emergency Agreement; legal documentation of custody/parental rights		
Forms:	Enrollment Emergency Agreement ; Incident/Accident/Illness report		

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

1.0 Custody Disputes

1.1 If a custodial parent of an enrolled child indicates there is a conflict regarding with whom the child resides, the parent will be encouraged to provide legal documentation supporting their statement.

1.2 Legal documentation may include a restraining order or visitation schedule mitigated by the court.

1.3 The custodial parent is also informed that Head Start cannot deny a non-custodial parent/guardian access to a child at the center during Head Start hours if legal documentation (i.e., Order for Protection, restraining order, DANCO, etc.) 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, 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 Family Education Specialist will contact the non-custodial parent for their address and phone number and invite them to attend Head Start events.
- 2.3 In the case where the parent cannot be physically present, duplicate educational materials, progress reports and classroom newsletters may be sent by mail to include the non-custodial parent in their child's education (e.g. if the parent is incarcerated).
- 2.4 The primary goal of the 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 and Emergency Agreement (EEA) form, staff will follow the Picking-up Children, under the 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 parent/guardian
 - 3. Call Head Start Supervisor
 - d) Staff will ensure that all other children are safe.

4.0 Picking-Up Children

- 4.1 The Head Start Enrollment and Emergency 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 the staff person does not know or been notified of by the parent.
- 4.2 Any change to the Head Start Enrollment and Emergency 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 report, 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 with direct knowledge of the incident will complete a mandated report with Child Protection Services.
- c) Head Start Staff will complete and submit an Incident Report to the Head Start Supervisor and Head Start Systems Specialist containing circumstances, witnesses, and actions taken related to the incident.

7.2 If a parent or legal guardian 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 with direct knowledge of the incident will complete a mandated report with Child Protection Services.
- d) Head Start staff will complete and submit an Incident Report to the Head Start Supervisor and Head Start Systems Specialist containing circumstances, witnesses, and actions taken related to the incident.

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 Enrollment and Emergency 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 (AR, MW)	Revision Date:	06/01/2023
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/27/2023
Responsibility:	HS Management Team; Head Start Family Education Specialist; Classroom Teaching staff		
Timeline:	As needed		
Evaluation:	Health emergencies postings and emergencies documented.		
Forms:	Various		

Performance Objective: Programs operating as 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 Family Education Specialists are responsible for maintaining up-to-date family contact information and authorization for emergency care for each child including emergency transportation authorization, in a secure place in the classroom.
- 1.4** Emergency evacuation routes and other safety procedures for emergencies (e.g., fire or weather-related) are conspicuously posted.
- 1.5** Emergency evacuation routes and other safety procedures for emergencies are practiced regularly (see 1304.53 for additional information).
- 1.6** Head Start Family Education Specialists are responsible for documenting monthly fire drills and making them available for review at all times.
- 1.7** Head Start Family Education Specialists are responsible for documenting tornado drills (September, April, and May) and making them available for review at all times.
- 1.8** The Head Start Family Education Specialist 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 (AR, MW)	Revision Date:	06/01/2023
Approved by:	WCMCA Head Start Management Team; Policy Council	Approval Date:	06/27/2023
Responsibility:	Head Start Family Education Specialist; Classroom Teaching staff		
Timeline:	Required when an incident or injury occurs		
Evaluation:	ChildPlus and child's electronic file		
Forms:	Incident/Injury/Illness report		

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

1.0 Incident and Injury Prevention

- 1.1 Program staff attempt to prevent injuries.
- 1.2 Program staff ensure that staff and volunteers can demonstrate health and safety practices.
- 1.3 Program staff foster health and safety awareness among children and parents by incorporating it into child and parent activities.
- 1.4 Only staff members trained in pediatric 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, or illness that requires first aid treatment
 - b) An identified, or parent reported, communicable or infectious disease or ailment, including parasites or 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
 - g) Family Education Specialists electronically sign each Incident, Injury, Illness Report upon completion
- 2.3 The Head Start Family Education Specialist and classroom teaching staff notifies the Head Start Supervisor and Health Supervisor of the incident, injury, or illness.
- 2.4 The Head Start Family Education Specialist 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 (AR, MW)	Revision Date:	06/01/2023
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/27/2023
Responsibility:	Head Start Supervisor, Health Supervisor, Head Start Family Education Specialist, Classroom Teaching staff		
Timeline:	Ongoing		
Evaluation:	ChildPlus documentation/report		
Forms:	Incident/Injury/ Illness Report, Team Meeting Minutes		

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

1.0 Monitoring Incident/Injury/Illness

1.1 Head Start Family Education Specialists and classroom teaching staff notify the Head Start Supervisor and Health Supervisor after an Incident/Injury/Illness Report has been completed in ChildPlus.

1.2 As part of the incident, injury, or illness reporting process, the Head Start Family Education Specialist and/or classroom teaching staff acknowledges the report, including identifying possible changes to procedures 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 Family Education Specialists review ChildPlus reports monthly to identify trends with children and/or environments.
- 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) Head Start Team Meeting Minutes
- c) Training and reinforcement of program health and safety procedures communicated by Supervisors.

1.6 The Head Start Supervisor and/or Head Start Health Supervisor make subsequent policy changes to address reoccurring incidents and injuries.

1.7 In addition, all Head Start Programs must participate in a self-assessment process and Health Services Advisory Committee meetings that review 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 (AR, MW)	Revision Date:	06/01/2023
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/27/2023
Responsibility:	Head Start Supervisor; Head Start Family Education Specialist; Classroom Teaching Staff		
Timeline:	Ongoing		
Evaluation:	ChildPlus Documentation/Report, Team Meeting Minutes		
Forms:	Health History ; Authorization for Release of Information ; Allergy Action Plan ; Individual Child Care Program Plan ; Incident/Injury/Illness 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 Family Education Specialist must support parents to obtain documentation of any known allergy indicated on the Health History Form or a record from the 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 Family Education Specialist will support parents in securing a child's allergy information and response plan (Action Plan) from the provider.
- 1.4** The Head Start Family Education Specialist, 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 signatures and date on the ICCPP form.
- 1.5** A child's allergy information will be available at all times including on site, during transitions/evacuations, when on field trips, or during transportation.
- a) WCMCA Head Start does not currently provide transportation services.
- 1.6** 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.
- 1.7** Allergy information will be kept confidential using a cover sheet.

2.0 Allergy Response

- 2.1** Head Start Supervisors ensure that the Head Start Family Education Specialist and classroom teaching staff review and follow 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 Family Education Specialists assist the family to update the child's individual care or allergy plan. Family Education Specialists send an updated document to the office, which is uploaded to ChildPlus.
- 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 Family Education Specialist, or designated classroom teaching staff, must contact the child's parent or legal guardian as soon as possible in any instance of exposure or allergic reaction that requires medication or medical intervention.
- 2.5** The Head Start Family Education Specialists 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 (AR, MW)	Revision Date:	06/01/2023
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/27/2023
Responsibility:	Health Supervisor, Head Start Supervisor; Head Start Family Education Specialist; Classroom Teaching Staff		
Timeline:	Ongoing		
Evaluation:	Observation, ChildPlus Documentation/Report		
Forms:	Cleaning, Sanitizing, and Disinfecting Guidelines ; Gloving procedures		

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

1.0 Bloodborne Pathogens Training

- 1.1 WCMCA Head Start ensures that the Head Start Family Education Specialist 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 inChildPlus.

2.0 Handling and Disposal of Bodily Fluids

- 2.1 The Head Start Family Education Specialist 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 solution is the program’s 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 Supervisors (DH and TB)	Revision Date:	06/01/2023
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/27/2023
Responsibility:	Head Start Management Team		
Timeline:	Ongoing		
Evaluation:	N/A		
Forms:	MN DHS Child Care Program Plan		

Performance Objective: WCMCA Head Start maintains a written Child Care Program Plan that outlines its services and details of program operation.

1.0 Child Care Program Plan

- a) See the corresponding WCMCA Head Start Child Care Program Plan.
- b) The times of licensed operation is 6am-6pm to allow for early drop off, late pick up, family events, conferences, etc. This is different than our regular programming schedules. See Child Care Program Plan for specific information.

WCMCA-Head Start Child Care Program Plan

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

Child Supervision and Staffing Patterns

Each WCMCA - Head Start Classroom has from 15 to 20 enrolled 3-and 4-year-old children. Each class is assigned a qualified Teacher and one or two support staff depending on the collaborations with public school programs. Head Start classrooms maintain a minimum ratio of 10 children to one adult. As staffing patterns allow, we still feel it is best practice whenever possible to maintain a child-to-staff ratio of no more than 1 staff member to 6 children in the 3- and 4-year-old classrooms.

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

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

ACTIVE SUPERVISION AT-A-GLANCE

SIX STRATEGIES TO KEEP CHILDREN SAFE

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

Set Up the Environment

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

Position Staff

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

Scan and Count

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

Listen

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

Anticipate Children's Behavior

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

Engage and Redirect

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

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/safety-injury-prevention/active-supervision.html>

A. Ages of Children Served

All Preschool classrooms serve children 3-5 years old.

B. Hours and Days of Operation

Classes for 3 -5 year old children meet either 3 ½ hours (PD) or 7-8 hours (FD) per day at the following sites and days: **Children may arrive before or depart after the times below between the hours of 6am-6pm. Friday's may be used as make-up days with advance notice to families.*

Sites	No. of Classes	No. of Students Licensed for	Days Meeting	Sites	No. of Classes	No. of Students Licensed for.	Days Meeting
Fergus Falls	2 FD	32	M-TH 8-3:30	Alexandria EEC	2 PD	20	M-TH AM-8-11:30 PM-12-3:30
Fergus Falls	1 PD	17	M-TH 8-11:30	Alexandria ATCC	2 FD	40	M-TH 7:30-3:30
Menahga	1 PD	20	M-TH 8-11:30	Ashby	1 FD	20	M-TH 7:45-3:15
Perham	1 PD	20	M-Th 8:30-12	Brandon	1 PD	20	M-TH 8-11:30
Pelican Rapids	1 PD	20	M-Th 11:45-3:15	Elbow Lake	1 FD	20	M-TH 7:45-3:30
Pelican Rapids	1 FD	20	M-TH 7:45-3:15	Starbuck	1 PD	20	M-TH 11:30-3
Wadena	1 FD	20	M-TH 7:30-3:30	Morris	1 PD	20	M-TH 8-12:50
Osakis	1 FD	19	M-TH 7:45-3:15				

Home based classes are held in:

Wadena County	Pelican Rapids
Traverse County	Alexandria
Fergus Falls	Glenwood
Grant County	Morris
Parker's Prairie	

One class in each of the following locations: Perham, Fergus Falls, Pelican, Brandon, Starbuck, Menahga, Morris and two classes in Alexandria, meet 3 ½ hours a day, four days a week, Monday – Thursday either in the afternoon or the morning, September through May.

One class in each of the following locations: Pelican, Wadena, Ashby, Elbow Lake, Osakis, 2 classes in Alexandria and Fergus Falls meet 7-8 hrs. per day Monday – Thursday. September – May.

Home based programs meet 22 times a year.

SAMPLE FULL-DAY SCHEDULE:

8:00-8:30: Arrival/Quiet Activities/Question of the Day/Sign -in
8:30-9:00: Bathroom/Handwashing/Breakfast/Handwashing
9:00-9:15: Transition/Toothbrushing/Wash hands
9:15-9:40: Circle Time/ Music & Literacy Activities/4 Day Read
9:40-10:00: Small group learning
10:00-11:15: Exploration Time/Outside
11:15-12:00: Handwashing/Lunch/Bathroom/Handwashing
12:00-1:30: Rest Time/Quiet Activities
1:30-2:30: Exploration Time
2:30-3:00: Handwashing/Snack/Bathroom/Handwashing
3:00-3:30: Outside/Large Motor/Dismissal

SAMPLE HALF-DAY SCHEDULE

8:00-8:15: Arrival, Daily Health Check, Handwashing/Sign-In, Table Activities
8:15-8:30: Welcome Activity/Transition Activity/Handwashing
8:30-9:00: Breakfast/Clean -Up/Book Look/Toothbrushing
9:00-9:30: Question of the Day/Curriculum Study/Transition to Small
Groups/Literacy/Math
9:30-10:30: Discovery Time & Exploration/Bathroom/Handwashing
10:30-10:40: Clean Up/Transition Activity
10:40-10:55: Storytime/Literacy Activity/Music
10:55-11:30: Transition/Outdoor/Lg Motor/Movement Activities/Dismissal

*EACH HEAD START TEACHER ADJUSTS THEIR DAILY SCHEDULE TO MEET THE NEEDS
OF CHILDREN IN THEIR CLASSROOM WHILE MEETING PROGRAM REQUIREMENTS

C. Education & Curriculum Philosophy

Our program and curriculum philosophy follows:

West Central Head Start Philosophy of Curriculum

It is the belief of West Central Head Start that:

- Children learn best by doing. Learning requires active thinking and experimenting for children to find out how things work – rather than simply repeating what someone else says. Therefore, each classroom teacher creates a classroom schedule balancing teacher and child-initiated activities, active play and quiet activities and indoor/outdoor large motor activities to meet the developmental and individual needs of their classroom.
- Play is the foundation for academic learning. As children use the materials within their environment they learn about size, shapes, colors, and relationships. Play encourages children to become explorers, discoverers, problem solvers and inventors.
- Children that are allowed ample time to play learn to ask questions and figure out the answers to those questions.

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

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

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

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

We also believe that ...

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

The ultimate goal of West Central Head Start:

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

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

Erik Erikson- Erikson's "Eight Stages of Man" defined 8 stages of socio-emotional growth from infancy to old age. At each stage people confront socio-emotional circumstances that must be addressed. How these situations are handled determines how a person's character and personality develop. As children develop from infants and toddlers through preschool age they pass through the following stages:

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

•**Vygotsky** believed that “social interaction is key to children’s learning” in the classroom learning takes place through:

1. positive relationships between children and adults
2. when children are taught the skills for creating friendships
3. solving social problems and sharing.
4. Creating an environment where “each child is a learner and a teacher.”

D. WCMCA Head Start Program Plans

As a part of the program annual self -assessment process written program plans are reviewed annually by a team of staff which includes, Supervisors and Teachers who hold Early Childhood Degrees and collaborative partners.

WCMCA Head Start Education Plan

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

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

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

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

Classroom Staff and Parents collect information for the check points using authentic observations. Checkpoints are analyzed three times a year (fall, winter, and spring) and Teachers share this information with parents via Report Cards. This system creates reports that will show where each child is on the continuum of skills and assists in individualizing for each child in the

classroom. Together the Parent and Teacher set goals for the child. Management staff both monitor individual children's development as well as aggregate data from the web-based system for classroom and program improvement.

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

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

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

WCMCA Head Start Health, Nutrition, Mental Health, and Dental Health Philosophy & Goals

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

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

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

West Central Minnesota Communities Action Head Start provides:

- ❖ *Comprehensive services.* To develop fully and achieve social competence, children and families need a comprehensive, interdisciplinary approach to services including education, health, nutrition, social services, and parent involvement. The range of services available must also be responsive and appropriate to each child and family's unique developmental, ethnic, cultural, and linguistic experiences.

- ❖ *Parent involvement and family focus.* Head Start is family-centered and designed to foster a parents' role as the principal influence on their children's development and as their children's primary educators, nurturers, and advocates. Parents are encouraged to become involved in all aspects of Head Start, including direct involvement in policy and program decisions that respond to their interests and needs.
- ❖ *Community partnerships and community-based services.* Head Start programs are community-based, with models of service based on the unique needs of the diverse communities they serve.

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

- Determine children's current physical and oral health status
- Through screening for developmental, sensory, and behavioral concerns
- Refer for follow up care, evaluations, and treatment if needed
- Link families to ongoing health and dental care
- Promote ongoing communication between staff, parents, and providers
- Implement best practice policies and procedures for responding to health and dental emergencies
- Foster and maintain strong collaborative relationships with health care and early education providers
- Locate sources of funding for health and dental services
- Promote healthy living, physical activity, and dental hygiene in the classrooms
- Offer families health and oral promotion activities, including information about the importance of well-child care and child development to help parents understand the benefits of prevention, early intervention, and early oral health care, along with the importance of establishing a medical and dental home early in life

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

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

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

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

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

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

WCMCA Head Start Staff Development and Staff Qualifications Plan

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

INDIVIDUAL/CAREER DEVELOPMENT:

WCMCA Individual Professional Development Plan:

Staff who are seeking a higher degree or certification in Early Childhood Education, or a related field, will create a WCMCA Individual Professional Development Plan that outlines steps and timetables to assist staff in completing goals. This plan will be reviewed by their supervisor at agreed upon intervals to evaluate adequate progress.

Annual Performance Evaluations:

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

ONGOING STAFF DEVELOPMENT/TRAINING:

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

Staff development and training is presented in the following forms:

WCMCA/Regional CAP Agency All-Staff: held annually, agency All-Staffs inform and train staff regarding resources and services that improve support systems for individuals and families in communities and across the service region as well as staff wellness activities and information.

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

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

- Professional Learning Communities (PLCs): Organized groups of Teachers who meet 3 or 4 times per year. Head Start Teachers meet 3 times per year, while Early Head Start Teachers meet 4 times per year to reflect and identify continuous improvement opportunities around on-going program goals including focuses on curriculum, CLASS, Data and PFCE.
 - Classroom/Site Team Meetings: Classroom and/or individual child planning or trainings between Teachers, Assistant Teachers, and Head Start Aides that focuses on curriculum planning, data analysis, and CLASS.
 - Coaching/Mentorship: Head Start Supervisors utilize reflective supervision with Teachers around their work, focusing on CLASS, curriculum, and assessment. Additionally, new Teachers may be placed with peer mentors to assist in increasing understanding around forms and expectations.

NEW STAFF ORIENTATION:

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

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

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

Teacher Qualifications:

Lead teachers of preschoolcenter-based classrooms or Early Head Start homevisitors of WCMCA Head Start are designated as Teachers.

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

1. A baccalaureate or advanced degree in early childhood education (ECE).
2. An associate degree in a field related to early childhood education and coursework equivalent to a major relating to early childhood education, with experience teaching preschool-age children; and are enrolled in a program to earn a baccalaureate degree.
3. A baccalaureate or advanced degree in any field and coursework equivalent to a major (30 credits) relating to early childhood education, with experience teaching preschool-age children

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

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

Additionally, Early Head Start Teachers must have 30 credits in ECE, of which 12 credits be in child development or infant/toddler care to be classified as Teacher I.

Assistant Teacher Qualifications:

Assistant Teachers of preschool center-based classrooms, are classified by WCMCA Head Start as Assistant Teachers, meet the following qualifications:

1. Have a Child Development Associate (CDA) credential; or
2. Have an associate or baccalaureate degree (in any area) or be enrolled in a program leading to such a degree. Head Start Supervisors and the Human Resources Coordinator will review transcripts for early childhood education credits or classes and may assign Care Courses to complete to obtain a higher rate of pay/ Assistant status.

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

Individual Professional Development Support

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

OFFICE OF INSPECTOR GENERAL - LICENSING DIVISION

Orientation Training Record

Licensed Child Care Centers

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

NAME			LICENSE NUMBER
DATE OF HIRE	DATE BACKGROUND NOTICE ISSUED	DATE OF 1ST DIRECT CONTACT	DATE OF 1ST UNSUPERVISED CONTACT
SELECT THE INDIVIDUAL'S ROLE:		CHECK ALL THAT APPLY:	
		<input type="checkbox"/> Works with infants	<input type="checkbox"/> Works with toddlers
		<input type="checkbox"/> Works with preschoolers	<input type="checkbox"/> Works with school age children

Orientation training requirements

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

Verification

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

SIGNATURE	DATE COMPLETED
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Supervisor verification

Signature of Supervisor attesting to the accuracy of training information and approval of in-service training above.

SIGNATURE	DATE COMPLETED
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WCMCA Head Start Parent Family Community Engagement Plan

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

~Joyce L. Frett

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

Parents As They Meet Their Own Goals

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

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

Parents As They Nurture the Development of Their Children

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

- planning for their child's educational needs and school readiness, including disability services if needed
- planning their own opportunities to enhance parenting skills
- accessing health care for their children
- making community services more responsive to their family needs
- transitioning their children into school
- volunteering and observing within the classroom at any time

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

Parents As They Advocate for All Children and Families

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

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

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

E. Program Goals and Objectives

WCMCA School Readiness goals align with the Head Start Early Learning Outcomes Framework (HSLOF) and address the five domains of learning and development. They also align with the Minnesota Early Learning Guidelines which are called the Early Childhood Indicators of Progress and they meet the requirements and expectations of local school districts and the Parent Family Community Engagement (PFCE).

HSELOF Domains	School Readiness Goals	Assessment Indicators	PFCE Outcomes
APPROACHES TO LEARNING	<p>1. Children will demonstrate a positive approach to learning through self-regulation, persistence, initiative, curiosity, and creativity.</p> <p>Infants/Toddlers</p> <ul style="list-style-type: none"> • Engages with familiar adults • Expresses feeling of comfort and discomfort • Increases ability to attend to people, objects, and activities • Looks to familiar adults for assistance with needs and emotions • Begins to use pretend materials, and experiments with new activities, and objects <p>Preschoolers</p> <ul style="list-style-type: none"> • Manages actions, emotions, and behaviors with increasing independence • Seeks out new information and explores new play and tasks • Transition to less desirable activities with support • Consistently uses imagination in play and other creative works 	<p>TS Gold Objectives</p> <p>1. Regulates own emotions and behaviors</p> <ul style="list-style-type: none"> a. Manages feelings b. Follows limits and expectations c. Takes care of own needs appropriately <p>11. Demonstrates positive approaches to learning</p> <ul style="list-style-type: none"> a. Attends and engages b. Persists c. Solves Problems d. Shows curiosity and motivation e. Shows flexibility and inventiveness in thinking 	<p>Positive Parent-Child Relationships: Beginning with transitions to parenthood, parents and families develop warm relationships that nurture their child's learning and development.</p> <p>Family Engagement in Transitions: Parents and families support and advocate for their child's learning and development as they transition to new learning environments (ex. EHS to HS)</p>
SOCIAL AND EMOTIONAL DEVELOPMENT	<p>2. Children will initiate and engage in pro-social behaviors with adults and children</p> <p>Infants/Toddlers</p> <ul style="list-style-type: none"> • Responds to the actions, sounds, and emotions of others through actions of their own • Uses familiar adults for security and to initiate and build positive interactions with adults and peers. • Seeks to do things for themselves <p>Preschoolers</p> <ul style="list-style-type: none"> • Usually attends to adult requests and directions • Able to separate from adults in familiar or repeated situations • Cooperatively plays and compromises with other children. <p>3. Children will identify and manage emotions within themselves and begin to recognize the emotions of others.</p> <p>Infants/Toddlers</p> <ul style="list-style-type: none"> • Expresses and reacts to a broad range of emotions • Modifies emotions according to the actions of adults and children 	<p>TS Gold Objectives</p> <p>1. Regulates own emotions and behaviors</p> <ul style="list-style-type: none"> a. Manages feelings <p>2. Establishes and sustains positive relationships</p> <ul style="list-style-type: none"> a. Forms relationships with adults b. Responds to emotional cues c. Interacts with peers d. Makes friends. <p>3. Participates cooperatively and constructively in group situations</p> <ul style="list-style-type: none"> a. Balances needs and rights of self and others b. Solves social problems 	<p>Family Well-Being: Parents and families are safe, healthy, and have increased financial security.</p> <p>Positive Parent-Child Relationships: Beginning with transitions to parenthood, parents and families develop warm relationships that nurture their child's learning and development.</p> <p>Family Engagement in Transitions: Parents and families support and advocate for their child's learning and development as they transition to new learning</p>

	<ul style="list-style-type: none"> Begins to express empathy with adults and children Shows understanding of labels some emotional expressions <p>Preschoolers</p> <ul style="list-style-type: none"> Uses words to describe own feelings Balances own emotions with those of others to solve social problems and engage in shared activities Responds appropriately when others are distressed 		<p>environments (ex. EHS to HS).</p> <p>Family Connections to Peers and Community: Parents and families form connections with peers and mentors in formal or informal social networks that are supportive and/or educational and that enhance social well-being.</p>
<p>LANGUAGE AND LITERACY</p>	<p>4. Children will use and comprehend increasingly complex and varied vocabulary.</p> <p>Infants/Toddlers</p> <ul style="list-style-type: none"> Takes turns in verbal and non-verbal communications Explores sounds Looks at objects and people when named, communicates, and meets needs by pointing, gesturing, and babbling. Follows and responds appropriately to words and simple directions Imitates new and simple sounds and words Uses language to express questions, thoughts, needs, and responses. <p>Preschoolers</p> <ul style="list-style-type: none"> Attends to conversations of multiple exchanges Understands and follows multi-step directions Produces and organizes sentences using increasingly complex vocabulary. <p>5. Children will demonstrate an appreciation of books and text, while increasing their print, alphabet knowledge, and phonological awareness.</p> <p>Infants/Toddlers</p> <ul style="list-style-type: none"> Points to and labels pictures Sings songs, repeats sounds, and recites rhymes Pretends to read books by using pictures as cues Begins to recognize numbers and letters <p>Preschoolers</p> <ul style="list-style-type: none"> Identifies and names letters Interacts and participates in conversations about books 	<p>TS GOLD Objectives</p> <p>8. Listens to and understands increasingly complex language.</p> <ol style="list-style-type: none"> Comprehends language Follows directions <p>9. Uses language to express thoughts and needs</p> <ol style="list-style-type: none"> Uses and expanding expressive vocabulary <p>15. Demonstrates phonological awareness</p> <ol style="list-style-type: none"> Notices and discriminates rhyme Notices and discriminates alliteration Notices and discriminates smaller units of sound. <p>16. Demonstrates knowledge of the alphabet</p> <ol style="list-style-type: none"> Identifies and names letters Uses letter-sound knowledge <p>17. Demonstrates knowledge of print and its uses</p> <ol style="list-style-type: none"> Uses print concepts <p>18. Comprehends and responds to books and other texts.</p> <ol style="list-style-type: none"> Interacts during read-aloud and book conversations Retells stories 	<p>Families as Lifelong Educators: Parents and families observe, guide, promote, and participate in the everyday learning, other children at home, school, and in their communities.</p> <p>Positive Parent-Child Relationships: Beginning with transitions to parenthood, parents and families develop warm relationships that nurture their child's learning and development.</p>

	<ul style="list-style-type: none"> • Uses letter and sound knowledge • Notices and discriminates smaller units of sound • Accurately writes letters in name 		
<p>COGNITION Including Mathematics Development and Scientific Reasoning</p>	<p>6. Children will demonstrate understanding of spatial/prepositional words to identify and discriminate numbers and shapes, and count objects. Infants/Toddlers</p> <ul style="list-style-type: none"> • Shows awareness of more than one object in play • Uses basic words to refer to changes in amounts or objects (“more” or “less”) • Explores how objects fit together, how they fit with other things and through space (a ball under a table) • Recognizes and matches basic shapes <p>Preschoolers</p> <ul style="list-style-type: none"> • Uses words to count and counts objects with a beginning understanding that the last number represents how many in the set. • Recognizes small sets without counting • Adds or subtracts small collections of objects, using manipulatives or fingers, with or without adult support <p>7. Children will engage in discovery through exploration and observation (predictions, reasoning, problem solving, cause and effect, etc.) Infants/Toddlers</p> <ul style="list-style-type: none"> • Engages in simple repeated actions to reach a goal or solve a problem (reaching, rolling, dropping object(s)). • Explores similarities and differences between objects and people • Matches objects by similar or related characteristics, such as shapes, colors, or size or putting a toy bottle with a baby doll • Makes simple predictions about what will happen next in routines and stories • Understands some cause and effect relationships (cup spilling, tower falling) <p>Preschoolers</p> <ul style="list-style-type: none"> • Tells others about past experiences and repeats simple rules about expected behaviors • Fills in, extends, or creates patterns with objects, sounds, and movements. 	<p>TS GOLD Objectives</p> <p>11. Demonstrates positive approaches to learning</p> <ol style="list-style-type: none"> Attends and engages Persists Solves problems Shows curiosity and motivation Shows flexibility and inventiveness in thinking <p>12. Remembers and connects experiences</p> <ol style="list-style-type: none"> Recognizes and recalls Makes connections <p>13. Uses classification skills</p> <p>14. uses symbols and images to represent something not present</p> <ol style="list-style-type: none"> Thinks symbolically Engages in sociodramatic play <p>20. uses number concepts and operations</p> <ol style="list-style-type: none"> Counts Connects numerals with their quantities <p>21. Explores and describes spatial relationships and shapes</p> <ol style="list-style-type: none"> Understands spatial relationships Understands shapes <p>22. Compares and measures</p> <p>23. Demonstrates knowledge of patterns</p>	<p>Positive Parent-Child Relationships: Beginning with transitions to parenthood, parents, and families develop warm relationships that nurture their child’s learning and development.</p> <p>Families as Lifelong Educators: Parents and families observe, guide, promote and participate in everyday learning, other children at home, school, and in their communities.</p> <p>Families as Learners: Parents and families advance their own learning interests through education, training, and other experiences that support their parenting, careers, and life goals.</p>
<p>PERCEPTUAL MOTOR AND PHYSICAL DEVELOPMENT</p>	<p>8. Children will demonstrate control of large muscles for movement, navigation, and balance. Infants/Toddlers</p>	<p>TS GOLD Objectives</p> <p>1. Regulates own emotions and behavior</p>	<p>Family Well-Being: Parents and families are safe, healthy,</p>

	<ul style="list-style-type: none"> • Explores new body positions and movements (kicking, rolling, sitting, or crawling) • Transitions from crawling to walking <p>Preschoolers</p> <ul style="list-style-type: none"> • Demonstrates more coordination and balance while moving (ex. Running, hopping, jumping, kicking, catching, and riding a tricycle) <p>9. Children will demonstrate fine motor strength and coordination.</p> <p>Infants/Toddlers</p> <ul style="list-style-type: none"> • Uses simple actions to explore objects • Adjusts grasp to use tools for different purposes <p>Preschoolers</p> <ul style="list-style-type: none"> • Performs tasks that require more complex hand-eye coordination (ex. cutting, writing, buttoning, and stringing beads) 	<ul style="list-style-type: none"> c. Takes care of own needs appropriately <p>5. Demonstrates balancing skills</p> <ol style="list-style-type: none"> a. Sits and stands b. Walks on Beam c. Jumps and Hops <p>7. Demonstrates fine motor strength and coordination</p> <ol style="list-style-type: none"> a. Uses fingers and hands b. Uses writing and drawing tools 	<p>and have increased financial security.</p> <p>Positive Parent-Child Relationships: Beginning with transitions to parenthood, parents and families develop warm relationships that nurture their child's learning and development.</p> <p>Families as Lifelong Educators: Parents and families observe, guide, promote and participate in the everyday learning, other children at home, school, and in their communities.</p>

How are the Head Start School Readiness Goals measured? We use Teaching Strategies GOLD Online Assessment System for Preschool Children to conduct accurate, authentic ongoing assessment for our children.

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

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

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

G. Development of Children Documented Individually and Parent Conferences

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

H. Daily Schedules

The classroom's daily schedule is posted in each classroom for parents and visitors to review. One can clearly observe from these schedules the plan for activities that change pace from quiet to active and back to quiet. Also, the daily schedule demonstrates that children meet in small groups for play and learning as well in large group activities. Free choice activity time is scheduled for long enough in each classroom to give children the opportunity to explore the many learning center in each classroom.

Additionally, lesson plans identify activities for both the whole group of children and specific activities for individual children, indoor and outdoor activities, active and quiet activities as well as offer activities that use a variety of hands-on equipment and materials to strengthen learnings. Implementing transformational curriculum methods ensure that children have input into their learning facilitating child directed activity and give instruction for teacher directed activities.

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

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

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

K. Program Plans are available to Parents Upon Request

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

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

Policy ID Rule 3 (R-3) 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:	04/16/2022
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/28/2022
Responsibility:	Head Start Management Team, Head Start Supervisor, Head Start Family Education Specialist		
Timeline:	Ongoing		
Evaluation:	Written Emergency Plan		
Forms:	MN DHS Child Care Emergency Plan , WCMCA Emergency Response form , 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; and
 - 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 updates 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) Toileting/Diapering Hygiene and Safety Practices

Related Regulations:	HSPPS 1302.47 b 6 i, 1302.47 b 6 iii, Minn. Rule 9503.0140 sub 10 sub 11 sub 12 sub 13 sub 14, sub 15		
Revised by:	WCMCA Head Start Health Supervisor (AR)	Revision Date:	06/01/2023
Approved by:	WCMCA Head Start Policy Council; HS Management Team; Health Consultant	Approval Date:	06/27/2023
Responsibility:	Head Start Family Education Specialist; Classroom Teaching Staff		
Timeline:	Daily; Ongoing		
Evaluation:	Posted WCMCA Diapering and Pull-up Procedures; Observation		
Forms:	Medication Log ; WCMCA Diapering and Pull-up Procedures		

Performance Objective: All WCMCA Head Start staff systematically and routinely implement hygiene and safety 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 spaces 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 is kept 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 socializations, 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 pull-ups 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.
- c) Commercial premoistened wipes are labeled "Head Start."
- d) Application of diaper products on a child meet the requirements of the medication administration policies:
 - i. Medicated and over the counter creams/ointments are labeled with the child's name, come in the original container with received date, and provider instruction including start-end date.
 - ii. With the clean diaper under the child, use a clean single use glove to apply creams/ointments as instructed by the label or provider statement.
 - iii. Classroom teaching staff use a Medication Log to include the child's name, medication name, dosage, expiration date, with printed name of staff administering, date and time administered,

signature of staff, and side effects for each dose.

3.4 Changing areas are located away from adult bathrooms, dental hygiene, 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, safety glasses, disposable bags and nonporous gloves.
- b) Cleaning supplies are stored in a secure area away from children.

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

Related Regulations:	HSPPS 1302.47 b 6 i , 1302.47 b 6 iii , Minn. Rules. 9503.0140 sub 10 sub 11		
Revised by:	WCMCA Head Start Health Supervisor (AR)	Revision Date:	06/1/2023
Approved by:	WCMCA Head Start Policy Council; HS Management Team; Health Consultant	Approval Date:	06/27/2023
Responsibility:	Family Education Specialist; Classroom Teaching Staff		
Timeline:	Daily		
Evaluation:	Observation; Hand Washing Posting Cleaning, Sanitizing, Disinfecting Schedules; Respiratory. Etiquette Postings		
Forms:	Incident/Injury/Illness Reports		

Performance Objective: WCMCA Head Start maintains standards for personal hygiene. All staff systematically and routinely implement hand washing 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 hand washing 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 during the following times:

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

2.3 Head Start Family Education Specialists and Classroom Teaching staff maintain procedures for monitoring signs of child illness by completing and documenting Daily Health Checks.

2.4 Head Start Family Education Specialists and Classroom Teaching staff complete I/I/I reports for documenting and monitoring child health and safety.

- a) Parent fact sheets from the *Hennepin County Infectious Disease Manual for Schools and Childcare* notify and inform families of the potential exposure and spread of communicable diseases.
- b) The Head Start Supervisors and Health Supervisor monitor the I/I/I reports via the ChildPlus 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 and 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 Family Education Specialists and Classroom Teaching staff are responsible for ensuring 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 Family Education Specialists 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 (AR)	Revision Date:	06/01/2023
Approved by:	WCMCA Head Start Policy Council; HS Management Team; Health Consultant	Approval Date:	06/27/2023
Responsibility:	Head Start Supervisor; Health Supervisor, Head Start Family Education Specialists; Classroom Staff		
Timeline:	Ongoing		
Evaluation:	WCMCA First Aid Kit Inventory form, staff communication		
Forms:	First Aid Inventory Form		

Performance Objective: WCMCA Head Start maintains readily available emergency preparedness kits, which include well-supplied first aid kits appropriate for the ages served. The Emergency Preparedness Kits are 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. They are accessible to all staff members at all times, including Early Head Start home visitors.

- a) Head Start Family Education Specialists and Classroom Teaching staff make sure that first aid kits are available on playgrounds or off-site trips, including emergency evacuations as part of an emergency kit.
- b) Early Head Start Family Education Specialists have first aid kits with them when visiting families in their homes.
- c) The “Procedures for Emergency Care” flip chart will accompany the first aid kit to provide Head Start Family Education Specialists and Classroom Teaching staff with common, easy to access first aid procedures.

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

- 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 (AR)	Revision Date:	06/01/2023
Approved by:	WCMCA Head Start Policy Council; HS Management Team; Health Consultant	Approval Date:	06/27/2023
Responsibility:	Health Supervisor; Administrative Assistant; Head Start Family Education Specialist		
Timeline:	Initial Enrollment; Ongoing		
Evaluation:	ChildPlus Report/Documentation; Child Health Records		
Forms:	Emergency and Enrollment Agreement ; Health History ; Authorization for Release of Information		

Performance Objective: WCMCA Head Start maintains policies and procedures for completing regular immunizations and physical exams. This includes exclusion of a child when tracking determines that there is not an initial dose of a required immunization prior to attendance and/or a 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 Enrollment and Emergency Agreement form.
 - a) Head Start Family Education Specialists must assist families in identifying a medical home, if needed.
 - b) Head Start Family Education Specialists 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 Family Education Specialist provides verification of recently completed appointment.
- 1.5 The Head Start Administrative Assistant assigned to support health services tracks the scheduled appointments and medical records received in ChildPlus, contacting the health information departments and/or Child and Teen Outreach Staff to assist in securing records.
- 1.6 The Head Start Family Education Specialist supports children and family members with resources to assist in the scheduling and completion of well child/physical exam.

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

3.0 Reexaminations

- 3.1** For children enrolled in Head Start programming the prior year, Head Start Family Education Specialists will assist parents in scheduling and completing updated physical exams and screenings as required by state Child and Teen Check-up/Early and Periodic Screening Diagnosis Treatment (EPSDT) 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 (AR)	Revision Date:	06/01/2023
Approved by:	WCMCA Head Start Policy Council; HS Management Team; Health Consultant	Approval Date:	06/27/2023
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 and 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; and
- 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 and 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 Subt. 5		
Revised by:	WCMCA Head Start Health Supervisor (AR)	Revision Date:	06/01/2023
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/27/2023
Responsibility:	Health Supervisor, Administrative Assistant, Head Start Family Education Specialist		
Timeline:	Enrollment; Ongoing		
Evaluation:	ChildPlus Report/Documentation; Immunization Records		
Forms:	Minnesota Department of Health Childcare Immunization Form		

Performance Objective: WCMCA Head Start assists families to ensure all children enrolling in Head Start or Early Head Start services are up to date on immunizations. Support is also provided for 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 a 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 Family Education Specialist communicates any immunizations that are required for enrollment or due.

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

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

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

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

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

Related Regulations:	HSPPS 1302.44 a 2 viii ; Minn Rule 9503.0140 ; Minn Rule 9503.0145 Subp. 7.		
Revised by:	WCMCA Head Start Health Supervisor (AR)	Revision Date:	06/01/2023
Approved by:	WCMCA Head Start Policy Council; HS Management Team; Health Consultant	Approval Date:	06/27/2023
Responsibility:	Head Start Health Supervisor, Head Start Family Education Specialist, Head Start Nutrition Consultant		
Timeline:	Ongoing		
Evaluation:	Refrigeration log		
Forms:	Health History Form ; 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 Breastfeeding/Formula

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

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 breastmilk/formula

3.0 Storage and Handling of Breastmilk/Formula

3.1 WCMCA Head Start encourages mothers to provide breastmilk for their children and assists in supporting breastfeeding during Early Head Start socialization events.

3.2 Parents are not required to bring formula for their children as the program provides it during socializations.

3.3 Breastmilk/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 breastmilk was collected along with the child's name.

3.4 All breastmilk/mixed formula is kept refrigerated between 35° and 38° until used.

a) Refrigeration temperatures are logged as required.

3.5 Unused, refrigerated breastmilk is returned to 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 (AR)	Revision Date:	06/01/2023
Approved by:	WCMCA Head Start Policy Council; HS Management Team; Health Consultant	Approval Date:	06/27/2023
Responsibility:	Health Supervisor; Head Start Family Education Specialist; Classroom Teaching Staff		
Timeline:	Ongoing		
Evaluation:	ChildPlus Documentation/Report; Parental Medication Consent; Doctor Statement		
Forms:	Medication Consent Form ; Action Plan ; WCMCA Head Start 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. This information must be signed by the parent and include 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 and 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 to 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 Family Education Specialist 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 monthly for uploading in the child's electronic file, 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 (AR)	Revision Date:	06/01/2023
Approved by:	WCMCA Head Start Policy Council; HS Management Team; Health Consultant	Approval Date:	06/27/2023
Responsibility:	Health Supervisor; Nutrition Consultant; Head Start Family Education Specialist; Classroom Teaching Staff		
Timeline:	Ongoing		
Evaluation:	ChildPlus Reports/Documentation; State Licensing Certifications; CACFP Monitoring, Food Safety Postings, Menu Review		
Forms:	Individual Child Care Program Plans ; Allergy List/Cover Sheet ; Food Temperature Logs ; Refrigeration Logs		

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

1.0 Special Diet and Allergy

1.1 Individual Child Care Program Plans (ICCPPs) are completed in partnership with the parent on behalf of a child in connection with Action Plans or primary care provider statements. ICCPPs are 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 licensed facility and overseen by staff designated as MN Certified Food Protection Manager (CFPM), including Head Start classrooms and staff when required, following consultation from county sanitarians.

2.2 Proper Supervision

- a) The Head Start Family Education Specialist and classroom teaching staff demonstrate knowledge and performs duties related to safe meal service.
- b) This includes designation of a Certified Food Protection Manager, if determined by local sanitarian.

2.3 Head Start staff demonstrate knowledge, responsibilities, and reporting of food service restriction and exclusion.

- a) Staff may not work with the preparation or service of food if they have:
 - i) Diarrhea, vomiting, or have jaundice
 - ii) Infected, uncovered wounds
 - iii) Infections that can be spread through food (such as Salmonella, E coli, Hep A)
- b) Family Education Specialists and classroom teaching staff demonstrate good hygienic practices during meal service.
- c) Family Education Specialists and classroom teaching staff avoid eating, tasting, drinking during food preparation.

- a) Family Education Specialists, classroom teaching staff, and students demonstrate proper hand washing practices during food preparation and food service.
- b) No bare hand contact with ready to eat foods. Alternatives such as single-use gloves or tongs are used as a barrier in food service.

2.5 Raw fruits and vegetables must be thoroughly washed in water to remove soil and other contaminants before being cut, combined with other ingredients, cooked, served, or offered for human consumption in ready-to-eat form.

2.6 Upon arrival, the temperature of catered food is checked at each meal with calibrated thermometer by the Head Start Family Education Specialist or designated classroom teaching or kitchen staff.

- 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.
- c) Foods that do not meet these temperature criteria are deemed unsafe and are thrown.
 - i) If keeping food at required temperatures is an ongoing problem, notify the Health Supervisor and Nutrition Consultant for assistance in determining solutions.
- d) Head Start Family Education Specialists or designated staff are responsible for submitting a monthly temperature log, meal count production records (if applicable), and/or menu substitutions at the end of the month.

2.7 Food storage

- a) Food is stored at least six inches above the floor in a clean, dry area. All containers are labeled and dated.
- b) Leftover food is stored with labels that include the identity of the food and date opened.
- c) Use by dates are closely monitored. Temperature Sensitive Foods (TSF) are used within 7 days of opening.

2.8 Unused food is disposed of. 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 are monitored with internal and external thermometers. Temperatures are 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.

3.4 Cleaning and sanitizing are done according to the Cleaning/Sanitizing/Disinfecting Chart and Schedule.

- a) Food service items and equipment are properly sanitized after use by commercial dishwasher or three compartment sinks.
 - i) Cleaning supplies and chemicals are stored in locked cabinets away from food prep and service

areas, and away from the reach of children.

- b) Tables are cleaned and sanitized, using commercial sanitizer or bleach water solution, before and after every meal service.
- c) Food-contact surfaces and utensils must be clean to sight and touch.
- d) Non-food-contact surfaces of equipment must be kept free of an accumulation of dust, dirt, food residue, and other debris.

4.1 General Safety and Sanitation

4.2 The food preparation sink is not used for general purpose or handwashing.

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

- a) Children are closely monitored by Head Start Family Education Specialists and classroom teaching staff.
- b) Developmentally appropriate healthy cooking and food activities are considered.
- c) Cutting boards, bowls, and 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 (AR)	Revision Date:	06/01/2023
Approved by:	WCMCA Head Start Policy Council; HS Management Team, Health Consultant	Approval Date:	06/27/2023
Responsibility:	Head Start Supervisor; Health Supervisor; Classroom Teaching Staff		
Timeline:	Arrival, Ongoing as needed		
Evaluation:	Observation; I/I/I Report; Various Hand Hygiene/Communicable Disease Postings; Hennepin County Infectious Disease Manual for Schools and Childcare; Diseases Reportable to the Minnesota Department of Health Poster		
Forms:	Daily Health Form , I/I/I Report		

Performance Objective: 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 Family Education Specialists 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 Family Education Specialists systematically provide resources and education 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, and single use disposable towels are accessible to children.

1.6 Spills of bodily fluids (i.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 Family Education Specialists are responsible for ensuring 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 Family Education Specialists 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 as needed.
- 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 is notably ill or exhibits symptoms of a communicable disease to protect the health of the affected child, other children, and staff.
- 2.3** Head Start Family Education Specialists and Classroom Teaching Staff complete Incident/Injury/Illness (I/I/I) reports for documenting and monitoring child health and safety.
- 2.4** Parent fact sheets from the *Hennepin County Infectious Disease Manual for Schools and Childcare* notify and inform families of the potential exposure and spread of communicable diseases.
- 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 by the Health Supervisor.
- 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) Reusable Water Bottles or Cups

Related Regulations:	Minnesota Statutes, section 245A.14, subdivision 17		
Revised by:	Head Start Health Supervisor (AR)	Revision Date:	06/01/2023
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/27/2023
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) Food Safety and Sanitation Requirements for Catered Food-Outside Vendors

Related Regulations:	MN Rules, part 9503.0145, subpart 3.; Minnesota Rules chapter 4626		
Revised by:	WCMCA Health Supervisor (AR)	Revision Date:	06/01/2023
Approved by:	WCMCA Head Start Policy Council; HS Management Team; Health Consultant	Approval Date:	06/27/2023
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, Product Information Statements, Food Production Records.		
Forms:	Food Temperature Logs ; 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. This includes compliance with all requirements under Minnesota Rules chapter 4626 and Vended Meal Contracts under the Child and Adult Care Food Program (CACFP).

1.0 Food Safety

1.1 The Health Supervisor conducts pre-operation visits with new vendors to ensure food safety and sanitation requirements can be met.

1.2 The Health Supervisor meets with catering managers of vended meal contracts regularly to ensure food is prepared in a licensed facility by staff trained and certified as Certified Food Production Managers.

- a) Catering Managers and designated Certified Food Managers ensure the following:
 - i. Persons unnecessary to the food establishment operation are not allowed in the food preparation or food storage areas, except that brief visits and tours may be authorized by the person in charge if steps are taken to ensure that exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles are protected from contamination.
 - ii. Employees and other persons, such as delivery and maintenance persons and pesticide applicators, entering the food preparation and food storage fall under the food service code.
 - iii. Employees are effectively cleaning their hands, by routinely monitoring the employees' handwashing.
 - iv. Ensure employees are visibly observing foods as they are received to determine that they are from approved sources, delivered at the required temperatures, protected from contamination, unadulterated, and accurately presented, by routinely monitoring the employees' observations and periodically evaluating foods upon their receipt.
 - v. Ensure employees are properly cooking Time/Temperature Control for Safety Food, such as through the daily oversight of the employees' routine monitoring of the cooking temperatures using appropriate temperature measuring devices properly scaled and calibrated.
 - vi. Ensure employees are using proper methods to rapidly cool Time/Temperature Control for Safety foods that are not held hot or are not for consumption within 4 hours, through daily oversight of the employees' routine monitoring of food temperatures during cooling.
 - vii. Properly sanitizing cleaned multiuse equipment and utensils before they are reused, through routine monitoring of solution temperature and exposure time for hot water sanitizing, and chemical concentration, pH, temperature, and exposure time for chemical sanitizing.

- 1.3 Designated Classroom Teaching Staff and/or the Head Start Kitchen Lead observe food at delivery ensuring that it is consumable and at no risk.
- 1.4 The temperature of TSF is maintained by food vendor and checked at delivery by the Head Start Family Education Specialist or designated staff with a calibrated thermometer upon arrival.
- 1.5 Foods that do not meet these temperature criteria are deemed unsafe and are returned to the caterer.
- 1.6 When applicable Head Start classrooms staff or kitchen lead properly maintain the temperatures of TSF foods during hot and cold holding through routine monitoring of food temperatures.
 - 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.
 - c) If keeping food at required temperatures is an ongoing problem, the Health Supervisor and Head Start Nutrition Consultant help in determining solutions.
- 1.7 The vendor meal provider is responsible for maintaining proper record keeping including monthly temperature log and production records.
- 1.8 Classroom teaching staff prevent cross-contamination of ready-to-eat food with bare hands by properly using suitable utensils such as deli tissue, spatulas, tongs, single-use gloves, or dispensing equipment.
- 1.9 Serving equipment and materials are returned to the vended meal provider for sanitation or disposable service items are used.
- 1.10 Leftover food is thrown after each service 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 National Sanitation Foundation (NSF) requirements.
- 2.2 Vendor regularly monitors refrigerators and freezers temperature.

3.0 Sanitation

- 3.1 Head Start Family Education Specialist 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) Maltreatment of Minors Mandated Reporting Policy

Related Regulations:	MN Statute 245A.145 ; MN Statute 260E		
Revised by:	WCMCA Head Start System Specialist (SJ)	Revision Date:	06/01/2023
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/27/2023
Responsibility:	Head Start Management Team; Head Start Supervisor; Head Start Family Education Specialist; 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; Incident/Injury/Illness reports; written report; MN DHS Maltreatment of Minors Mandated Reporting form.		

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 Family Education Specialists and Classroom Teaching staff perform Daily Health Checks children which includes monitoring for visible injury or changes in behavior.
- 1.2 Concerns are noted 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.

OFFICE OF INSPECTOR GENERAL - LICENSING DIVISION

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 _____ . If this individual is involved in the alleged or suspected maltreatment, _____ 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:	06/01/2023
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/27/2023
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. This document 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
- 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
- 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
- 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 procedures 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 a 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, 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 an annual review considering any incidents that have occurred in the center since the last review, including:

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

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 (AR)	Revision Date:	06/01/2023
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/27/2023
Responsibility:	Health Supervisor, Head Start Supervisor; Head Start Family Education Specialist; 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. During rest time each cot will be placed so there are clear aisles and adult/child access on at least one side of the cot.
 - a) Cots will be placed 3 feet apart when possible, or by maximizing space between children such as a head-to-toe arrangement.
 - b) Additional considerations of cot placement will be considered to reduce the risk of spreading infectious diseases.
- 1.4 After the children have napped or rested for 30 minutes, they will have the option to get up and engage in a separate activity.
- 1.5 Supervision of children will occur in an area with sufficient light and activities will be provided for non-resting children so as not disrupt the remaining resting children.
- 1.6 Bedding and blankets are washed weekly and when soiled or wet.

2.0 Infant/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:	06/01/2023
Approved by:	WCMCA Head Start Policy Council; HS Management Team	Approval Date:	06/27/2023
Responsibility:	WCMCA CEO, Director of Administration, Head Start Supervisor; Head Start Family Education Specialist; Classroom Teaching Staff		
Timeline:	Ongoing		
Evaluation:	Orientation, employee electronic signature		
Forms:	N/A		

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, Director of Administration, and Head Start Supervisors train employees and volunteers on the content in the employee handbook, this 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
SECTION 6.2 GRIEVANCE POLICY

a) Employees verify training on policy by providing by electronic signature in the K-Pay employee management system.

1.2 In addition, WCMCA Head Start prohibits license holders, employees, subcontractors, and volunteers from abusing prescription medication, or being in any manner under the influence of a chemical that impairs the individual's ability to provide services or care when they are directly responsible for persons served by the program. The license holder must train employees, subcontractors, and volunteers on the program's drug and alcohol policy. Documentation of training must be kept in each staff person's personnel file.

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.