PACT FOR WEST CENTRAL ILLINOIS

Health & Safety

Health & Safety Training Guide

Revised 6-2022

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In this Safety Training Guide, there are many situations and rules discussed. Every staff member is responsible for following these procedures to promote safety in the PACT program.

Safety is one of the most vital parts of our program. Safety of children entrusted to our care should be uppermost in each staff member's mind at all times. We should never assume anything related to safety.

It is PACT's policy that there is a "0" tolerance for jeopardizing the safety of children (see SOPM). Any staff involved in jeopardizing the safety of a child will be subject to suspension or termination pending investigation.

Active Supervision

Active supervision requires the focused attention and intentional observation by all staff who are working with children. It is essential to monitor what is happening on a continual basis so that you can instantly intervene to protect children's health and safety. Staff will use strategies such as setting up the environment; positioning staff; scanning and counting; listening; anticipating children's needs; and developmentally appropriate instruction to ensure all children are well supervised.

Setting up the Environment
Staff arrange the environment so that children can be viewed from any area of the classroom. The classroom should not have "blind spots" or areas that cannot be well supervised due to large furniture or hidden spaces. The classroom is kept clutter free and safety checklists (monthly and daily) are used to ensure the safety of the classroom and materials.

Staff maintain the proper staff:child ratio for their age group to ensure adequate supervision. Extra adults are available to step into the classroom if needed for an emergency or unforeseen circumstance. All Head Start classrooms must have either two teachers or a teacher and an aide at all times. All Early Head Start classrooms must have 2 teachers at all times. The 0-3 child care classroom maintains a 1:4 staff:child ratio at all times.

Positioning Staff
Staff position themselves and others (indoors and outdoors) in a way that they can see and hear all children at all times, even when working with individuals or small groups of children. They circulate throughout the classroom and playground to effectively supervise children's play. There are clear paths to the areas that children are playing so that staff can react quickly if necessary. Children who may need additional support are shadowed by staff so that support can be provided, if needed. Staff should ask themselves:

Do I have my back to the children?
Are there new or high risk experiences that need additional adult supervision?
Is there a student/volunteer that needs to be considered?
Are there corners or areas which may pose a risk for supervision?
Background Clearance

Parents, volunteers, or other agency personnel who have not been fingerprinted and/or have not received a background clearance from DCFS are to be under the supervision of the teacher and should not be left alone with children. This does not preclude a parent being left alone with their own children. A special name badge will be used to alert staff to any person in the classroom does not have background clearance (volunteer badge, red name tag, etc.).

Scan and Count
It is the responsibility for each staff member to know how many children are in attendance at all times. Staff continually scan and count throughout the day. Children are counted (using a face to name procedure) and documented before and after transitions outside the classroom (for example, drills, bathrooms breaks, outdoor play, combining classes, bus pick-up, etc.). The number of children present is posted in the classroom and updates as the # changes. The children must be supervised at all times by staff.

Children must be supervised when using the restroom. An adult should be close by the restroom where they can monitor the child and provide self-care reminders and assist if necessary (flush, wash hands, wipe, etc.). Children should be encouraged to do as much for themselves as possible. If the bathroom is not located in the classroom the adult must remain close by the restroom (within visual or auditory range at all times. Children must never be left alone in the bathroom.

Listen
Specific sounds, or lack of sounds (gasping, coughing, gagging, crying, aggressive language, silence), can be indicators of a possible problem. Staff listen closely to alert them of any problems so they can react quickly. Staff may use bells or chimes on doors to alert them when someone may be entering or leaving the room.

Anticipate Children's Needs
Staff grow very familiar to the children they work with and they quickly learn who needs extra support during activities and they work together to provide the supports the child needs in order to be successful. Staff may shadow a child who has difficulties in group situations, provide a chair with sides for a child who has difficulty sitting in a chair, stand near a slide to help a child who struggles with balance, etc.

Teachers also greet each child upon arrival and use this time to do a quick daily health check. This will alert the staff to whether there may be a health concern (allergies, fever, rash) or other concern (lack of sleep, hungry, upset) that may need to be addressed and/or monitored closely.

Engage and Redirect
Staff use everyday situations to teach children about their safety responsibilities. We call these "teachable moments". When children are engaging in dangerous or unsafe behavior staff interrupt the behavior then positively redirect the child or help them solve the problem. They may use different levels of assistance based upon the developmental level of the child. Staff help the children learn that it is everyone's job to keep the classroom safe.

The indoor or outdoor classroom rules and pictorial schedule are reviewed daily. When a negative

behavior occurs, the child should be redirected in a positive manner using procedures outlined in the child management training guide.

Safety Activities

Safety activities are planned and indicated on the socialization or classroom lesson plans, as well as on the *Safety Activities Form* posted on the Health & Safety Board. Safety activities are incorporated into classroom, home visits, or socialization activities planned by the teacher. These educational activities include community field trip, community visitors, books or literacy and role playing.

Safety education for parents (through handouts) and children (through classroom activities) includes:

1 Understanding and knowledge of how to be safe when riding the bus.
2. Understanding and knowledge for boarding and leaving the bus safely.
3. Understanding and knowledge of the danger zones around the bus.
4. Understanding and follows the emergency evacuation procedures on the bus.
5. Holds adult hand when crossing street.

Safety Drills are conducted to teach children and adults what to do in an emergency.

- Tornado Drills are conducted by the teacher monthly (the Site Supervisor conducts center wide tornado drills in October and March).
- Fire Drills are conducted by the Site Supervisor monthly.
- Earthquake Drills are conducted by the Site Supervisor yearly (November)
- Bus Evacuation Drills for Head Start classrooms who receive transportation services) are conducted by Bus Drivers and Teachers within the first 30 days, November and March. Head Start classrooms that do not receive transportation services will conduct bus drills prior to field trips requiring bus transportation.
  The Bus Safety prop box includes developmentally appropriate materials to enhance the safety procedures and to help individualize for the needs of each child throughout the year.
- Pedestrian Safety Activities must be provided to all Head Start and Early Head Start children within the first 30 days, November and March.
- NOTE: If a practice drill or actual emergency shows inadequate response from staff or children, the supervising staff are responsible to identify the problem area and improve performance with support staff and children.

Home-Based: the Bus Safety Drill is done in conjunction with Pedestrian Safety on field trips, if bus is used. These drills should be scheduled so that the fire and tornado drills do not occur on the same socialization. Bus/Pedestrian Safety drills should be documented on the written plans so that the aide has a bus available.

Home-Based: the Pedestrian Safety will be taught during Socializations #2 & #14. The Pedestrian

safety should be documented on the Socialization lesson plan. The pedestrian safety should include the child's understanding of asking an adult to hold their hand when crossing the street, the danger zone of the streets and other areas between home and school or site.

Home Based: the Fire and Tornado drills are reviewed and practiced twice yearly at socializations. The fire and tornado safety should be documented on the Socialization Lesson plan. The stop, drop, and roll technique should be taught to the children and reviewed. Should any emergencies occur at a Socialization not located in a PACT facility, the HB teacher will follow the fire drill evacuation plan to evacuate the building and notify Central Office of the emergency.

Happy Bear – child abuse prevention activity
Advocacy Network for Children, a child abuse prevention center from Quincy will be offering a child sexual abuse prevention program at no cost. This is a result of 2013 Illinois Erin's Law. Advocacy Network for Children, 531 Hampshire St., 2nd Floor, Quincy, IL 62301, 217 223-2272. www.advonet.org

Advocacy Network for Children will present a personal safety program in Pike, Cass, Scott, Adams, Hancock, Schuyler, and McDonough Counties. A parent session and a teacher session will be presented by an ANFC representative to discuss child abuse, child victimization, and how to prevent it.

This presentation is scheduled for the center annually (around January) by the Site Supervisor. Families will be notified, invited, and encouraged to attend. The HB Education Coordinator will be notified of the date and time for Head Start HB socialization areas to attend. The HB teacher will notify their families.

Emergency Situations

The *Crisis Management Manual* is reviewed with staff upon hire and at the beginning of each year. This manual gives policies and procedures for ensuring child and adult safety during evacuations (fire, bomb, etc.), severe weather, dangerous person in the community, armed intruder, attempted pick up of a child by an impaired driver, earthquake, tornado and bus emergencies.

Emergency Exit Plans - *Fire* and *Tornado Route Plans* and *Evacuation Procedures* are written in the family's home language and are posted in **every room** near each exit indicating the following:

- The building area that will provide the most structural stability in case of tornado.
- The primary and secondary exit routes in case of fire.

Safety Forms

The *Daily Classroom Safety Checklist* and the *Monthly Health & Safety Checklist* are used to make sure staff and children are in a safe environment. The *Safety Checklists are* posted on the Health & Safety Bulletin Board.

The *Safety Checklists* are used by the teacher to identify hazards in the classroom or socialization space. The teacher will fix any hazards identified or notify their Supervisor or Central Office, if the hazard cannot be corrected. The supervisor will assess the problem and initiate request for repairs**.**

Home Based: the Safety Checklist and the Health & Safety Checklist on back is completed prior to socialization and posted next to lesson plan.

The *Center and Classroom Inspection Checklist* is used monthly by the Site Supervisor to monitor the center and classroom environments.

A Poisonous Plants reference is posted on the Health & Safety Bulletin Board. The Teacher is responsible for making sure plants and seeds used or located in the classroom are non-toxic. All plants used outside for gardening purposes must also be non-toxic.

It is the responsibility of the Teacher to make sure the following information is posted.
Health & Safety Notebook

- Children's Emergency Care Information forms
- Children's Release of Children forms
- Children's "No" To Permission for Publicity forms
- Medical Alert forms
- Medication forms
- Dietary forms
- Crisis Management Manual
- Health history

Health & Safety Bulletin Board

- Location of ……..Telephone, Medication Box, First Aid Kit, Fire Extinguisher, Child's Medical and Contact information, and Clean-up Kit.
- Emergency Phone Numbers - (Police, Poison Control, Fire Department, Ambulance, Hospital) and Name, Address & Phone Number of Center. (The emergency number must be up to date and posted by every phone at the center.)
- Classroom Alert List
- First Aid Guide (Includes Choking & CPR)
- Dental Emergency Procedures
- Poisonous Plant Reference
- Center (Bus) arrival/departure arrangements
- Substitute Information Sheet

- Center Safety Activities Form
- Monthly Health & Safety Checklist
- Daily Classroom Safety Checklist
- Cleaning & Sanitizing Checklist
- Infant Feeding Information, if applicable

Release of Children

PACT staff will refuse to release a child to any person, whether related or unrelated to the child, who has not been authorized by parents/guardian to receive the child. The names of people who are authorized to pick up or receive the child will be written on the *Release of Children* Form located in the Health & Safety Notebook. If staff do not know the person picking up the child then they are required to provide a driver's license (with photo) for verification. PACT children cannot be released to anyone under the age of 18 years old.

Early Childhood specialists, such as therapists that are coming to the centers for Speech and Language and other therapy services, must be on the release of children forms signed by the parents and the therapists must sign the child in and out of the classroom for therapy (sign out located on the back of the *Arrival & Departure Log* even though they never leave the building. The teacher will inform the therapists of the sign in and out process, show them where the sign out list is kept in each classroom.

Community agency personnel (Health Dept., Dentist, etc.) cannot be alone with children. Children are to be under the visual and/or auditory supervision of a cleared PACT staff at all times.

Security System

PACT centers are equipped with a security system that requires each person to enter a 4 digit pin and scan a security card in order to gain entry into the center. Each family is offered 2 cards at the beginning of the year and asked to return these cards at the end of the year. Any person without a pin and security will have to be buzzed in by staff who monitor each person's entry through the use of security cameras. If the staff person does not recognize the person trying to gain access to the building they will use the intercom to ask "May I help you" and the staff will determine whether the person will be buzzed in. The release of children process above is followed.

Late Pick-Up Procedure:

Children Riding the Bus - If a parent or guardian is not home at the time their child is scheduled to return home from school, the child will be returned to the center. The Teacher or Site Supervisor will use the child's emergency numbers listed on the *Emergency Care Form* and the *Child's Application* to contact the names listed on the *Release of Children Form*. If no one is at the center, the bus driver or monitor is to call the Site Supervisor and if the driver or monitor is unable to reach the Site Supervisor, they are to call the coordinator in charge of transportation.

Classroom Children - When a parent or guardian is late picking up his or her child from the classroom, the child will remain at the center. The child will be made as comfortable as possible and the late pick-up concerns will not be discussed with the child or in front of the child.

The Teacher or Site Supervisor will use the child's emergency numbers listed on the *Emergency Care Form* and the *Child's Application* to contact the names listed on the *Release of Children Form*. Attempts will be made every 15 minutes to contact the parents, guardian or authorized persons listed on the Release of Children form until the last staff is scheduled to leave.

Staff will contact the Education Coordinator and legal authorities when the parent, guardian, or authorized persons cannot be located or contacted, and it is time for the last staff to leave. The closing staff or Site Supervisor will supervise the child until the parent or outside authorities arrive.

The teacher will address late pick-up concerns with the parents. The Family Advocate may become involved when necessary.

Outdoor Classroom

The *Outdoor Classroom Safety Checklist* is completed daily by an assigned center staff who walks the outdoor classroom to check for safety issues and communicates the safety of the outdoor classroom to other staff in the center by indicating Ok – Caution - Stop. Any hazards identified will be corrected, or noted and communicated with the Supervisor. Each teacher is responsible to make sure the playground is safe before taking children outdoors by checking the *Outdoor Classroom Safety Checklist* and doing their own quick visual sweep of the outdoor environment. The *Outdoor Classroom Safety Checklist* is posted at adult eye level on the door leading to the outdoor classroom. Whenever a class utilizes the outdoor classroom, the Health and Safety Notebook needs to be taken with to ensure you always have the needed information with you, in case of an emergency.

In Home Based, the playground is checked prior to Socialization.

Children will be dressed properly for the weather. Each center will have additional hats, gloves, jackets, if needed. Teachers may have to change their outdoor schedule to accommodate for weather conditions. During the summer children will use sunscreen (not for children under 6 mos.) and water will be provided on the playground. Sunscreen should be applied fifteen minutes prior to going outside.

Teachers will take children outside every day unless there is active precipitation or public announcements that advise people to remain indoors due to weather conditions such as high levels of pollution and extreme cold or heat that might cause health problems. Part Day classrooms must take children outside at least once a day and full day classrooms must take children outside at least twice a day.

PACT staff will use WGEM Weather App and/or the *Childcare Weather Watch Chart* to make a decision

if the weather conditions are safe.

PACT will accommodate the individual needs of children at risk and follow the Medical Alert procedure.

Staff will position themselves so that all children are visible to them as all times. Staff will rotate the outdoor play area actively supervising children's play. To ensure children's safety, the teaching staff will position themselves near outdoor classroom equipment that requires close supervision, such as the challenging climbing rock or log. The correct way to use large muscle equipment will be determined at the center level.

Sandboxes should be opened daily and contain enough sand to allow for scooping, pouring and digging. Weeds and grass are pulled and removed from sandboxes. If the sandbox cannot be covered due to size, (larger than 10 x 10) the sandbox will be raked daily by assigned staff for unsafe objects, per DCFS.

Teachers will provide a trash container for tissues, wet wipes, and other supplies needed by children and staff to blow their nose and wash their hands during outdoor walks or play.

Wading pools or swimming pools are not used in our program but children do engage in a variety of water play, with proper adult supervision and safety measures (spray bottles, water table, sprinklers, etc.)

Going on Walks
All classrooms must have consent from parents prior to taking children on walks. Once the permission is obtained, the staff and children may go on neighborhood walks. The guidelines listed below are followed when staff and children go on walks.

- Children under the age of 3 must be placed in a stroller or wagon or they must have an adult hand to hold on to, at all times.
- Children over the age of 3 may need to have an adult hand or a rope to hold on to, if necessary due to behavior or high traffic areas.
- Staff will avoid crossing high traffic areas whenever possible.
- When crossing a street, staff and children will only cross at a crosswalk.
- Staff will take walks on walking paths or sidewalks, and will avoid walking through parking lots, if possible.
- Travel First Aid Kit will be taken on walks
- Health & Safety Notebook will be taken on walks.
- If a child has a quick relief or rescue medication (see Medical Alert), the medication will be carried in a zippered fanny pack. The fanny pack that is carried by an adult at all times is considered a locked container.

Napping and Sleeping

Sleep is necessary for the healthy growth and development of young children. A well-rested child is better able to participate fully in the program.

EHS Napping and Resting

Toddlers and Three Year Olds generally sleep on regular schedules but Infants may vary their sleeping schedule. Due to this children's napping routines should be individualized. Having a predictable routine for nap time will support young children in this transition.

- EHS classrooms will maintain the staffing ratio at all times.
- The lights will be dimmed (room should not be dark) around 12:00 and lights will be turned on at 2:00 (Infants and Toddlers are allowed to sleep on their own individual schedule).
- Quiet music or books will be used to calm children and prepare them for nap. The same routine will be used daily so that children can relax and feel secure.
- After 45 minutes of resting, children who do not sleep will be allowed to engage in activities in selected areas of the room. Children who are sleeping will be allowed to continue sleeping (it is best to try to group children who typically sleep in areas of the classroom where they will not be disturbed).
- Infants are taken out of their cribs as soon as they wake. Cribs are used solely for sleeping not for play.
- Cots will be put out for the children not in cribs (cribs are for children 6 weeks to 15 mos., children over 15 mos. can be on cots). Note: Cots should not be brought out before nap time starts due to health and safety issues.
- Cots and cribs must be at least 3 feet apart.
- Children's cots/cribs are kept sanitary
    - other children do not step on cots soiling them
    - soiled sheets, blankets and cots are cleaned immediately
    - crib bedding is washed and cribs are sanitized, at least twice a week
    - cot bedding is washed and cots are sanitized, at least once a week
    - bedding is stored neatly on cots to ensure they do not touch others bedding
- Each child's crib or cot is labeled with the child's name
- To minimize the risk of Sudden Infant Death Syndrome children will be placed on their back when put down to sleep according to the DCFS regulations that follow:
    - When the infant cannot rest or sleep on his/her back due to a disability or illness the teacher will have written instructions, signed by a physician, detailing an alternative safe sleep position or special sleeping arrangements for the infant. The teacher will put the infant to sleep in accordance with a physician's written instructions.
    - Infants that can easily turn over from the back to stomach are placed down to sleep on their backs, but allowed to adopt their preferred position while sleeping.
    - No infants are put to sleep in a bouncer, on a soft pillow, infant seat or car seat.
    - No positioning device that restricts movement within the child's bed will be used without written instructions from the child's physician.
    - Soft bedding, bumpers, pillows, quilts, comforters, sheepskins, stuffed toys and other

soft products will be removed from the crib when children are napping or sleeping.
- All staff working in centers with infants and toddlers are required to complete the SIDS Prevention training (SIDS, SIUDS, Safe Sleeping) upon hire and every three years.

Ages 2-5 Rest Time

In full day programs it is necessary for children to have the opportunity to rest so that they can be rejuvenated for the afternoon program. Some children may only need a short rest period while other children may require an actual nap. Due to this, rest routines should be individualized based upon the needs of the child. Information from the parent about their child's routine can be obtained from the Child/Family Cultural Survey. Having a predictable routine for rest time will support children in this transition.

- Head Start rooms will maintain the staffing ratio during rest time.
- Cots will be put out for the children to rest on. Cots should not be brought out before rest time starts due to health and safety issues.
- Cots are placed at least 3 feet apart.
- Children's cots are kept sanitary
  - other children do not step on cots soiling them
  - soiled sheets, blankets and cots are cleaned immediately
  - cot bedding is washed and cots are sanitized at least once a week
  - bedding is stored neatly on cots to ensure they do not touch others bedding
- Each child's cot is labeled with the child's name
- The lights will be dimmed (room should not be dark) around 12:00 and lights will be turned on as children begin to play in different areas (children should not be straining their eyes to play with table toys, eat snack or engage in other activities).
- Children will be helped to relax through quiet music, story time, reading books or other quiet activities during rest time. This should be a peaceful time and adults should make attempts not to argue with children about laying down, forcing them to lay on cots, etc. (this causes stress and can lead to behavioral issues if allowed to continue). The same routine will be used daily so that children can relax and feel secure.
- After 45 minutes of resting, children who do not sleep will be allowed to engage in activities in selected areas of the room. Children who are sleeping will be allowed to continue sleeping (it is best to try to group children who typically sleep in areas of the classroom where they will not be disturbed).
- DCFS regulations state that children should not sleep for more than 2 hours. Teachers will sensitively attempt to wake children after two hours of sleeping.

Facility, Materials and Equipment

The teachers and Site Supervisor are responsible to inspect inventory for unsafe children's products. The Illinois Department of Public Health (IDPH) maintains an ongoing list of unsafe children's products on their Internet Website at http://www.idph.state.il.us/childsafety/childsafetyhome.htm

Parents are notified of the website above and a copy of recent recalls is posted on the Parent Board at each center.

Due to safety concerns, numerous recalls and the observation of broken and developmentally supplies in use, staff will not purchase classroom supplies from discount stores such as Dollar General, Dollar Tree, etc., and will not use donated items in the classrooms. ALL supplies used in classrooms and with children on home visits that PACT provides will be materials that have gone through the normal purchasing process and have been vetted by the education coordinators and deemed as appropriate for use in the setting where they are located.

All toys used in the classroom must be durable and free from hazardous characteristics, including sharp or rough edges and toxic paint.

Durable, safe and appropriately sized furnishings and equipment will be provided:

- Chairs of appropriate size for each age group served. If chairs are upholstered or padded, the furniture must meet the requirements of the Furniture Fire Safety Act.
- Tables of height and size to accommodate comfortably a group of ten or fewer children.
- Low, open shelves for play materials and books within easy reach of the children.
- Individual lockers, cubicles or separate hooks and shelves for children's personal belongings.

Infant/Toddler materials must pass the choke tube test. All infant/toddler classrooms will have a choke tube tester in the classroom. Hazardous items for infants and toddlers include coins, balloons (without cover/netting), safety pins, marbles, Styrofoam (and similar products), sponge, rubber or soft plastic toys.

Due to safety reasons, no rubber balloons or glass containers will be used in any program activities. Plastic bags, such as (Wal-Mart) shopping bags, gallon size or larger storage bags will not be accessible to children in the classroom or on the bus. Use is limited to sandwich-size bags in the classroom.

The classroom will be free of dangling blind or electrical cords. Sharp scissors, knives, cigarettes, matches, lighters, flammable liquids, drugs, sharp instruments, power tools, cleaning supplies and any other such items which might be harmful to children will be kept in areas inaccessible to children.

Surplus classroom equipment and toys are stored in a central location. The containers used in the center supply room will be labeled and organized for easy access and rotation.
Adjustable window shades, drapes, or blinds shall be provided in all rooms where children rest or nap or in rooms that receive direct sunlight while children are present.

Any thermal hazards (radiators, heaters) in the space occupied by children shall be out of the reach of children or be separated from the space by partitions, screens, or other means.

A draft-free temperature of 65°F to 75°F shall be maintained during the winter months or heating season. For infants and toddlers, a temperature of 68°F to 82°F shall be maintained during the summer or air-conditioning months. When the temperature in the center exceeds 78°F, measures shall be taken to cool the children. Temperatures shall be measured at least three feet above the floor.

The program shall be modified, as needed, when there are adverse conditions caused by weather, heating or cooling difficulties, or other problems. When such conditions exceed a 24-hour period, the Department shall be notified regarding program modifications.

All windows and doors located at centers will not be propped open for ventilation, unless the windows and doors are protected with screens to prevent entrance of flies, etc.

Pet Policy

When a staff member wishes to have an animal in the classroom (other than fish), they are to have the animal approved by the Executive Director/Education Coordinator before the animal can come into the classroom. Each animal will be reviewed on an individual basis.

The staff will research the proper care of the animal and send the supervisor/coordinator the information with references noted.

1. Cleaning of the animal
2. Cleaning of the cage/proper cleaning materials/ where the cleaning will take place and how the staff will ensure cleaning materials are only used for the cleaning of that animal.
3. Will the animal be part of the classroom or is this a temporary situation
4. Staff will obtain the veterinary approval for the animal to be in the classroom, as needed.
5. If children are allowed to handle the animal - what are the procedures for children this (hand washing and how the animal will be handled with children).

Animals and/or pets shall be properly caged, fed, and maintained in a safe, clean, and sanitary condition at all times. A responsible staff person and back up person shall be assigned to the care of any animal or pet on the premises.

All animals visiting the center must have documentation from a veterinarian or an animal shelter to show that the animals are fully immunized and that the animal is suitable for contact with children. The documentation must be approved by the Site Supervisor, prior to entering the center with visiting pet.

<u>The presence of monkeys, ferrets, turtles, birds of the parrot family, or any wild or dangerous animal is prohibited in the Center.</u>

When small animals approved by DCFS visit the classroom for show & tell, the teacher is responsible to make sure the animals are displayed in a limited enclosed area or containers. Animals should not be running loose in the classroom. The teacher will use the disinfectant cleaners to sanitize carpeted areas when animals are placed on the carpet.

Sanitizing/Disinfecting

AN appropriate sanitizing or disinfectant solution will be used for sanitizing or disinfecting items. Sanitizing will be done on tables before and after eating, toys, toothbrush holders, food service areas, dishes, door knobs, and shelves. Disinfecting will be done on sinks after tooth brushing, diaper changing surfaces, and bathroom areas. Sanitizing and disinfecting will be done by using bleach/water solution.

Staff will follow these instructions when sanitizing:
Sanitizing solution should be between 50ppm to 100ppm. This is between 1 tsp to 1 tablespoon of bleach to 1 gallon of water. Test strips (Phydrion micro chlorine strips) are used to make sure it is at the correct strength, because different brands of bleach have different strengths. Immerse test strip for at least one minute. Spray bottles can be used, but staff must be extremely careful that no children are close. When sanitizing in place (using a wet rag from a mixture in a bucket) 100 pm is used. No matter which method, air drying should occur. Mixtures of bleach and water only last 24 hours, therefore, solutions are made and tested daily for daily sanitation purposes.

Staff will follow these instructions when disinfecting:
Disinfecting solution should be at 600ppm. This is 2 tablespoons of bleach to 1 gallon of water. Test strips (Phydrion micro chlorine strips) are used to make sure it is at the correct strength, because different brands of bleach have different strengths. Immerse test strip for at least one minute. Spray bottles can be used, but staff must be extremely careful that no children are close. Mixtures of bleach and water only last 24 hours, therefore, solutions are made and tested daily for daily disinfecting purposes.

Items heavily soiled should be cleaned by using soap and water then rinsed before sanitizing or disinfecting, therefore, if tabletops, toys, toothbrush holder, cots, diaper changing surfaces, etc. are soiled, they need to be cleaned with soap and water before sanitizing.

Staff will follow these instructions when cleaning blood/body spill:
Clean and rinse soiled area and then disinfect with appropriate sanitizing Solution. If spraying from spray bottle, allow to soak for 10 minutes.

All cleaning and pesticides will be stored in original containers and labeled and locked in a closet. Bleach should in the original container and kept in a locked room or cabinet. Diluted bleach solution may be in a spray bottle and stored out of the reach of children.

Doors to the supply room, laundry room and maintenance closet will be closed and locked while children are present. Children are not permitted in these areas.

The Cleaning and Sanitizing Checklist is posted in classrooms and used to document when furniture, equipment, etc. are cleaned or sanitized.

The teachers are responsible for clean up after meal service, messy activities, urine on floor**,** etc.

Toys that are placed in children's mouth or are otherwise contaminated by body secretion will be set aside in a covered labeled container to be washed, sanitized, and air dried daily or before handling by another child.

Water Table:

- Teach children to wash hands before and after water play.
- Children with sores on their hands are not permitted to participate in communal water play.
- Children may not drink the water.
- Water is changed between AM and PM class, for double session classrooms.
- Water table is drained and sanitized at the end of each day.
- Water toys are sanitized after water play

Major cleaning using a bucket with bleach/water solution or other cleaning solution will not be done while children are present in the classroom.

Field Trips

Permission from parents/guardian must be obtained using the *Field Trip Permission Form* before a child can be transported from the center/socialization to a field trip location. Parents/guardian must also have knowledge of activities planned during the field trip. The parents/guardian of each child must sign this form for every field trip planned and this form must be in the possession of the teacher prior to the trip.

It is important to consider safety issues prior to taking children on field trips. The teacher discusses any possible safety issues with the staff and volunteers assisting for the field trip. Safety rules for each field trip must be reviewed with children, staff, and volunteers. The teacher is responsible for ensuring that staff, children, and parents comply with safety trip rules.
When planning a field trip for the children, teachers should choose places that have child-friendly environments. Children should be allowed to enjoy their adventure by touching and exploring the things that they see. Teachers will visit the field trip destination site ahead of time to determine if it is safe and appropriate for their preschool children.

Children should have the opportunity to use the restroom before leaving the center. During the course of the field trip, teachers should schedule time for the children to take bathroom breaks. Teachers are responsible for the safety of the children and they should never be allowed to go into a public restroom without supervision.

Children will wear the PACT field trip shirts so that they will be easy to spot in a crowd.

The *Field Trip Plan* is posted on the classroom door informing parents or support staff the location and time-lines away from the socialization/center. If the field trip is canceled due to weather or the location of the field trip is changed en-route for whatever reason, the teacher will call the Site Supervisor or central office. Central office or Site Supervisor will relay the change to parents calling in about their children.

There will be a minimum of one adult per five Head Start children. The teacher is responsible for ensuring these safety precautions occur. The teacher will ride the bus on field trips to maintain safety and order. At least one other vehicle will be taken in case of emergency. If more than one bus is taken, each child should ride the same bus to and from the field trip site. One-on-one supervision of a child may be necessary depending upon the age and maturity level of the child. The teacher is responsible for ensuring that all children are safe and a parent or other adult may need to be utilized for specific children. At all times, children must be closely supervised around streets or traffic. **NOTE**: The children may not be left alone with a temporary staff without a permanent staff member assisting.

Head counts are vital. The children will be counted by the teacher and transporter as they get on and off the bus and often throughout the field trip.

Parents may drive their personal vehicle to the field trip. HB Teachers may transport children and parents in their personal vehicles if they have the proper paperwork and follow all safety regulations including the use of child restraints.

- Travel First Aid Kit will be taken on field trips
- Health & Safety Notebook will be taken on trips.
- If a child has a quick relief or rescue medication (see Medical Alert), the medication will be carried in a zippered fanny pack. The fanny pack that is carried by an adult at all times is considered a locked container.
- The *Arrival & Departure Log* will be taken on field trips

Child Injuries

Any accident or injury requiring professional medical care, death, or other emergency involving a child will be entered into the child's record and orally reported immediately to the Parents/Guardians, PACT Director, Education Coordinator, Health Coordinator and the DCFS Licensing Representative by the Supervisor. Oral reports to DCFS will be confirmed by the child's accident report and forwarded within two business days after the occurrence.

If the center is unable to contact the parent or guardian and the Department immediately, it shall document this fact in the child's record.

If an emergency occurs during home visits or program activities when parents are present, the child's parent or guardian makes all decisions on what action is taken. The PACT staff will provide assistance if needed.

In an emergency when the child is a foster child, permission for treatment should be obtained from the DCFS Authorized Agent. This number is written on that child's Emergency Care Information form.

Procedure for Child Injuries

(PACT direct service staff receives training in Basic First Aid and CPR.)

1. The Teacher is responsible for administering first aid and seeking treatment.
2. If a serious injury occurs, attempts are made to notify the parents by phone. If no phone, emergency numbers are used. If parents cannot be reached, it is the responsibility of the Teacher to determine if the child is injured badly enough to be taken home. If not taken home, the child will be made as comfortable as possible until time to go home. If serious enough, the hospital and ambulances are contacted as needed while attempts are made to contact the parents. If treatment by medical providers is provided, a written signed statement must be obtained from the attending physician stating the nature and extent of the injury. This is forwarded to the Director, Education Coordinator, and Health Coordinator with the *Accident/Incident Report* (see d.)
3. The Director, Education Coordinator, and Health Coordinator is also notified of any child hurt seriously enough that emergency medical treatment is given.
4. An Accident/Incident Report is entered in Child Plus by the employee present. For Center Based, Site Supervisors are notified by email that an accident report is entered in Child Plus and needs attention. The Site Supervisor will attend to the accident report in Child Plus, reviewing it for accuracy and signing it within 24 hours. The Site Supervisor will print a copy for the child's DCFS file. For Home Based, the HBT will email the Home Based Education Coordinator to inform her one is entered, and she will review for accuracy and sign. HB Teacher keeps a copy in the child's file. In any cases where medical treatment is required, the staff member completing the Accident/Incident Report in Child Plus is required to call the Executive Director.
5. Anytime a child is injured while in our care, PACT staff responsible for that child will notify parents sometime throughout the day either by phone, during pick up, or by note hand delivered by Bus Driver/Monitor at drop off.

Child Accident/Incident Report - DCFS 407.70 m:
Note: Any accident or injury requiring professional medical care, death, or other emergency involving a child will be entered into the child's record and orally reported immediately to the Parents/Guardians, PACT Director, and the DCFS Licensing Representative (by the supervisor). Oral reports to DCFS will be confirmed by the child's accident/incident report and forwarded within two business days after the occurrence.

If the center is unable to contact the parent or guardian and the Department immediately, it shall document this fact in the child's record.

If an emergency occurs during home visits or program activities when parents are present, the child's parent or guardian makes all decisions on what action is taken. The PACT staff will provide assistance if needed.

In an emergency when the child is a foster child, permission for treatment should be obtained

from the DCFS Authorized Agent. This number is written on that child's *Emergency Care Information Form.*

Steps for Completing an Accident/Incident Report in Child Plus

Child Plus Mobile web address-https://app.childplus.com/PACTWCIL

1. Log into Child Plus Mobile using your Child Plus log in
2. Select the student you are needing to do an Accident/Incident Report on from the list on the left-hand side. If you do not see the child's name on your list, use search to enter the child's first 2 letters of the first and last name then select Go. This will bring up a list of students and you can select the student you want.
3. Once the child is selected, you will see Select ⌄
4. Click on the arrow and scroll down to Education, selecting Education (This may take a few seconds to load)
5. After selecting Education and it loads you will see Events ⌄
6. Click on the arrow next to Events and this will pull up a drop-down box
7. In the drop-down box, select Accidents/Incidents
8. On the right hand side, select Add Record in the green box
9. This will bring up the Accident/Incident Report
10. **Incident Type**-Select the type of incident it involves (Accident, Behavior, Child dropped off at wrong location, child left unsupervised, child released to unauthorized person, Inappropriate punishment or Suspected Abuse or Neglect)
11. **Date of Incident**-Select date of occurrence
12. **Time**-Put in time, using A.M. or P.M.
13. **Staff Reporting Incident**-Click on magnifying glass and select from list of staff
14. **Location of Incident**-Double click on center and scroll down to see classroom choices. Select classroom
15. **If Other Location, Specify Here**-If accident took place in another location besides the classroom specify that here
16. **Description of Incident**- Include staff witnesses in this area. Make sure to use first and last names. Tell in detail what happened.
17. **Action Taken**-Describe what was done(ice pack, cleaned wound, band-aid, etc.)
18. **Did Incident Involve Exposure to Bloodborne Pathogens or Bodily Fluids?** Select Yes or No
19. **Was Child Seen by a Physician or Emergency Room Personnel?** Select Yes or No
20. **Check Mark the appropriate boxes for who was notified-** Parents and Site Supervisor will always be checked as this is a requirement. You will notify parents as normal, either by phone, upon pick up or by note, if the child rides the bus home. After you enter the record in Child Plus, you will email the Site Supervisor letting her know that child's name has an accident report that needs attention in Child Plus. Site Supervisors will review the report within 24 hours-48 hours.
    *If the report requires an ER visit or medical attention then it requires DCFS notification and Licensing Agency Notified must be checked. The other areas may be used if Regional Office or DCFS Child Protective Services needs notified.

21. **Corrective Action to Prevent Recurrence**-This is where you will put what was done to prevent this from happening again.
22. **Signature of Staff Filling Out Report**-Select the box using your finger or styles and sign you name. You will not be able to save an Accident/Incident Report without a staff signature.
23. After signing your name select Save and immediately email your Site Supervisor to notify her that child's name has an accident/incident report that needs to be reviewed and signed by her.
24. The Site Supervisor will open the child's record in Child Plus, review the information, making sure it is complete and everything is correct and sign that she has reviewed it. While we still have paper DCFS files, it will need to be printed and put in the child's DCFS file.

FIRST AID KITS

A well supplied first aid kits are provided in each classroom.

Centers are provided with first aid kits for outings away from the site. Supplies in the kits are in compliance with DCFS Licensing Standard. See individual first aid kit inventory for a list of supplies in each kit. The list of supplies is kept inside each kit. Staff inventories the first aid kit monthly and request replacement supplies as needed. Staff initial and date the inventory list monthly when they are checked.

Site Supervisors will review classroom First Aid Kit Inventory on a monthly basis.

First Aid Supply Request:

Site Supervisors and Home Teachers that need more supplies will fill out the fillable *Request for Consumables* form on the computer and email to Office Manager. Supply request are filled once a month.

Child Illness

Health Coordinator

The Teacher is responsible for conducting a daily screening to determine if the child has obvious symptoms of illness by observing each child upon arrival. Children will be excluded from class if any of the following exists:

- Children with diarrhea and those with a rash combined with fever (temperature of 100.4 degrees Fahrenheit or higher) shall not be admitted to the day care center while those symptoms persist, and removed as soon as possible should these symptoms develop while the child is in care.
- Illness which calls for greater care than the staff can provide without compromising the health and safety of other children or illness which prevents the child from participating comfortably in the program.
- Fever with behavior changes or symptoms of illness.
- Unusual lethargy, irritability, persistent crying, difficulty breathing, or other signs of possible

severe illness.

- Diarrhea.
- Vomiting two or more times in the previous 24 hours, unless the vomiting is determined to be due to a non-communicable condition and the child is not in danger of dehydration.
- Mouth sores associated with the child's inability to control his or her saliva, until the child's physician or the local health department states that the child is noninfectious.
- Rash with fever or behavior change, unless a physician has determined the illness to be non-communicable.
- Purulent conjunctivitis, until 24 hours after treatment has been initiated.
- Impetigo, until 24 hours after treatment has been initiated.
- Strep throat (streptococcal pharyngitis), until 24 hours after treatment has been initiated and until the child has been without fever for 24 hours.
- Head lice, until the morning after the first treatment and child is lice free (but may still have nits)
- Scabies, until the morning after the first treatment.
- Chicken pox (varicella), until at least six days after onset of rash.
- Whooping cough (pertussis), until five days of antibiotic treatment have been completed.
- Mumps, until nine days after onset of parotid gland swelling.
- Measles, until four days after disappearance of the rash.
- Symptoms which may indicative of one of the serious communicable diseases identified.

It is the responsibility of the teacher to notify parents if their child becomes sick (vomiting, temperature, or communicable disease). They do this by phoning the parent. If no phone – emergency numbers are used. The parent is asked to come pick their child up.

If parents cannot be reached it is the responsibility of the teacher to determine if the child is sick enough to be taken home. If not taken home, the child will be made as comfortable as possible, away from others, but under adult supervision, until time to go home.

The Teacher or staff member present also fills out a Child's Illness Report and retains the original in the child's files in the classroom.

A child not appearing fully recovered from an illness may be required by the Teacher or Site Supervisor to submit a statement from the attending physician.

Known or suspected cases of communicable diseases shall be reported to the Health Coordinator by the teacher. The coordinator will then report to the local Health Department as needed.

Reporting Communicable Diseases to Local Health Authorities
If any enrolled child is diagnosed with communicable diseases, the Site Supervisor or Teacher will call the Health Coordinator immediately. The Health Coordinator will check the IDPI communicable disease code (77IL. Adm. Code 690) to see if it is reportable.

Parent Information When Children Are Exposed to Infectious Diseases
Each Site Supervisor at the Center Base Sites will keep a file of handouts for parents on specific diseases. These handouts are provided to the Site Supervisor by the Health Coordinator. If a child is reported to have one of these diseases, the Teacher will report it to the Site Supervisor. The Site Supervisor, with input from the Health Coordinator, will assess if there has been exposure to other children and to what degree. If it is determined that other children have been exposed, the Site Supervisor will provide copies of the parent letter to the teacher who will send home with exposed children. Home Based sites not at a Center Based location will inform the Health Coordinator of their needs and information will be mailed to parents from Central Office.

Exclusions - Short-term - Health/Safety
When a child is suspected of having an illness or injury that poses a significant risk to his/her health or safety or that of anyone in contact with them, the Teacher will notify the Health Coordinator immediately. The Health Coordinator will set up a conference involving herself, the Teacher, the child's parents, the Executive Director (if needed), and the physician involved. If the physician cannot attend, written information will be obtained using a signed release. The conference will be held as soon as it can be scheduled. The group will decide what short-term exclusions will need to take place (if any) to protect the child or others. The Health Coordinator will lead this conference and document the results. All in attendance will sign and copies will be made for all. Future conferences will be held as needed and scheduled by the Health Coordinator.

Children with Medical Alert- Asthma or Medical Alert-Emergency Health:
If any health condition that may require emergency attention while the child is in class is identified, the Family Advocate has the parent sign a release to the attending physician so a plan may be obtained. The release is forwarded to the Site Supervisor for mailing to the health care provider. The Site Supervisor will first call the provider to let them know the release is coming and the urgency of receiving the information back in a timely manner. When the Medical Alert- Asthma Action Plan, or Medical Alert-Emergency Health Plan is received back from the physician, it is forwarded to the classroom Teacher. The Teacher will then meet with the parent to review the plan, obtain the parent's signature and make sure that any needed medications are in place before the child attends class. The Medical Alert- Asthma Action Plan, or Medical Alert-Emergency Health Plan form is placed in the Health and Safety Notebook with a copy sent to Central Office. If medication is involved, a copy is also placed with the medication. The condition is posted on the Classroom Alert List. (See medications 1304.22 (c) (1-6)

Children with Infestations

If infestations, such as head lice, are discovered during classroom activities, the following procedures will apply:

- Checks for head lice will be done only if there is a known outbreak. If checks are needed, they will be done discreetly as to not damage the child or parent's self-esteem. Decisions to do checks are made by the Teacher.
- If "live" lice or "nits" are discovered, the child will need to go home. Nits would be ¼" or closer to scalp, otherwise they may already have been treated and do not need to go home. Parents are notified by phone if possible and with a Head Lice Letter - Individual explaining what to do. If the child is unable to go home, the child will be kept away from other children as much as possible, again being careful not to damage self-esteem.
- If "live" lice or "nits" within the ¼" from scalp are discovered, those children may not return to class until the morning after the child has been treated. The letter also recommends that all members of the household be treated and how to clean the environment.
- The Teacher completes a child's Infestation (Head lice) form for each infestation discovered. The original is kept in the child's DCFS file at the center.
- In childcare the Site Supervisor contacts the family within 48 hours of receiving the Child's Infestation (Head lice) form. In childcare Site Supervisor use the Head lice Handouts as needed to educate the family and to make any referrals needed. The bottom section of the Child's Infestation (Head lice) form is completed with input from the parent. The original is attached to the first original in child's file. In childcare Site Supervisor communicates the status to the Teacher. In childcare Site Supervisor tracks cases by child and classroom.
- In childcare Site Supervisor may need to re-educate the family on proper removal of the "nits" after treatment if the child returns to school, treated but still has nits.
- If the same child has reoccurring problems the Site Supervisor will contact the Health Coordinator. A decision may be made to require a note from the Health Department or physician stating the child has been treated before returning to class.
- Parents of other children in the classroom are notified of possible head lice in the class by using a Head Lice Letter - Group. This form is used with the First outbreak in a week.

Staff should refer to their handout, "Recommendations of the Illinois Dept. of Public Health for the Control of Head Lice" for information on cleaning the classroom after head lice and prevention and control in a group setting.

At Center Based Sites, the Site Supervisor will contact the Executive Director or Financial Officer for approval prior to contacting the janitor for extra cleaning, if needed. The Site Supervisor will also notify the bus drivers for cleaning the bus. The Bus drivers will then vacuum any cloth seats and car seats.

Bed Bugs (The Health Advisory Committee recommends the following procedures.)

If signs of bed bugs are discovered during classroom activities, the following procedures will apply:

- Checks for bed bugs will be done only if there is indications there may be bed bugs. If checks are needed, they will be done discreetly as to not damage the child or parent's self-esteem. Decisions to do checks are made by the Teacher.
- If "live or dead bugs", "exoskeletons", or Excrement" are discovered, the child's belongings, (blanket, stuffed animal, backpack, coat, etc.) will need to be placed in a plastic garbage bag and removed from the classroom. The child may remain at school, again being careful not to damage self-esteem. The child's clothing may be changed as a precaution and placed in the garbage bag along with his/her other belongings.
- As a precaution, classroom children's belongings, (blankets, stuffed animals, backpacks, coats, etc.) will be placed in individual zippered pillow cases to prevent the spread of the bed bugs. This is only done in the classroom having suspected bed bugs.
- Parents of the child with apparent bed bugs are notified by phone if possible and with the *Bed Bugs - Individual* letter explaining what to do.
- The teacher completes a *Child Infestation (BED BUGS) Report* form. The original is kept in the child's file at the center with a copy given to the Family Advocate and a copy to the Health Coordinator at central office.
- Parents of other children in the classroom are notified of possible Bed Bugs in the class by using a *Bed Bug Letter - Group*. This form is used with the first outbreak in a week.
- The Family Advocate contacts the family by a Home Visit within 48 hours of receiving the *Child's Infestation (BED BUGS) Report* form. The Family Advocate uses the Bed Bugs Handouts as needed to educate the family and makes any referrals needed. The bottom section of the *Child's Infestation (BED BUGS) Report* form is completed with input from the parent. A copy is forwarded to the Health Coordinator and the original is attached to the first original in the child's file. The Family Advocate communicates the status to the teacher.
- If infestations are discovered on a home visit, the HBT, CBT, or FA is to find out if treatment has taken place. If not, she should inform the parent of what to do using information from the Bed Bugs Handouts.
- Staff on home visits should use care and be discreet as to where they sit. Try to sit on hard chairs and not couches, cloth chairs etc. HBTs should use plastic containers to carry their home visit supplies in for homes that have infestations. Toys and items used on home visits will be washed and sanitized before they are used in a different home.
- Center staff should collect any specimens thought to be bed bugs and place them in a small container of isopropyl (rubbing) alcohol to be given to the pest control professional that comes to the center. Staff should refer to their handout, "Guidelines for dealing with Bed Bugs in a School Setting" for information on cleaning the classroom and prevention and control in a school setting.
- At Center Based Sites, the Site Supervisor, or the Teacher if no Site Supervisor is on site that day, will notify the Janitor so that extra cleaning can take place. The Site Sup. also notifies bus drivers for cleaning of the bus. Bus drivers will then vacuum any cloth seats/car seats.
- If it is determined by pest control that the center needs to be treated for an infestation of bed bugs, the central office is informed immediately.

Medication Administration

Health Coordinator

Parents are encouraged to give children any needed medications at home instead of during classroom time if at all possible. If it is absolutely necessary for a child to have medication during classroom time, the following procedure will be followed:

If the parent is present, the parent will be responsible for administering the medication. If the parent is not present, consent and specific instructions are obtained at enrollment Visit or upon notice of medication needed using Medication form. All medications that a parent requests to be given at school must be prescribed by a physician. The signed statement must be specific as to dosage time and duration of medication. If a parent requests for non-prescribed medication, they must bring a signed statement from a physician or have the physician complete and sign the form. The only exception to this is sun screen or hand lotion. If sun screens or hand lotion is needed, the parent will give written permission on the Health History at enrollment. All medications shall be labeled with full pharmacy label and non-prescription medication must be in original container with the child's name on it.

PACT will not administer the first dose of a new medication to a child, with the exception of a rescue medication. The parents are informed of this and verify by signature on the Medication, Medical Alert-Asthma Action Plan, or Medical Alert-Emergency Health Plan form. If the parent has not introduced the medication to the child at the time of completing the medication form, with the exception of recue medications, the process of completing the form will be stopped until the medication has been introduced at home.

The Medication form contains:

- Name of medication and prescription number (must be in original container)
- RX Physician name & phone number
- Dosage amount, time and duration dates
- Additional instructions if needed
- Location of medication at site (a place that is not accessible to children)
- Parent permission with signature
- Log of medication administered
- Release to physician – if needed
- Expiration date of medication (the date is also posted on the Alert List so teachers will periodically check to make sure medication is within expiration.
- Name of person(s) to administer

The medication must be stored (locked) in a well-lighted area out of reach of all children. Rescue medication will not be locked but kept out of reach of children. If refrigeration is needed, it may not be stored in food refrigerator unless it is in a separate sealed container. The person assigned to administer the medication (this should be the teacher in most cases) will log in date and time administered and will initial that they did so.

The teacher will review the record of medication dispensed at parent/teacher conferences.

Any changes in the child (behavior, etc.) will also be noted. If any observations are noted, the parent is notified by the Teacher. If needed, the parent, Teacher, or Site Supervisor will contact the physician. The form is kept in the Health & Safety Notebook with the child's name posted on the Alert List. When the medication is complete and no longer needed the medication form is filed in the child's DCFS file and unused medication is returned to the parent.

If a parent needs the child to have medication after Intake, the parent should bring the medication to the teacher and fill out a new Medication form.

Emergency Rescue Medication

If rescue medication is indicated, it will be included on the Medical Alert form which is completed by the attending physician (Also see Children with Medical Alerts above). Rescue medications will not be stored under lock and key so they are easily accessible to staff, but must be stored out of the reach of children. (See OHS PC-V-016 issued 7/3/07). Rescue medications will be taken on all outings away from the site. A zippered fanny pack may be used to store rescue medications for outings.

Staff receives training on the use of nebulizers, inhalers, and epi-pens through basic first aid training. Each center has a nebulizer on site to use for children that need it. Staff are trained yearly specifically how to use the nebulizer at their center (including set up and cleaning). The Site Supervisor is responsible for this training and is done in September and January and as new staff are hired. Any other specific medication equipment training will be completed as needed by either the parent or the health care provider if needed. This will be arranged by the Health Coordinator as needed.

Staff & Volunteer Medication
All employee and volunteer medications will not be kept in classroom medication boxes.
(See Standard Operation Procedures Manual)

Hand Washing

Health Coordinator

Children's hands will be washed with soap and water, at least at the following times:

- Upon arrival at the center
- Before and after each meal or snack
- After using the toilet or having diapers changed
- After handling pets or animals
- After wiping or blowing his or her nose
- After touching items soiled with body fluids or wastes (e.g., blood, urine, stool or vomit)
- Before and after cooking or other food experiences
- After outdoor play time and
- Before and after using the water table.

Staff's hands will be washed with soap and water, at least at the following times:

- Upon arrival at the center
- After using the bathroom or helping a child use the bathroom
- After changing a diaper
- After wiping or blowing their nose, or helping a child to wipe or blow his or her nose
- After handling items soiled with body fluids or wastes (e.g. blood, drool, urine, stool, or vomit)
- After handling pets or other animals
- After handing or caring for a sick child
- Before and after eating or drinking
- Before preparing, handling or serving food
- Before dispensing any medication
- Before and after administering first aid
- When changing rooms or caring for a different group of children

The following technique for thorough hand washing will be used:

1. Wet hands under warm running water.
2. Lather both hands well and scrub vigorously for at least 20 seconds.
3. Rinse hands thoroughly under warm running water.
4. Dry both hands with a new sing-use towel

5. For hand held faucets, turn off the water using a disposable towel instead of bare hands to avoid re-contamination of clean hands.

Guidelines for Handling Bodily Fluids

The bodily fluids of all persons should be considered to contain potentially infectious agents (germs). The term "bodily fluids" includes: blood, semen, vaginal secretions, drainage from scrapes and cuts, feces, urine, vomits, respiratory secretions (e.g., nasal discharge) and saliva. Contact with bodily fluids presents a risk of infection with a variety of germs. In general, however, the risk is very low and dependent on a variety of factors, including the type of fluids with which contact is made and the type of contact made with it. Since transmission of communicable diseases could occur from contact with bodily fluids, the following precautions will be followed by PACT staff.

1. Disposable gloves should be worn when there may be direct exposure to blood or body fluids, as well as surfaces, materials, and objects contaminated with them. Gloves should be discarded if they are peeling, cracked, or if they have punctures, tears, or other evidence of deterioration. Gloves will be discarded in plastic bags after one use.
2. Articles soiled with blood or other body fluids that cannot be cleaned should be placed in biohazard bags with a secure tie for disposal.
3. Clean soiled surfaces with an approved disinfectant solution such as household bleach, as provided by the agency. The cleaning solution will be stored at socialization sites and classrooms in a location that is not accessible to children. Disposable towels should be used whenever possible and disposed of in plastic bags. Wear disposable gloves while cleaning.
4. Wash hands after removing gloves. Proper hand washing requires the use of soap and water and vigorous washing under a stream of running water for approximately 20 seconds, paying particular attention to around and under fingernails and between the fingers. In the event that running water is not available, antiseptic towelettes will be provided in first aid kits to use for hand washing. Hands should then be washed with soap and water as soon as feasible.
5. In many instances, unanticipated skin contact with body fluids may occur in situations where gloves may be immediately unavailable. In these instances, hands and other affected skin areas of all exposed persons should be routinely washed with soap and water after direct contact has ceased. To help prevent instances where gloves are not available, staff (Teachers and Aides) is provided a "fanny pack" to keep gloves, Kleenexes, etc. in while away from the classroom.
6. Clothing and other non-disposable items that are soaked through with body fluids should be placed in plastic bags. Use gloves to bag and send home.
7. Hepatitis B vaccine is offered to all staff who may have to administer first aid and be in contact with bodily fluids.
8. Staff who may have to be in contact with bodily fluids will also receive training annually on Universal Precautions.

9. Pertussis vaccine booster is recommended for all staff who are around children.

Staff will follow these instructions when cleaning blood/body spill: Clean and rinse soiled area and then sanitize with appropriate sanitizing solution. If spraying from spray bottle, allow to soak for 10 minutes.

Diapering

Health Coordinator

Children are changed at least every two hours and any time their diaper is wet or soiled (children should be checked upon arrival to see if they need changed).

1. A changing surface will have an impervious, non-absorbent surface or cover the changing surface with non-porous paper.
2. Have the following supplies ready before bringing the child to the diapering area:
    a. disposable wipes or fresh, wet paper towels
    b. diapers
    c. skin preparation prescribed by the child's doctor or requested by the child's parent
    d. disinfectant solution and paper towels for clean-up.
3. Lay the child on the changing surface, taking care to minimize contact with the child if his/her outer clothes are soiled.
4. **Put on protective gloves**.
5. Remove diaper and any soiled clothing. Clean off any stool with disposable wipes.
6. Clean the child's bottom from front to back with a fresh disposable wipe or a damp paper towel. Do not rinse soiled training pants.
7. Dispose of disposable diapers, paper towels, and diaper wipes in covered container. Put soiled clothes and cloth diapers (do not rinse) into a plastic bag to be sent home with parent.
8. **Remove and dispose of latex gloves and place in diaper genie.**
9. Place clean diaper on the child. Make sure child's clothing is clean and dry. If not, change child's clothing.
10. Remove child from changing mat and wash the child's hands.
11. Dispose of both the cleaning towel and the paper that is beneath the child, if applicable.
12. Clean visible soil from the changing mat with paper towels or disposable wipes.
13. Clean and disinfect the diapering area.
14. Wash adult hands

These procedures will be posted in the classrooms. In all programs, parents who are present are encouraged to diaper their own children.

Changing or Assisting a Child with Pull-Ups or Soiled Pants

1. Put on disposable gloves when assisting a child with soiled pull-up or underwear.
2. Place the soiled pull-up or underwear in a plastic bag and tie the bag.

3. Place plastic bag in a hands free trashcan with lid, or container to hold soiled clothing.
4. Remove gloves before putting clean pull-up or underwear on child.
5. Wash child's hands.
6. Wash your hands.
7. Give soiled underwear and clothing to an adult. Do not place in book bag.

Nutrition Guidelines

Health Coordinator

For infants and toddlers, current feeding schedules and amounts and types of food provided, including whether breast milk or formula and baby food is used; meal patterns; new foods introduced; food intolerance and preferences; voiding patterns; and observations related to developmental changes in feeding and nutrition. This information must be shared with parents and updated regularly**.**

Information about Infant/Toddler eating, sleeping, elimination, general activity is gathered on Enrollment Visit, using the *Health History* and initial *Infant Report from Parent* form for children not on all table food. As changes occur, the parent completes the *Infant Report from Parents* form.

For infants (less than 15 months), the parent completes the top section of the *Infant Care Daily Report.* This informs the teacher of latest eating, napping, diapering and any other special instructions. The teacher then documents on this form throughout the day. This includes feeding times, amount offered and amounts consumed, nap times, diapering times and how often rocked and held. The teacher gives the form to the parent when the child is picked up.

For toddlers (15 – 36 months) the above information is shared verbally as parents bring and pick up children with and summarized during Parent/Teacher Conferences.

Special Dietary Conditions
When completing the nutritional section on the *Health History* during the Intake Visit, the home based teacher/family advocate/site supervisor completes a *Dietary* form if there are any restrictions, food allergies, intolerances or special diets. If a physician has diagnosed dietary restrictions, an *Authorization for Release of Protected Health (Dietary) Information* is obtained. The release is given to the Site Supervisor (CB only) for mailing. The Physician completes and signs the *Dietary Info from Physician* form. The form could include info on rescue medication (such as Epi-Pen) as needed. When the information is received from the Physician, the Teacher meets with the parent about the results. In the center-based program and home based program that eat at a site, a copy of the form is forwarded to the Cook, so that appropriate adjustments or substitutions can be made. The teachers are responsible for posting any special problem or allergies related to food in the classroom on the Classroom Alert List posted on the health and safety board and making sure that all staff and volunteers involved are aware. Permission from parents for posting is obtained on the Dietary form (naeyc 5.B.05). A copy of the *Dietary* form or *Dietary Info from Physician* is kept in the Health and Safety Notebook.

At the center, a copy of the form is forwarded to the Cook, so that appropriate adjustments or substitutions can be made. The teacher is responsible for posting any special problem or allergies related to food in the classroom on the Classroom Alert List and keep the original copy of the Dietary form in the Health & Safety Notebook.

The physician's signature is required on the Dietary form for severe food allergies where epi pen may be needed, special dietary needs, or if the foods to be substituted are not within the CACFP requirement for components.

A variety of foods are introduced during snack/meal time. Children are prepared for new food during classroom activities, such as reading stories, growing from seed, etc. Children are taught various ways one food item is served in different cultures.

Center-Based Meals
All center based children receive meals and snacks which provide 1/3 to 2/3 of the daily nutritional needs, depending on length of program. Morning classes will receive a breakfast upon arrival and a lunch prior to leaving. Afternoon classes will receive a lunch upon arrival and a snack before leaving. Full-day classes receive breakfast, lunch, and afternoon snack. Children are offered food at intervals of not less than 2 hours and no more than 3 hours apart**.**

At sites where PACT cooks the meals, an 8-week cycle menu will be used. Menus will be planned by the Nutrition Consultant, with input from staff and parents. The kinds and quantities of foods served conform to minimum standards for meal patterns. The Cook prepares the food on-site in the kitchen that meets Public Health requirements for food preparation. Meals and Snack at Macomb are provided by a vendor service. Menus are posted in the classroom and/or parent board. This is the responsibility of the Teacher and Cook. Parents will receive a copy of the menus upon request.

Menus and recipes are based on the meal patterns that follow. The amount prepared will include minimum serving sizes plus enough for seconds as needed. All recipes are low in fat, sugar, and salt. This is the responsibility of the Cook, with guidance from the Nutrition Consultant when preparing menus.

Sack lunches may be used for field trips/special outings. Teachers must communicate this request at least one week in advance. Sack lunches will meet the meal pattern & sanitation requirements. Cooks assure temperatures are maintained during transportation by using ice chest.

EHS: (Infant/Toddlers)
EHS children in center based settings receive meals and snacks according to meal pattern charts recommended by the child and adult care food program. See those charts. The Nutrition Consultant provides training to staff on adjusting menus to meet requirements at sites where menus aren't received in time to review. PACT will provide food and milk based formula according to each child's needs. This information is gathered by the Family Advocate (SS for Child Care) at enrollment visit using the initial EHS *Infant Report from Parent* form. New foods are introduced at the consent of the parent, one at a time. This is communicated by the EHS *Infant Report from Parent* form.

The following nutrition and feeding regulations apply to Early Head Start (Taken from DCFS Guidelines and CACFP Infant Feeding Guide)

- Daily food requirements for children under one year of age shall be offered to the child as detailed in CACFP Infant Meal Pattern Chart, unless otherwise indicated in writing by a physician, in consultation with the parent(s)
- Food for infants not consuming table food may be provided by either the day care center or the parent, according to the center's written policy. PACT provides all food.
- Flexible feeding schedule of infants shall be established to coordinate with parents' schedules at home and to allow for nursing infants.
- Infants not consuming table food shall be fed in consultation with the parents. Feeding times and amounts consumed shall be documented in writing and available for review by the parents.
- If provided by the day care center, formula shall be diluted according to the manufacturer's instruction using water from a source approved by the local health department.
- Formula shall be milk-based, unless otherwise indicated in writing by the child's physician.
- If the child's formula is provided by the parent, it shall be labeled, dated and refrigerated upon arrival at the center. PACT provides all formula.
- Bottles of breast milk and opened containers of unmixed concentrate shall be dated. When there is more than one bottle-fed infant, all bottles shall be labeled with the child's name.
- All filled bottles of milk or formula shall be refrigerated until immediately before feeding. Contents remaining in a bottle after a feeding shall be discarded after one hour.
- Formula prepared from powder or concentrate or an open container of ready -to-feed formula shall be labeled and dated. Prepared formula not used within 24 hours shall be discarded.
- Breast milk may be stored up to 48 hours in the refrigerator or up to two weeks in the freezer before discarding.
- Breast milk shall be used only for the intended child.
- Frozen breast milk shall be thawed under running water or in the refrigerator. Bottles of formula or breast milk shall be warmed by placing them in a pan of hot (not boiling) water for five minutes or in a bottle warmer according to the manufacturer's directions, followed by shaking the battle well and testing the milk temperature before feeding.
- Bottles shall never be warmed or defrosted in a microwave oven.
- Only sanitized bottles and nipples shall be used. Bottles and nipples reused by the day care center shall be sanitized by washing in a dishwasher, by boiling for five minutes or more just prior to refilling or by other method if approved by the Illinois Department of Public Health or local health department. Nipples are to be rinsed prior to washing.
- No food other than formula, milk, breast milk, or water shall be placed in a bottle for infant feeding unless otherwise indicated by the child's physician, in consultation with the parents.
- When children are exclusively bottle-fed or breast-fed, supplemental water shall be offered.
- Juice may be fed from a cup when the infant is old enough to drink from a cup (approximately six months). Juices shall be a 100% fruit juice.
- Children under two years of age shall not be fed berries, candies, raisins, corn kernels, raw carrots, whole grape/cherry tomatoes, whole grapes, hot dogs, nuts, seeds, popcorn, raw peas,

sausage rounds, hard raw vegetables & fruit, uncooked dried fruit, beans, grain kernels, pretzels, chips, marshmallows, gum, chunks of meat or peanut butter: as these foods may cause choking. Peanut butter may be served if mixed with another food item for a dip or sandwich.

- Cooked carrots, corn, peas and bananas may be served to infants only if mashed, grated or pureed.
- Whole milk shall be served to children under two years of age unless low fat milk is requested by the child's physician.
- The use of honey for sweetening infant foods is not allowed.
- Staff members shall wash their hands and the child's hands before feeding each child.
- Infants unable to sit shall be held for bottle feeding. As infants become older, they may prefer to hold their own bottle, and may do so while held by adult or sitting in a high chair or similar chair. The bottle must be removed if the child falls asleep. Bottle propping and carrying of bottles or sippy cups by young children throughout the day/night shall not be permitted.
- Foods stored or prepared in jars shall be served from a separate dish and spoon for each child. Any leftovers from the serving dish shall be discarded. Leftovers in the jar shall be labeled with the infant's name, dated, refrigerated and served within 24 hours.
- In accordance with the American Academy of Pediatrics recommendations, solid foods shall be introduced generally between four and six months of age. The time of introduction shall be indicated by each child's nutritional and developmental needs after consultation with the parents. (see Infant Report from Parent)
- Infants, according to their developmental ability, shall be allowed and encouraged to feed themselves. Staff shall provide supportive help for as long as each child needs such help.
- Parents of CB infants who breast feed will be asked by the Teacher, their preference of a place to breast feed at the center. If parent prefers a quiet, private place, one will be provided.

EHS teachers serving infants are provided a copy of the CACFP Infant Feeding Guide. They trained on this guide upon hire. The Macomb Childcare *CACFP Infant Feeding Guide* is located in 0-3 Child Care Classroom resource file drawer.

Center Based Meal Schedule

Meals and snacks in center based settings will be developed by the Health Coordinator and the Center Based Education Operations Coordinator, with input from Site Supervisors and Cooks. This schedule is posted in the classroom (on lesson plan). Any changes in the schedule must be approved jointly by the Health Coordinator and the Center Based Education Operations Coordinator.

Infants and young toddlers will be fed on demand to meet nutritional & emotional needs. This does not mean offering food every time an infant shows signs of discomfort. A crying infant may want attention and interaction or sleep, and not food.

Cooks will provide classrooms with water jugs filled with fresh drinking water daily. Disposable cups will be available for children to drink from as needed throughout the day and during meals.

Tooth Brushing

Health Coordinator

Dental Hygiene - Center-Based

Education and instruction in self-care oral hygiene procedures is the responsibility of the Teacher using the guidance of the Head Start Dental Curriculum and the Children's Oral Health flip chart from IDPH. Children should be taught proper procedures to brush teeth through instruction assistance, modeling, stories, and songs. The first instruction is completed on the first class day with brushing occurring in the classroom daily in conjunction with breakfast and lunch. Daily brushing shall be supervised by staff so children can be taught and assisted as needed. Tooth brushing shall be regarded as an educational activity and not rushed.

Two minute timers are used with one child at a sink at a time, while staff closely supervises. Classrooms that only have one sink available, may have two children at a time, but must closely supervise for sanitation purposes. The staff verbally encourages the child to brush all teeth including the back and physically assists as needed. Children have their own soft bristle toothbrush that will be replaced when it is worn out. The brushes are stored in the classroom in a container to prevent cross-contamination. Open brushes are **not** stored in the bathrooms. Fluoridated toothpaste is used. Sanitation precautions are taken by putting a pea-sized amount of toothpaste on a very small plastic cup, then allowing the child to put it on their brush from the cup. Children are taught to spit out the toothpaste and not to swallow. Rinsing is discouraged as long as children spit the toothpaste out well. If not, they may rinse with a very small amount of water.

Tooth brushing racks will be sanitized daily after brushing. The tooth brushing sinks and area will also be disinfected after tooth brushing. This is the responsibility of the Center Based Teacher or designee (Aide).

Toothbrushes and toothpaste are given to the parent to give to their child in center based by the Family Advocate during their second home visit and then again in February, with instruction on brushing.

Children shall be offered water to rinse their mouths after snack when tooth brushing is not possible due to the lack of time.

EHS - Dental Hygiene - Center Based

The Teachers clean infant teeth and gums after each feeding. This includes bottle feeding. Gums are cleaned with disposable gauze. Infant teeth are brushed, beginning with the eruption of the first tooth at about five or six months of age. Staff begins brushing the child's teeth with a small amount of fluoridated toothpaste. Sanitation precautions are taken by putting no more than a smear or the size of a piece of rice amount of toothpaste on a very small plastic cup, then allowing the child to put it on their brush from the cup (if old enough) or the Teacher will do so. Teachers may brush their teeth with the children to serve as a model. When children are developmentally able (usually 2-3 year old), they follow the same brushing techniques as Head Start.

Parents are educated about proper ways to prevent baby-bottle tooth decay and other early childhood cavities through handouts. Proper care of teething toys is considered part of dental hygiene, as toys need to be kept clean and never shared.

Meal Service

Health Coordinator

1 A variety of food is served which broadens each child's food experiences.

A variety of foods are introduced during snack/meal time. In both home-based and center-based programs children are prepared for new food during classroom activities, such as reading stories, growing from seed, etc. Children are taught various ways one food item is served in different cultures. For example, the menu offers bread served in a variety of types - tortillas, biscuits, bagels, pita, etc.

2 Food is not used as punishment or reward, and that each child is encouraged, but not forced, to eat or taste his or her food.

All staff are to promote this idea and encourage and educate parents to do so too. If a child refuses to eat or try a food, staff could offer at another time, but not pester the child with trying to get him to. No food is withheld until another is eaten. All foods offered by the program contribute to the child's needs.

3 Sufficient time is allowed for each child to eat.

Children will be served as soon as all children come to the table and sufficient time is allowed to finish. (See Schedule for Meals for Center Based.) If children become restless while others are finishing, the teacher will arrange for activities for those children.

4 All toddlers and preschool children and assigned classroom staff, including volunteers, eat together family-style and share the same menu to the extent possible;

All 3-5 yr old classrooms must do family style. All 0-3 classrooms will do family style unless the children are too young to handle serving themselves developmentally. It is the responsibility of the teachers to train parents and other volunteers during meal service on the following regarding family style.

What is family style food service*?*

Family style are adults and children sitting together at one table passing bowls and pitchers and serving themselves with assistance from adults ad developmentally needed.

Children are encouraged to take the full serving size (following meal pattern charts).

If a child that takes his/her own serving from bowl and it is less the required, children must be offered more when it is eaten.

Adults may serve in some situations where the food may be too hot for children to handle. This may be only when soup is served. Each serving must have the required serving size according to the meal patter charts.

Adults must be positioned at tables (sitting) where they can reach and assist children without standing. Adults should not be standing and assisting like waitresses. It is up to the teacher to train parents, volunteers and substitutes on this.

All components must be on each child's plate. If a staff must put a component on the plate or pour the milk or juice, it must be the full serving size. Use the meal chart to know how many ounces. If you're not sure about how full to put them, have the cook mark on one cup so you will know. When filling sippy cups, Teacher must put the full serving size in them, also.

If you are not sure about the serving size, refer to the meal pattern chart or ask the cook at your center for assistance.

Bowls, platters, and milk pitchers are placed on each table and will be the appropriate size for children to handle.

Adults sitting at the table and helping with meal service take all components on their plate and model good eating practices. Adults should watch their serving sizes if there is concern about having enough food. Adults eat the same foods as children and have a positive attitude toward acceptance of food. Dislikes of any particular food are NOT to be shared with the children. If an adult does not like a particular food item, they will put a small amount on their plate and push it around and pretend. Although these adults get to eat with children, the first concern is the children. Adults will need to assist children as needed. Children's meal service is not considered the staff's meal time.

The cook at each center is responsible for assuring there is enough food for the serving sizes required. At Macomb there may not be enough food for seconds of the main entrée, but there should be enough of the other items. There should be seconds for those who want it from those who take less because of dislikes, low attendance and from food items that children less than 2 years old cannot have. The cook will divide the food accordingly.

Children should not have to wait long at the table before serving starts or be kept at the table when finished. The food should be placed on the table before the children come to the table. When one or two children finish eating, one adult should be assigned to start the next activity. This could be tooth brushing or free play. (Whether that adult is done eating or not, if the children are finished eating, the next activity begins. Reminder, this is not the adult's noon break.)

EHS children need dishes/silverware that are developmentally appropriate. If serving bowls are not easy for the children to handle, communicate this to the cook so it can be changed.

Children in EHS will use toddler sized forks and spoons, suction bowls or divided plates and toddler cups. Styrofoam products are not used in EHS classrooms.

5. Infants are held while being fed and are not laid down to sleep with a bottle.

Teachers with infants in their classrooms follow the procedure in the **CACFP Infant Feeding Guide**. Staff and parents help infants have a positive experience by feeding them in a relaxed setting and at a leisurely pace. If possible, breast feeding mothers are encouraged to come to the program setting to feed their children.

Staff and parents use the following techniques for feeding infants:

- ▹ Wash hands with soap and water before feeding;
- ▹ Find a comfortable place for feeding;
- ▹ Hold the infant in their arms or on their lap during feeding, with the infant in a semi-sitting position, with the head tilted slightly forward and slightly higher than the rest of the body, and supported by the person feeding the infant;
- ▹ Communicate and interact with the infant in a calm, relaxed, and loving manner, by cuddling and talking gently;
- ▹ Hold the bottle still, and at an angle, so that at all times the end of the bottle near the nipple is filled with liquid and not air;
- ▹ Ensure that the liquid flows from the bottle properly by checking that the nipple hole is of an appropriate size.
- ▹ Burp the infant at any natural break during, and at the end of a feeding.
- → After feeding, clean gums & teeth with gauze.

Infant cereal is served with a spoon, never given in a bottle, unless there is a medical reason for some other approach. If this is a medical reason, a signed note is required from the physician.

As children grow older, they may prefer to hold their own bottles, and may do so while in an adult's arms or lap, or while sitting in a high chair or similar chair.

Dental problems, such as tooth decay, may result from children using bottles as pacifiers. For this reason, children are not allowed to carry bottles with them for long periods during the day. Parents and staff are taught that breast feeding also may cause baby bottle tooth decay (infant dental caries).

Older infants do not need to be held when eating solid foods. Instead, they may sit in a chair scaled to size with a tray. It is important, however, to maintain eye contact with a child who is being fed, and to closely supervise all feeding activities in order to minimize the risk of choking. Children sitting in low chairs with a tray are pulled up to the table, to be included in family style meal service.

7 As developmentally appropriate, opportunity is provided for the involvement of children in food-related activities. Children are involved in food-related activities by:

1. Serving themselves at meals
2. Assisting with own clean-up afterwards
3. Nutrition lessons/activities/Go, Slow Whoa/Nutrition discussions

Child Abuse Neglect

Family and Community Services Coordinator

Mandated Reporter Status

All employees of PACT for West Central Illinois are considered by law as Mandated Reporters. That means that all employees are required to report or cause a report to be made to the child abuse Hotline Number (1-800-25A-BUSE) whenever there is reasonable cause to believe that a child known to the staff member in their professional or official capacity may be abused or neglected. Willful failure to report suspected child abuse or neglect may result in being found guilty under the law of a Class A misdemeanor.

Abuse and Neglect Training

The Family and Community Services Coordinator provides training to staff on reporting abuse and neglect. The online DCFS Mandated Reporter Training is used for each new staff member's training. The website is **www/dcfstraining.org/manrep/.** Staff also receive a copy of the DCFS Mandated Reporter Manual which is reviewed during the training. After training is complete, the DCFS Mandated Reporter Questionnaire is administered to staff. Results are reviewed by the Family and Community Services Coordinator and additional training provided as necessary. Online Mandated Reporter Training is completed by all staff every 3 years.

Federal Child Abuse Legislation

PACT personnel are mandated to report suspected cases of child abuse and neglect under the regulations specified in the Head Start Policy Manual, Chapter N-30-356-1, drafted January 11, 1976, to:

1. Report suspected instances of child abuse and neglect in accordance with state law.
2. Preserve the confidentiality of all records pertaining to instances of child abuse and neglect.
3. Not undertake, on their own, treatment of cases of child abuse or neglect.
4. Cooperate fully with child protective service agencies in their communities and make every effort to retain children, allegedly abused or neglected, in their programs.
5. With the approval of the Policy Council, include otherwise ineligible children suffering from abuse or neglect who are referred by the child protective services agency.

According to legislative law regarding registered sex offenders these two questions/statements are in place.

Can a child sex offender live with children?

> There are no Illinois laws which prohibit a child sex offender from being around children, unless it is at a park, school, or any location designed exclusively for people under the age of 18. If you would like a further investigation into the welfare of a child present in the same house as an offender, you should contact the Department of Children and Family Services. The Department of Children and Family Services Hotline is 1-800-25A-BUSE.
>
> Within three days of beginning to reside in a household with a child under 18 years of age who is

not his or her own child, the child sex offender must report this information to the registering law agency.

Can a child sex offender have unsupervised contact with children?

It is unlawful for a parent or guardian of a minor to knowingly leave that minor in the custody or control of a child sex offender, or allow the child sex offender unsupervised access to the minor. This does not apply to those child sex offenders who 1) is a parent of the minor, 2) convicted of Sexual Abuse. (720 ILCS 5/12-15-c.: The accused commits criminal sexual abuse if he or she commits an act of sexual penetration or sexual conduct with a victim who was at least 13 years of age but under 17 years of age and the accused was less than 5 years older than the victim, or 3) is married to and living in the same household with the parent or guardian of the minor. A person who violates this provision is guilty of a Class A misdemeanor. (This information taken from the Illinois Sex Offender website www.isp.state.il.us./)

What Is Child Abuse?

The term "child" means any person under the age of 18 years. "Abuse and neglect" means harm or threatened harm to child's health or welfare by a person responsible for the child's health or welfare. Harm or threatened harm to a child's health or welfare can occur through: non-accidental physical or mental injury; sexual abuse, as defined by state law; or negligent treatment or maltreatment, including failure to provide adequate food, clothing, or shelter. Parents and staff members receive information pertaining to child abuse and neglect, including local and state laws.

Procedures for Reporting Suspected Child Abuse/Neglect

When a staff member suspects that a child has been abused or neglected, the staff member must follow PACT's reporting procedure immediately. These procedures apply in all situations of suspected abuse or neglect, including co-workers (PACT staff, consultants, substitute staff and/or volunteers). The first step is to notify the Family and Community Services Coordinator, or if she is unable to be reached, the Executive Director; to inform her that a call is going to be made. The Family and Community Services Coordinator or Executive Director will then explain the second step which is filling out the CANTS 5 form and calling the DCFS Hotline.

After the hotline call is made, the staff member will call the Family and Community Services Coordinator, or if she is unable to be reached the Executive Director, to report results of the hotline call. The staff member that made the call will also inform the Family Advocate, Site Supervisor, and the Teacher working with the family at that site.

Staff members are to follow strict confidentiality guidelines when handling calls or talking in person with the DCFS staff. PACT staff will insure that any calls or discussions are in a private area. Information concerning the DCFS hotline call is on a need-to-know- basis and will not be routinely shared with all staff.

CANTS 5

The CANTS 5 is a written report stating the name and address of the child and his or her parents or other persons responsible for his or her care, the child's age, the nature and extent of the injury, including any evidence of previous injury, and any other information that might be helpful in establishing the cause of the injury or identity of the person responsible. The staff member making the report makes a copy of the completed CANTS 5 and mails it to the Family and Community Services Coordinator in own envelope, marked confidential. The staff member does not keep a copy. The original CANTS 5 is mailed to the nearest office of the Illinois Department of Children and Family Services (refer to Resource Directory for address of local DCFS office) within 48 hours of the hotline call. The return address on the report will be P.O. Box 231, Mt. Sterling, Illinois 62353 so that the investigation reports form the Department of Children and Family Services can be filed at the Central Office. The copy of the CANTS 5 report is kept confidential and stored in a locked file cabinet at the Central Office.

PACT personnel do not undertake treatment of abused or neglected children, but notify and cooperate with the proper service.

How to handle upset parents/guardians

Parents may become upset after a DCFS Investigator visits their home. Parents do not know for fact who made a hotline call, they can only suspect. Parents are not allowed to disrupt the classroom. Site Supervisors will invite upset parents into a private room/office where discussion can be held in a confidential atmosphere. If Site Supervisors are unable to calm the parent or the parent refuses to talk in a private room/office, the Site Supervisor will ask the parent to leave the building. The Site Supervisor will invite the parent to return at another time after the parent has had a chance to calm down. If the parent refuses to leave the building, the Site Supervisor will notify the police.

Handling upset parents/guardians centers without a Site Supervisor

The Teacher will invite upset parents into a private room/office where preliminary discussion can be held in a confidential atmosphere. The aide will take responsibility for the children during the time the Teacher is talking with the parent. If the Teacher is unable to calm the parent or the parent refuses to talk in a private room/office, the Teacher will ask the parent to leave the building. The Teacher will invite the parent to return at another time after the parent has had a chance to calm down, class is over, and the Teacher has adequate time to spend with the parent. If the parent refuses to leave the building, the Teacher will notify the police.

What to say to the parent after the parent has calmed down:

Site Supervisors or the Teacher in centers without a Site Supervisor, will review with the family, that PACT staff are mandated reporters. Mandated Reporters are required by law to report **suspected** child abuse and neglect. The Site Supervisor, or other staff member, may discuss the report with the family if it appears desirable or necessary to do so. The staff member making the report and the Family and Community Services Coordinator will determine if the report should be discussed with the family.

Communication with PACT staff

The Site Supervisor will communicate the situation with the Family and Community Services Coordinator, Family Advocate and the CB Teachers working directly with the family.

Investigation and After

The law requires that every report of suspected child abuse be investigated within 24 hours by the Department of Children and Family Services. An Investigative Worker **usually** interviews the person making the report, the alleged abuser, and other persons who may have information. Findings and recommendations may be sent to the office of the District Attorney in the county where the incident allegedly occurred. The DCFS Investigative Worker will recommend the matter be dropped if abuse or neglect are ruled out. Social services are offered if it appears the family could benefit from such help. Abused or neglected children not in immediate danger may remain at home while social services are provided to the family. Court action may be taken to protect a child, but strong effort is made to leave the child in the home and work with family problems through social services. If parents clearly demonstrate insufficient interest or capacity to care for their child, their parental rights may be terminated and the child will then be placed in permanent custody of DCFS for placement. The District Attorney can prosecute in cases of severe physical or mental abuse or neglect. The most effective approach to helping the abused child and his family is through counseling and other social services. DCFS and other community agencies are actively involved in providing these services. PACT has an important preventive role to play in relation to child abuse and neglect. **When staff receive the letter stating result of the investigation, forward to the Family and Community Services Coordinator. The letter will be stored with the CANTS 5 in a locked file cabinet at Central Office.**

Immunity from Civil or Criminal Liability

Any person participating in good faith in the making of a report shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed. Illinois views failure to report as a misdemeanor for the first offense, and a felony for the second offense, and may call for a sentence or fine.

Approach to Staff Wellness

We believe our staff experience a variety of stressors in their own lives as well as their professional lives. These stressors can impact the ability for staff to do their jobs to the fullest potential. Our program is committed to create an approach that will address staff wellness, mental health and education to support the well-being of our staff.

We encourage staff to be in tune with the messages their body sends them when they (or a co-worker) are stressed or overwhelmed. When this happens we encourage them to take a "breather" or encourage their co-worker to take a "breather". This "breather" may consist of a variety of practices, such as:

- Deep breathing
- Mindfulness
- Take a walk
- Visualization
- Muscle relaxation
- Meditation

- If needed, staff have access to free consultation with our Mental Health Consultant

If the staff member or co-worker that needs to take a "breather" works in a classroom they must consider the staff:child ratio when stepping out of the room. If the staff:child ratio is high enough that you can leave the room without asking for assistance, make sure you let the other staff in the classroom know you will be stepping out for a brief period. If the staff:child ratio will not allow for you step out without a replacement, contact an extra staff member at your center for assistance (i.e. Site Supervisor, Family Advocate, Cook, Bus Driver, Coordinator, etc.). If no extra staff member is available, the staff may need to find an area near a corner or in a quieter area of the room to take their "breather".

In our commitment to the children and families we serve, we want to also recognize the value we have in our staff and the importance of staff wellness. Creating a safe and healthy environment is not only important for our children, but also a priority in taking care of ourselves and supporting each other throughout the agency.

Philosophy Regarding Guidance and Discipline

The focus of Parent and Child Together (PACT) for West Central Illinois is on meeting the needs of children and families in ways that reflect the principles of child and family development. This focus is based on a belief that both the early childhood environment and the staff must provide and reinforce limits and realistic expectations that are consistent, clear, and positively defined.

The philosophy for guidance and discipline in the agency is based on the belief that children develop self or inner control by being given opportunities to learn, understand, and follow simple rules. Children are most secure when they know what is expected of them and when the expectations take into account each child's needs and strengths. Just as children need the security of being loved, they also need secure boundaries and limits that are geared toward the development of self-respect, healthy interpersonal relationships, skills in problem solving and ultimately the ability to make wise decisions for themselves.

The ultimate goal of PACT's Guidance and Discipline Policy is to promote basic human values, such as respect, trust, honesty, and caring for others. Every effort is made to provide the child with the type of learning environment which leads to development of inner controls and positive self-discipline.

How discipline will be implemented by staff:
All teaching staff, including substitutes, entering our program will receive orientation to our "Child Management Training Guide" in order to ensure consistency. Only staff members and those trained may discipline children while participating in any Head Start activity/function. The mental and physical well-being of every child enrolled in PACT will be the primary concern of the organization. Staff will assist parents to set reasonable limits, guide, and teach them, and follow through with dignity and respect.

Children will have reasonable opportunities to resolve their own conflict. Discipline will be the responsibility of the staff that has an on-going relationship with the child. When there is a specific plan for responding to a child's pattern of unacceptable behavior, all staff who work with the child will be aware of the plan and cooperate in its implementation (see Positive Behavior Support Plan process).

Effective discipline begins long before disruptive behaviors that require child management responses ever

occur. The teacher's primary role in terms of child management is prevention.
When a challenging behavior does occur, the child will be disciplined appropriately, in a positive manner, to ensure the safety of others. If an unruly child endangers others, the adult will make accommodations for the child away from the group while the child works to regain their composure. Teachers will document challenging behaviors to determine if there are any patterns or daily triggers.

In case of severe behavior, the child may be temporarily withdrawn from class until a Positive Behavior Support meeting can be held with the parents in attendance. Severe behavior is defined as behavior which injures the child, the teacher or classmates, or remains disruptive for an extended amount of time. No child will be removed without joint agreement of the teacher, site supervisor, and CB Education Coordinator and in consultation with the Executive Director. The parent/guardian must attend the PBS meeting before the child may return to class. During the PBS meeting staff and the family will work together to plan techniques and strategies to implement in the classroom and at home to teach the child self-regulation and problem solving. PACT will not terminate a child from enrollment on the basis of disciplinary issues.

When intervening in a situation that necessitates child management, the technique chosen will be positive. Multiple approaches such as redirection, cool down, solution kit, breathing techniques, restating behavior expectations, pictorial cues, buddy system, two choice strategy, when:then strategy, cool down and social stories are addressed in the Child Management Training Guide. Only a trained staff member can use restraint and holding.

NOTE: The following behaviors are prohibited:

a. Corporal punishment -includes hitting, spanking, swatting, beating, shaking, pinching, and other measures intended to induce physical pain or fear.
b. Threatened or actual withdrawal of food, rest, outdoor play, or use of the bathroom.
c. Abusive or profane language.
d. Any form of public or private humiliation, including threats of physical punishment.
e. Any form of emotional abuse, including shaming, rejecting, terrorizing, or isolating a child.

Any staff or volunteer involved in any of the behaviors listed above will be subject to suspension or termination pending investigation.

Teaching Pyramid for Infants and Young Children

The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) is a federally funded national resource center developed to support early care and education. The CSEFEL approach to understanding and addressing challenging behavior in young children is designed to build the capacity of teachers and parents to support the social-emotional development of all young children.

Resource: The Center on the Social and Emotional Foundations for Early Learning for Head Start. www.csefel.uiuc.edu

Children under Two

The CSEFEL Pyramid has a framework of recommended practices to support the social-emotional competence of young children birth to 2 years old. The Teaching Pyramid provides a framework describing the four interrelated levels of practice that address the social and emotional development.

The first level of the Teaching Pyramid focuses on building nurturing and responsive relationships and high quality supportive environments. Supportive, responsive relationships among adults and children are an essential component to promote healthy social emotional development. High quality early childhood environments promote positive outcomes for all children.

- Examples of nurturing and responsive practices for promoting social-emotional development are practices such as continuity of care, primary caregiving, small group care, using every day experiences and routines to guide the curriculum.
- High quality environments that facilitate positive interactions are: safe, free from hazards, inviting, interesting, appropriately challenging, aesthetically pleasing, clean, free of clutter, quiet, and include soft spaces for children, etc. See Creative Curriculum for more information on setting up the environment.

The second level focuses on targeted social emotional supports. Systematic approaches to teaching social can have a preventative and remedial effect. Examples of targeted social-emotional supports include:

- giving guidance/instruction to express self in social play
- having predictable routines
- labeling feelings
- helping the child handle the emotions of self
- having choices
- helping the child understand the emotions of others
- parent education to help support the development of appropriate limits and consequences in response to challenging behavior
- encouraging turn taking
- redirection
- modeling appropriate reactions to others behavior
- For more information see social emotional concepts in the Curriculum Training Guide and the Creative Curriculum.

The third level focuses on intensive intervention. This is the assessment based intervention that results in individualized behavior support plans. See Family Support Plan Process at the end of this training guide.

Guidance & Discipline for Children under Two

Discipline is a positive, constructive way of teaching. True discipline is not punishment. Discipline teaches compliance by affirming the child's dignity. Discipline focused on the rule to be learned and the good reasons for the rule, not on the child's "wrongdoing." The aim is to build the child's inner controls, to develop in the child lifelong habits of governing his or her own behavior.

Understanding positive relationships and responsive care are essential in laying the foundation for toddlers towards self-control. The stage of the child's development, including temperament, will determine how to guide behavior.

- In non-mobile infants, learning basic trust lays the groundwork for developing self-discipline.
- In mobile infants, they begin to understand that their actions affect other people. Teacher's guidance can encourage positive behaviors and discourage unsafe or unwanted behaviors.
- In toddlers, setting limits gives them freedom to explore and to gain self-control.

Teachers can use a wide variety of positive guidance techniques to prevent, minimize, or respond to unwanted behaviors. But it depends, because no single approach works for every child, at every age, and in every situation. Teachers must consider all factors that influence behavior before identifying an intervention, because inappropriate or unacceptable behaviors may be age and development related.

Questions teachers must consider when developing an appropriate positive guidance strategy.

- What happened?
- What behavior is typical for a child of this age?
- How could this child's temperament affect behavior?
- What was happening in the environment?
- Why do you think the behavior occurred?

Challenging Behaviors in Children under Two
Challenging behaviors may be defined as behaviors that interfere with the development and maintenance of reciprocal, positive, and nurturing relationships with the parent or teacher.

Challenging behavior, as a pattern of behavior, is noted by considering the relationship of the child and teacher and the difficulties that are manifested in their relationship. These behaviors may be the result of biological or environment factor that effect infant development and, as a consequence, the infant's relationship with a teacher.

Responding to Challenging Behavior in Infants and Toddlers
Ways to plan ahead to help prevent temper tantrums:

- minimize frustrations by setting up an interesting, safe space that children can explore freely
- give toddlers plenty of opportunities to feel competent by offering them many opportunities to succeed throughout the day
- anticipate children's physical needs by serving lunch before children get too hungry and helping children take naps before they start falling apart
- Give the children the chance to play outdoors when they are ready for active play

Children Two to Five

The CSEFEL Pyramid has a framework of recommended practices to support the social-emotional competence of young children 2-5 years old. The Teaching Pyramid provides a framework describing the interrelated levels of practice that address the social and emotional development.

The first level of the Teaching Pyramid focuses on building nurturing and responsive relationships and high quality supportive environments. Supportive, responsive relationships among adults and children are an essential component to promote healthy social emotional development. High quality early childhood environments promote positive outcomes for all children.

Nurturing and responsive practices for promoting social-emotional development are:

- Greet every child at the door by name (not nicknames).
- Post children's work in the room at their eye level.
- Give individual attention to each, even small increments make a difference.
- Acknowledge the child's effort rather than praise.
- 5:1 ratio for positive rather negative feedback
- Model positive relationships with families and colleagues

High quality environments that facilitate positive interactions are:

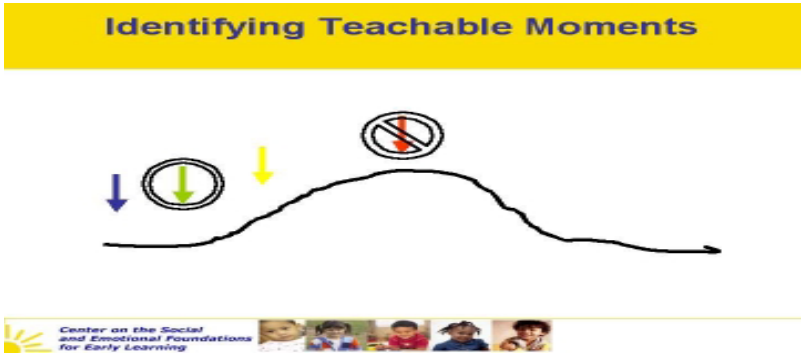
- Safe/free from hazards and clutter
- Inviting/interesting/appropriately challenging
- Aesthetically pleasing/clean
- Quiet/Pleasant tones
- Include private/soft spaces for children
- Classroom Rules
    - We take care of our room.
    - We keep our hands and feet to ourselves.
    - We are nice to everyone.
    - We keep each other safe and healthy.
- See Creative Curriculum for more information on setting up the environment

The second level focuses on social emotional supports. Examples of targeted social-emotional supports include:

- Give guidance/instruction on how to express self in social play
- Label feelings of self and others
- Model appropriate interactions
- Problem solve (make sure the solution "works")
    - Solution Kit: The solution kit is a set of picture cards that assist children in learning problem solving. The solutions depicted on the cards are: Get a teacher, Ask nicely, Ignore, Say please, Play together, Say please stop, Share, Trade, Wait and take turns and get a timer. Can be printed from http://csefel.vanderbilt.edu/resources/strategies.html
- Redirect (a redirected child needs help becoming involved with another activity)
- Use a buddy system: A teacher may choose to pair a child who needs work in a certain area with a child who is proficient with that skill. Be sure to mix up the pairing so you don't overload the children.
- Provide visual aides: These aides may include stop signs to signal what is off limits, rule posters or books, visual schedules, activity sequences, choice boards, if-then boards and feeling visuals. ECLKC has many classroom visuals available for printing.
- Use a calming technique: The teacher will use techniques to teach children to stop and get their emotions under control, before addressing problems. These techniques may be the "Turtle Technique" (CSEFEL), the "Calm Down Technique" (Second Step) or the "STAR Technique" (Conscious Discipline).
- Create a scripted story: Scripted stories help the children understand a social situation by describing the situation, what the child needs to do and how others feel when the child exhibits appropriate and inappropriate behavior. A sample scripted story can be found at http://csefel.vanderbilt.edu/resources/strategies.html
- Implement a cozy spot: A place where students can remove themselves from the group in order to become calm, regain composure and maintain control when upset, angry or frustrated.
- Ignore inappropriate behavior: Although not all inappropriate behavior can be ignored, many situations that are simply annoying and not harmful can be ignored. Pick Your Battles. Children who receive attention for annoying behaviors many times will continue the behavior for the attention whether it's negative or positive. The frustrating part of ignoring inappropriate behavior is that it usually takes a long time for it to be effective.
- Use the two choice strategy: The teacher will use this technique to avoid power struggles and allow the child to make a choice between to appropriate alternatives to the challenging behavior. For example: If a child is running around at morning circle the teacher will say "Do you want to sit on your spot or sit here next to me? You choose." If the child does not choose the teacher will make the choice for him/her. The key element to this strategy is that the teacher gives two acceptable choices…not one choice and a punishment. For example the teacher would not say "Do you want to sit on your spot or do you want to go to time out?" That is a punishment and the second choice isn't really a choice, no child is going to pick that. The choices need to be two positive choices for the child that will meet the teacher's expectation for the activity.
- Use the when:then Strategy: The teacher will use this strategy to ensure the child is clear about the expectations for the given moment. The teacher may say When you wash your hands: Then you may go play; Or, When you put your shoes on: Then we can go outside. Once again you are giving the child the opportunity to make an autonomous decision about their behavior and you are being clear about your expectations.
- Allow the child to cool down: The teacher will use this strategy to provide the child a chance to cool down in a spot away from others. The cool down period should be determined by the child (different from time-out in which the adult determines the amount of time needed cool down). A child in "cool

down" may need an adult with them to help if necessary.

- Educate the parent: Parent education to help support the development of appropriate limits and consequences in response to challenging behavior.
- For more information see social emotional concepts in the Curriculum Training Guide and the Creative Curriculum.



- ✓ Teachable moments will not work when a child is screaming and upset. Allow the child to calm down. It is OK to observe and wait.
- ✓ Effective guidance requires follow through. Idle or impossible threats encourage children to test rules and push limits.

The third level focuses on intensive intervention. This is the assessment based intervention that results in individualized behavior support plans. In the majority of children, using the teaching pyramid to build positive relationships, use of classroom preventive practices and teaching social skills may be enough to promote the development of social competence. For a very small number children there will be a need for Intensive Individualized instruction which is at the top level of the Teaching Pyramid. These will be children who are exhibiting challenging behaviors.

Definition of Challenging Behavior –
Any behaviors that bother adults and adults want to stop. This is determined by the adult's tolerance level.
-Challenging behavior usually has a message
-Children may use challenging behavior because they do not have the skills (social or communication) that they need to solve their problems.
-If a behavior persists over time, that is because it is working for the child.
-We need to focus on what we want the child to do in place the challenging behavior.

Challenging behaviors are repeated patterns of behaviors that interfere with learning or engagement of pro-social behavior and are not responsive to the classroom intervention already in practice.

At times a child becomes so upset and intense that they cannot control their behavior. A child may kick, spit, throw toys, hit, push over shelving units, and thrash about. This child and those around him need protection. To do so, staff must remain calm and in control.
Staff should not try to rationalize with the out-of control child until the child has calmed down. To help the child regain self-control you may follow these guidelines:

- Remove a large, screaming, arm flailing child from an area of disturbance by picking the child up around the waist, only. The lifting and carrying should be done firmly but gently; there should be no hint of punishment.

- Restraint/holding techniques should only be used by program staff members who have been trained in these procedures. The Disabilities/Mental Health Coordinator is responsible for obtaining training for staff in restraint/holding.

Children who may be considered at risk for challenging behavior are persistently noncompliant, have difficulty regulating their emotions, do not easily form relationships with adults and other children, and have difficulty engaging in learning.

When teachers notice challenging behavior in the classroom they need to consider the following;

- What is this behavior telling me?
- How can the environment be changed to reduce the likelihood that the challenging behavior will occur?
- What can be done to make the challenging behavior irrelevant?
- What procedures or interventions can I select that will fit in with the natural routines and structure of the classroom and family.
- How can I build on what works?
- What can be done to help the child not respond to the trigger of the challenging behavior or change the trigger so it will not cause the challenging behavior?

Teachers that identify children who are exhibiting challenging behaviors need to start their documentation immediately. Don't put off documenting these behaviors because this may be a bad week, or you think they're going to grow out of it. This will only delay the Family Support Plan process and results in frustration for the child, teacher and family. See the Family Support Plan process below for documentation procedures.

Family Support Plan

Children who require Family Support Plans (FSP) will receive an intervention plan that is:

- Matched to the purpose of the behavior
- Proactive
- Focuses on teaching new skills
- Long-term

FSP focuses on the message that the child's behavior is conveying. Each challenging behavior contains a form and a function.

Forms of Children's communication (behavior) can be:

- Words
- Pointing
- Drawing/writing
- Eye gaze
- Pulling adult
- Crying
- Biting
- Tantrums

Function of Children's Communication (behavior) can be to:

- Request an object, activity, person
- Request help
- Request social interaction
- Request information
- Request sensory stimulation
- Escape demands
- Escape activity
- Escape a person
- Escape sensory stimulation
- Many others

Step I: The teacher will begin her documentation using the *GOLD* assessment system. Once the teacher notices a pattern of challenging behavior form the daily documentation they will meet with the family (with a face to face contact when possible) and explain the challenging behaviors that have been present in class. The teacher and family will discuss any possible situations that may be causing the behaviors. The teacher will complete the *Parent Interview* with the family at that time.

If the child attends Pre-K or Early Childhood the teacher will contact the teacher (be sure to obtain proper releases- Release B) to inquire about any behavior observed or techniques used. Note: The techniques used by other agencies are not always appropriate for young children.

Step II: The teacher will analyze the classroom documentation along with the information from the *Parent Interview* to decide if there are any changes that can be made at the classroom level to accommodate the child's needs. If the teacher does not feel there are any classroom or curriculum modifications that can be made, or the adaptions/modifications are not working, they will complete the *Individual Child Summary*. Copies of the *Parent Interview* and *Individual Child Summary* will be given to the Site Supervisor.

Step III: The Site Supervisor will contact the CB Education Coordinator (EOC) and request a classroom observation. The EOC will meet with the teacher after the observation to discuss teaching strategies, environment, routines, schedule, transitions and relationships. The EOC, Teacher and/or other support staff will discuss the need for a *Family Support Plan*.

Step IV: If a *Family Support Plan* is needed the EOC will forward a copy of the *Individual Child Summary* and the *Parent Interview* to the Disabilities/Mental Health Coordinator. The teacher will contact the family and ask which days/times they would be available to meet and will share that information with the Disabilities/Mental Health Coordinator as soon as possible. Be sure to request multiple dates/times to account for everybody's schedule.

Step V: The Disabilities/Mental Health Coordinator will communicate with the teacher and the Mental Health/Special Services Consultant an observation/ meeting date and time will be scheduled. The Disabilities/Mental Health Coordinator will contact the Site Supervisor, CB Education Coordinator and any other coordinators (Family and Community Services Coordinator, Health, etc. who may need/want to attend) with the date and time. The site supervisor or teacher will notify the family advocate, parents/guardians, and DCFS caseworker if child is a foster child, child of a ward, or an intact family receiving DCFS services.

Step VI: Following the observation, the Consultant will meet with the Teacher, the parents, Family Advocate, Site Supervisor, CB Education Coordinator, Disabilities/Mental Health Coordinator and the DCFS caseworker (if applicable). The meeting will be held the day of the observation if the parents are available or within the week, if possible.

At the meeting, observations will be discussed along with possible changes and /or interventions. The 1-2-3-4 Parents Lunch and Learn workshop will be provided to the family by the Family Advocate. A *FSP* will be written using the *Family Support Plan*. The Disabilities/Mental Health Coordinator will set the date for the next meeting before everyone has dismissed. **If the parents are not present, the teacher will share the plan with them immediately for their input and signatures showing they have seen the plan.

Immediately following discussion of goals for the *Family Support Plan*, staff may leave the meeting to allow the parents a private consultation with the consultant if the parents desire. During the private consultation the mental health/special services consultant may make referral(s) to outside agencies, such as for mental health follow up.

The original copy of the *Family Support Plan* will be kept by the Disabilities/Mental Health Coordinator, with copies going to the parents, to the teacher (who will share it with her co-teacher and with her One-on-One if applicable), to the family advocate if any follow up by the advocate is needed, to the site supervisor for the child's DCFS file, and to the CB Education Coordinator. DCFS caseworker, if present, may want a copy of the plan as well.

Interventions may include, but are not limited to:

- Referral to the local school district
- Offering a consultation with our Special Services/Mental Health Consultant
- Referral to an outside agency
- Home Option
- Parent(s) picking up child or aiding in classroom

Step VII: The *Family Support Plan* form will be reviewed at follow up meetings to determine the effectiveness of the plan and discuss any possible changes/revisions. The same group will schedule a follow-up meeting prior to the beginning of new program year to provide a smooth transition from classroom to classroom, program to program, or to new program year.

***In case of severe behavior, the child may be temporarily withdrawn from class until a Behavioral Conference can be held with the parents in attendance. Severe behavior is defined as behavior which injures the child, the teacher or classmates, or remains disruptive for an extended amount of time. No child will be removed without joint agreement of the teacher, site supervisor, and CB Education Coordinator, Disabilities/Mental Health Coordinator and in consultation with Executive Director. See Subpart A, ERSEA, 1302.17 work plans for procedures and details.