WCMCA Head Start

Policy Manual

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Policy ID: Behavior Guidance

Related Regulations:	1302.17 1302.21, Minnesota Statute 142C.11 subd. 9, 10 ; MN statute 9503.0055, subpart 2		
Revised by:	WCMCA Head Start Supervisors (HSS)	Revision Date:	03/24/26
Approved by:	WCMCA Head Start Policy Council; Head Start Management Team (HSMT)	Approval Date:	05/15/26
Responsibility:	Head Start Family Education Specialist (FES); Classroom Teaching Staff		
Timeline:	Ongoing		
Evaluation:	Observations; CLASS		
Forms:	Behavioral Assessment Form; Behavior Support Plan (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 with 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 solving 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 Responding to Difficult Behaviors

3.1 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.

3.2 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.

3.3 Consulting parents is essential whenever there is a concern.

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

3.5 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.

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

3.7 Staff need 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.

3.8 Discussions with parents need to include a behavior plan that can be used both at school and at home.

3.9 In instances when child or staff safety is at risk, a safety intervention meeting will be implemented as soon as possible. The child may be offered flexible programming until the meeting is held.

4.0 Behavior Guidance Plans

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

4.2 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).

4.3 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) System for follow-up and review

j) Time frame for meeting again to discuss progress and set next step

5.0 Discipline Methods NOT Permitted by Adults in Head Start Classrooms

a) Corporal punishment such as but not limited to shoving, hairpulling, slapping, kicking, biting, pinching, spanking, hitting, rough handling, ear pulling, and shaking.
b) Sexually abusive behavior, defined as any completed or attempted sexual act, sexual contact, or exploitation. Such as but not limited to inappropriate touching or filming, exposing a child to other sexual activities.
c) Emotionally harmful or abusive behavior is defined as behaviors that harm a child's self-worth or emotional well-being. Such as but not limited to:
d) Using seclusion, public or private humiliation, name-calling, shaming, intimidation, threats, or isolation of a child as discipline, or using food as a punishment or reward. Staff Members may not 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.
e) Using toilet learning /training methods that punish, demean, or humiliate a child or cause lapses in toilet learning/training methods that punish, demean, or humiliate a child or cause lapses in toileting.
f) Using any form of emotional abuse such as rejecting, terrorizing, extended ignoring, corrupting, ostracism, making derogatory remarks about the child or the child's family; and using language that threatens, humiliates, or frightens the child.
g) Neglectful behavior, defined as the failure to meet a child's basic physical and emotional needs including access to food, education, medical care, appropriate supervision by an adequate caregiver, and safe physical and emotional environments. Such as but not limited to:
h) Leaving a child unattended on a bus, withholding food as a punishment or refusing to change soiled diapers as punishment.
i) Physical restraint, other than to physically hold a child when containment is necessary to protect a child or others from harm, is not allowed.
j) Mechanical restraints such as tying, prone or taping are not allowed.
k) Dismissal from the program: WCMCA Head Start does not unenroll a child from the program for behavior lapses. Instead, flexible programming is an option and may include modifying a child's day through an attendance plan and a Behavior Support Plan or a Safety Intervention Plan.

6.0 Guidance for Children with Special Needs

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

6.2 All interactions and strategies with the child will be adapted for the child's age and/or developmental level.

6.3 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.

7.0 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

WEST CENTRAL MINNESOTA
Communities Action

WCMCA Head Start Behavioral Assessment

Student Name:_____Date of Birth:_____Family Education Specialist:_____

Description of Behavior(s) ofInterest: _____

Date	Time	Antecedent/Trigger	Behavior	Staff Response	Comments	Staff Initial

Team Review Date:_____

Head Start Supervisor Signature:_____

In reference to: MN Rule 9503.0055, subpart 2 (A)

5/26

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: _____

Signature of attendees:

Name: _____ Title: _____ Date: _____

Name: _____ Title: _____ Date: _____

Name: _____ Title: _____ Date: _____

Name: _____ Title: _____ Date: _____

In reference to: MN Rule 9503.0055, subpart 2 (B) 5/26

WEST CENTRAL MINNESOTA
Communities Action

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:**_____

5/26

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 and as part of a monthly team meeting and shared with the Head Start Supervisor to help determine next steps.

WCMCA Behavioral Support Plan:

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

WCMCA 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(s) 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 flexible programming 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

Policy ID HSPPS/Minnesota Rules CPR/AED and First Aid

Related Regulations:	1302.47 , Minn. Rules, part 9503.0110, subp. 1,2, Minnesota Statutes 142C.12 sub. 1		
Revised by:	WCMCA HSS	Revision Date:	03/24/26
Approved by:	WCMCA Head Start Policy Council; HSMT	Approval Date:	05/15/26
Responsibility:	HS Health Supervisor; FES; Classroom Teaching Staff; HS 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 supervised direct contact with children 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 supervised direct contact with children 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 in accordance with licensing, 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 supervised direct contact with children, 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 of supervised direct contact with children. 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 in accordance with licensing, 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 Supervisors 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 and kept in employees' electronic files within ChildPlus and regularly monitored by the Head Start Supervisors.

Policy ID HSPPS/Minnesota Rules Safety and Injury Prevention-Building and Physical Premises Free of Hazards

Related Regulations:	1302.47, Minn. Rules, part 9503.0110, subparts 1, 2, and 3. Minnesota Statutes 142C.11 sub. 5		
Revised by:	WCMCA HSS	Revision Date:	03/24/26
Approved by:	WCMCA Head Start Policy Council; HSMT	Approval Date:	05/15/26
Responsibility:	HSS, FES, 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 as aligned with the MN Department of Children, Youth and Families.

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. Staff will ensure that all areas used by a child are clean, and in good repair and equipped with structurally sound and functional furniture.

1.5 Sidewalks must be kept free of snow and ice.

1.6 Spills are to be wiped up immediately to avoid falls. Any bodily fluids are disposed of in a securely sealed plastic bag.

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 that heats for classroom activities, children must be closely supervised.

e) Hot liquids, such as tea, coffee, hot chocolate, etc., are not allowed in the classroom or accessible to children.

2.2 Poison Prevention:

a) Poisons/chemicals are to be stored in locked cabinets out of the reach of children. To assure there are not poisonous plants in the classroom, any plants have documentation with them as proof they are non-toxic.

b) In shared facilities, it is especially important to check regularly to see that poisons/chemicals are stored properly and sharp objects 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 personal bags/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. If needed, staff will cut food into appropriate sizes lengthwise (i.e. hot dogs, grapes). Staff are to encourage children to take time when eating and drinking and to provide a calm and relaxed atmosphere. Thirty minutes is allowed for lunch.

d) Choking and CPR posters hang in each classroom and where food is served. All classroom Head Start Staff receive Pediatric CPR and First Aid training certificates.

2.4 Suffocation:

A) In general, plastic bags are to be disposed of properly and are stored out of children's reach. When plastic bags are used to store soiled clothing, the bag is tightly tied to secure the large opening and a small hole is present in the side of the bag to avoid suffocation.

a) 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.

2.7 Supervision of children:

a) Staff must supervise each child at all times.

b) Staff are responsible for the ongoing activity of each child, appropriate visual or auditory awareness, physical proximity, and knowledge of each activity requirements and each child's needs.

c) Staff must intervene when necessary to ensure a child's safety.

d) In determining the appropriate level of supervision of a child, staff must consider:

- The age of a child
- Individual differences and abilities
- Indoor and outdoor layout of the child care program, and;
- Environmental circumstances, hazards, and risks.

2.8 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 and/or sound at all times.

d) Daily sign-out procedures 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 where food is served and in Family Event binders.

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 evacuation drills is available at all times.

d) Documentation of quarterly shelter-in-place drills is 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 the 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 HSPPS/Minnesota Rules Inspection for Potential Hazards

Related Regulations:	1302.47 Minn. Rules, part 9503.0110, subparts 1, 2, and 3. Minnesota Statutes 142C.11 sub 5		
Revised by:	WCMCA HSS	Revision Date:	03/24/26
Approved by:	WCMCA Head Start Policy Council; HSMT	Approval Date:	05/15/26
Responsibility:	HSMT; FES; 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 Certified Exempt licensing requirements and Head Start Program Performance Standards, completed for each classroom and designated Family Event space before classes begin and again mid-year (Jan and April).

b) Daily Safety Inspection: This inspection monitors safety in the classroom or Family Event daily. Identified concerns are communicated immediately and monitored for correction.

c) OHS Health and Safety Annual Screener: This document assists Head Start Health Supervisors and classroom staff to monitor best practices and the requirements mandated by Certified Exempt and Head Start Program Performance Standards and is completed within the first 30 days of classes being held 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 classroom exits to the playground.

Policy ID HSPPS/Minnesota Rules Fire Prevention and Response

Related Regulations:	1302.47, Minnesota Rules, part 9503.0110, subparts 1, 2, and 3. Minnesota Statutes 142C.11 sub. 4		
Revised by:	WCMCA HSS	Revision Date:	03/24/26
Approved by:	WCMCA Head Start Policy Council; HSMT	Approval Date:	05/15/26
Responsibility:	HSMT; FES; 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; Shelter-in-place/Evacuation Drill 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 company 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 is posted near extinguishers and reads:

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 and carbon monoxide detectors as applicable.

b) Head Start Family Education Specialists keep a log in ChildPlus of smoke detector/carbon monoxide checks.

3.2 Program staff document in ChildPlus 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 Injuries
MN Poison Control: 1-800-222-1222
Local Police (Non-Emergency): _____
Local Public Health Department: _____
MN Dept. or Human Services Division of Licensing: 651-539-8222

Designate staff names for specific roles in each emergency response scenario. Duration rooms: consider daily staff transitions.

Inform WCMCA Head Start Supervisor of any emergency @ 218-405-3073: _____

Evacuation Relocation Site

Name and address of relocation site:

Directions/route to relocation site:

HSP Classroom: _____
Safe Zone: _____

FIRE/EVACUATION:
1. Alert staff, call 911, then quickly and calmly gather and count children: _____
2. Gather emergency kit, iPad, close windows and doors: _____
3. Confirm head count and conduct a final sweep of classroom: _____
4. Lead children to the designated relocation area: _____

TORNADO WARNING/SHELTER-IN-PLACE/SEVERE THUNDERSTORM WARNING:
1. Alert staff, calmly count and lead children to designated safe area: _____
2. Confirm head count, assist in leading children to safe area and help them stay calm: _____
3. Gather emergency kit and cell phone: _____
4. Guide children to a kneel and head/tuck position in the safe zone, until it's safe _____

SOFT LOCK DOWN/SHELTER-IN-PLACE/COMMUNITY THREAT:
1. Account for all children in attendance: _____ Confirm head count: _____
2. Lock the classroom door when given the directive (i.e. "secure the building"): _____
3. Continue with the indoor routine.

HARD LOCK DOWN/SHELTER-IN-PLACE/THREAT WITHIN THE FACILITY:
1. Account for all children in attendance: _____ Confirm head count: _____
2. Follow facility/district procedure, turn off lights, and cover windows: _____
3. Gather emergency kit, quickly and calmly lead children to designated safe area: _____
4. Keep children calm, quiet, and in the secured area until "ALL CLEAR": _____

MISSING CHILD:
1. Assistant Teacher who will stay with other children and lead the class: _____
2. Seach site, seek assistance from team members: _____
3. Inform WCMCA Head Start Supervisor at 218-405-3073: _____
4. If child is not found in a reasonable amount of time, call 911, parent/guardian: _____
5. Continue to search in and around the site: _____

BLIZZARD/EARLY DISMISSAL DUE TO WEATHER CONDITIONS:
1. Monitor local weather announcements/alerts, radar on cell phone: _____
2. Call parents/emergency contacts to inform them of early dismissal: _____
3. Keep children safe, comfortable, and calm. Modify schedule if necessary until all children are dismissed safely.

Completed by: _____
Date: _____

1 per classroom **5/26**

Policy ID HSPPS/Minnesota Rules Emergency Shelter

Related Regulations:	1302.47, Minn. Rules, part 9503.0110, subparts 1, 2, and 3. ; Minnesota Statutes 142C.13 sub. 1, 2		
Revised by:	WCMCA HSS	Revision Date:	03/24/26
Approved by:	WCMCA Head Start Policy Council; HSMT	Approval Date:	05/15/26
Responsibility:	FES; Classroom Teaching Staff		
Timeline:	As weather permits		
Evaluation:	Observation, general monitoring		
Forms:	Emergency Response Procedures, Child Care Emergency Plan		

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, heat index of 90 degrees Fahrenheit or hotter, the program disallows children playing outside.

1.4 Extreme Cold: When the air temperature is very cold, a real feel of -5 degrees Fahrenheit or colder, 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 (classroom cellphone) 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-in place location 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 HSPPS/Minnesota Rules Missing Child Policy

Related Regulations:	1302.47, Minn. Rules, part 9503.0110, subparts 1, 2, and 3. ;Minnesota Statutes 142C.11 sub. 10		
Revised by:	WCMCA HSS	Revision Date:	03/24/26
Approved by:	WCMCA Head Start Policy Council; HSMT	Approval Date:	05/15/26
Responsibility:	HSS; FES; 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 HSPPS/Minnesota Rules Custody Disputes/Unauthorized Access to Child

Related Regulations:	1302.47, 1302.41, Minn. Rules, part 9503.0110, subparts 1, 2, and 3. ; Minnesota Statutes 142B.66 sub.3		
Revised by:	WCMCA HSS	Revision Date:	03/24/26
Approved by:	WCMCA Head Start Policy Council; HSMT	Approval Date:	05/15/26
Responsibility:	HSD; HSS; FES; Classroom Teaching Staff		
Timeline:	Ongoing		
Evaluation:	Signed Enrollment Emergency Agreement; legal documentation of custody/parental rights		
Forms:	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 he/she is not listed on the Enrollment and Emergency Agreement (EEA) form, he/she is an unauthorized person. 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 with someone whom staff have not been notified of by the parent in writing.

4.2 Any change to a person on 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. Staff will contact custodial parent/guardian.

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 suspected person, 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 actions 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 one hour, 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 HSPPS/Minnesota Rules Health Emergency Procedures

Related Regulations:	1302.41, 1302.47, Minn. Rules, part 9503.0110, subparts 1, 2, and 3. Minnesota Statutes 142B.66 sub. 3		
Revised by:	WCMCA HSS	Revision Date:	03/24/26
Approved by:	WCMCA Head Start Policy Council; HSMT	Approval Date:	05/15/26
Responsibility:	HSMT; FES; 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/evacuation drills and making them available for review at all times.

1.7 Head Start Family Education Specialists are responsible for documenting quarterly shelter-in-place and drills 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 HSPPS/Minnesota Rules Incidents and Injuries

Related Regulations:	1302.47, Minn. Rules, part 9503.0110, subparts 1, 2, and 3. ; Minnesota Statutes 142C.11		
Revised by:	WCMCA HSS	Revision Date:	03/24/26
Approved by:	WCMCA Policy Council; HSMT	Approval Date:	05/15/26
Responsibility:	FES; 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 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 HSPPS/Minnesota Rules Monitoring Incident/Injury/Illness

Related Regulations:	Minn. Rules, part 9503.0110, subparts 1, 2, and 3. Minnesota Statutes 142C.11		
Revised by:	WCMCA HSS	Revision Date:	03/24/26
Approved by:	WCMCA Head Start Policy Council; HSMT	Approval Date:	05/15/26
Responsibility:	HSS; FES; 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 the Health Supervisor reviews ChildPlus reports for trends within classrooms/Family Event spaces, between staff, or across the program.

1.5 Corrective actions to reduce cases of incident, injury, and illness are 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 309.1 (HS) Transporting Children

Related Regulations:	1303.70, Minnesota Statutes 142C.11 sub. 6		
Revised by:	WCMCA HSS	Revision Date:	03/24/26
Approved by:	WCMCA Head Start Policy Council; HSMT	Approval Date:	05/15/26
Responsibility:	FES; Classroom Teaching Staff		
Timeline:	None		
Evaluation:	Emergency Agreement		
Forms:	n/a		

Performance Objective: WCMCA Head Start encourages families to partner with local public transportation to bring their child to and from Head Start.

1.0 WCMCA Head Start currently does not provide transportation services to enrolled children.

1.1 WCMCA Family Education Specialists provide local resources to families who must rely on alternative methods of transportation so their child can attend Head Start and Head Start events.

Policy ID HSPPS/Minnesota Rules Preventing and Responding to Allergies

Related Regulations:	1302.47, Minn. Stat. 245A.41, subd. 1; Minnesota Statutes 142B.66 sub. 1		
Revised by:	WCMCA HSS	Revision Date:	03/24/26
Approved by:	WCMCA Head Start Policy Council; HSMT	Approval Date:	05/15/26
Responsibility:	HSS; FES; Classroom Teaching Staff		
Timeline:	Ongoing		
Evaluation:	ChildPlus Documentation/Report, Team Meeting Minutes		
Forms:	Health History; Authorization for Release of Information; Allergy Action Plan; Special Care 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 Allergy Information form.

a) Utilizing an allergy-related Action Plan or documentation from the provider and information from the parent, the Child Allergy Information form 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) Child Allergy Information Form 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 Child Allergy Information form, this will be documented by the staff signatures and date on the Child Allergy Information 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 and 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 the plan annually.

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 special 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 HSPPS/Minnesota Rules Handling and Disposal of Bodily Fluids

Related Regulations:	1302.47, Minnesota Statutes 142B.65; Minnesota Rules, part 9503.0005, subpart 11		
Revised by:	WCMCA HSS	Revision Date:	03/24/26
Approved by:	WCMCA Head Start Policy Council; HSMT	Approval Date:	05/15/26
Responsibility:	HSS; FES; 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 in ChildPlus.

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 the 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.) Alterative disinfecting products, such as those used by schools/facility partners, are acceptable by securing Hazardous Safety Data Sheets.

2.3. Blood-contaminated materials must be disposed of using personal protective equipment and placed in a plastic bag sealed with a secure tie or otherwise.

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 Family Event locations: disposable gloves, disposal bags, and eye protection.

Policy ID HSPPS/Minnesota Rules Child Care Program Plan

Related Regulations:	1302.30, 1302.31 Minn Rule 9503.0045		
Revised by:	WCMCA HSS	Revision Date:	03/24/26
Approved by:	WCMCA Head Start Policy Council; HSMT	Approval Date:	05/15/26
Responsibility:	HSMT		
Timeline:	Ongoing		
Evaluation:	N/A		
Forms:	MN DCYF 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 Certified Licensed Exempt operation are specific to each site to allow for early drop-off, late pick-up, family events, conferences, etc.

c) Family Events and conferences may extend beyond these hours. 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 – Douglas, Grant, Otter Tail, Pope, Stevens, Traverse and Wadena.

Child Supervision and Staffing Patterns

Each WCMCA Head Start classroom has from 15 to 18 enrolled 3-and 4-year-old children. Each class is assigned a qualified Family Education Specialist and one or two support staff. 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 expectant families. EHS is a home visiting program offering 46 home visits a year and 22 Family Events a year. EHS operates from July 1 to June 30 annually.

WCMCA Head Start implements Active Supervision strategies ensuring children are always within the sight and sound of a classroom adult. Children are always supervised by staff that have been trained on Active Supervision using the following handout:

November 2022

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.

Set Up the Environment

Set up the environment so you can supervise children and are always able to reach them if necessary. Keep spaces clutter-free and place furniture so you can observe the whole room.

Position Staff

Plan where you and other staff position yourselves to see and hear all children. Make sure there are clear paths to where children are playing, sleeping, and eating. This allows you to react quickly when necessary and stay close to children who may need additional support.

Scan and Count

Always be aware of where every child is and what they are doing. Scan the entire environment and count children frequently, especially during transitions when moving from one location to another.

Listen

Listen closely to children to identify signs of potential danger. Specific sounds or the absence of them may be reason for concern. Listen for signs that a child is getting upset or for sounds in the environment, such as bells on the door that alert you when a child leaves or enters the room.

Anticipate Children's Behavior

Use what you know about each child's temperament, developmental abilities, interests, and skills to predict what the child may do next. Pay attention to changes in a child's mood or health and anticipate when they may wander off, get upset, or take a dangerous risk.

Engage and Redirect

Offer support by using what you know about each child's individual needs and development. Encourage children to solve problems on their own and help them develop solutions if needed. Offer different levels of assistance or redirection depending on each child's needs.



National Center on
Health, Behavioral Health, and Safety

1-888-227-5125
health@ecetta.info
https://eclkc.ohs.acf.hhs.gov/health

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Ages of Children Served

All Preschool classrooms serve children 3-5 years old.

A. Hours and Days of Operation

Classes for 3 -5 year old children meet either 3.5 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 operation if staff are present. Fridays may be used as make-up days with advance notice to families.*

Sites	Number of Full Day Classes	Days Meeting	Sites	Number of Part Day Classes	Days Meeting
Alexandria ATCC	2	M-TH 7:30-3:45	Alexandria Woodland	2	M-TH AM 8:00-11:30 PM 12:00-3:30
Ashby	1	M-TH 7:45-3:15	Fergus Falls	2	M-TH 7:45-11:30 12:00-3:30
Brandon	1	M-TH 7:45-3:30	Menahga	1	M-TH 8:00-11:30
Fergus Falls	2	M-TH 7:45-3:30	Pelican Rapids	1	M-TH 11:45-3:15
Morris	1	M-TH 7:45-3:30			
Pelican Rapids	1	M-TH 7:45-3:30			
Perham	1	M-TH 8:00-3:30			
Osakis	1	M-TH 7:45-3:00			
Wadena	1	M-TH 7:30-3:30			

Head Start Preschool classes that meet 3.5 hours a day, four days a week, Sept-May: Alexandria, Fergus Falls, Menahga, Pelican Rapids

Head Start Preschool classes that meet 7-8.25 hours per day, four days a week, Aug-May: Alexandria, Ashby, Brandon, Fergus Falls, Morris, Pelican Rapids, Perham, Osakis and Wadena.

Home based classes are held in:

Douglas County	Grant County
Otter Tail County	Pope County
Stevens County	Traverse County
Wadena County	

Home based programs are offered 22 Family Event opportunities per 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 Family Education Specialist adjusts their daily schedule to meet the needs of children in their classrooms while meeting program requirements.

B. Education & Curriculum Philosophy

Our program and curriculum philosophy follows:

WCMCA Head Start Philosophy of Curriculum

It is the belief of WCMCA 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 Family Education Specialist 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 are allowed ample time to play learn to ask questions and figure out the answers to those questions.

WCMCA 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 Family Education Specialist parents provide an insight into their child's abilities as well as their interests.

The ultimate goal of WCMCA Head Start:

It is the goal of WCMCA Head Start that each of our Family Education Specialists 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.

WCMCA 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 the 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."

C. WCMCA Head Start Program Plans

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

WCMCA Head Start Education Plan

It is the intent of WCMCA 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 Family Education Specialist, 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 Family Education Specialists to authentically assess children in each of the domains (Cognitive, Social and Emotional, Physical, Language, Literacy, and Mathematics) and their objectives.

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

Classroom staff collect information for the check points using authentic observations. Checkpoints are analyzed three times a year (fall, winter, and spring) and Family Education Specialists share this information with parents via report cards and collaborate to set goals. 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. Head Start 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: OHS Health & Safety Annual Screener, Facility Health and Safety Inspection, Classroom Assessment Scoring System (CLASS) and Creative Curriculum Fidelity tool.

The Daily Safety Inspection assesses each classroom and playground to make sure the environment is safe. CLASS looks at the classroom through three different lenses – emotional support (adult/ child interactions) classroom organization and instructional support which looks specifically at the intentional practices in the areas of cognitive development, quality of feedback and language modeling. The Creative Curriculum Fidelity tool looks at the degree to which Family Education Specialists and classroom staff are implementing the curriculum in the ways the developers intended.

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

WCMCA Head Start Health, Nutrition, Mental Health, and Dental Health Philosophy & 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, children and families are linked to an ongoing source of continuous, accessible care to meet their basic health needs. Staff support families and connect them to early education providers and health professionals. This is achieved by:

- Determining children's current physical and oral health status
- Through screening for developmental, sensory, and behavioral concerns
- Referring for follow up care, evaluations, and treatment if needed
- Linking families to ongoing health and dental care
- Promoting ongoing communication between staff, parents, and providers
- Implementing best practice policies and procedures for responding to health and dental emergencies
- Fostering and maintaining strong collaborative relationships with health care and early education providers
- Locating sources of funding for health and dental services
- Promoting healthy living, physical activity, and dental hygiene in the classrooms
- Offering families health and oral promotion activities, including information about the importance of well- childcare 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. WCMCA Head Start staff will:

- 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/SNAP, Food Shelves, etc.
- Assess children's height, weight, and nutrition status

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

WCMCA Head Start staff will:

- 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. WCMCA Head Start staff will:

- Screen for developmental, sensory, and behavioral concerns
- Refer for follow up care, evaluations, and treatment if needed
- Empower 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 Family Education Specialists and classroom staff. As part of this approach, all staff have multiple opportunities for training and leadership that enhance their teaching and family engagement.

INDIVIDUAL/CAREER DEVELOPMENT:
WCMCA Individual Professional Development Plan:
Staff who are seeking a higher degree/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 EVALUTIONS:
All WCMCA agency staff complete a 6-month orientation and yearly annual performance evaluation to assess individual strength and growth opportunities. As part of this appraisal, staff will complete their portion of the review. This allows them to provide input on training and support systems that will assist them in their ongoing professional development. Staff also set professional goals and document progress.

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 15 hours of yearly professional development hours, which is required by HSPPS, and includes 6 hours of professional development for licensing. 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 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 training and agendas for the event.

Staff Trainings: These program trainings take place upon hire, annually and as needed. They are comprised of Head Start Supervisors, Family Education Specialists, Assistant Teachers or various combinations of HeadStart staff. These meetings include ongoing training and updates on program expectations and community partnerships.

Professional Learning Communities (PLCs): Head Start Family Education Specialists meet 3 times per year, while Early Head Start Family Education Specialists meet 4 times per year to reflect and identify continuous improvement opportunities around on-going program goals including focuses on curriculum, CLASS/HOVRS, Data and PFCE.

Classroom/Site Team Meetings: Classroom and/or individual child planning or trainings between Family Education Specialists and Assistant Teachers focus on curriculum planning, data analysis, CLASS, Coaching, I-I-I trends, and Behavior Plans.

Coaching/Mentorship: Those who supervise classroom teaching staff utilize reflective practices around their work, focusing on CLASS, curriculum, and assessment.
Additionally, new classroom teaching staff receive training around technology, curriculum, forms, expectations, and policies.

NEW STAFF ORIENTATION:

New employees of WCMCA Head Start will receive orientation on Head Start, state licensing, and agency mandated topics. Training will be distributed through in-person and web-based platforms. Training plans and timetables for completion will be adapted to meet the requirements of the position and needs of the individual. Training will be documented on the DHS Orientation Training Record. As staff continue to onboard, additional training topics are documented in the ChildPlus New Staff Orientation Module.

WCMCA Head Start obtains credentials for each staff member 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 Director of Administration screens the candidates based on qualifications 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, and Director of Administration 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
(WCMCA Head Start uses the term Family Education Specialist in place of teacher):
Lead Teachers of preschool center-based classrooms or Early Head Start home visitors of WCMCA Head Start are designated as Family Education Specialists.

Family Education Specialist I:
A baccalaureate or advanced degree in the field of Early Childhood Education (ECE).

Family Education Specialist II:
a.) A minimum of a Child Development Associate (CDA) credential or an AA in the field of Early Childhood and be enrolled in a program to earn a BA or BS or Advanced degree in Early Childhood Education.

Staff members will follow their WCMCA Individual Professional Development Plan (in ChildPlus), which will outline their current enrollment in a program to meet the requirements.

Early Head Start Family Education Specialists must have a minimum of 12 semester credits in ECE child development or infant/toddler care to be classified as FES I.
Assistant Teacher Qualifications:

Assistant Teachers of preschool center-based classrooms are classified by WCMCA Head Start as Assistant Teachers, and meet the following qualifications:
a) Have a minimum of a high school diploma or equivalency with the expectation to obtain a Child Development Associate (CDA) credential within two years of hire.

A CDA or an AA in Early Childhood Education.

Individual Professional Development Support
a) Head Start FES II's and Assistant Teachers will review, agree to, and sign a Professional Development Agreement and maintain an Individual Professional Development Plan that outlines their enrollment in their respective programs.

Clear Form

DEPARTMENT OF HUMAN SERVICES

DHS-7953B-ENG 1-25

OFFICE OF INSPECTOR GENERAL - CERTIFIED CHILD CARE CENTERS

Orientation Training Record

Certified Child Care Centers

The certified center must ensure that center director, staff persons, substitutes, and unsupervised volunteers are provided orientation per MN Statutes, section 245H.14, subdivision 5. The director and each staff person must complete at least **6 hours** of training each calendar year on the requirements in MN Statutes, section 245H.14, subdivision 6. Documentation of orientation and in-service training is required. Use the signature lines to verify completed training.

NAME	DATE OF HIRE	SITE CERTIFICATION NUMBER	DATE OF BACKGROUND NOTICE ISSUED TO INDIVIDUAL	DATE OF FIRST DIRECT CONTACT	DATE OF FIRST UNSUPERVISED CONTACT

DESCRIBE THE ROLE OF THE INDIVIDUAL	CHECK ALL THAT APPLY
	☐ Works with infants ☐ Works with toddlers ☐ Works with preschool children ☐ Works with school age children

Required health and safety training

Trainings in this section must be completed prior to direct contact with children.

Training topic	Date completed	Training hours
Abusive head trauma training for individuals working with a child under school age per MN Statutes, section 245H.14, subd. 3. Can be N/A for centers with only school age children.		
Sudden unexpected infant death training for individuals working with infants per MN Statutes, section 245H.14, subd. 2. Can be N/A for staff that never work with infants.		

Trainings in this section must be completed within 14 days after the first date of direct contact with a child. The individual must be supervised until trainings are completed.

Training topic	Date completed	Training hours
Administration of medication training on details of center policy per MN Statutes, section 245H.13, subd. 3		
Allergy prevention and response training on details of center policy per MN Statutes, section 245H.13, subd. 4		
Behavior guidance training per MN Statutes, section 245H.13, subd. 9		
Building and physical premises free of hazards training on details of center policy per MN Statutes, section 245H.13, subd. 5		
Emergency preparedness training on details of the center's Emergency Plan per MN Statutes, section 245H.15, subd. 2		
Exclusion of sick children training on details of center policy per MN Statutes, section 245H.13, subd. 1a		
Handling and disposal of bodily fluids training on details of center policy per MN Statutes, section 245H.13, subd. 5e		
Immunizations training on details of center policy per MN Statutes, section 245H.13, subd. 2		

Infectious disease outbreak control training on details of center policy per MN Statutes, section 245H.13, subd. 1b		
Reporting requirements training must include the requirements for reporting abuse and neglect and reporting requirements for a death or serious injury to a child in the program per MN Statute, section 245H.11		
Risk reduction plan training on details of the center's risk reduction plan per MN Statutes, section 245H.13, subd. 7		
Supervision requirements training per MN Statutes, section 245H.13, subd.10		

Trainings in this section must be completed within 90 days after the first date of direct contact with a child. The individual must be supervised until trainings are completed.

Training topic	Date completed	Training hours
Child development and learning training as required per MN Statutes, section 245H.14, subd. 4 • The center director, and staff persons must complete **2 hours** of training **within 90 days after the first date of direct contact with a child.** Center director and staff must be supervised until completed. • Substitutes and unsupervised volunteers must complete training **within 90 days after the first date of direct contact with a child.** There is no required minimum training length for substitutes and unsupervised volunteers to meet the Child Development and Learning training requirement. Individual must be supervised until completed.		
Pediatric first aid & cardiopulmonary resuscitation per MN Statutes, section 245H.14, subd. 1 • The center director and staff persons must complete training **within 90 days after the first date of direct contact with a child** unless the training has been completed within the previous 2 calendar years. Staff must be supervised until completed. • Substitutes and unsupervised volunteers must complete training **within 90 days after the first date of direct contact with a child** unless the training has been completed within the previous 2 calendar years. Individual must be supervised until completed.		
Total hours from completing all orientation requirements		

In-service training

The center director and each staff person must complete at least 6 hours of in-service training each calendar year. Orientation training can be used to meet the first year in-service requirement for Certified Centers. If all training required for orientation does not total at least 6 hours, additional in-service is required.

Training name	Training organization or trainer name	Date completed	Clock hours

Training name	Training organization or trainer name	Date completed	Clock hours
		Total clock hours	

Verification

By checking "I agree" and typing my name in the "Electronic Signature" field, I understand that I am electronically signing this form. In addition, I attest and certify that I have verified that the information provided above is true and accurate. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (MN Stat. §325L.07)

I received training for orientation and 6 hours of in-service as required for my position at this certified child care center. In-service is required for center directors and staff persons only.

	ELECTRONIC SIGNATURE (type name)	DATE
☐ I agree		

Supervisor verification

By checking "I agree" and typing my name in the "Electronic Signature" field, I understand that I am electronically signing this form. In addition, I attest and certify that I have verified that the information provided above is true and accurate. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (MN Stat. §325L.07)

	ELECTRONIC SIGNATURE OF SUPERVISOR (type name)	DATE
☐ I agree		

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 families 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 in 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 situations.

Parents As They Nurture the Development of Their Children

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

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

Another central belief of WCMCA Head Start is connecting families to their communities, allowing them to meet their needs both now and in the future. Having these community connections strengthens a family's ability to grow in independence after their time in Head Start. Head Start parents participate in community 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 self-assessment committee, and the WCMCA Board of Directors all provide parents opportunities to become decision-makers and agents of change in their own lives, programs, and communities. Local Parent Committees may assist staff with classroom activities, planning events and training that meet the needs of the local parents served. Each classroom/site elects Policy Council members who experience decision-making within the context of the Head Start Program Performance Standards.

WCMCA Head Start meets self-assessment standards by involving parents, Head Start classroom staff, Head Start management staff, and WCMCA administration. Each self-assessment committee addresses program strengths, concerns, and opportunities. Having this mix of voices addressing the needs of both the families and the program creates and encourages a well-thought-out plan 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.

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

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.

WCMCA Head Start School Readiness

HSELOF Domains	School Readiness Goals	Assessment Indicators	PFCE Outcomes
APPROACHES TO LEARNING	**1. Children will demonstrate a positive approach to learning through self-regulation, persistence, initiative, curiosity, and creativity.** Infants/Toddlers • 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 Preschoolers • 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	**TS Gold Objectives** 1. Regulates own emotions and behaviors a. Manages feelings b. Follows limits and expectations c. Takes care of own needs appropriately 11. Demonstrates positive approaches to learning a. Attends and engages b. Persists c. Solves Problems d. Shows curiosity and motivation e. Shows flexibility and inventiveness in thinking	**Positive Parent-Child Relationships:** Beginning with transitions to parenthood, parents and families develop warm relationships that nurture their child's learning and development. **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)
SOCIAL AND EMOTIONAL DEVELOPMENT	**2. Children will initiate and engage in pro-social behaviors with adults and children** Infants/Toddlers • 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 Preschoolers • Usually attends to adult requests and directions • Able to separate from adults in familiar or repeated situations • Cooperatively plays and compromises with other children. **3. Children will identify and manage emotions within themselves and begin to recognize the emotions of others.** Infants/Toddlers • Expresses and reacts to a broad range of emotions • Modifies emotions according to the actions of adults and children • Begins to express empathy with adults and children • Shows understanding of labels some emotional expressions Preschoolers • Uses words to describe own feelings	**TS Gold Objectives** 1. Regulates own emotions and behaviors a. Manages feelings 2. Establishes and sustains positive relationships a. Forms relationships with adults b. Responds to emotional cues c. Interacts with peers d. Makes friends. 3. Participates cooperatively and constructively in group situations a. Balances needs and rights of self and others b. Solves social problems	**Family Well-Being:** Parents and families are safe, healthy, and have increased financial security. **Positive Parent-Child Relationships:** Beginning with transitions to parenthood, parents and families develop warm relationships that nurture their child's learning and development. **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). **Family Connections to Peers and**

WCMCA Head Start School Readiness

	• Balances own emotions with those of others to solve social problems and engage in shared activities • Responds appropriately when others are distressed		**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.
LANGUAGE AND LITERACY	**4. Children will use and comprehend increasingly complex and varied vocabulary.** Infants/Toddlers • 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. Preschoolers • Attends to conversations of multiple exchanges • Understands and follows multi-step directions • Produces and organizes sentences using increasingly complex vocabulary. **5. Children will demonstrate an appreciation of books and text, while increasing their print, alphabet knowledge, and phonological awareness.** Infants/Toddlers • 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 Preschoolers • Identifies and names letters • Interacts and participates in conversations about books • Uses letter and sound knowledge • Notices and discriminates smaller units of sound • Accurately writes letters in name	**TS GOLD Objectives** 8. Listens to and understands increasingly complex language. a. Comprehends language b. Follows directions 9. Uses language to express thoughts and needs a. Uses an expanding expressive vocabulary 15. Demonstrates phonological awareness a. Notices and discriminates rhyme b. Notices and discriminates alliteration c. Notices and discriminates smaller units of sound. 16. Demonstrates knowledge of the alphabet a. Identifies and names letters b. Uses letter-sound knowledge 17. Demonstrates knowledge of print and its uses b. Uses print concepts 18. Comprehends and responds to books and other texts. a. Interacts during read-aloud and book conversations c. Retells stories	**Families as Lifelong Educators:** Parents and families observe, guide, promote, and participate in everyday learning, other children at home, school, and in their communities. **Positive Parent-Child Relationships:** Beginning with transitions to parenthood, parents and families develop warm relationships that nurture their child's learning and development.

WCMCA Head Start School Readiness

COGNITION Including Mathematics Development and Scientific Reasoning	**6. Children will demonstrate understanding of spatial/prepositional words to identify and discriminate numbers and shapes, and count objects.** Infants/Toddlers • 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 Preschoolers • 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 **7. Children will engage in discovery through exploration and observation (predictions, reasoning, problem solving, cause and effect, etc.)** Infants/Toddlers • 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) Preschoolers • Tells others about past experiences and repeats simple rules about expected behaviors • Fills in, extends, or creates patterns with objects, sounds, and movements.	**TS GOLD Objectives** 11. Demonstrates positive approaches to learning a. Attends and engages b. Persists c. Solves problems d. Shows curiosity and motivation e. Shows flexibility and inventiveness in thinking 12. Remembers and connects experiences a. Recognizes and recalls b. Makes connections 13. Uses classification skills 14. Uses symbols and images to represent something not present a. Thinks symbolically b. Engages in sociodramatic play 20. Uses number concepts and operations a. Counts c. Connects numerals with their quantities 21. Explores and describes spatial relationships and shapes a. Understands spatial relationships b. Understands shapes 22. Compares and measures 23. Demonstrates knowledge of patterns	**Positive Parent-Child Relationships:** Beginning with transitions to parenthood, parents and families develop warm relationships that nurture their child's learning and development. **Families as Lifelong Educators:** Parents and families observe, guide, promote and participate in everyday learning, other children at home, school, and in their communities. **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.

WCMCA Head Start School Readiness

PERCEPTUAL MOTOR AND PHYSICAL DEVELOPMENT	**8. Children will demonstrate control of large muscles for movement, navigation, and balance.** Infants/Toddlers • Explores new body positions and c. Takes movements (kicking, rolling, sitting, or crawling) • Transitions from crawling to walking Preschoolers • Demonstrates more coordination and balance while moving (ex. Running, hopping, jumping, kicking, catching, and riding a tricycle) **9. Children will demonstrate fine motor strength and coordination.** Infants/Toddlers • Uses simple actions to explore objects • Adjusts grasp to use tools for different purposes Preschoolers • Performs tasks that require more complex hand-eye coordination (ex. cutting, writing, buttoning, and stringing beads)	**TS GOLD Objectives** 1. Regulates own emotions and behavior c. Takes care of own needs appropriately 5. Demonstrates balancing skills a. Sits and stands b. Walks on Bean c. Jumps and Hops 7. Demonstrates fine motor strength and coordination a. Uses fingers and hands b. Uses writing and drawing tools	**Family Well-Being:** Parents and families are safe, healthy, and have increased financial security. **Positive Parent-Child Relationships:** Beginning with transitions to parenthood, parents and families develop warm relationships that nurture their child's learning and development. **Families as Lifelong Educators:** Parents and families observe, guide, promote, and participate in the everyday learning of their children at home, school, and in their communities.

Policy ID HSPPS/Minnesota Rules Emergency Preparedness

Related Regulations:	1302.47 Minnesota Statutes 142B.66 sub. 3; Minnesota Statutes 142C.13		
Revised by:	WCMCA HSS	Revision Date:	03/24/26
Approved by:	WCMCA Head Start Policy Council; HSMT	Approval Date:	05/15/26
Responsibility:	HSMT; HSS; FES		
Timeline:	Ongoing		
Evaluation:	Written Emergency Plan		
Forms:	MN DCYF 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 plans 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 DCYF Child Care Emergency Plan form developed by the commissioner and must include:

a) Procedures for an evacuation, relocation, shelter-in-place, or lockdown

b) Designated relocation site and evacuation route

c) Procedures for notifying a child's parent or legal guardian of the evacuation, relocation, shelter-in-place, or lockdown, including procedures for reunification with families

d) Accommodations for a child with a disability or a chronic medical condition

e) Procedures for storing a child's medically necessary medicine that facilitates easy removal during an evacuation or relocation

f) Procedures for continuing operations in the period during and after a crisis:

i) Procedures for communicating with local emergency management officials, law enforcement officials, or other appropriate state or local authorities.
ii) WCMCA Head Start trains staff persons on the emergency plan at orientation, when changes are made to the plan, and at least once each calendar year. Training must be documented in each staff person's training file.
iii) WCMCA Head Start conducts drills according to the requirements. The date and time of the drills must be documented.
iv) WCMCA Head Start reviews and 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 MN DCYF Child Care Emergency Plan to the child's parent or legal guardian upon request.
vii) The evacuation route which includes the relocation site, with address, must be posted in a visible place as part of the written procedures.

1.3 The MN DCYF Child Care Emergency Plan will be reviewed annually, and verified by signature, prior to the first day of the program year.

Policy ID HSPPS/Minnesota Rules Toileting/Diapering Hygiene and Safety Practices

Related Regulations:	HSPPS 1302.47, 1302.31 Minn. Rule 9503.0140 subt. 10 subt. 11 subt. 12 subt. 13 subt. 14, sub.t 15		
Revised by:	WCMCA HSS	Revision Date:	03/24/26
Approved by:	WCMCA Head Start Policy Council; HSMT	Approval Date:	05/15/26
Responsibility:	FES; 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 Family Event 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. Single-use paper towels or hand dryers

b) During Family Events, 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 meets the requirements of the medication administration policies:

i. Medicated and over-the-counter creams/ointments are labeled with the child’s name and come in the original container with the received date, and provider instruction including the 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, and 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 non-porous gloves.

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

Policy ID HSPPS/Minnesota Rules Hand Washing and Hygiene

Related Regulations:	HSPPS 1302.47, Minn. Rules. 9503.0140 subt 10 subt 11		
Revised by:	WCMCA HSS	Revision Date:	03/24/26
Approved by:	WCMCA Head Start Policy Council; HSMT	Approval Date:	05/15/26
Responsibility:	FES; 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 preparing food/beverages or a food-related activity (e.g. setting the table)

ii. Before and after handling food, or feeding a child

iii. Before and after giving medication or applying first aid, or ointment/cream on a child.

- When bandaging or treating wounds, nonporous gloves should be worn if there is contact with blood or blood containing bodily fluids.

iv. Before gloving and after de-gloving

v. Before handling newborns

vi. After activities such as diapering, using the toilet or assisting a child to use the toilet

vii. After handling bodily fluid (mucus, blood, vomit) from sneezing, wiping and blowing noses, mouths or sores

viii. After applying sunscreen and/or insect repellent

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

i. Upon arrival to Head Start/Early Head Start, after breaks, or when moving from one child care group to another.

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 and if hands are not visibly dirty.

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 out up, away, and out of reach of children.

2.0 Hygiene Practices

2.1 Classrooms and designated Family Event 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 60004 Oral Health Practices

Related Regulations:	1302.43		
Revised by:	WCMCA HSS	Revision Date:	03/24/26
Approved by:	WCMCA Head Start Policy Council; HSMT	Approval Date:	05/15/26
Responsibility:	HSS; FES; Classroom Teaching Staff		
Timeline:	Daily		
Evaluation:	Observation		
Forms:			

Performance Objective: WCMCA Head Start promotes effective oral health hygiene in EHS and HSP settings.

1.0 Oral Health Practices

1.1 WCMCA Head Start promotes effective oral health hygiene by ensuring all children with teeth are assisted by appropriate staff, or volunteers, if available, in brushing their teeth with toothpaste containing fluoride once daily.

2.0 Oral Health Practices for Infants and Toddlers to Age 3

2.1 EHS Head Start FESs work with parents of children resistant to gum-wiping or toothbrushing during Home Visits.

2.2 Promote effective oral health practices for children through parent education and activities.

3.0 Oral Health Practices for Toddlers and Children 3 Years of Age+

3.1 WCMCA Head Start encourages effective oral health practices for children through educational activities and effective dental hygiene.

3.2 All children's teeth are brushed or gums are wiped once daily after a meal (ideally after breakfast or lunch). Daily schedules may fluctuate allowing for flexibility to table toothbrush at a time more convenient to the group.

4.0 General Instructions for Oral Health

4.1 WCMCA Head Start uses fluoridated toothpaste. A parent or guardian may request non-fluoridated toothpaste for their child in writing and staff will be made aware of the request and abide by it. The program will provide all toothpaste.

4.2 Head Start classroom staff model and implement Table Toothbrushing

4.3 If a child swallows toothpaste, Classroom staff reminds the child not to do so, encourage the child to spit it out, and assures the child that he or she will not be harmed by ingesting a small amount of toothpaste.

4.4 If a child does not like toothpaste, Classroom Teaching staff use only a wet toothbrush.

5.0 Parent Education on the Importance of Toothbrushing

5.1 Early Head Start Head Start FESs provide parent education on the importance of toothbrushing and gum-wiping for infants from O-1 year.

5.2 For example, the EHS Head Start FES communicates to the parent: "Dental decay is the most common health problem found in preschool-age children. Teeth are extremely important for maintaining good health. They help us chew our food, to speak clearly, and enhance our appearance. Unhealthy teeth can cause discomfort and pain, low self-esteem, poor speech, and developmental difficulties. Because teeth are so very important, daily dental hygiene is essential."

5.2 WCMCA Head Start FESs provide dental health education by the use of posters, pictures, books, displays, access to community resources, and by incorporating dental hygiene into the classroom activities to encourage and reinforce proper dental care.

Policy ID HSPPS/Minnesota Rules First Aid Kits

Related Regulations:	1302.47, Minn. Rule 9503.0140 subp. 16; Minnesota Statutes 142C.12 sub. 1		
Revised by:	WCMCA HSS	Revision Date:	03/24/26
Approved by:	WCMCA Head Start Policy Council; HSMT	Approval Date:	05/15/26
Responsibility:	HSS; FES; Classroom Teaching 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 Family Event 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.

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 HSPPS/Minnesota Rules Health Information at Admission

Related Regulations:	1302.40, 1302.41, MN Rule 9503.0140 Subp. 3.; Subp 4.; Minnesota Statutes 142C.18		
Revised by:	WCMCA HSS	Revision Date:	03/24/26
Approved by:	WCMCA Head Start Policy Council; HSMT	Approval Date:	05/15/26
Responsibility:	HS Health Supervisor; HS Administrative Assistant; FES		
Timeline:	Initial Enrollment; Ongoing		
Evaluation:	ChildPlus Report/Documentation; Child Health Records		
Forms:	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 is secured and sent to the source of medical care when the Head Start Family Education Specialist provides verification of recently completed appointments.

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/physicalexam.

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 programing 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.

Child Health Status and Care

Related Regulations:	1302.42		
Revised by:	WCMCA HS Health Supervisor	Revision Date:	03/24/26
Approved by:	WCMCA Head Start Policy Council; HSMT	Approval Date:	05/15/26
Responsibility:	FES; HS Health Supervisor		
Timeline:	Within 30 days after the child's first attendance, home visit within 90 days		
Evaluation:	Signed Documents, ChildPlus reports, and documentation from parents and health care providers		
Forms:	Emergency Enrollment Agreement, well-child exam summaries, oral health/dental care summaries, Health History, Child Allergy Information Form, Special Diet Statement, Dietary Preference Form, Referral Form		

Performance Objective: WCMCA Head Start promotes and assists parents to ensure their child's health is up-to-date child health care as determined by health care professionals.

1.0 Source of health care.

a) A program, within 30 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, must consult with parents to determine whether each child has ongoing sources of continuous, accessible health care – provided by a health care professional that maintains the child's ongoing health record and is not primarily a source of emergency or urgent care – and health insurance coverage.
    i) Program staff collect health insurance information, identify medical and dental homes, and request copies of their child's most recent medical and dental exams per the MN EPSDT schedule at the initial home visit to enroll in HSP/EHS.
    ii) If a family is unsure of the last appointment, or it has been longer than one calendar year, program staff encourage and may assist the family in making an appointment with their provider to bring their child's health up to date.
    iii) The program is provided with medical and dental appointment records and recommendations.
    iv) If a family does not identify health insurance coverage, the program refers the family to an insurance provider and may provide assistance in the application process.

b) If the child does not have a source of ongoing health insurance coverage or access to health care through the Indian Health Service, the program assists families by accessing a source of care and health insurance that will meet these criteria as quickly as possible.
    i) Program staff refer the family to a health insurance provider, providing continuous support throughout the application process.
    ii) Program staff maintain documentation of efforts and the status of insurance in ChildPlus.

2.0 Ensuring up-to-date child health status:

a) Within 90 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, with the exceptions noted in paragraph (b)(3) of this section, a program must:
    i) Obtain determinations from health care and oral health care professionals as to whether or not the child is up-to-date on a schedule of age appropriate preventive and primary medical, mental health, and oral health care, based on: the well-child visits and dental periodicity schedules as prescribed by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the State in which they operate, immunization recommendations issued by the Centers for Disease Control and Prevention, and any additional recommendations from the local Health and Mental Health Services Advisory Committee that are based on prevalent community health problems; and;

    ii) Assist parents with making arrangements to bring the child up-to-date as quickly as possible; and, if necessary, directly facilitate provision of health services to bring the child up-to-date with parent consent as described in §1302.41(b)(1).

        a. WCMCA Head Start partners with parents to obtain current health records for their child as provided by the appropriate health care professionals. (e.g., medical, oral, and mental health providers).

b. Once records are received and the program has a summary and status of care for the child, they are considered up to date. The absence of a summary of care, or exam records is considered not up to date, and program staff assist families in bringing their child's health up to date.
c. The Head Start Health Supervisor is responsible for monitoring the status of child health records with support from the Administrative Assistant for Health, who provides reports and communication to Family Education Specialists, who then provide follow-up and support through family services to schedule exams and treatment, or assists in obtaining records from the health care provider.
d. WCMCA collaborates with local Public Health agencies to provide health and developmental screening services to help children's health status remain current or bring them up to date.
e. WCMCA engages with dental outreach services to provide dental exams to children enrolled in HSP or EHS.

b) Within 45 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, a program must either obtain or perform evidence-based vision and hearing screenings.
c) If a program operates for 90 days or less, it has 30 days from the date the child first attends the program to satisfy paragraphs (b)(1) and (2) of this section.

d) A program must identify each child's nutritional health needs, taking into account available health information, including the child's health records, relevant development or mental health concerns, and family and staff concerns, including special dietary requirements, food allergies, and community nutrition issues as identified through the community assessment or by the Health and Mental Health Services Advisory Committee.

3.0 Ongoing Care

a) A program must help parents continue to follow recommended schedules of well-child and oral health care.
b) A program must implement periodic observations or other appropriate strategies for program staff and parents to identify any new or recurring developmental, medical, oral, or mental health concerns.
    i) Family Education Specialists review child records and provide necessary follow-up communication to families and inquire about any changes or updates through home visits, conferences, family services, and S.T.A.R. Meetings (family management meetings) 2 x year for HSP and 3 x year for EHS.
    ii) The S.T.A.R Meeting team is comprised of a multi-disciplinary team including the Family Education Specialist, Head Start Supervisor, Head Start Health Supervisor, Head Start Systems Specialist, and the Mental Health Consultant.
c) A program must facilitate and monitor necessary oral health preventive care, treatment, and follow-up, including topical fluoride treatments. In communities where there is a lack of adequate fluoride available through the water supply and for every child with moderate to severe tooth decay, a program must also facilitate fluoride supplements, and other necessary preventive measures, and further oral health treatment as recommended by the oral health professional.
    i) Program staff and dental providers partner to provide preventative care and follow-up treatment for enrolled children.
    ii) The program uses fluoridated toothpaste in all classrooms as a supplemental measure of preventative care.

4.0 Extended follow-up care:

a) A program must facilitate further diagnostic testing, evaluation, treatment, and follow-up plan, as appropriate, by a licensed or certified professional for each child with a health problem or developmental delay, such as elevated lead levels or abnormal hearing or vision results that may affect child's development, learning, or behavior.
    i) The Head Start Health Supervisor, Head Start Supervisors, and Family Education Specialists work to provide provisions for health care needs by licensed or certified professionals including but not limited to primary care providers, Public Health nurses, mental health providers, Special Education districts or cooperatives, and other health professionals (e.g., audiologist, dietitian, optometrist, etc.)

b) A program must develop a system to track referrals and services provided and monitor the implementation of a follow-up plan to meet any treatment needs associated with a health, oral health, social and emotional, or developmental problem.
    i) Child referrals are tracked in ChildPlus along with documentation of the services provided and status of treatment.
c) A program must assist parents, as needed, in obtaining any prescribed medications, aids or equipment for medical and oral health conditions.

5.0 Use of Funds

a) A program must use program funds for the provision of diapers and formula for enrolled children during the program day.

b) A program may use program funds for professional medical and oral health services when no other source of funding is available. When program funds are used for such services, grant recipient and delegate agencies must have written documentation of their efforts to access other available sources of funding.

    i) If a family requests program funds as a last resort, Family Education Specialists must request the funds through their Head Start Supervisor and Health Supervisors.
    ii) Documentation of efforts to connect families to insurance access or other available sources is documented in ChildPlus by the Family Education Specialist.

Policy ID HSPPS/Minnesota Rules Health Policy Monitoring and Consultation

Related Regulations:	Minn. Rules 9503.1040 Subpt.2		
Revised by:	WCMCA HSS	Revision Date:	03/24/26
Approved by:	WCMCA Head Start Policy Council; HSMT	Approval Date:	05/15/26
Responsibility:	HS 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 and Mental 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: HSPPS/Minnesota Rules Immunizations

Related Regulations:	HSPPS 1302.15, 1302.42, Minn. Rule 9503.0140 Subt. 5, Minnesota Statutes 142C.11 sub. 2		
Revised by:	WCMCA HSS	Revision Date:	03/24/26
Approved by:	WCMCA Head Start Policy Council; HSMT	Approval Date:	05/15/26
Responsibility:	HS Health Supervisor; HS Administrative Assistant; FES		
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 Family Event 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: Administration of Medication

Related Regulations:	1302.47, Minn Rules 9503.0140 Subp. 7; Minnesota Statutes 142C.11 sub. 3		
Revised by:	WCMCA HSS	Revision Date:	03/24/26
Approved by:	WCMCA Head Start Policy Council; HSMT	Approval Date:	05/15/26
Responsibility:	HS Health Supervisor; FES; Classroom Teaching Staff		
Timeline:	Ongoing		
Evaluation:	ChildPlus Documentation/Report; Parental Medication Consent; Doctor Statement		
Forms:	Medication Consent Form; Action Plan; Medication Log		

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

1.0 Administering Medicine to Children

1.1 All medication should be given at the child's home unless it is absolutely necessary for it to be given at a Head Start center.

1.2 When parents request WCMCA Head Start Staff to administer medication, they must complete a Medication Consent form, and "Action Plan" form that outlines medication administration for special health care needs. This information must be signed by the parent and include instructions from the medical provider.

1.3 WCMCA Head Start only administers prescribed medicine that has been dispensed by a registered pharmacist and is in its original container. Written instructions by the prescribing health professional will be followed when administering medication. If a generic brand of a medication is provided, it must be prescribed to the child and approved by the health care provider on the Authorization to Administer Medication Form.

1.4 Over the Counter (OTC) medication, topical cream; such as diapering products, sunscreen lotions, and/or insect repellents, 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 first and last name. Medication will only be given to the child whose name is on the label and properly stored, locked, out of the children's reach, and at the appropriate temperature. Medications will be stored according to the directions on the original container. Medication will not be given after the expiration date on the label.

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. The medication log will be available to the parent or guardian.

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 HSPPS/Minnesota Rules Exclusion of Sick Children and Infectious Disease Outbreak Control

Related Regulations:	HSSP 1302.47, Minn. Rules 9503.0080; Minnesota Statutes 142C.11 sub. 1		
Revised by:	WCMCA HSS	Revision Date:	03/24/26
Approved by:	WCMCA Head Start Policy Council; HSMT	Approval Date:	05/15/26
Responsibility:	HSS; Classroom Teaching Staff		
Timeline:	Arrival, Ongoing as needed		
Evaluation:	Observation; I/I/I Report; Various Hand Hygiene/Communicable Disease Postings; Hennepin County Infectious Disease Manual for Schools and Childcare; Diseases Reportable to the Minnesota Department of Health Poster		
Forms:	Daily Health Check, I/I/I Report		

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

1.0 Protection from General 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.

Hand sanitizer may be considered an 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. If a child is suspected of having a general or communicable disease during the class day, the child will be isolated from others, classroom teaching staff contact the parent/guardian to pick up their child. Staff will supervise the child until the parent can pick-up.

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.e., 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 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 parents/guardians that their child may have been exposed to a communicable disease. Information is sent home to parents/guardians the same day WCMCA Head Start is notified of the exposure.

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 6009 (SPS-SP) WCMCA Head Start COVID-19 Mitigation

Related Regulations	1302.47 (b)(9), 1302.90 (a), 1302.93(1)(i,ii,iii) (2)(b), 1302.94, 1302.102	
Revised by:	WCMCA HSS	Revised: 03/24/26
Approved by:	Head Start Policy Council, HSMT	Approved: 05/15/26
Responsibility:	HSMT; FES; Classroom Teaching Staff	
Timeline:	Ongoing	
Evaluation:	MDH-Weekly Respiratory Illness Activity Updates	
Forms:	WCMCA Cleaning/Sanitizing/Disinfecting Schedule	

Performance Objective: A program must develop and implement a system of management, including ongoing training, oversight, correction and continuous improvement in accordance with §1302.102, that includes policies and practices to ensure all facilities, equipment and materials, background checks, safety training, safety and hygiene practices and administrative safety procedures are adequate to ensure child safety.

1.0 COVID-19 Mitigation Policy

1.1 The program has an evidence-based COVID-19 mitigation policy developed in consultation with the WCMCA Health and Mental Health Services Advisory Committee (HMHSAC) that can be scaled up or down based on the impact of COVID-19 in the community to protect staff, children, and families from COVID-19 infection through a layered approach of protection.

1.2 Staff and Health Wellness

2.0 COVID-19 Mitigation Policy

a) This policy will be modified to meet and align with changes in guidance, as needed. All other policy statements are still valid and must be followed.

2.1 Facilities and Visitors

a) Staff and facility partners play a critical role in infectious disease control. Volunteers and visitors are asked not to enter the facility if they are experiencing symptoms of illness and to follow facility guidance for visiting and volunteering. Parents should not be denied into the center unless the facility directives state otherwise; however, parents should be encouraged to limit visits and wear a mask if they are ill. Parents may call the center and ask for their child to be walked to or from the building by a staff member.

2.2 Personal Care and Belongings

a) Staff may bring personal belongings into the center but are asked to keep them in designated locations (e.g. office, desk, or other designated space for staff).

b) Parents are discouraged from sending personal belongings to the center with their child (i.e., blankets, toys, stuffed animals, etc.). Extra clothes (extras from home or soiled clothes from the center) can be sent to/from school.

2.3 Respiratory Etiquette and Masking

a) Adults and children are instructed to cover their mouth and nose when coughing or sneezing and to avoid touching their face, in particular their mouth, nose and eyes. They should dispose of tissues in the trash and

wash their hands immediately afterward. Respiratory etiquette will be demonstrated by staff and on posters and supported by making tissues and trash receptacles available

b) It is expected that staff utilizes and promote the use of disposable masks during times when health officials determine high spread of COVID-19 in communities within our service area. Disposable masks will be available to staff, parents, and children at their request.

2.4 Handwashing and Gloving

a) Basic infection prevention measures are being implemented throughout our organization at all times. Staff are instructed to wash their hands for at least 20 seconds with soap and water frequently throughout the day, but especially at the beginning and end of their shift, prior to and after any mealtimes and after using the toilet. All visitors to the facility will be required to wash their hands prior to or immediately upon entering the facility.

b) Hand-sanitizer greater than 60% alcohol will be available to staff and classrooms in the absence of soap and water.

c) Gloves should be worn when staff is working in direct contact with children when there is risk or potential risk of the secretion of bodily fluid and when assisting children in the restroom.

3.0 Head Start Services for COVID-19

3.1 Home Visits/Family Engagement Guidance

a) The priority is to connect with the family during their normally scheduled visit time. Home Visitors will assess with each family what will work best for them and ensure household members and staff members are healthy before the or family event visit takes place.

3.2 Classroom/Family Event Guidance

a) Events will be held in person in the classroom or other designated community location. In times health officials have determined high spread of COVID-19 within our service areas, events will be rescheduled.

3.3 Toothbrushing

a) Toothbrushing during programming is implemented daily unless it is recommended by health departments and the WCMCA Health and Mental Health Services Advisory Committee that programs should cease this practice during times of high spread of COVID-19. Staff will continue to promote oral health practices at home and encourage parents to assist their children in brushing their teeth before center and before bedtime.

3.4 Naps & Rest

a) Cots will be spaced at minimally 3 feet apart in times of low spread of COVID-19. If health departments determine areas of high spread amongst our service area, cots will be placed 6 feet apart. If classroom space does not allow cots to be placed 6 feet apart on all sides, staff will distance cots as much as possible, with children laying head to toe. Bedding will be washed weekly and as needed.

3.5 Family Style Eating

a) Family Style meals where children participate in self-serving is implemented daily. Staff will still promote positive eating environments, model positive eating habits, and encourage conversation. Meal services may

be modified to include pre-plated or service by designated staff members in times of declared high spread in communities through health departments.

3.6 Cleaning and Disinfecting

a) Staff follow program guidance for routine cleaning/sanitizing/disinfecting.
b) The Head Start Supervisor and teachers may determine additional responsibilities and assign support staff to specific perform cleaning functions.
c) Staff will follow the established procedures and schedule for cleaning and disinfection after persons suspected or confirmed to have COVID-19 have been in the program.

4.0 Staff and Child Illness

4.1 Daily Health Checks Roles and Responsibilities

a) Home Visit Screening (distance screening)
b) Parents/guardians are expected to assess the health of their child and family members before home visits or socializations, building health literacy. The teacher will contact the parent prior to the visit. The parent/guardian will confirm that participating members are healthy.
c) If symptoms of illness are exhibited, the teacher and parents should cancel the visit, and the teacher completes an Incident/Injury/Illness report, encouraging the family to monitor symptoms and consult their medical provider.

4.2 Health Screening Procedures

a) The following policies and procedures are being implemented at the center for screening children's health status prior to entering the center:

    1. Screeners will wash hands following MDH handwashing protocols.
    2. Daily Health Check will be completed for each child upon arrival.
    3. Temperatures are not taken during the Daily Health Check unless there are signs of illness (e.g., lethargy, pale or flushed skin) or the child reports feeling unwell. If a staff member checks a child's temperature and it is 100.0°F or higher, the child will be sent home with their parent or guardian.
    4. All children, staff, and volunteers must wash their hands upon arrival before interacting with others or handling materials. Younger children should receive extra assistance from staff to ensure proper handwashing techniques. If soap, water, and a sink are not immediately available, approved hand sanitizer may be used as an alternative.
    5. If a child later shows signs of illness or staff notice potential illness-related changes in the child (e.g., lethargy, flushed face, pale skin, loss of appetite), staff may take the child's temperature. If the reading is above 100.0°F, the child will not be permitted to stay.
    6. Families who drop off their children outside of the usual arrival time must remain at the center to ensure proper health screening can be conducted by a staff member before departing.

4.3 If Children are Sick

a) If children are sick, they should stay home, except to get medical care.

b) If a child is diagnosed with COVID-19, Family Education Specialists will provide all families who were exposed with health information from the Hennepin County Infectious Disease Manual/ Parent Fact Sheet and complete an Incident, Injury, Illness Report.

4.4 Employees Exhibiting Signs and Symptoms of COVID-19

a) Staff must involve the Head Start Supervisor and WCMCA Human Resources Representative for any employee absence from work due to any COVID-19 related situation (i.e. employee experiencing COVID-19 symptoms, member of employee's household experiencing symptoms, or employee not able to come to work due to no child care/school for their children. This is documented in KPAY coding on the employee's time sheet.
b) WCMCA Head Start has implemented leave policies that promote workers staying at home when they are sick, when household members are sick, or when required by a health care provider to isolate or quarantine themselves or a member of their household. Contact WCMCA CEO for details.
c) If a staff member becomes sick during the day, the staff member should contact their Head Start Supervisor and be sent home immediately. Any staff sent home should be encouraged to contact their healthcare provider for further guidance.
d) If a staff member reports he or she has been diagnosed with COVID-19, the Head Start Supervisor must be notified.
e) WCMCA Head Start will follow agency policy and MDH respiratory guidance to inform workers on the required amount of time to be isolated. Program staff who have knowingly been exposed will be notified by receiving a Parent Fact Sheet from the Hennepin County Infectious Disease Manual and are encouraged to follow the health-related guidance.

5.0 Communications and Training

a) Health and safety training including information included in this Mitigation Policy will be provided for all staff. Training materials are located on the wcmcahs.org training website. Additional communication and training will be ongoing as the need arises to scale this program practices up or down to mitigate infection.
    1. The Mitigation Policy must be available to State Licensing personnel and offered to families. Staff will communicate to families, using plain language, the expectations for parents and children in implementing this plan.
    2. The policy must be readily accessible to all of your employees, adult caregivers, substitutes, and volunteers who need to review it. Provide training to ensure everyone is following program policy. Keep these individuals updated on any changes to the policy.
    3. Staff with concerns about their employer's COVID-19 Mitigation Policy or questions about their rights should contact MNOSHA Compliance at osha.compliance@state.mn.us, 651-284-5050 or 877- 470-6742.
    4. The Head Start Health Supervisor and Head Start Supervisors will co-train on this policy. The Mitigation Policy has been reviewed and approved by WCMCA and Head Start management and will be updated as necessary and followed up on with training as needed.

a) This policy was developed using information from the Center of Disease Control and the Minnesota Department of Health.
    1. This policy was reviewed by:
        - Head Start Management Team
        - Representatives from Horizon Public Health
        - WCMCA Policy Council and WCMCA Board of Directors
        - WCMCA Head Start Health and Mental Health Advisory Committee Members

Policy ID: HSPPS/Minnesota Rules Breastfeeding and Storage and Management of Breastmilk/Formula

Related Regulations:	1302.44 ; Minn Rule 9503.0140; Minn Rule 9503.0145 Subp. 7.		
Revised by:	WCMCA HSS	Revision Date:	03/24/26
Approved by:	WCMCA Head Start Policy Council; HSMT	Approval Date:	05/15/26
Responsibility:	HS Health Supervisor; FES; HS Nutrition Consultant		
Timeline:	Ongoing		
Evaluation:	Refrigeration log		
Forms:	Health History; Refrigeration Temperature Log		

Performance Objective: WCMCA Head Start provides education and support to encourage breastfeeding and proper storage/handling of breastmilk and formula through its Early Head Start home visiting program and Family Event events.

1.0 Supports for Breastfeeding/Formula

1.1 WCMCA Head Start does not currently have center-based programming 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 in 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 Family Event space.

1.7 Fortified infant formula is made available for all Early Head Start Family Event events.

2.0 Lactation Areas

2.1 WCMCA Head Start assists 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 Family Events.

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

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) Food Safety and Sanitation Requirements for On-site Classroom Preparation and Service

Related Regulations:	1302.44, Minn. Rules, part 9503.0145, subpart 3.		
Revised by:	WCMCA HSS	Revision Date:	03/24/26
Approved by:	WCMCA Head Start Policy Council; HSMT	Approval Date:	05/15/26
Responsibility:	HS Health Supervisor; FES; Classroom Teaching Staff		
Timeline:	Ongoing		
Evaluation:	ChildPlus Reports/Documentation; State Licensing Certifications; CACFP Monitoring, Food Safety Postings, Menu Review		
Forms:	Child Allergy Information Form; 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 Child Allergy Information Forms are completed in partnership with the parent on behalf of a child in connection with Action Plans or primary care provider statements. Child Allergy Information Forms 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 is 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 perform duties related to safe meal service by adhering to Child and Adult Care Food Program regulations.

b) At least one staff person per site is an MN Certified Food Protection Manager if required by local sanitarians.

2.3 Head Start staff demonstrate knowledge of responsibilities and reporting of food service restrictions 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 model good hygienic practices during meal service.

c) Family Education Specialists and classroom teaching staff avoid eating, tasting, and drinking during food preparation.

2.4 Head Start staff prevent contamination by hands:

a) Family Education Specialists, classroom teaching staff, and students model proper hand-washing practices during food preparation and food service.

b) No bare-hand contact is allowed 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 a calibrated thermometer by the Head Start Family Education Specialist or designated classroom teaching or kitchen staff.

a) Foods that are required to be kept cool are kept at a temperature of 40 degrees F or below.

b) Foods that are required to be kept 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 discarded.

i) If keeping food at the 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.

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 National Sanitation Foundation requirements.

3.2 Refrigerator and freezer temperatures are monitored with internal and external thermometers. Temperatures are monitored daily.

a) Thermometers in refrigerators stay at or below 40 degrees F.

b) Thermometers in freezers stay at or below 0 degrees F.

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

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

a) Foodservice items and equipment are properly sanitized after use by a commercial dishwasher or three-compartment sinks.

i) Cleaning supplies and chemicals are stored in locked cabinets away from food prep and service areas, and out of 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.

4.0 General Safety and Sanitation

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

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

a) Children are closely monitored by Head Start 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 HSPPS/Minnesota Rules 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 HSS	Revision Date:	03/24/26
Approved by:	WCMCA Head Start Policy Council; HSMT	Approval Date:	05/15/26
Responsibility:	HSS; Nutrition Consultant; FES; 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 135 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 vended 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 Disposable service items are used.

1.10 Leftover food is thrown away 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 refrigerator's and freezer's 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 monitor 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 HSPPS/Minnesota Rules Reusable Water Bottles or Cups

Related Regulations:	Minnesota Statutes, section 245A.14, subdivision 17		
Revised by:	WCMCA HSS	Revision Date:	03/24/26
Approved by:	WCMCA Head Start Policy Council; HSMT	Approval Date:	05/15/26
Responsibility:	HSS		
Timeline:	N/A		
Evaluation:	N/A		
Forms:	N/A		

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

Policy ID HSPPS/Minnesota Rules Mandated Reporting Policy/Maltreatment of Minors

Related Regulations:	1302.47, MN Statute 245A.145; MN Statute 260E		
Revised by:	WCMCA HSS	Revision Date:	03/24/26
Approved by:	WCMCA Head Start Policy Council; HSMT	Approval Date:	05/15/26
Responsibility:	HSMT; FES; Classroom Staff		
Timeline:	Ongoing		
Evaluation:	MN DCYF 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 DCYF 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 on children which include 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 DCYF Maltreatment of Minors Mandated Reporting policy which includes informing the commissioner within 24 hours of the death of a child in the program and any injury to a child in the program that required treatment by a physician or advanced practice registered nurse.

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:	320-208-6600	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 Administration office in a separate, locked file.
   a) Parents are informed of and provided this policy at the initial enrollment visit.

Clear Form

DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES

DHS-7634A-ENG 7-25

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 Children, Youth, and Families, except family child care. The form for family child care providers is DHS-7634C-ENG.

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 Children, Youth, and Families, should be made to the DCYF Central Intake line at 651-539-8222.
- Incidents of suspected maltreatment of children occurring within a family, in the community, at a family child care program, in a child foster residence setting, or in a child foster care home, should be reported to the local county social services agency at _____ or local law enforcement at _____.
- Reports concerning suspected maltreatment of a child related to a Children's Residential Facility (CRF), Home and Community Based Services (HCBS), or a Substance Use Disorder (SUD) Treatment facility should be made to the Minnesota Department of Human Services.
- Reports concerning suspected maltreatment of a child in a Psychiatric Residential Treatment Facility (PRTF) should be made to the Minnesota Department of Health, Office of Health Facility Complaints at health.ohfc-complaints@state.mn.us.

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 142B.10, subdivision 21.

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 do not apply to family child foster care per Minnesota Statutes, section 142B.54, 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.

From section 260C.007, subdivision 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 has proper venue. Egregious harm includes, but is not limited to:

1. conduct toward 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 toward a child that constitutes felony malicious punishment of a child under section 609.377;
4. conduct toward a child that constitutes felony unreasonable restraint of a child under section 609.255, subdivision 3;
5. conduct toward a child that constitutes felony neglect or endangerment of a child under section 609.378;
6. conduct toward a child that constitutes assault under section 609.221, 609.222, or 609.223;
7. conduct toward a child that constitutes sex trafficking, solicitation, inducement, promotion of, or receiving profit derived from prostitution under section 609.322;
8. conduct toward a child that constitutes murder or voluntary manslaughter as defined by United States Code, title 18, section 1111(a) or 1112(a);
9. conduct toward 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 or sexual extortion under section 609.3458.

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.

D. Nothing in this chapter shall be construed to mean that a child who has a mental, physical, or emotional condition is neglected solely because the child remains in an emergency department or hospital setting because services, including residential treatment, that are deemed necessary by the child's medical or mental health care professional or county case manager are not available to the child's parent, guardian, or other person responsible for the child's care, and the child cannot be safely discharged to the child's family.

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), 609.3458 (sexual extortion), 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 in the person's 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. sex trafficking, solicitation, inducement, or promotion of prostitution under section 609.322;
8. criminal sexual conduct under sections 609.342 to 609.3451;
9. sexual extortion under section 609.3458;
10. solicitation of children to engage in sexual conduct under section 609.352;
11. malicious punishment or neglect or endangerment of a child under section 609.377 or 609.378;
12. use of a minor in sexual performance under section 617.246;
13. labor trafficking under sections 609.281 and 609.282; or
14. 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 or parent under 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 Children, Youth, and Families.

Policy ID HSPPS/Minnesota Rules Risk Reduction Plan for Certified Child Care Centers

Related Regulations:	1302.47, Minnesota Statutes, section 245A.66, subdivisions 2 and 3.		
Revised by:	WCMCA HSS	Revision Date:	03/24/26
Approved by:	WCMCA Head Start Policy Council; HSMT	Approval Date:	05/15/26
Responsibility:	HSMT		
Timeline:	Ongoing		
Evaluation:	Written DCYF Risk Reduction Plan for Certified Child Care Centers, various health and safety checklists/forms		
Forms:	Risk Reduction Plan for Certified Child Care Centers, 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 DCYF Risk Reduction Plan for Certified Child Care Centers document. This document assesses risks 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 DCYF Child Care Risk Reduction Plan document verifies proof of the annual review.

Policy ID HSPPS/Minnesota Rules Nap and Rest

Related Regulations:	1302..31, Minn. Stat. 245A.41. Subd. 2.; Minnesota Rules, part 9503.0005, subpart 11		
Revised by:	WCMCA HSS	Revision Date:	03/24/26
Approved by:	WCMCA Head Start Policy Council; HSMT	Approval Date:	05/15/26
Responsibility:	HSS; FES; 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 to 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 HSPPS/Minnesota Rules Drug and Alcohol Policy

Related Regulations:	1302.90, Minn. Stat. 245A.41. Subd. 2.; Minnesota Rules, part 9503.0005, subpart 11		
Revised by:	WCMCA HSS	Revision Date:	03/24/26
Approved by:	WCMCA Head Start Policy Council; HSMT	Approval Date:	05/15/26
Responsibility:	WCMCA CEO; WCMCA Director of Administration; HSS; FES; 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 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 personnelfile.

Policy ID: OSHA: Bloodborne Pathogen Exposure Control Plan

Related Regulations:	OSHA standard 29 CFR 1910.1030 Right to Know: (MN Rules Chapter 5206)		
Revised by:	WCMCA HSS	Revision Date:	03/24/26
Approved by:	WCMCA Head Start Policy Council; HSMT	Approval Date:	05/15/26
Responsibility:	HS Health Supervisor		
Timeline:	Ongoing		
Evaluation:	Completed training record; Hepatitis B results		
Forms:	Voluntary Election Not to Receive Hepatitis B Vaccination		

Performance Objective: The following Bloodborne Pathogen Exposure Control Program is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens". This plan also outlines the requirements of West Central Minnesota Communities Action, Inc. Head Start must meet to comply with Minnesota's Employee Right-to-Know Rules (MN Rules Chapter 5206). This standard requires employers to inform employees about potential hazards from biological and infectious hazards in the workplace and what is being done to protect the employee.

There are a number of infectious diseases that can be transmitted by blood and other body fluids. The three infectious diseases primarily addressed in this document are:

Hepatitis B virus

(HBV) Hepatitis C

virus (HCV)

Human Immunodeficiency Virus (HIV)

Employees who will be working in at-risk settings or have other occupational exposure to biohazards must receive training on the biohazards and required precautions.

1.0 **Instruction**

1.1 WCMCA Head Start Health Supervisor is responsible for the implementation of the Bloodborne Pathogen Exposure Control Program.

1.2 WCMCA Head Start will make provisions to maintain and provide all necessary personal protective equipment (PPE), engineering controls; e.g., labels, red bags, sharps containers (if needed) as required by the standard.

1.3 The Head Start Health Supervisor will be responsible for training, documentation of training, and ensuring the written Bloodborne Pathogen Control Plan is available to employees or OSHA

1.4 Head Start center staff must comply with the procedures and work practices outlined in this Bloodborne Pathogen Control Plan and the program procedures.

1.5 Head Start will maintain, review, and update the Bloodborne Pathogen Control Plan at least annually, and whenever necessary to include new or modified tasks and procedures.

1.6 The Head Start Health Supervisor and Supervisors will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained. Potential exposure incidents should be reported to your immediate supervisors and the Health Supervisor. A report to Human Resources must be completed for all exposure incidents.

2.0 **Bloodborne Pathogen Exposure Control Plan**

2.1 WCMCA Head Start staff will utilize Universal Precautions. Whenever possible, a child should be directed to care for their own minor injuries or body fluids to avoidcontact with bloodborne pathogens.

2.2 WCMCA Head Start staff receive an explanation of this Exposure Plan during their initial training session and during their annual training.

2.3 Engineering Controls and Work Controls include sanitation and sanitation procedures, safe use of equipment for handling materials, proper handling of sharps and needles and isolation of potentially infectious materials. The program provides biohazard waste disposal services including disposal of regulated waste as needed.

2.4 Personal Protective Equipment (PPE) is provided by WCMCA, Inc. Head Start staff at no cost to employees for use during their regular work hours. WCMCA, Inc. Head Startwill provide staff training on the proper use of PPE.

a. Task appropriate equipment is provided to employees and may include:
    i. Disposable gloves
    ii. Aprons
    iii. Antiseptic cleaners and hand wipes
        1. Disinfectants
        2. Biohazard bags and ties, and
        3. Disposable CPR masks and well supplied first aid kits.

b. PPE is located in each Head Start Center.

c. All employees using PPE must observe the following precautions:
    i. Wear non-latex gloves when it can be reasonably anticipated that there may be hand contact with blood or other potentially infectious materials and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
    ii. Wash hands immediately or as soon as feasible after removal of gloves or other PPE.

iii. Remove PPE after it becomes contaminated.
iv. Contaminated PPE must be disposed of in red or orange biohazard bags.
v. Never wash or decontaminate disposable gloves for reuse.
vi. Remove immediately or as soon as feasible any garment contaminated by blood or other potentially infectious materials, in such a way as to avoid contact with the outer surface.

2.5 Housekeeping

a) Decontamination: Decontamination involves first removing visible contaminated materials followed by a disinfectant. Disinfectants must be used according to manufacturer's instruction to ensure adequate contact time. Disinfection using bleach solutions will be mixed daily according to the "How to Mix Bleach Solutions" chart from the "Infectious Diseases in Child Care Settings" manual.
b) Regulated waste: Blood soaked waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels), and closed prior to removal to prevent spillage or protrusion of contents during handling. Items that are only slightly soiled (bandages, paper towels, etc.) may be placed in a sealed plastic bag and placed in covered trash. Contaminated laundry must be placed in a clearly marked sealed plastic bag and sent home to parents.
c) Broken items: Broken items that may be contaminated are to be picked up using mechanical means, such as a brush and dustpan.

2.6 Employee medical records are available to the employee upon request or to anyone having the written consent of the employee.

2.7 Exposure incidents will be evaluated to determine if the case meets OSHA's Record keeping Requirements.

2.8 WCMCA, Inc Head Start provides yearly training on Hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

2.9 The Hepatitis B vaccination series is available at no cost to all WCMCA, Inc. Head Start staff. Vaccination is encouraged unless:

a) documentation exists that the employee has previously received the series,
b) antibody testing reveals that the employee is immune, or
c) medical evaluation shows that vaccination is contraindicated.

2.10 If a center staff employee chooses to decline vaccination, the employee must sign a declination form (attached to this plan).

2.11 Employees who decline may request and obtain the vaccination at a later date at no cost. Head Start will be billed for the vaccine by the public health agency.

2.12 Following Hepatitis B vaccinations, the employee is responsible for submitting their record of the Hepatitis B vaccination to the Health Supervisor via their Supervisor.

2.13 Should an exposure incident occur, staff must immediately conduct an initial assessment first and contact their supervisor and the Health Supervisor.

2.14 Blood soaked waste or sharps containers will be labeled with the biohazard warning label.

3.0 **Employee Training**

3.1 WCMCA, Inc Head Start center staff will receive yearly training during regular work hours on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. The training program, at a minimum, shall cover the following elements:

a) An explanation of the WCMCA, Inc. Head Start Exposure Control Program and how to obtain a copy.
b) An explanation of methods to recognize tasks and other activities that may involve exposure to blood and other potentially infectious materials, including what constitutes an exposure incident.
c) An explanation ofthe types, uses, location, removal, handling, decontamination, and disposal of PPE.
d) Information describing emergency procedures involving blood or other potentially infectious materials.
e) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
f) Information on the post-exposure evaluation and follow-up that the WCMCA Head Start is required to provide for the employee following an exposure incident.
g) An opportunity for interactive questions and answers with the person conducting the training session.

3.2 Training records are completed for each employee upon completion of training and uploaded to ChildPlus.

3.3 The training records include:

a) The dates of the training sessions
b) The contents or a summary of the training sessions
c) The names of persons conducting the training
d) The names of all staff attending the training sessions.

4.0 **Administration of Post-Exposure Evaluation and Follow-Up**

4.1 After the initial assessment is completed, the employee should notify their supervisor and the Health Supervisor.

4.2 A report to Human Resources must be completed by the employee and their supervisor and corrective action must be implemented to prevent similar incidents.

4.3 The Head Start Health Supervisor and the employee's Supervisor ensure that the health care professional evaluating an employee after an exposureincident receives the following:

- A description of the employee's job duties relevant to the exposure incident
- Route(s) of exposure
- Circumstances of exposure
- If possible, results of the source individual's blood test
- Relevant employee medical records, including vaccination status

5.0 **Procedures for Evaluating the Circumstances Surrounding an Exposure Incident**

5.1 The Head Start Management Team will review the circumstances of all exposure incidents to determine:

a) Engineering controls in use at the time
b) Work practices followed
c) Protective equipment or clothing that was used at the time of the exposure incident (gloves, shields, etc.)
d) Location of the incident
e) Procedure being performed when the incident occurred
f) Employee's training.

5.2 If it is determined that revisions need to be made, action will be assigned to ensure that appropriate changes are made to procedures or to this Bloodborne Pathogen Control Program.

5.3 Records Retention

See the *Voluntary Election Not To Receive Hepatitis B Vaccination* for the record that are maintained by WCMCA Head Start after completion.

Election to Receive Hepatitis B Vaccination

THE VACCINE: Hepatitis B vaccine is derived from hepatitis surface antigen produced in yeast cells. It is not made from human blood or blood products. Full immunization requires three doses of the vaccine over a six-month period, although some persons may not develop immunity even after three doses. There is no evidence that the vaccine has ever caused Hepatitis B. However, persons who have been infected with Hepatitis B virus prior to receiving the vaccine may go on to develop clinical Hepatitis in spite of immunization. The duration of the immunity is unknown at this time and the CDC does not recommend a booster at this time.

POSSIBLE VACCINE SIDE EFFECTS: No serious side effects have been reported with the vaccine. A few people have experienced tenderness and redness at the site of injection or experience mild fatigue.

THE VACCINE SHOULD NOT BE TAKEN BY:

- People who are allergic to yeast.
- Pregnant or nursing women.
- People who have an allergic response to the first injection should not have further injections.
- People with a fever or active infection should delay vaccination until they are well.

IF YOU HAVE QUESTIONS ABOUT THE HEPATITIS B VACCINE, PLEASE ASK.

CONSENT

Because of the potential occupational exposure to blood or other potentially infectious material, by receiving the Hepatitis B vaccine the employee agrees to the standard and policy. The employee has been informed of the benefits, risks, and possible reactions to receiving this vaccine. The employee understands this vaccine will be given in three doses over a six-month period, at no charge to the individual.

Voluntary Election Not to Receive Hepatitis B Vaccination

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can sign a consent form and receive the vaccination series at no charge to me.

*Employee Printed Name:*_____

*Employee Signature:*_____

*Date:*_____

*Phone/Contact:*_____

RETURN COMPLETED FORM TO:

Head Start Health Supervisor,

WCMCA, Inc. Head Start

411 Industrial Park Blvd. Elbow Lake, MN 56531