Subpart D — Health Program Services

§1302.40 Purpose.

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.40 (a) (b)	Health Coor.	Health Coor.	Annual	n/a

(a) A program must provide high-quality health, oral health, mental health, and nutrition services that are developmentally, culturally, and linguistically appropriate and that will support each child's growth and school readiness.
(b) A program must establish and maintain a Health Services Advisory Committee that includes Head Start parents, professionals, and other volunteers from the community.

Health Services Advisory Committee
The Health Coordinator is responsible for the maintenance of and communication with the Health Advisory Committee. The committee includes representation from the medical, dental, nutrition, and mental health professions, and program parents. The committee meets at least once each year to evaluate services, identify and plan for screening of community health problems, and help plan and advice in areas of difficulty. They review and make recommendations for the total health component plan. The Health Coordinator is responsible for maintaining records for each meeting. All members are informed by the Health Coordinator of the existence, purpose, and scheduled meetings of the Health Advisory Committee and are invited to attend. Individual members will be contacted by the Health Coordinator as needs arise between meetings.

§1302.41 Collaboration and communication with parents.

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.41(a) (b) (1)	Health and Educ. Coor	FA & HB Teachers, CB Teachers	Intake Visit	*HVR, DIAL Booklet, and Parent Authorize. for Health Screenings,* Denver II, Education Contact Report Ages & Stages & PAT Milestones,

(a) For all activities described in this part, programs must collaborate with parents as partners in the health and well-being of their children in a linguistically and culturally appropriate manner and communicate with parents about their child's health needs and development concerns in a timely and effective manner.
(b) At a minimum, a program must:
(1) Obtain advance authorization from the parent or other person with legal authority for

all health and developmental procedures administered through the program or by contract or agreement, and maintain written documentation if they refuse to give authorization for health services; and,

Parent Authorization for Screening & Assessment

The Home Based Teacher and Family Advocate is responsible for explaining the rationales for all health and developmental screenings/assessments and obtaining advance parent authorization for these procedures. This is done on intake visit using the *Begin Sheet-Health* form, About Health Screening handout and Authorization *for Health and Developmental Procedures* form.

This form is signed by the parent and emailed to Health Coordinator with intake information. When screenings occur during classroom time, the Home Based Teacher, Family Advocate, or Center Based Teacher is responsible for notifying the parents of when and what screenings will occur. Staff will keep written documentation of this notification. For Home Based Teachers or Family Advocates, it is written on the *Home Visit Report (HVR)* form. For center based, it can be written on the *Education Contact Report* form or a copy of a note sent home with children. Results of all health screenings that occur in the classroom are shared with parents on home visits or by the Family Advocate sending a copy of the screening results home with the child. They will document on the form the date sent home. If the Family Advocate or Home Based Teacher transports a child to a health screening without the parent, the Family Advocate or Home Based Teacher will notify the parent of the results of the screening and document that notification on the Health Screening Progress Sheet. Screenings which require medical card numbers and individual permission from parents will be gathered by the Home Based Teacher or Family Advocate prior to the screening day. Specific forms are provided for this (for example, classroom dentals, and vision/hearing).

The EHS-HB Teacher will discuss on the Child Intake visit the Ages & Stages developmental screening and the ongoing assessment to explain and familiarize parents with the use of and the rationale for developmental procedures and timelines. The ongoing assessment should be kept in the child's file and discussed/reviewed with the parent on each home visit and/or conference.

Incomplete Health Information

When a parent refuses to complete health screenings for their child, the Home Based Teacher or the Family Advocate will encourage the parent by giving education and support and by discussing the importance of child receiving screening/treatment. This support is to be coded (E) and documented on the *Health Progress/follow-up Sheet*. Staff will then call the Health Coordinator to discuss the issue and to receive further instruction. If after all of the above is completed and parent still refuses, staff will have parent sign *Incomplete Heath Information* form and document on *Health Progress/Follow-up Sheet.*

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.41(b)(2)	Health & Educ. Coors.	FA, CB & HB Teachers	Intake Visit & Education Contact Visit	Parent Handbook

(2) Share with parents the policies for health emergencies that require rapid response on the part of staff or immediate medical attention.

During the Intake Visit, the Family Advocate and Home Base Teacher reviews the Parent Handbook with parents. The Center Based Teacher also reviews sections of the Parent Handbook with parents during the 1st Education Home Visit. Sections reviewed include the Evacuation Plan, Emergency Contact Information, Crisis Management, Emergency Medical Plan, and Procedures for Medication.

§1302.42 Child health status and care.

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.42 (a) (1) (2)	Health Coor.	FA & HB Teachers	Intake Visit and within 30 days	*Begin Health Sheet*

(a) Source of health care.

(1) A program, within 30 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, must consult with parents to determine whether each child has ongoing sources of continuous, accessible health care – provided by a health care professional that maintains the child's ongoing health record and is not primarily a source of emergency or urgent care – and health insurance coverage.

2) If the child does not have such a source of ongoing care and health insurance coverage or access to care through the Indian Health Service, the program must assist families in accessing a source of care and health insurance that will meet these criteria, as quickly as possible.

On the Intake Visit, the Home Based Teacher or the Family Advocate asks the parent if they have a source of continuous accessible health care and health insurance. This information is entered on the *Begin Sheet- Health Form*. If the family does not have a source of health care and or health insurance, the Home Based Teacher or the Family Advocate will make a referral to the needed health provider and or Department of Human Services (for health insurance). (See Referral Process – (1302.52) in Subpart E - Family Partnership Services) using the Health Provider List by county and or Resource Directory. The Health Coordinator updates this provider list at least yearly. It includes for the eight counties - Health Departments, Physicians, Dentists, and the services they provide and whether or not they accept medical card. This Health Provider List should be carried with the Home Based Teacher and Family Advocate on all home visits so it can be referred to as needed.

Families have been linked to Ongoing Accessible Dental Care or Medical Care if families answer "yes" to all 4 questions listed regardless of if the child has actually been to the dentist or doctor:

1. Would you travel to this dentist office, or do you have a way to get to this dentist should your child need to go?
2. Do you have all the information you need in order to contact the dentist for an appointment if necessary?
3. If your child needed dental care (either treatment or ongoing exams, cleaning, etc.) would you use this dentist?
4. Do you have a way to pay this dentist (medical card, insurance, private pay)

If all of those questions are answered affirmatively, then the family has been linked to a continuous, accessible source of dental/medical care, even if the child has not needed to go to the dentist/doctor yet.

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.42 (b) (1) (i)	Health Coor.	FA & HB Teachers	Within 90 days of enrollment	*Health Memo, Health Needs, Begin Health Sheet, Authorization for Release of Protected Health Information,*

(b) <u>Ensuring up-to-date child health status</u>.

(1) Within 90 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, with the exceptions noted in paragraph (b) (3) of this section, a program must:

(i) Obtain determinations from health care and oral health care professionals as to whether or not the child is up-to-date on a schedule of age appropriate preventive and primary medical and oral health care, based on: the well-child visits and dental periodicity schedules as prescribed by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the state in which they operate, immunization recommendations issued by the Centers for Disease Control and Prevention, and any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems;

PACT follows the requirements outlined in the Illinois EPSDT Guidelines for health screenings and the immunization schedule developed by the Illinois Department of Public Health and Center for Disease Control and Prevention. Those screenings are listed on the following chart. In accordance with the Child Care Act of l969, as amended, a parent may request that immunizations, physical examinations and/or medical treatment be waived on religious grounds. A request for such waiver shall be in writing, signed by the parent or parents, and kept in the child's record. Exceptions made for children who should

not be subject to immunizations or tuberculin tests for medical reasons shall be indicated by the physician on the child's medical form. Each center shall maintain an accurate list of all children enrolled in the center who are not immunized, as required by Illinois Department of Public Health rules. The number of non-immunized children on the list shall be available to parents who request it.

The following two pages show Head Start & Early Head Start charts of health screenings.

Head Start Chart of Health Screenings

Health Screening	Frequency	Follow-Up Indicated
Physical Exam	Yearly	As determined by Physician
Hemoglobin or Hematocrit (completed with Physical Exam unless results can be obtained from a WIC Program or Health Dept.)	At age 9-12 months & annually as medically necessary. **(Could be done at doctor or WIC)**	As determined by health professional. Generally, children whose Hematocrit is < 34 are considered anemic and would require follow-up.
Blood Lead Level test (in accordance to Lead Poisoning Prevention Act for Illinois)	At least one at around 12 or 24 mos. **(Could be done at doctor or WIC)**	In accordance with "Guidelines for the Detections and Management of Lead Poisoning" through IDPH. Follow-up may indicate retest, medical follow-up, and/or environmental evaluations. Generally, above 10 would require retests & follow-up.
Vision Screening (Generally completed by local Health Depts. But children under care of Eye Doctor will receive results from that Doctor)	Yearly or as recommended by health professional	As determined by health professional.
Hearing Screening (Generally completed by local Health Depts. But children under care of Ear Specialist may receive results from that Doctor)	Yearly or as recommended by health professional	As determined by health professional.
TB Screening	After age 12 months unless not in high risk group and physician deems it not to be necessary in writing	As determined by health professional. **(If doctor does not sign off this will be done at HD)**
Immunization History (Guidelines from IDPH)	Following schedule by age **(Doctor or WIC)**	As determine by IDPH Guidelines and Center for Disease Control.
Health History (Medical, Dental, Developmental, Nutrition)	Yearly by the Family Advocate or Home Base Teacher and reviewed by Teacher	As indicated by concerns and determined by Health Coor. After reviewing other health screenings. Complete *Medical Alert, Medication, or Dietary* form as needed (See Referral Process – (1302.52) in Subpart E - Family Partnership Services).
Height & Weight charted on BMI chart	At each WBC with additional assessment through WIC and/or PACT as needed by risk.	As determined by health professional and/or dietician
Dental Exam	Yearly	As determined by the Dentist.

Early Head Start Chart of Health Screenings

Health Screening	Frequency/age	Follow up Indicated
Physical Exam Well Baby Check	As determined by Health Care Provider up to those required by EPSDT Guidelines: 2 weeks - 1 mo., 2 mo, 4mo, 6 mo, 9 mo, 12 mo, 15 mo, 18 mo, 24 mo, 30 mo, 36mo, yearly.	As determined by Physician
Hemoglobin or Hematocrit	9-12 months. Repeat yearly as medically necessary. **(Could be done at doctor or WIC)**	As determined by health professional. Generally, children whose Hematocrit is < 34 are considered anemic and would require follow-up.
Blood Lead Level Test (in accordance to Lead Poisoning Prevention Act for Illinois)	At 12 and 24 months if the child is enrolled at those times. **(Could be done at doctor or WIC)**	In accordance with "Guidelines for the Detection and Management of Lead Poisoning" through IDPH. Follow-up may indicate retest, medical follow-up, and/or environmental evaluations.
TB screening	12-15 months unless child is not a high risk and written statement from physician that it is not needed. **(If doctor does not sign off this will be done at HD)**	As determined by Health Care Provider
Hearing Screening	By physician as part of every physical exam and if hearing questionnaire indicates a need for referral.	As determined by Audiologist or Health Care Provider
Vision Screening	By physician as part of every physical exam and if vision questionnaire indicates a need for a referral.	As determined by health providers.
Immunization History	Schedule as determined by IDPH Guidelines and Center for Disease control. **(Could be done at doctor or WIC)**	As determined by IDPH Guideline & Center for Disease Control
Health History Medical, Dental Developmental, Nutrition	Complete upon Intake yearly by Family Advocate and Home Based Teacher and reviewed by Teacher.	As indicated by concerns determined by Health Coordinator after reviewing health screenings. Complete *Medical Alert, Medication or Dietary* form as needed, use releases as needed (See Referral Process – (1302.52) in Subpart E - Family Partnership Services).
Height & Weight charted on BMI chart	At each WBC with additional assessment through WIC and/or PACT as needed by risk.	As determined by Health Professional and/or dietician
Dental screening or exam	Dental screening completed by physician with each physical exam and through health history with parent. If any concerns from physician or history information, referral will be made to a dentist as needed. Routine dental exams begin at age 3.	As determined by dentist or health care provider

During recruitment in the spring, parents are informed of what health screenings will be needed using the *Health Memo*. The Family Advocate or the Home Based Teacher will use the *Health Needs* form and *Authorization for Release of Protected Health Information.* The Family Advocate or Home Based Teacher will fax the release to the clinic or health department to start the process of obtaining health information on the child. In June, the parents of the children selected will receive a *Health Selection Letter* reminding them of the DCFS required health screenings. Parents are asked to make any necessary appointments and gather results. As information from releases come in, they are tracked in the computer using Child Plus. For ongoing recruitment throughout the year, the Family Advocate or Home Based Teacher will continue to fax the *Authorization for Release of Protected Health Information* since these children are needed to replace dropped children and need to be enrolled in a timely matter.

Prior to Intake Visits in the fall, each Home Based Teacher or the Family Advocate is given a computerized report of what health screenings are completed and those still needed. (When families drop during the year and new families are chosen, the Home Based Teacher or the Family Advocate must look in the Child Plus Health Tab for this information prior to doing an Intake Visit.) Before making an Intake Visit, the Home Based Teacher or the Family Advocate fills out completion dates on the *Begin Sheet-Health form.*

On the Intake Visit, the Home Based Teacher or the Family Advocate discusses each health screening that PACT does not have results on file. If the parent has had the form completed, the Home Based Teacher or the Family Advocate should review it for appropriate dates and signatures. If the screening fits into the correct time frame, the Home Based Teacher or the Family Advocate would make note on the *Begin Sheet* that the form was received, and she would email it to the Health Coordinator. When received, it will show up on computerized health reports.

The Home Based Teacher or the Family Advocate completes the *Health History* on Intake Visit along with the *Emergency Care Information* form. In the Center Based Program, the Teacher must review these forms carefully before the child starts class. If the Health History indicates any Medical Alerts, those forms must be included (See Children with Medical Alerts 1302.47 (7)).

Using Releases for Health Information:

Children who have had health screenings or exams prior to enrollment during the required periodic schedule need not repeat them. These results are obtained by using the *Authorization for Release of Protected Health Information*. The Home Based Teacher or the Family Advocate completes the form during recruitment and at the intake visit if the parents say the screening is completed within the appropriate time frame, but they do not have record of it. Parents must sign this form. The Home Based Teacher or the Family Advocate will fax the release to the provider. If the staff person is requesting a copy of a physical exam and expecting that the exam included labs (such as HMT, Lead or TB), the staff needs to discuss these specific labs with the parent to try to determine if the labs were completed at the doctor's office or at the health department. If it is found out that any of the lab tests were not completed, appointments to have the lab tests completed need to be made before the staff leaves the parent.

The Home Based Teacher or the Family Advocate notes on the *Health Progress Sheet* that this was sent, to whom it was sent, and the date sent. When information from releases come in, the Health Coordinator will forward the fax/email to the Family Advocate or Home Bases Teacher it goes to. The Home Based Teacher or the Family Advocate can also use the computer reports received from the Health Coordinator each month to see if the information was received or look in the Child Plus Health Tab to see if information is entered and attached. If not received within 1 to 2 weeks, the Home Based Teacher or the Family Advocate should check with the provider about status.

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.42 (b) (1) (ii)	Health Coor.	FA & HB Teachers	Within 90 days of enrollment	*Health Progress Sheet* *Begin Sheet-Health,* *Child Health Requirement*

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

Assisting Parents - Health Screenings

On the intake visit, the Home Based Teacher or the Family Advocate completes the *Begin Sheet-Health* form and makes arrangements with the parent to complete all screenings that are not completed or due within the next 2 months (60 days). Parents will be directed to use their source of on-going health care.

The Home Based Teacher or the Family Advocate gathers information from the parent and documents everything on the *Begin Sheet-Health* form at Intake Visit. Plans are also written on the *Child Health Requirements* form that is left with the parent.

The Home Based Teacher or the Family Advocate then uses the *Health Progress Sheet* to document the weekly contacts after Intake. This includes transportation needs, financial needs, appointment dates, names of providers they are using, etc. If transportation is needed, the Home Based Teacher or the Family Advocate may provide it. In some cases, the staff member may need to rearrange their schedule. Before the staff member provides transportation, they should explore all other potions with the parent such as asking if a friend or family member could transport to appointments. If the child is on the medical card, then there is assistance available through that program and parents can call the number on the back of their card or the staff member can look in the PACT Resource Directory for the number.

When making an appointment for a WBC (physical) and expecting to have labs (Lead, HMT, TB) with the physical, staff will have the parent make plans for this with the provider as they call for an appointment. If the provider indicates that the lab cannot be done, staff will assist the parent in making other plans while they are still on the visit with the parent.

Definite plans and appointments are made during the intake visit, if the parent has not made an appointment at the time the intake visit is made, the Home Based Teacher or Family Advocate will make an appointment with the parent during the intake visit. If they are unable to make the appointment that day because the office is closed, the Home Based Teacher or Family Advocate may get a Social Service

Release signed, make the appointment that week, then contact the parent to let them know of the appointment date/time and help arrange for transportation if needed.

The Home Based Teacher or the Family Advocate keep track of when screenings are due using Child Plus reports and notes on the *Health Progress Sheet*. Staff can also keep track of appointment dates on a calendar. The Home Based Teacher or the Family Advocate will contact parents prior to appointments to assure compliance with the appointment and within a week after the appointment to assure compliance with going and obtain results. If the appointment was missed, the appointment must be rescheduled following the above procedures. All these contacts and support offered are documented on the *Health Progress Sheet*.

Health Progress Sheets are copied and mailed to the Health Coordinator in October, January, and upon request until all needs are completed and verified, they are on file at Central Office. When all are completed, the Family Advocate or Home Bases teacher will write complete on the top of the original *Health Progress Sheet* and send to the Health Coordinator. The *Health Progress Sheet* is not used to record results of screenings. Official results signed by the provider must be obtained.

The Health Coordinator monitors the progress of completing health screenings and follow up treatment through routine record monitoring, quarterly reports, and when running and emailing monthly reports to Family Advocates and Home Based Teachers.

<u>DCFS Required Health Screenings</u>

According to licensing standard for DCFS children must have the following health screenings up to date and on file at enrollment:

Physical Exam
Immunizations
TB Skin Test or provider signature stating “not at risk”
Blood Lead Level Test

<u>Excluding Children from Class/Socialization for Incomplete Health Needs:</u>
Due to DCFS Licensing Guidelines and safety of children, a child will be excluded from coming to Class/Socialization if a physical exam, immunizations, lead and TB test/waiver are not on file upon enrollment. Children in home based will continue making home visits and be enrolled. They will only be excluded from Socialization until the proper forms are in place. Children in center-based programs will not be enrolled until all the above are on file. A *Child Health Requirement* form is given and explained to each family by the Family Advocate/Home Based Teacher during intake visit. This form will have a

due date to have all four health requirements in by for their child to be enrolled or for home based, to come to socialization. At the beginning of the year parents will have one week (7 days) after the first day of class to get the Family Advocate the needed documentation and new enrollees throughout the year will have two weeks (14 days) after selection.

PACT will follow 1302.12 (c)(1)(iii) in the ERSEA section for homeless children. These children will have 90 days to obtain needed health records.

To keep at full enrollment, Family Advocates and Home Based Teachers must know the families on their waitlist and be in contact with them to ensure DCFS health screenings are turned in in a timely matter. They can look in the Child Plus Health Tab to know what is on file.

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.42 (2)	Health Coor.	FA & HB Teachers	Within 45 days of enrollment	*Vision & Hearing Screening, Classroom Health Screening Permission/Results*

(2) Within 45 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, a program must either obtain or perform evidence-based vision and hearing screenings.

(3) If a program operates for 90 days or less, it has 30 days from the date the child first attends the program to satisfy paragraphs (b)(1) and (2) of this section.

Vision and hearing, screenings will be scheduled by the Health Coordinator at the beginning of each program year. Throughout the year, as new children are enrolled, screenings will be scheduled between the Family Advocate and Health Coordinator. If the local health department in the center's area performs these screenings, the Health Coordinator will schedule them to come to the center at the beginning of the year. Throughout the year, as new children are enrolled, the Family Advocate or Home Based Teacher will have parents make appointments at their local health department if that health department provides such service.

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.42 (b)(4)	Health Coor.	FA & HB Teachers	Within 90 days of enrollment	*Health History, Dietary Form*

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

Children's Nutritional Assessments

Height, weight, and hemoglobin/hematocrit screenings as medically indicated are completed on each child as part of their health screenings. See 1302.42 (d) (1) in this section for procedures and follow-ups. Information about eating patterns, preferences, and special dietary requirements or feeding requirements is gathered on the *Health History* on the intake visit. The Health Coordinator reviews this information and is responsible for seeing that the special requirements are met. Further concerns are referred to the PACT Nutritionist for recommendations as needed. (Also see 1302.44 (a) (i) in this section.)
The Health Coordinator tracks information on possible nutrition issues (anemia, abnormal growth assessment, elevated lead levels, dental concerns, etc.) These statistics are presented to the Health Advisory Committee for review and suggestions for any needed changes in the nutrition program.

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.42 (c)(1)	Health Coor.	FA & HB Teachers	Following periodic schedule of screenings	*Health Screening Progress Sheet Begin Sheet-Health*

(c) Ongoing care.

(1) A program must help parents continue to follow recommended schedules of well-child and oral health care.

PACT follows the EPSDT Guidelines for Health Screenings with the Health Care Provider determining the schedule for EHS screening. Staff interview parents and document screenings due for the year on the *Begin Sheet-Health* form during intake visit. Then staff use Child Plus reports and information from the *Begin Sheet-Health* to know which screenings are completed and on file and which screenings are due and when. Staff begin the conversation about what the schedule is during recruitment and again on the intake visit, encouraging parents to take children to their well-baby checks, and continue encouraging during contacts throughout the year.

Ongoing Assistance - Health Screenings

As the Home Based Teacher or the Family Advocate uses the computer reports to find out which health screenings are needed, they not only need to pay attention to those screenings that are not dated, but those that are dated and completed and are due at a later date during the year. Staff must follow the periodic schedule (see Chart of Health Screenings - EPSDT Guidelines). Plans for these must start at least 2 months prior to when they are due, being careful not to make appointments in the period where Medicaid will not pay (if child is on medical card). These would be physicals and dentals. Other screenings that do not fall into the Medicaid requirement may be completed sooner (such as vision/hearing screenings and hematocrits.)

EHS:

The physician and Health Care Providers determine the schedule for health screenings for children 0-3 according to child's age. Extra screenings may also be required depending on answers on the *Begin Sheet-Health* form. Since screenings may be more frequent, the Family Advocate or Home Based Teacher must keep close track of when screenings are due and assist parents in completing on schedule. Home Based Teacher or Family Advocate will use Child Plus reports and Child Plus Health Tab to help determine what screenings are on file. These reports will also show when screenings will be expiring soon. Staff may also use a calendar to help keep track of when things are due.

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.42 (c) (2)	Health and Educ. Coors.	HB & CB Teachers, Family Advocates	On-going	*Home Visit Report, Assessment, DIAL,* Ages & Stages, PAT Milestones (ongoing assessment)

(2) A program must implement periodic observations or other appropriate strategies for program staff and parents to identify any new or recurring developmental, medical, oral, or mental health concerns.

Teacher Health Observations

Teachers are responsible for ongoing observation of children's health needs. The Teacher immediately discusses any observable illness or emotional concern with the parent. If any concerns result in referrals or follow-up, the Teacher will notify the Family Advocate to start that process. The Family Advocate will seek assistance from the Health Coordinator as needed. If ongoing health follow up is needed, the Family Advocate or Home Based Teacher will use health progress sheets to document. (See 1302.47 (iii) (iv) – Sick Children in SA/Classroom)

Parent Health Observations

The Family Advocate or Home Based Teacher asks parents about any concerns they have about their child's health during Intake. These include things that may not be caught through routine screening by age. These concerns are documented on the *Begin Sheet-Health* form. Adjustments are made as needed in Child Plus Tracking by the Health Coordinator upon receiving the *Begin Sheet*. Follow-Up happens the same as all required screenings.

EHS:

(See 1302.44 – Infant feeding) – The Health Coordinator maintains a *Nurse Consultant Agreement* with health departments. In centers serving infants, a qualified Nurse Consultant with training in infant care will instruct staff in proper health care of infants and toddlers. This person visits the site monthly completing a checklist on infant/toddler health care in each classroom. The health professional discusses any concerns with the Teachers involved. The Teachers also have the opportunity to ask questions while the visit occurs. The checklist form is given to the Site Supervisor who reviews for any concerns that need to be addressed, and files it in the safety review file on site for DCFS to review as needed. The Site Supervisor emails the report to the Health Coordinator.

Head Start & Early Head Start - Ongoing Development Assessment

The education services component provides procedures for ongoing evaluation of each child's growth and development including emotional and behavioral patterns through screenings and ongoing assessments, which include parent observations. Teachers use the following forms to help document their observations; *Home Visit Reports, Weekly Goal Charts, Parents as Teachers Milestones, and TS GOLD including Family Conference Report.* The developmental screenings used by the agency are DIAL and Ages and Stages. These screenings include behavioral and emotional pieces and parent observations. The Teacher will document behavior or developmental concerns periodically through scheduled observations.

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.42 (c) (3)	Health	HB Teachers & Family Advocates	As needed	*Follow-Up Progress Sheet*

(3) A program must facilitate and monitor necessary oral health preventive care, treatment and follow-up, including topical fluoride treatments. In communities where there is a lack of adequate fluoride available through the water supply and for every child with moderate to severe tooth decay, a program must also facilitate fluoride supplements, and other necessary preventive measures, and further oral health treatment as recommended by the oral health professional.

Follow same plan as 1302.42 (d) (1)

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.42 (d)(1)	Health	HB Teachers & Family Advocates	Ongoing	*Health Progress Sheet,* *Follow-Up Progress Sheet*

(d) <u>Extended follow-up care</u>.

(1) A program must facilitate further diagnostic testing, evaluation, treatment, and follow-up plan, as appropriate, by a licensed or certified professional for each child with a health problem or developmental delay, such as elevated lead levels or abnormal hearing or vision results that may affect child's development, learning, or behavior.

<u>Assisting Parents - Follow-Up Health Treatment</u>

As health screenings are completed, and the Health Coordinator receives them, they are reviewed to see if further testing or treatment is indicated. If further testing or treatment is indicated by the provider according to guidelines set forth by the Illinois EPSDT Guidelines (see Health Screening Chart <u>in this section</u>), the Health Coordinator will complete a *Follow-Up Progress Sheet* indicating exactly what is needed. This form is emailed to the Home Based Teacher or the Family Advocate so she can begin making plans for the follow-up with the parent. Staff will contact the parent within one week of the known treatment to assure appointments are set up for the treatment. Staff then contact parent prior to the appointments to remind and immediately after the appointment to obtain results. The Home Based Teacher or the Family Advocate documents status and arrangements on the *Follow-Up Progress Sheet* weekly until the results are complete. Copies of the *Follow-Up Progress Sheet* are sent to the Health

Coordinator following the same procedures outlined for *Health Progress Sheets*. The original *Follow-Up Progress Sheet* is sent in for filing in the child's file when completed. Further testing with known or suspected developmental, learning, or behavior problems is written under (Subpart F - 1302.60 Additional Services for Children with disabilities).

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.42 (d)(2)	Health & Disability/MH Coor.	Health Coor., Health Aide, HBT, & FA	Ongoing	*Health Progress Sheet Children's Records for DCFS*

(2) A program must develop a system to track referrals and services provided and monitor the implementation of a follow-up plan to meet any treatment needs associated with a health, oral health, social and emotional, or developmental problem.

Tracking Health Screenings

PACT uses the Child Plus computerized tracking system to track all health screenings and treatments. All results signed by the health providers are faxed or emailed to the Health Coordinator. They are reviewed by the Health Coordinator for concerns and follow-up (see Follow-Up and Treatment 1302.42 (d) (1) in this section) and entered in the system by the Health Coordinator. Then they are attached in the child's Child Plus Health Tab. As faxes come into the Health Coordinator, she will forward those faxes of health records to the FA/HBT they go to so they know it was received. Reports are exported and emailed monthly to all HBT/FAs to keep track what is on file at Central Office. If the HBT/FA would like a report more often, then they may request this from the Health Coordinator. They can also look in the child's Child Plus Health Tab to see what is on file.

Copies of health records on all children attending at a licensed site will be kept on-site as required by DCFS. These records include physical exam, lead, TB test, current immunization records, HS vision and hearing screening, health history, emergency numbers, consent forms, medical alert forms, accident, and illness reports. The Home Based Teacher or the Family Advocate tracks all information using the *Children's Records for DCFS grid* and is responsible for assuring that a copy is at the site. The Home Based Teachers and Family Advocates will look in the Child Plus Health Tab attachments section and print off needed health records they do not have.

The Family Advocate is responsible for reviewing center based DCFS files to ensure they contain necessary information and completing the *Children's Records for DCFS* form that is kept in the Site Supervisor's office with the children's DCFS files. If information is missing, the Site Supervisor will discuss with the Family Advocate.

The home-based Teacher having Socializations at licensed sites will keep required DCFS paperwork in the binder that holds all of the child's files. These files will be brought to the site during socializations in case there is a review being conducted by DCFS.

The Home Based Teacher not at a licensed site is also responsible for ensuring ALL children attending have these health needs complete. The HB Education Coordinator will observe Socializations and have a place on the observation tool for checking.

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.42 (3)	Health	HB Teacher, Family Advocate	Ongoing	*Health Progress Sheet, Follow-Up Progress Sheet*

(3) A program must assist parents, as needed, in obtaining any prescribed medications, aids or equipment for medical and oral health conditions.

Follow same plan as 1302.42 (d) (1)

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.42 (e) (1)	Education & Health Coor.	Site Supervisors & Cooks	Ongoing	

(e) <u>Use of funds</u>.

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

Program funds are used to purchase diapers and formula for enrolled children. Site Supervisors purchase the diapers and cooks purchase the formula during their weekly or monthly shopping.

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.42 (e) (2)	Health Coors.	Health Coor., HB Teachers, and Family Advocates	As needed	*Payment Request, Letter of Eligibility, Referral*

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

Utilization of Program Funds for Health Services:

Program funds are used for medical and dental services only when no other funds are available. Written documentation will show the use of these funds. The program utilizes the following resources before program funds are used:

l. Dept. of Human Services-medical cards or State Health Initiative (All Kids)
2. County Health Departments
3. Women, Infant and Children Nutrition Programs
4. Division of Specialized Care for Children
5. Family Insurance Plans
6. Free Clinics
7. Lions Clubs
8. Private health providers who will donate some or all of their services
9. Other Civic Organizations
10. DCFS for children in foster care

A medical and dental budget is planned by the Health Coordinator and approved by the Director, Board of Directors, and Policy Council yearly. These funds are used when the above resources are not available to pay for needed health services for enrolled children. When the need arises, the Home Based

Teacher or the Family Advocate completes a *Payment Request* and has the parent sign. Families must use providers on the PACT Provider List if financial assistance is requested. The *Payment Request* is forwarded to the Health Coordinator. If approved, the Health Coordinator has a *Letter of Eligibility* completed. A copy of the *Letter of Eligibility* is mailed to the provider and to the parent. When services are completed, the provider will bill PACT. The Health Coordinator approves the bill when documentation of services is received. The bill is then forwarded to Fiscal for payment.

The Family must call the provider within one week of receiving the Letter of Eligibility in the mail to make an appointment. The Home Base Teacher or the Family Advocate needs to make sure the family is committed to this before signing the payment request. If appointment is not made within the time frame,

the Letter of Eligibility will be voided, and a new payment request will need to be obtained. The Home Based Teacher or Family Advocate will refer families that do not have health insurance to that service during the Intake Visit. See 1302.46 (2) (i) in this section.

§1302.43 Oral health practices.

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.43	Health Coor.	HB & CB Teachers, FAs	HB - Visit #3 and monthly, CB daily, FA, 2nd HV, and in February	n/a

A program must promote effective oral health hygiene by ensuring all children with teeth are assisted by appropriate staff, or volunteers, if available, in brushing their teeth with toothpaste containing fluoride once daily.

Dental Hygiene - Center-Based

Education and instruction in self-care oral hygiene procedures is the responsibility of the Teacher using the guidance of Brush Up on Oral Health Newsletters and handouts, 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 on a toothbrush rack 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/paper 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. Children shall be offered water to rinse their mouths after meals/snack when tooth brushing is not possible due to the lack of time. In order to increase understanding and awareness of dental hygiene, Teachers can plan field trips or invite community leaders to classroom activities.

Center based parents will receive home visits by the Family Advocate. The Family Advocate uses the guidance of the Brush Up on Oral Health Newsletters and handouts, and Children's Oral Health flip chart from IDPH during their second home visit and then again on third visit. Toothbrushes and toothpaste are given to the parent to give to their child along with instruction on how to brush.

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. In order to increase understanding and awareness of dental hygiene, Teachers can invite community leaders to classroom activities.

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.

Dental Hygiene - Home Based Areas

Instruction on self-care oral hygiene procedures is the responsibility of the Home Based Teacher. The Home Based Teacher uses the guidance of the Brush Up on Oral Health Newsletters and handouts, and Children's Oral Health Flip Chart from IDPH in teaching oral hygiene. The first instruction is completed in the home on Visit #3 of the program. Toothbrushes and fluoridated toothpaste are given to each enrolled child, along with instructions on brushing. Brushing will occur on that visit. Instructions for children and parents include:

1) Using a soft toothbrush and replacing it when it is worn out,
2) Using a pea-sized amount of fluoridated toothpaste,
3) Parent's assistance with brushing and encouraging parents to have children brush daily after meals.

Brushing will continue monthly as part of home visit activities after monthly nutrition activities, with retraining on brushing procedures provided as needed. Teachers are provided extra individual toothpaste to use if the parent is out and extra brushes to replace worn out ones. These need to be carried with the Teacher on the nutrition visits. Teachers will also do dental activities on weekly home visits. At a minimum, they will leave dental tooth brushing charts, or by checking the progress of daily brushing. In order to increase understanding and awareness of dental hygiene, Teachers can plan field trips or invite community leaders to classroom activities.

Parents are educated about proper infant dental hygiene and ways to prevent baby-bottle decay through following home visit curriculum, Brush Up on Oral Health Newsletters and handouts and using the Oral Health flip chart from IDPH. Parents will be supplied with infant tooth brushing supplies when a child reaches one year and taught those brushing techniques. Monthly brushing will occur as part of the nutritional activity.

§1302.44 Child nutrition.

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.44 (a) (1)	Health & Disabilities/Mental Health Services Coors.	Family Advocates, Home Based Teachers, Teachers, Site Supervisor, & Cooks	Ongoing	*Dietary, Authorization for Release Medical Plan, Dietary Info from Physician*

(a) <u>Nutrition service requirements</u>.

(1) A program must design and implement nutrition services that are culturally and developmentally appropriate, meet the nutritional needs of and accommodate the feeding requirements of each child, including children with special dietary needs and children with disabilities. Family style meals are encouraged as described in §1302.31 (e) (2).

Varieties of foods are introduced during snack/mealtime. 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. The Teacher is responsible for these activities and discussion with children during meal/snack times. The menus include ethnic recipes. (See 1302.31 (2) for developmentally appropriate)

The Disabilities/Mental Health Services Coordinator is informed either by copy of the child's *Health History*, by the Health Coordinator, or by the child's Teacher if special provisions need to be made, or if there is a nutritional concern per child with disabilities. Children with disabilities are included in all meals and snacks and special accommodations are made if necessary. For example, in previous years, PACT has provided a slip proof surface, adapted eating utensils and cups, provided adherent bowls and plates, accommodated special diets and have trained staff to meet the needs of a child who required tube feeding.

The Disabilities/Mental Health Services Coordinator consults with parents, Teachers, the Health Coordinator, and therapists working with the child to determine what is needed to be done in order for meal/snack participation. Prevention of disabilities with a nutritional basis is discussed through regular parent education with handouts and as needed.

<u>Special Dietary Conditions</u>
When completing the nutritional section on the *Health History* during the Intake Visit, the Home Based Teacher or Family Advocate completes a *Dietary* form if there are any restrictions, food allergies, intolerances, or special diets. For center based children, if a physician has diagnosed dietary restrictions, an *Authorization for Release of Medical Plan* is obtained. The release is given to the Site Supervisor (CB only) for faxing. 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. A copy of the *Dietary* form or *Dietary Info from Physician* form is kept in the Health and Safety Notebook with copy emailed to the Health Coordinator to enter and attach in Child Plus.

The cook keeps a list of restrictions and substitutions posted in the kitchen. When substitutions are made due to individual allergies or intolerances, the cook labels the substitution with the child's name when it is placed on the food cart.

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.44 (2) (i) (ii) (iii) (iv) (v) (vi) (vii – see page 33) (viii) (ix)	Health coor.	Health coor .& CB Teachers	Ongoing	*Health History Infant Report From Parent, Infant/Toddler Care Daily Report*

(2) Specifically, a program must:

(i) Ensure each child in a program that operates for fewer than six hours per day receives meals and snacks that provide one third to one half of the child's daily nutritional needs;

(ii) Ensure each child in a program that operates for six hours or more per day receives meals and snacks that provide one half to two thirds of the child's daily nutritional needs, depending upon the length of the program day;

(iii) Serve three- to five-year-olds meals and snacks that conform to USDA requirements in 7 CFR parts 210, 220, and 226, and are high in nutrients and low in fat, sugar, and salt;

(iv) Feed infants and toddlers according to their individual developmental readiness and feeding skills as recommended in USDA requirements outlined in 7 CFR parts 210, 220, and 226, and ensure infants and young toddlers are fed on demand to the extent possible;

(v) Ensure bottle-fed infants are never laid down to sleep with a bottle;

(vi) Serve all children in morning center-based settings who have not received breakfast upon arrival at the program a nourishing breakfast;

(viii) Promote breastfeeding, including providing facilities to properly store and handle breast milk and make accommodations, as necessary, for mothers who wish to breastfeed during program hours, and if necessary, provide referrals to lactation consultants or counselors; and,

(ix) Make safe drinking water available to children during the program day.

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. Children arriving to class late, after breakfast has been served, will be offered a breakfast following the minimum requirements on the CACFP meal pattern chart if they have not had breakfast before they arrived. If the child does not arrive until closer to lunchtime, and the child says he is hungry, they may be given a snack upon arrival. 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 no less than two hours and not more than three hours apart unless the child is asleep.

At sites where PACT cooks the meals, an 8-week cycle menu will be used. Menus will be planned by the Nutrition Consultant and Health Coordinator. 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/Snacks at Macomb Site are provided by a vendor service. Menus are posted in the kitchen, classroom, and on (main) board outside of kitchen or classroom for parents to see. This is the responsibility of the Teacher and Cook. The cook posts the menu on the center's main board or by the kitchen and makes adjustments on it as needed when there is a change in the menu. The Teachers are responsible for making the changes in their own classroom if they wish to. Parents will receive a copy of the menus upon request. Teachers may also copy the menu on the back of their weekly newsletter.

Menus and recipes are based on the USDA/Child and Adult Care Food Program meal patterns. 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 Health Coordinator and 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 chests.

EHS children in center-based settings receive meals and snacks according to meal pattern charts recommended by USDA/Child and Adult Care Food Program. The Nutrition Consultant has provided an under two menu along with an infant menu. Breast milk is encouraged. PACT will provide food and milk based formula according to each child's needs.

Infant Feeding

Information about Infant/Toddler eating, sleeping, elimination, general activity is gathered on Intake Visit by the Family Advocate or HB Teacher using the *Health History*, and Infant Report from Parent form (for children not on all table foods.) New foods are introduced at the consent of the parent, one at a time. As changes occur, the parent marks changes on the form, initials, and dates it. 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. 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 and summarized during Parent Teacher Conferences.
Refrigerators are provided at centers for storing formula and breast milk as needed and Teachers follow the CACFP Infant Feeding Guide for proper storage and warming of breast milk and formula along with feeding instructions. 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. 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.

The following rules/regulations about nutrition and feeding will apply to Early Head Start (Information taken from DCFS Guidelines and CACFP Infant Feeding Guide)

1. 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)

2. 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.**

3. Flexible feeding schedule of infants shall be established to coordinate with parents' schedules at home and to allow for nursing infants.

4. 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.

5. 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.

6. Formula shall be milk-based, unless otherwise indicated in writing by the child's physician.

7. 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.**

8. 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.

9. 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.

10. 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.

11. Breast milk may be stored up to 48 hours in the refrigerator or up to two weeks in the freezer before discarding.

12. Breast milk shall be used only for the intended child.

13. 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 bowl of hot (not boiling) water for five minutes, followed by shaking the battle well and testing the milk temperature before feeding.

14. Bottles shall never be warmed or defrosted in a microwave oven.

15. 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.

16. 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.

17. When children are exclusively bottle-fed or breast-fed, supplemental water shall be offered.

18. 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. (PACT does not serve juice)

19. 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.

20. Cooked carrots, corn, peas and bananas may be served to infants only if mashed, grated or pureed.

21. Whole milk shall be served to children under two years of age unless low fat milk is requested by the child's physician.

22. The use of honey for sweetening infant foods is not allowed.

23. Staff members shall wash their hands and the child's hands before feeding each child.
24. 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.

25. 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.

26. 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*)
27. 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.

28. 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.

<u>The following pages show the CACFP required meal pattern components for both child and infants.</u>

Breakfast

(Select all three components for a reimbursable meal)

Food Components and Food Items[1]	Ages 1 and 2	Ages 3 through 5	Ages 6 through 12	Ages 13-18[2] (at-risk afterschool programs and emergency shelters only)
Fluid Milk[3]	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces
Vegetables, fruits, or portions of both[4]	¼ cup	½ cup	½ cup	½ cup
Grains (oz eq)[5,6,7]				
Whole grain-rich or enriched bread	½ oz eq (½ slice)	½ oz eq (½ slice)	1 oz eq (1 slice)	1 oz eq (1 slice)
Whole grain-rich or enriched bread product, such as biscuit, roll, or muffin	½ oz eq	½ oz eq	1 oz eq	1 oz eq
Whole grain-rich, enriched or fortified cooked breakfast cereal[8], cereal grain, and/or pasta	½ oz eq	½ oz eq	1 oz eq	1 oz eq
Whole grain-rich, enriched, or fortified ready-to-eat breakfast cereal (dry,cold)[8,9]	½ oz eq	½ oz eq	1 oz eq	1 oz eq
Flakes or rounds	½ cup	½ cup	1 cup	1 cup
Puffed cereal	¾ cup	¾ cup	1 ¼ cup	1 ¼ cup
Granola	1/8 cup	1/8 cup	¼ cup	¼ cup

[1]Must serve all three components for a reimbursable meal. Offer versus serve is an option for at-risk afterschool participants.

[2]Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.

[3]Must be unflavored whole milk for children age one. Must be unflavored low-fat (1%) or unflavored fat-free (skim) milk for children 2 through 5 years old. Must be unflavored low-fat (1%), unflavored fat-free (skim), flavored low-fat (1%), or flavored fat-free (skim) milk for children 6 years old and older.

[4]Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

[5]At least one serving per day, across all reimbursable meal services, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.

[6]Meat/meat alternates may be used to meet the entire grains requirement a maximum of three times a week. One ounce of meat/meat alternates is equal to one-ounce equivalent of grains.

[7]Beginning Oct. 1, 2021, ounce equivalents are used to determine the quantity of creditable grains.

[8]Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

[9]Beginning Oct. 1, 2019, the minimum serving size specified in this section for ready-to-eat breakfast cereals must be served. Until Oct. 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereal is ¼ cup for children ages 1-2; 1/3 cup for children ages 3-5; and ¾ cup for children ages 6-12.

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Lunch and Supper

(Select all five components for a reimbursable meal)

Food Components and Food Items[1]	Ages 1 and 2	Ages 3 through 5	Ages 6 through 12	Ages 13-18[2] (at-risk afterschool programs and emergency shelters only)
Fluid Milk[3]	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces
Meat/meat alternates				
Lean meat, poultry, or fish	1 ounce	1 ½ ounce	2 ounces	2 ounces
Tofu, soy product, or alternate protein products[4]	1 ounce	1 ½ ounce	2 ounces	2 ounces
Cheese	1 ounce	1 ½ ounce	2 ounces	2 ounces
Large Egg	½	¾	1	1
Cooked dry beans or peas	¼ cup	3/8 cup	½ cup	½ cup
Peanut butter or soy nut butter or other nut or seed butters	2 tablespoons	3 tablespoons	4 tablespoons	4 tablespoons
Yogurt, plain or flavored unsweetened or sweetened[5]	4 ounces or ½ cup	6 ounces or ¾ cup	8 ounces or 1 cup	8 ounces or 1 cup
The following may be used to meet no more than 50% of the requirement: Peanuts, soy nuts, tree nuts, or as listed in program guidance, or an equivalent quantity of any combination of the above meat/meat alternates (1 ounce of nuts/seeds = 1 ounce of cooked meal, poultry, or fish)	½ ounce = 50%	¾ ounce = 50%	1 ounce = 50%	1 ounce = 50%
Vegetables[6]	1/8 cup	¼ cup	½ cup	½ cup
Fruits[6,7]	1/8 cup	¼ cup	¼ cup	¼ cup
Grains (oz eq)[8,9]				
Whole grain-rich or enriched bread	½ oz eq	½ oz eq	1 oz eq	1 oz eq
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	½ oz eq	½ oz eq	1 oz eq	1 oz eq
Whole grain-rich, enriched or fortified cooked breakfast cereal[10], cereal grain, and/or pasta	½ oz eq	½ oz eq	1 oz eq	1 oz eq

[1] Must serve all five components for a reimbursable meal. Offer versus serve is an option for at-risk afterschool participants.

[2] Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.

[3] Must be unflavored whole milk for children age 1. Must be unflavored low-fat (1%) or unflavored fat-free (skim) milk for children 2 through 5 years old. Must be unflavored low-fat (1%), unflavored fat-free (skim), flavored low-fat (1%), or flavored fat-free (skim) milk for children 6 years old and older.

[4] Alternate protein products must meet the requirements in Appendix A to Part 226.

[5] Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

[6] Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

[7] A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different kinds of vegetables must be served.

[8] At least one serving per day, across all reimbursable meal services, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.

[9] Beginning Oct. 1, 2021, ounce equivalents are used to determine the quantity of creditable grains.

[10] Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

Snack

(Select two of the five components for a reimbursable meal)

Food Components and Food Items[1]	Ages 1 and 2	Ages 3 through 5	Ages 6 through 12	Ages 13-18[2] (at-risk afterschool programs and emergency shelters only)
Fluid Milk[3]	4 fluid ounces	4 fluid ounces	8 fluid ounces	8 fluid ounces
Meat/meat alternates				
Lean meat, poultry, or fish	½ ounce	½ ounce	1 ounce	1 ounce
Tofu, soy product, or alternate protein products[4]	½ ounce	½ ounce	1 ounce	1 ounce
Cheese	½ ounce	½ ounce	1 ounce	1 ounce
Large Egg	½	½	½	½
Cooked dry beans or peas	1/8 cup	1/8 cup	¼ cup	¼ cup
Peanut butter or soy nut butter or other nut or seed butters	1 tablespoon	1 tablespoon	2 tablespoon	2 tablespoon
Yogurt, plain or flavored unsweetened or sweetened[5]	2 ounces or ¼ cup	2 ounces or ¼ cup	4 ounces or ½ cup	4 ounces or ½ cup
Peanuts, soy nuts, tree nuts, or seeds	½ ounce	½ ounce	1 ounce	1 ounce
Vegetables[6]	½ cup	½ cup	¾ cup	¾ cup
Fruits[6]	½ cup	½ cup	¾ cup	¾ cup
Grains (oz eq)[7,8]				
Whole grain-rich or enriched bread	½ oz eq	½ oz eq	1 oz eq	1 oz eq
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	½ oz eq	½ oz eq	1 oz eq	1 oz eq
Whole grain-rich, enriched or fortified cooked breakfast cereal[9], cereal grain, and/or pasta	½ oz eq	½ oz eq	1 oz eq	1 oz eq
Whole grain-rich, enriched, or fortified ready-to-eat breakfast cereal (dry, cold)[9,10]	½ oz eq	½ oz eq	1 oz eq	1 oz eq
Flakes or rounds	½ cup	½ cup	1 cup	1 cup
Puffed cereal	¾ cup	¾ cup	1 ¼ cup	1 ¼ cup
Granola	1/8 cup	1/8 cup	¼ cup	¼ cup

[1] Select two of the five components for a reimbursable snack. Only one of the two components may be a beverage.

[2] Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.

[3] Must be unflavored whole milk for children age 1. Must be unflavored low-fat (1%) or unflavored fat-free (skim) milk for children 2 through 5 years old. Must be unflavored low-fat (1%), unflavored fat-free (skim), flavored low-fat (1%), or flavored fat-free (skim) milk for children 6 years old and older.

[4] Alternate protein products must meet the requirements in Appendix A to Part 226.

[5] Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

[6] Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

[7] At least one serving per day, across all reimbursable meal services, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.

[8] Beginning Oct. 1, 2021, ounce equivalents are used to determine the quantity of creditable grains.

[9] Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

[10] Beginning Oct. 1, 2019, the minimum serving sizes specified in this section for ready-to-eat breakfast cereals must be served. Until Oct. 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereals is ¼ cup for children ages 1-2; 1/3 cup for children ages 3-5; and ¾ cup for children ages 6-12.

Infant Meal Pattern

Birth Through 11 Months

Child and Adult Care Food Program

Illinois State Board of Education
Nutrition Department
100 N. First St.
Springfield, IL 62777-0001
(800) 545-7892

The Infant Meal Pattern lists the food to be offered infants from birth through 11 months. The infant meal must contain each of the following components in the amounts indicated for the appropriate age group in order to qualify for reimbursement.

Child care institutions and family day care home providers should:

- Work closely with parents to decide what foods to serve infants.
- Offer food with texture and consistency appropriate for the development of the infant.
- Serve food during times consistent with the infant's eating habits. For example, lunch components may be served at two feedings between noon and 2 p.m.
- Solid foods are introduced at 6 months or when developmentally appropriate for the infant. The provider should work with the parent to determine when solid foods should be served.

MEAL	FOOD COMPONENTS	AGE Birth Through 5 Months	AGE 6 Through 11 Months
Breakfast/ Lunch/ Supper	**Breast Milk**[1] **or Iron Fortified Infant Formula**[2] **;**	4-6 fluid ounces	6-8 fluid ounces; **AND**
	Iron Fortified Infant Cereal[2,3,5] **Meat**[5]**, Fish**[5]**, Poultry**[5]**, Whole Egg**[5]**, Cooked dry beans**[5]**, or cooked dry peas**[5]**; OR** **Cheese**[5]**; OR** **Cottage Cheese**[5]**; OR** **Yogurt**[4,5; OR]		0-1/2 oz eq 0-4 tablespoons **OR** 0-2 ounces 0-4 ounces 0-4 ounces or ½ cup; **OR** a combination of the above **AND**
	Vegetable[6] **or Fruit**[6,] **or a combination of both**[5,6]		0-2 tablespoons
Snack	**Breast Milk**[1] **or Iron Fortified Infant Formula**[2]	4-6 fluid ounces	2-4 fluid ounces **AND**
	Iron Fortified Infant Cereal[2,3,4]		0-1/2 oz eq **OR**
	Ready-To-Eat Breakfast Cereal[3,4,5,6]		0-1/4 oz eq **OR**
	Crackers[3,5,]		0-1/4 oz eq **OR**
	Bread[3,5,]		0-1/2 oz eq **AND**
	Vegetable[6] **or Fruit**[6,] **or a combination of both**[5,6]		0-2 tablespoons

[1] Breast milk or formula, or portions of both, must be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.
[2] Infant formula and dry infant cereal must be iron-fortified.
[3] Beginning Oct. 1, 2021, ounce equivalents are used to determine the quantity of creditable grains.
[4] Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
[5] A serving of this component is required when the infant is developmentally ready to accept it.
[6] Fruit and vegetable juices must not be served.

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.44 (2) (vii)	Health Coor.	Health Coor. & HB Teachers	Ongoing	*Nutritious Snack Receipt, Health History*

(vii) Provide appropriate healthy snacks and meals to each child during group socialization activities in the home-based option;

Socialization Activity Nutritious Lunches

Home Based Socialization activities which occur at the Center Base Site receive the same lunch prepared by the center cook as center base classes receive. (See Center Base Meals)

When home based areas hold socializations at a site where the food is provided by PACT's Cook, the Cook will put all food, dishes, and spray cleaner on the cart and take cart to the classroom. The teaching staff or volunteers will clean, sanitize, and get the tables ready unless the cook has time to assist. Dirty dishes and food will be placed back on the cart for the cook to get and take back to the kitchen.

Socializations that do not occur at a Center Based Site have a snack. The Home Based Teacher is responsible for purchasing and preparing food, following the snack menu at the end of this section. All items are cold and cooking is not allowed. Sanitation and safety practices for handling food and transporting are followed closely. The following lunch supplies will be kept at the socialization site not held at a Head Start Center:

paper plates and/or bowls
drinking cups
napkins
paper towels
silverware
disposable gloves
garbage bags
bleach
spray bottle
can opener
chlorine test strips
dish soap

EHS Home Based parents can bring formula or table foods and/or snacks for infants. If this is a burden, parents should discuss with the Home Based Teacher what is needed. The HB Teacher is responsible for purchasing the snacks for infants not on table food and seeing that there is a supply at the socialization site if the parent feels it is a burden to bring their own. Site cook provides all other purchasing for snacks.

PROCEDURES FOR FOOD PREPARATION AT SOCIALIZATION SITES

NOT HELD AT CENTERS

- Sink, counter, and meal service tables will be washed and sanitized with bleach water (1 to 10 solution) prior to using for food preparation and eating.
- Hands must be washed prior to food preparation and setting of the tables.
- Gloves will be worn for food preparation when handling food that will be eaten by others.
- Set table with dishes and food and enjoy the snack.

- Any food that has been out on tables must be thrown away. Food that has not been out on tables can be sent home with parents in plastic bags as long as it has been maintained at proper temperatures.
- Garbage will be disposed of in dumpster after each socialization.

Home Based Socializations that occur at a public library or some other community setting will adhere to their rules and regulations concerning snacks.

Home Visit Nutrition Activities (Home Based)

Home Based Teachers will conduct nine activities with or without food if age appropriate. The only age group food is not appropriate for is 0-12 months. Be sure to check the food chart for items not safe to serve children younger than two. (Previous menu pages) Nutrition activities should also be conducted with pre-natal mothers. Nutrition activities will take place on the first home visit in the months of September, October, November, January, February, March, April, May, and June. Teachers may choose to do a nutrition activity during the other months, but these are not program requirements. Documentation of these activities need to appear on the HVR in the section marked *Nutrition.* When food is used as part of the nutritious snack activity, the Teacher also observes the child brushing their teeth or appropriate oral hygiene.

A nutrition activity does not always have to include food preparation but must always include nutrition education for the child and parent. Be sure to include "Go, Slow, Whoa" information and activities. Food preparation can be used as a nutrition activity as long as it is nutritious. If food preparation is going to be done, the Home Based Teacher and parent will plan the activity at least a week in advance. The nutrition activity will focus on the process and not the eating. There are ideas in the Head Start Nutrition Education Curriculum, Tickle Your Appetite book, Healthy Moves for Healthy Children Cards, MyPlate, USDA emails from the Health Coordinator, and the Home Base Nutrition Activity Shared Ideas book. Home Based Teachers may purchase foods to be used at these activities, if needed. All foods purchased must be nutritious and low in fat, sugar, and salt. Sanitation practices are met by not sharing boxes or jars of food between families. If purchasing perishables, the Teacher must use caution by ensuring the items are kept cold by using a cooler and ice packs in between visits. If possible, parents may provide perishables. HB Teachers must use the kitchen at their office site to divide any purchased foods into individual containers. Sanitation practices will be followed.

Nutritious Snack Purchasing Procedures

All staff who purchase food, whether on an approved charge account, through petty cash, or check reimbursement must complete a *Nutritious Snack Receipt*. An itemized receipt from the store must be attached. All other information on the form must be completed. If food items for home visits and socialization activities are purchased at the same time, they must be listed separately on the form. Foods must be listed on the form, detailing types (for example, low fat yogurt, whole wheat crackers, etc.). Teachers who are purchasing the snack must check the appropriate reimbursement type and sign and date. All *Nutritious Snack Receipts* are forwarded to the Health Coordinator for approval to pay. The Health Coordinator will then forward them to the Fiscal Officer for payment.

Home Based Socialization Snacks
Menu

A. Wheat Crackers
Cheese Cubes

B. Yogurt (Low Fat)
Peaches

C. Vanilla Wafers (5 ct.)
Milk

D. Cottage Cheese (Low Fat)
Pineapple Chunks

E. Mozzarella Cheese Sticks
Whole Wheat Cracker

F. String Cheese
Applesauce

G. Animal Crackers (9 ct.)
Fruit Cocktail

H. Half Bagel (.5 oz.)
with Lite Cream Cheese
Pears

I. Half English Muffin
with Fruit Spread
Mandarin Oranges

J. Fruit Spread on WW Bread
Tropical Fruit

*Dairy products must be low in fat
*Bread & crackers must be whole wheat
*Canned fruit must be in natural juices (no Syrup)
*Cookies/Cereal must be low in Sugar (less than 6 g per serving). Please follow count listed for Vanilla Wafers and Animal Crackers to reflect sugar guidelines
*Water must be served with all snacks w/out milk

4/2017

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.44 (b)	Health Coor.	All staff involved in meal service	Ongoing	n/a

(b) <u>Payment sources</u>. A program must use funds from USDA Food, Nutrition, and Consumer Services child nutrition programs as the primary source of payment for meal services. Early Head Start and Head Start funds may be used to cover those allowable costs not covered by the USDA.

<u>CACFP and USDA</u>
PACT participates in the Child Care Food Program through USDA for reimbursement for the meal service program in the center based programs. Regulations under that program are followed. Application and claims for the Child Care Food Program is the responsibility of the Health Coordinator.

Staff involved in the regulations under the CACFP receives training in the fall of each year. Those records are kept by the Health Coordinator, who is responsible for arranging for that training. All Head Start and Early Head Start children are put in the "free" category according to USDA Regulations.

§1302.45 Child mental health and social and emotional well-being.

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.45 (a) (1) (2) (3) (4) (b) (1) (2) (3) (4) (5) (6)	D/MH Coor. Ed. Coor.	D/MH Coor, Teachers		

(a) <u>Wellness promotion</u>. To support a program-wide culture that promotes children's mental health, social and emotional well-being, and overall health, a program must:

(1) Provide supports for effective classroom management and positive learning environments; supportive Teacher practices; and, strategies for supporting children with challenging behaviors and other social, emotional, and mental health concerns;

(2) Secure mental health consultation services on a schedule of sufficient and consistent frequency to ensure a mental health consultant is available to partner with staff and families in a timely and effective manner;

(3) Obtain parental consent for mental health consultation services at enrollment; and,

(4) Build community partnerships to facilitate access to additional mental health resources and services, as needed.

(b) <u>Mental health consultants</u>. A program must ensure mental health consultants assist:

(1) The program to implement strategies to identify and support children with mental health and social and emotional concerns;

(2) Teachers, including family child care providers, to improve classroom management and Teacher practices through strategies that include using classroom observations and

consultations to address Teacher and individual child needs and creating physical and cultural environments that promote positive mental health and social and emotional functioning ;

(3) Other staff, including home visitors, to meet children's mental health and social and emotional needs through strategies that include observation and consultation;
(4) Staff to address prevalent child mental health concerns, including internalizing problems such as appearing withdrawn and externalizing problems such as challenging behaviors; and,
(5) In helping both parents and staff to understand mental health and access mental health interventions, if needed.
(6) In the implementation of the policies to limit suspension and prohibit expulsion as described in §1302.17.

Mental Health Services Consultant

PACT's Mental Health Consultants will observe each classroom and Socialization at least one time a year.

Parents receive education on how to better understand Mental Health issues by way of annual parent workshops and written resources which discusses the social –emotional foundation for children and addresses parent's questions. Parents also have access to a variety of materials, which address Mental Health issues and Wellness via the PACT Resource Library.

Services of Mental Health Professional (referred to as the Mental Health Consultant)

Services of the Mental Health Professional are provided by qualified consultants with experience with young children. A contract is developed and signed by us and the Mental Health Consultant.

Mental Health Consultant's services include the following:

1) **Observations of children in their classrooms and at socializations:** Group observations are done at least once a year, ideally toward the beginning of the program year. The Dis/MH Cord. schedules the observations with the MH Consultant and informs the Teachers of dates and times the consultant will be observing the classroom. Consultants will observe each group of children approximately one hour. Because of rapid growth and change, a second observation is done for Early Head Start. These start in January and continue as needed.
2) **Teacher consultation:** Following scheduled routine Observations. Teachers are allowed at least 30 minutes to discuss his/her concerns and the consultant concerns. (Any consultation time not needed by the Teacher is to be offered to other staff if needed.) The consultant summarizes her observations and recommendations and submits them in a report to the Disabilities/ Mental Health Coordinator. The Dis/MH Coord. copies the reports and distributes them to the Teacher's direct supervisor, the Teachers, and the Education Coordinator for CB Teachers and HB Teachers.
3) **Education to parents on Mental Health Issues:** Each parent group has the opportunity for discussion with the MH Consultant at annual Q & A Meetings. The consultant discusses

children's social-emotional foundations, and parents' concerns and questions are addressed. The Mental Health Consultant discusses with parents how to create and strengthen nurturing, supportive environments and relationships in the home. The consultant explains his/her role observing the children, discusses behavior management, answers questions as needed, and explains how to access community mental health resources. Parents are informed in advance of the meeting, and are told the date and time it will be held. Parents are given notice, which informs them of the Q & A, and parents receive a flyer home closer to the date. Flyers promoting the Q & A meeting are posted in centers and at Socializations.

4) **Staff training and program planning in Mental Health:** The Dis/MH Coord will schedule Training for staff with the consultant. The Consultant may be used for all staff training, or as needed on an individual basis. The MH Consultant may provide direct guidance on how to use the findings of behavioral and developmental screenings with staff at PBS meetings, after observations, and throughout the program year as the need becomes apparent.
5) **Support Meeting Consultations:** The Mental Health Consultant may be part of the Positive Behavioral Support Plans and also the Family Support Meetings. The Consultant participates in discussion, provides insight and suggestions.
6) **Parent Consultation:** The Mental Health Consultant for PACT is available to consult with parents in a crisis or when particular needs or questions need the assistance of an expert. Individual Parent Consultations, in home or by phone, are determined by discussion between the Teacher or other relevant staff and the Dis/MS Coord. Parents are allowed consultations as needed but do not receive ongoing counseling through PACT. The Consultant may help refer for ongoing counseling or treatment.
7) **Individual Staff Consultation:** Staff has the option of consulting with the Mental Health Consultant to discuss personal issues or concerns. Staff consultation is arranged through the Dis/MH Coordinator, or is available following MH Observations. Staff consultation with the Consultant is in strict confidence. The Consultant will bill for "Staff Consultation" but neither the staff nor the content of the consultation will be anywhere in written form to insure the confidentiality of staff.
8) PACT has email addresses for our Mental Health Consultants in which staff can directly contact the consultant with concerns without going through the Disabilities/Mental Health Coord.

Early Head Start Mental Health Services

Early Head Start Mental Health Services are provided in the same way as above with a few exceptions.

Staff and parent training will focus more on Infant-Toddler Mental Health; such as what mental health is concerning infants and young toddlers, how to help parents understand and promote Infant & Toddlers social-emotional well–being and helping care-givers form close and secure relationships with the children.

Classroom and Socialization Observations for infants and toddlers will focus on the parent/adult and child interaction. Services are also available for enrolled **pregnant woman** on an as needed basis, according to the risk-assessment and needs for assistance. The Mental Health Consultant is also available for emergencies such as loss of a child, or home.

§1302.46 Family support services for health, nutrition, and mental health.

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.46 (a) (b) (1) (i) (ii)	Health, FSC, & Disability/MH, Coors.	FA, HB & CB Teachers	Ongoing	*Family Partnership Survey*

(a) <u>Parent collaboration</u>. Programs must collaborate with parents to promote children's health and well-being by providing medical, oral, nutrition and mental health education support services that are understandable to individuals, including individuals with low health literacy.
(b) <u>Opportunities</u>.

(1) Such collaboration must include opportunities for parents to:
(i) Learn about preventive medical and oral health care, emergency first aid, environmental hazards, and health and safety practices for the home including health and developmental consequences of tobacco products use and exposure to lead, and safe sleep;
(ii) Discuss their child's nutritional status with staff, including the importance of physical activity, healthy eating, and the negative health consequences of sugar-sweetened beverages, and how to select and prepare nutritious foods that meet the family's nutrition and food budget needs;

Parents receive education in health literacy in medical, dental, emergency first aid, environmental hazards, health and safety in the home, secondhand smoke, smoking cessation, exposure to lead, safe sleep, and mental health. Parents also receive information on physical activity, nutrition, healthy eating, the consequences of sugar-sweetened beverages, and how to prepare healthy meals on a budget. Information is provided through handouts, social media, website links, family events, and through the Nutrition Consultant and the Mental Health Consultant. Family Advocates and Teachers give and discuss handouts on a schedule by following the home visit handout list. Handouts are easy to read and understand.

Nutrition screening information (hemoglobin, lead, and height & weights) is shared with families by the health care provider at the time of completion. All concerns from observations or on the nutrition section of the Health History are discussed with parents. Growth Assessments and handouts are shared by the Family Advocate or HB Teacher with parents of children with a high or low BMI. A summary of nutritional assessment information is included on the Health Summary at the end of the year.

Families also have the opportunity of learning more about these subjects as they participate in the Family Partnership Survey and goal planning process.

See 1302.52 in Subpart E - Family *Partnership Survey*

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.46 (b) (iii)	Health Coor,			

(iii) Learn about healthy pregnancy and postpartum care, as appropriate, including breastfeeding support and treatment options for parental mental health or substance abuse problems, including perinatal depression;

Parents have the opportunity to learn about healthy pregnancy, postpartum care, breastfeeding support, parental mental health, perinatal depression, and substance abuse prevention and treatment during the family partnership process. (See Subpart E – Family Partnership Services - 1302.52)

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.46 (b) (iv)	Disability/MH, Coors.	FA, HB & CB Teachers	Ongoing	

(iv) Discuss with staff and identify issues related to child mental health and social and emotional well-being, including observations and any concerns about their child's mental health, typical and atypical behavior and development, and how to appropriately respond to their child and promote their child's social and emotional development; and,

See Subpart A – 1302.17 (a) (4) (i – iv)

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.46 (b) (v)	Transportation Coor.	FA, HB & CB Teachers	Ongoing	

(v) Learn about appropriate vehicle and pedestrian safety for keeping children safe.

<u>Transportation and Pedestrian Safety</u>
The transportation and pedestrian safety education will be provided within the first thirty days of the program year. This education is for children and their parents. The education to children will be integrated into the classroom curriculum and be developmentally appropriate.
(See Subpart F - Transportation– 1303.71 (e) & 1303.74 (a) (b))

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.46 (b) (2) (i)	Health Coor.	FA, HB Teacher	Ongoing	

(2) A program must provide ongoing support to assist parents' navigation through health systems to meet the general health and specifically identified needs of their children and must assist parents:

(i) In understanding how to access health insurance for themselves and their families, in-cluding information about private and public health insurance and designated enrollment periods;

Family Advocates and Home Based Teachers refer families to the Illinois Department of Human Services to access health insurance if they do not already have it for themselves and or children. Parents can also complete online applications for medical card or health insurance (depending on income) through the Illinois Department of Human Services website that links families to the Application for Benefits Eligibility (ABE). Parents can also access health insurance through HealthCare.gov. Information about open enrollment will be posted on PACT's Facebook page. (See Referral Process – Subpart E -1302.52 in Family Partnerships Services) and (1302.42 (a) (1) (2) in this section)

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.46 (b) (2) (ii)	Health Coor, MH/Dis Coor.	FA, CB & HB Teacher	Ongoing	

(i) In understanding the results of diagnostic and treatment procedures as well as plans for ongoing care; and,

See 1302.41 (a) (b) (1) and 1302.42 (d) (1) in this section

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.46 (b) (2) (iii)	Health and Educ. Coors.	FA, CB & HB Teacher	Prior to receiving screenings	*HVR, HOTV*

(iii) In familiarizing their children with services they will receive while enrolled in the program and to enroll and participate in a system of ongoing family health care.

Familiarize Parent/Children

The Home Based Teacher or Family Advocate in Center Base discusses with parents how to familiarize their children for developmental procedures, health screenings, and treatments. This is done during intake visits and prior to each screening and is documented on *HVR's* and Health Progress sheets. The *HOTV Vision Readiness* game is given out as needed for parents to prepare children if they have not had a vision/hearing screening. The Teacher also familiarizes the parent and child through home visit activities, handouts, and/or classroom activities. Classroom Teachers may play the HOTV game with children during class time and prepare children for the hearing test by using headphones in the classroom. During home visits and parent-Teacher conferences, the parent is familiarized with the use of the observation assessment tools.

§1302.47 Safety practices.

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.47 (a) (b) (1) (i)	Educ. & Health Coor.	Site Sup & CBT	Ongoing	

(a) A program must establish, train staff on, implement, and enforce a system of health and safety practices that ensure children are kept safe at all times. A program should consult Caring for our Children Basics, available at http://www.acf.hhs.gov/sites/default/files/ecd/caring_for_our_chil-dren_basics.pdf, for additional information to develop and implement adequate safety policies and practices described in this part.

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

This system must ensure:

(1) Facilities. All facilities where children are served, including areas for learning, playing, sleeping, toileting, and eating are, at a minimum:

(i) Meet licensing requirements in accordance with §§1302.21(d)(1) and 1302.23(d);

DCFS RISK MANAGEMENT PLAN

PACT centers are licensed by the Department of Children and Family Services. The DCFS License authorizes PACT centers to operate in accordance with applicable standards and the provisions of the Child Care Act of 1969. PACT also consults to Caring for our Children Basics to maintain safety policies.

See Subpart B- Program Structure - 1302.21 (d) (1)

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.47 (b) (1) (ii)	Educ. Coor.	Site Supervisor	Ongoing	

(ii) Clean and free from pests;

Integrated Pest Management

The PACT Integrated Pest Management Plan (IPM) will include the following information:

- Any extermination of pests or rodents at PACT centers will be conducted by a commercial pest control business, with certified technicians, and under the direct observation of a staff member. PACT will request the use of a variety of non-chemical methods (baits) as well as pesticides, when needed, to reduce pest infestations to acceptable levels and to minimize children's exposure to pesticides.

- PACT will use a proactive approach to control pest. Staff will attempt to identify the pest, the location and the cause, if possible. The prevention plan will include sanitation practice, removal of food waste, etc., and physical/mechanical control such as cracks and threshold for pests to enter into the building.

- Commercial chemicals, if used, will be applied by a licensed pest control operator and shall meet all standards of the Department of Public Health (Structural Pest Control Code,77 Ill. Adm. Code 830). Chemicals for insect and rodent control shall be applied in minimum amounts.

- PACT will communicate with licensed pest technicians to prevent mixing chemicals if over-the-counter products is used. Over-the-counter products may be used only according to package instructions and Executive director's approval.

- Before a child is enrolled, PACT staff will provide a summary of our pest management plan and uses of pesticides and herbicides to the child's parents or guardians.

- PACT will communicate with pest control operator to discuss non-chemical methods (baits, sanitation, etc.) as well as pesticides, when needed, to reduce pest infestations to acceptable levels and to minimize children's exposure to pesticides

- The center site supervisor will be responsible for the oversight of the pest management practices (monitoring and reporting) and record keeping requirements. A *Record of Pesticides or Herbicides* form is used to document dusting, baiting, & spraying for pests. The pest contractor's business license number, address, and telephone number will be available at the center.

- A record of written notification to parents, guardians, and employees prior to application of pesticides (dust or liquid) will be available for public inspection at the center in the DCFS Health & Safety Drawer. (Note: baits do not require parent notification)

- Parents and guardians of children enrolled at the center, who are registered to be notified of pesticide application, will be notified within 30 days before application of the pesticide and/or no later than 2 business days before application of the pesticide application. The written notification will include the intended date of the application, the chemical used, and the center personnel responsible for the pesticide application program. The notification will be provided through notes, newsletters, bulletins, calendars, etc.

- Employees assigned and/or working at the center, who are registered to be notified of pesticide application, will be notified within 30 days before application of the pesticide and/or no later than 2 business days before application of the pesticide application. The written notification will include the intended date of the application of the pesticide and the center personnel responsible for the pesticide application program. The notification will be provided through notes, newsletters, bulletins, calendars, etc.

- Parents and guardians of children enrolled at the center, who are registered to be notified, will be notified within 30 days before application of the **herbicide** and/or no later than **4 business days before application of the herbicide (weed killer) application**

Prior written notice will not be required if there is an imminent threat to health or property. If such a situation arises, the Executive Director will sign a statement describing the circumstances that gave rise to the health threat and ensure that written notice is provided to parents and guardians of children enrolled.

Pesticides subject to notification requirements **does not include** antimicrobial agent, such as disinfectant, sanitizer, or deodorizer, or insecticide baits and rodenticide baits.

Contact Illinois Dept. of Agriculture, Scott Frank, and 217-785-2427, for any concerns related to drifting of pesticides/herbicides from farm applications.

Lawn care products, such as weed killer need parent notification a minimum of 4 days prior to application. (Note: Grass seeds do not need prior parent notification.)

The following precaution will be followed prior to the application of pesticide.

- Parents, guardians of children enrolled at the center, and employees who are registered to be notified of pesticide application, will be notified (2 to 30 days) prior to pesticide application.

- Children will not be present during the application and will not return to the treated area within 2 hours after a pesticide/ herbicide application or as specified on the label, whichever time is greater.

- Toys and other items mouthed or handled by the children must be removed from the area before pesticides are applied.

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.47 (b) (1) (iii)	Educ.Coor.	Site Sup & Teachers	Ongoing	

(iii) Free from pollutants, hazards and toxins that are accessible to children and could endanger children's safety;

Documented evidence that states our centers are free of toxins is our DCFS License Certificate.

DCFS determines compliance. PACT center environments are free of toxins such as cigarette smoke, lead, pesticides, herbicides and other air pollutants through on-site visits, interviews, and the collection and review of supporting documents. PACT licensed facilities are inspected annually by the Fire Marshall, Health Department, and DCFS Licensing Representative.

The smoking policy is explained in the Standard Operating Manual. There will be no smoking or use of tobacco products in any form on grounds leased or utilized by PACT.

DCFS requires our licensed centers to be in compliance with the lead water testing procedures in 407.370 (i)(j) of the licensing standards. Lead water testing results are available at each center and are in compliance with the DCFS regulations.

The Home-Based Education Coordinator is responsible to make sure the socialization environment is free of toxins. Home-based teachers complete a safety check prior to children attending socialization. If hazards are identified, staff will contact the HB Education Coordinator. If unsafe conditions are identified during safety check, the children will be removed from the hazard area and protected from peeling or damaged paint or plaster.

DCFS forwards a list of recalled toys with high lead levels to Education Coordinators and Site Supervisors. The Illinois Department of Public Health (IDPH) maintains an ongoing list of unsafe children's products on their Internet Website at: www.idph.il.us/childsafety/childsafetyhome.htm.

The Website is posted on the socialization and center parent bulletin board.

Staff and Parents are encouraged to visit the IDPH website to read the Children's Product Safety Act. The Site Supervisor and center staff inspects daily and annually for unsafe children's products and dispose of any unsafe items after completing the Lost, Broken, Stolen and Transfer Form.

PACT will contact an IEMA-licensed radon measurement professional to test our facilities every three years as part of the DCFS license renewal process.

The most current radon measurements result will be posted next to the license certificate issued by the Department of Children and Family Services (DCFS) and provide copies of the report to parents or guardians upon request.

The U.S. Environmental Protection Agency (USEPA) has established 4.0 picocuries per liter of air as the action level for radon. Radon is a colorless, odorless, tasteless radioactive gas that comes from the radioactive decay of naturally occurring uranium in the soil.

Soil and Water is under the EPA. Our center water is supplied and monitored by the city. Our facilities are not located on contaminated soil. EPA checks for soil contaminates such as lead, oil, gas, etc.

Under a boil order, drinking fountains will be taped off. Children will not be tooth brushing. Cook will purchase bottled water for drinking, hand washing, etc. Health Coordinator will be notified of the boil order.

Sandboxes are covered or checked daily for fecal matter and documented on the Playground Checklist.

The Integrated Pest Management Plan, which includes herbicides are monitored by the Illinois State Department of Public Health.

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.47 (b) (1) (iv) (v) (vi) (vii)	Educ. Coor.	Site Sup & Teachers	Ongoing	

(iv) Designed to prevent child injury and free from hazards, including choking, strangulation, electrical, and drowning hazards, hazards posed by appliances and all other safety hazards;
(v) Well lit, including emergency lighting;
(vi) Equipped with safety supplies that are readily accessible to staff, including, at a mini-mum, fully-equipped and up-to-date first aid kits and appropriate fire safety supplies;
(vii) Free from Firearms or other weapons that are accessible to children;

<u>Safety Inspections</u>
The physical environment will support learning and be consistent with health, safety, and developmental needs of the children. Center staff conducts a safety inspection, daily, monthly, and annually, to ensure that facilities' emergency system, space, lighting, ventilation, heating system, and other physical arrangements are consistent with the health, safety, and developmental needs of children.

See Health and Safety Training Guide:
- Active Supervision
- Wading Pool Safety Guidelines
- Facility, Materials, & Equipment
- First Aid Kits

Fire Extinguishers

Center fire extinguishers are installed, tested annually, and tagged by businesses licensed by the Office of the State Fire Marshal as required by DCFS regulation. Per NAC Standard C19, Macomb staff receive training on the use of fire extinguishers.

Firearms or Weapons

All of PACT sites have a no weapon or gun policy. (See 1302.47 (7) (i) – Crisis Management Manual in this section.)

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.47 (b) (1) (viii)	Educ. Coor.	Site Sup & Teachers	Ongoing	

(viii) Designed to separate toileting and diapering areas from areas for preparing food, cooking, eating, or children's activities; and,

Toileting and diaper changing areas are separated by a partial wall or located 3 feet from other areas children use.

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.47 (b) (1) (ix)	Educ.Coor.	Site Sup & CBT	Ongoing	

(ix) Kept safe through an ongoing system of preventative maintenance.

The Office Manager schedules and completes the health and safety screener twice a year on all the centers and home base sites (Fall and Spring).

- Communicating with all Site Supervisors to schedule a visit in the fall and the spring.
- Monitor uses form 8020 monitoring worksheet from child plus.
- Monitor looks at the environment, health and safety procedures, and supervision. The monitor does not look at the transportation part.
- Monitor communicates with the site supervisor any issues found on the day of the visit for them to start working on as soon as possible or immediately if necessary.
- Monitor logs information into Child plus and prints out the noncompliant areas and sends to the site supervisor for them document what they have done and the date it was complete. Site supervisor returns the form to monitor when complete.
- Monitor logs action steps taken and date complete under corrective action plan tab in child plus.

- Monitor communicates with coordinators as needed that involves them to ensure everyone is on the same page and for observation/evaluation purposes.

The Center Based Education Coordinator is responsible to see that the correction plans for center based sites are resolved.

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.47 (b) (2) (i) (ii) (iii) (iv) (v)	Education & Health Coor	Site Sup.& Teachers	Ongoing	

(2) <u>Equipment and materials</u>. Indoor and outdoor play equipment, cribs, cots, feeding chairs, strollers, and other equipment used in the care of enrolled children, and as applicable, other equipment and materials meet standards set by the Consumer Product Safety Commission (CPSC) or the American Society for Testing and Materials, International (ASTM). All equipment and materials must at a minimum:

(i) Be clean and safe for children's use and are appropriately disinfected;
(ii) Be accessible only to children for whom they are age appropriate;
(iii) Be designed to ensure appropriate supervision of children at all times;
(iv) Allow for the separation of infants and toddlers from preschoolers during play in center-based programs; and,
(v) Be kept safe through an ongoing system of preventative maintenance.

<u>Equipment and Materials</u>
The teachers and Site Supervisor are responsible to inspect inventory for unsafe children's products. The equipment and materials for both indoors and outdoors will be appropriate to the age and development of the children served. (See Health and Safety Training Guide)

<u>SANITIZING & DISINFECTANT SOLUTIONS:</u>
An appropriate sanitizing OR disinfectant solution will be used for sanitizing or disinfecting items. <u>Sanitizing</u> will be done on tables before and after eating, toys, toothbrush holders, food service areas, dishes, doorknobs, and shelves. <u>Disinfecting</u> 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.

<u>Staff will follow these instructions when sanitizing:</u>
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, <u>air drying</u> should occur. Mixtures of bleach and water only last <u>24 hours</u>, 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.

Providing a Safe Physical Environment
The physical environment shall support learning and be consistent with health, safety, and developmental needs of the children. 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 need to always be alert to prevent accidents and take every precaution that is possible to ensure children's safety, in our agency we call this "Active Supervision". Active supervision requires the focused attention and intentional observation of 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. (See Safety Training Guide)

Children's Play Areas
The infants and toddlers will have a separate play space from the preschool age children. The play equipment on the Early Head Start playground will be age appropriate for infants and toddlers and will meet all safety requirements. Teachers will provide adequate supervision during outdoor play to ensure that children do not leave the play area. The play area is arranged so that all areas are visible to staff.

Also see 1302.47 (iv) (v) (vi) and 1302.47 (ix) in this section

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.47 (b) (3)	Administrative Assistant	Admin Asst. & Site Sup	Ongoing	

(3) Background checks. All staff have complete background checks in accordance with §1302.90(b).

See Subpart I - Human Resource Management

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.47 (b) (4) (i)	Educ Coor.&, Health	All Staff	Ongoing	

(4) <u>Safety training</u>.

(i) <u>Staff with regular child contact</u>. All staff with regular child contact have initial orientation training within three months of hire and ongoing training in all state, local, tribal, federal and program-developed health, safety and child care requirements to ensure the safety of children in their care; including, at a minimum, and as appropriate based on staff roles and ages of children they work with, training in:

All staff are trained by the Education Coordinator and/or the Health Coordinator during new staff training then receive a yearly refresher during preservice.

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.47 (b) (4) (i) (A)	Health Coor.	All Staff	Ongoing	

(A) The prevention and control of infectious diseases;

Staff who may have to be in contact with bodily fluids will receive training upon hire and all staff receive an annual training on Universal Precautions. (See 1302.47 (ii) (iii), 1302.47 (7) (iii) in this section and Health & Safety Training Guide.)

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.47 (b) (4) (i) (B)	Educ. Coor.	Teachers & Aides	Ongoing	

(B) Prevention of sudden infant death syndrome and use of safe sleeping practices;

All center staff receive SIDS online training new staff training and every three (3) years after. Certificate of training is located in their DCFS files on site. (See Health and safety training guide under Napping and Sleeping section)

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.47 (b) (4) (i) (C) (D)	Health Coor.	Teachers	Ongoing	

(C) Administration of medication, consistent with standards for parental consent;

(D) Prevention and response to emergencies due to food and allergic reactions;

See 1302.47 (7) (iv) in this section & Health & Safety Training Guide – for Medications
See 1302.44 (a) (1) in this section & Health & Safety Training Guide – For Special Dietary Conditions

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.47 (b) (4) (i) (E)	Education & Transp. Coor.	Site Sup, Teachers, Buss Staff	Ongoing	

(E) Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic;

See 1302.47 (iv) (v) (vi) & 1302.47 (ix) in this section, Subpart F - Transportation– 1303.74 (a) (b) Health & Safety Training Guide and Site Supervisor Training Guide.

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.47 (b) (4) (i) (F) (G) (H)	Educ. Coor.	Site Sup, Teachers,	Ongoing	

(F) Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;

(G) Emergency preparedness and response planning for emergencies;

(H) Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants;

All staff receive Prevention of Shaken baby training online at new staff training and then every three (3) years, certificates of training are in their DCFS files on site.

All staff are trained at new staff training on the Crisis Manual and receive a yearly refresher during the beginning of each new program year. (See 1302.47 (7) (i) in this section)

Staff are trained at new staff training on Health & Safety checklists including Playground, Facility, and Classroom Checklists. (See Health & Safety Training Guide, and Site Supervisor Training Guide.)

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.47 (b) (4) (i) (I)	Transp. Coor.	Bus Staff & Teachers,	Ongoing	

(I) Appropriate precautions in transporting children, if applicable;

See Subpart F – Transportation

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.47 (b) (4) (i) (J)	Health Coor.	Direct Service Staff	Ongoing	

(J) First aid and cardiopulmonary resuscitation; and,

PACT direct service staff receive training in Basic First Aid and CPR. The Health Coordinator is responsible for obtaining this training for staff.

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.47 (b) (4) (i) (K)	Family & Community Services Coor	All Staff	Ongoing	

(K) Recognition and reporting of child abuse and neglect, in accordance with the requirement at paragraph (b) (5) of this section.

The Family & Community Services Coordinator provides training to staff on reporting abuse and neglect. The online DCFS Mandated Reporter Training is completed during 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 & Community Services Coordinator and additional training provided as necessary. An in-service training on abuse and neglect is provided by the Department of Children and Family Services on a bi-annual basis for all staff.

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.47 (b) (4) (ii)	Educ & Health Coor Exec. Director		Ongoing	

(ii) <u>Staff without regular child contact</u>. All staff with no regular responsibility for or contact with children have initial orientation training within three months of hire; ongoing training in all state, local, tribal, federal and program-developed health and safety requirements applicable to their work; and training in the program's emergency and disaster preparedness procedures.

Staff without regular contact with children are trained as new employees in the areas of emergency preparedness, center evacuation plans, intruder alert processes, fire/tornado/earthquake drills. The Crisis Management Manual and emergency preparedness processes are reviewed and discussed. All staff are trained yearly on universal precautions.

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.47 (b) (5) (i)	Family & Community Services Coor	All staff	Ongoing	*CANTS-5*

(5) <u>Safety practices</u>. All staff and consultants follow appropriate practices to keep children safe during all activities, including, at a minimum:

(i) Reporting of suspected or known child abuse and neglect, including that staff comply with applicable federal, state, local, and tribal laws;

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.

<u>Federal Child Abuse Legislation</u>

PACT personnel are mandated to report suspected cases of child abuse and neglect:

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.

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.

Procedure 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 & 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 & Community Services Coordinator or 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 & 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 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 & Community Services Coordinator in its own envelope, marked confidential and to the attention of Family & Community Services Coordinator. 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 copy of the CANTS 5 report is kept confidential and stored in a locked file cabinet.

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

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 preventative role to play in relation to child abuse and neglect. **When staff receive the letter stating result of the investigation, forward to 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.

How to handle upset parents/guardians in Centers with a Site Supervisor

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 in centers without a Site Supervisor

The CB Teacher will invite the 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 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 & Community Services Coordinator will determine if the report should be discussed with the family.

Communication with the PACT staff

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

Procedure for Child Found Alone

Leaving a child alone is considered neglect. If a staff member goes to a home and finds a child home alone, the police must be notified. The staff member needs to be sure the child actually is alone before calling. Knock on all doors, call loudly for an adult, honk your car horn, etc. Do not go into the house unless you have reason to believe there is someone inside who needs your immediate assistance or it is necessary to enter the home in order to remove the child. Do not leave the child unattended while you notify police. If needed, walk the child with you to a neighbor's home or someplace nearby to call. Staff should leave a note on the door of the child's home explaining that you found them alone and have gone to notify police. Do not leave the child alone or with anyone else (neighbors, etc.) except parents or the authorities.

CHILD SEX OFFENDERS AND MURDERER COMMUNITY NOTIFICATION LAW

PACT for West Central Illinois has also developed the following Child Sex Offenders and Murderer Community Notification Law Policy. This policy has been approved by the Grantee Board and Policy Council. All staff is responsible for following this policy.

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 Service Hotline is 800-25-ABUSE.

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

Monthly Review of the Child Sex Offender List

The Family & Community Services Coordinator or designee will print the Child Sex Offender List from the website www.isp.state.il.us and distribute copies to all HS and EHS Home Based Teachers, Family Advocates and Site Supervisors during the Central Office monthly staff meeting. Staff will review their list monthly, and then post on bulletin board at the center of socialization site.

Site Supervisors will review the list monthly with staff during the Center Team Meetings and documentation of the review will appear on the CB Team Meeting Minutes form.
Where a Teacher or staff member identifies a person on a list as a person with which the Teacher or other agency staff will likely have contact in a home or otherwise, the Executive Director is to be so informed. The circumstances will be evaluated by the Executive Director on a case-by-case basis. Appropriate precautionary measures may be authorized by the Executive Director in consultation with any potentially affected Teacher or staff member. Such measures may include, but are not necessarily limited to: requesting an additional person or persons to be present for home visits; assigning an aide to accompany the Teacher on home visits; conducting home visits outside the home; providing communications equipment to staff; or determining that home visits should be discontinued.

In addition, no convicted child sex offenders or murderers appearing on the community notification lists shall be permitted on the grounds of any center, any PACT activity, or be permitted to participate in Socializations or Center Based activities for children.

The Family Advocate or Home Based Teacher will address issues/awareness, on a case by case basis if a registered sex offender has contact with a PACT family.

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.47 (b) (5) (ii) (iii) (iv) (v) (vi)	Education Coor	All staff	Ongoing	

(ii) Safe sleep practices, including ensuring that all sleeping arrangements for children under 18 months of age use firm mattresses or cots, as appropriate, and for children under 12 months, soft bedding materials or toys must not be used;

(iii) Appropriate indoor and outdoor supervision of children at all times;

(iv) Only releasing children to an authorized adult, and;

(v) All standards of conduct described in §1302.90(c), and

(vi) (vi) Masking, using masks recommended by CDC, for all individuals 2 years of age or older when there are two or more individuals on a vehicle owned, leased, or arranged by the Head Start program; indoors in a setting when Head Start services are provided; and for those not fully vaccinated, outdoors in crowded settings or during activities that involve sustained close contact with other people, except:
(A) Children or adults when they are either eating or drinking;
(B) Children when they are napping;
(C) When a person cannot wear a mask, or cannot safely wear a mask, because of a disability as defined by the Americans with Disabilities Act; or
(D) When a child's health care provider advises an alternative face covering to accommodate the child's special health care needs.

Safe Sleep
See Health & Safety Training Guide – Napping & Sleeping

Supervision
All teaching staff is trained on Active Supervision during new staff training and receive a refresher yearly, (See Health and Safety Training Guide - Active Supervision.)

Release of Children
All center staff are trained at new staff training on how to use the Release of Children form then yearly after by the Site Supervisors. (See 1302.47 (v) in this section.)

Standard of Conduct
See Subpart I – Human Resources Management

Masking (vi)
This above will be followed when OHS releases the Final Rule of this standard. If local health authorities warrant, or CDC, DCFS or OHS issues new guidance before the Final Rule, PACT will require the wearing of masks by all staff, visitors, children, and contractors.

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or On Going	Form Name
1302.47 (b) (6) (i)	Health Coor.	All direct service staff	On-going	n/a

6) Hygiene practices. All staff systematically and routinely implement hygiene practices that at a minimum ensure:

(i) Appropriate toileting, hand washing, and diapering procedures are followed;

Diaper Changing Procedure:

All staff, in home-based and center-based programs, must follow these proper diaper-changing procedures:
These procedures will be posted in the classrooms.

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 the 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 child's hands.
11. Dispose of both the cleaning towel and the paper beneath the child.
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

Diapering

- Check diapers every 2 hrs. when child is awake and when a child awakens
- Change diapers when wet or soiled
- Change diapers or soiled underwear in designated changing areas only
- Staff keeps hand on child at all times on elevated surface.
- Posted changing procedures are followed when diaper is changed.
- Surfaces used for changing are not used for other purposes.
- Diaper pail is closed and contents are not accessible to children.

Potty chairs are not used in the classrooms, bathrooms have child size toilets or a step to help the children reach the toilet. Teachers work with the parents when potty training their child by having them fill out the toilet training agreement when their child is ready. Teachers will take the children to the bathroom at least every 2 hours.

Handwashing:

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

1. Upon arrival at the center
2. Before and after each meal or snack
3. After using the toilet or having diapers changed
4. After handling pets or animals
5. After wiping or blowing his or her nose
6. After touching items soiled with body fluids or wastes (e.g., blood, drool, urine, stool or vomit)
7. Before and after cooking or other food experience
8. After outdoor play time
9. Before and after using the water table

Staff and volunteer hands shall be washed routinely and frequently with soap and water, at least at the following times:

1. Upon arrival at the center
2. After using the bathroom or helping a child use the bathroom
3. After changing a diaper
4. After wiping or blowing their nose, or helping a child to wipe or blow his or her nose
5. After handling items soiled with body fluids or wastes (e.g., blood, drool, urine, stool)
6. After handling pets or animals
7. After handling or caring for a sick child
8. Before and after eating, drinking, or feeding a child.
9. Before preparing, handling or serving food
10. Before & after dispensing any medication
11. Before (if possible) and after administering first aid (gloves should be worn)
12. When changing rooms or caring for a different group of children

The following technique for thorough hand washing shall be used:

1. Wet hands under warm running water
2. Lather both hands well and scrub vigorously for a least 20 seconds
3. Rinse hands thoroughly under warm running water
4. Dry both hands with a new single-use towel or automatic dryer
5. For hand-held faucets, turn off the water using a disposable towel instead of base hand to avoid re-contamination of clean hands

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or On Going	Form Name
1302.47 (b) (6) (ii)	Health Coor.	Cooks & Meal Service Staff	On-going	n/a

(ii) Safe food preparation; and,

Center-Based - Sanitation/Safety

The kitchens and/or serving areas at licensed sites are fully equipped with the necessary equipment and appliances for group food preparation. The kitchen and serving areas are approved by the Public Health Department. It is inspected at random throughout the year as seen needed by the Health Department. The inspections and approval certificates are posted on-site with a copy forwarded to the Health Coordinator. Correction of any existing violations is the responsibility of the Site Supervisor with input for Health Coordinator as needed.

The Cooks and Site Supervisors are certified Food Protection Sanitation Managers. All staff involved with family style meal service receive Food Handler Training. This is the responsibility of the Health Coordinator. The Food Service Sanitation Code from the Illinois Department of Public Health, Office of Health Protection Division of Food, Drugs, and Dairies are followed.

Cooks and managers who monitor sanitation and meal preparation are the only ones allowed in the kitchens at our sites. On rare occasions another staff person, as designated by the Site Supervisor, may be needed to assist the cook with certain parts of meal preparation or clean up.
NO CHILDREN ARE ALLOWED IN THE KITCHEN UNDER ANY CIRCUMSTANCES!

Home Based Socialization Sites - Sanitation/Safety

Some of the HB Socializations are at center sites, so the same regulations as above apply. Only cold snacks and no hot foods are served to children at home based area not at a center. These regulations are currently not applicable, although PACT makes an affirmative effort to assure safety by practicing the same sanitation and food storage procedures. Cooking is not done, so hot temperatures are not a concern. All Home Based Teachers receive Food Handler Training. (See 1302.44 (2) (vii) for specifics on Home Base sanitation practices.)

PACT -Nutrition Policy for Home Based and Center Based

PACT is committed to providing nutritious snacks and meals as set forth by Head Start Rules and Regulations. All foods served must have prior approval by the Nutritionist. PACT also follows the safety regulations set forth by sanitation codes regarding food services. All food served will be prepared by the Cook or staff supervised by staff with food handler's license at center based, by contracted food service, or HB Teachers at socialization. Because of nutrition and the safety of foods being served, PACT prohibits parents from providing any food items at PACT sponsored activities, on or off site. Parents are told to discuss other options (non-food) with their Teacher or Family Advocate if they wish to help celebrate special occasions. It is the responsibility of the Teacher to explain this to parents using the section on nutritious snacks in the Parent Handbook. Family Advocates discuss with parents during intake visits that outside food is not allowed at our centers. Parents sign off on the *Health History* that they are aware of this. This should be reviewed as needed.

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or On Going	Form Name
1302.47 (b) (6) (iii)	Health Coor.	All direct service staff	On-going	n/a

(iii) Exposure to blood and body fluids are handled consistent with standards of the Occupational Safety Health Administration.

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, vomitus, 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. Each center and bus are provided with clean up kits for cleaning spills of bodily fluids.

Since transmission of communicable diseases could occur from contact with bodily fluids, PACT staff will follow the following precautions:

1) Disposable gloves should be worn when there may be direct exposure to blood or bodily 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 plastic 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 when 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 novelettes 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) are provided a backpack/first aid travel kit 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 that 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 upon hire and annually on Universal Precautions.

9. Pertussis vaccine booster is recommended for all staff that is 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.

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.47 (b) (7) (i) (ii)	Health & Education Coors.	FA, CB & HB Teacher	Intake & Ongoing	Emergency Care Information, *Medical Alert-Asthma Action Plan, or Medical Alert-Emergency Health Plan, Medial Alert/Medication Checklist, Accident/Incident Report*

(7) Administrative safety procedures. Programs establish, follow, and practice, as appropriate, procedures for, at a minimum:

(i) Emergencies;

(ii) Fire prevention and response;

Health Emergency Procedures - Plan of Action Medical and Dental Emergencies

The Teachers are responsible for implementing the Emergency Medical Plan. On Intake Visit, the Home Base Teachers and Family Advocates along with parent obtain, emergency phone numbers for the doctor, hospital, ambulance, fire department, poison control, and police.

This is done by using an *Emergency Phone #* sheet. The Emergency Care Information form is completed by Family Advocates (reviewed by CB Teachers) and Home Based Teachers during Intake Visit. Parents are informed that this form is used in order to contact them in case of emergency. The original is kept in the Health and Safety Notebook. Copies are made and marked for Health Coordinator, Family Advocate, Bus Driver. Bus drivers carry this while transporting.

Staff must have a copy of this child's *Emergency Care Information* in their vehicle when transporting a child in the program. The *Emergency Care Information* form includes all information that is required on the DCFS Consent for licensed sites. A copy of the *Emergency Care Information* form is emailed to the Health Coordinator as part of Intake paperwork.

The emergency information and numbers are reviewed with the parent on Visit #20 in home based, and during any parent/Teacher conference in center based. If any changes have occurred, the Teacher will make changes on the form and submit it. The word "UPDATE" and the date are written on the top of the form. The old form is then replaced by the new updated one. The *Emergency Care Information* form must be updated if new Medical Alerts are started throughout the year.

Written emergency information will be posted in the classroom. It is the responsibility of the Teacher to post the following information. If majority of children in classroom are English language learners, the information with an * will also be posted in the language known.

1.* Location of telephone, first aid kit, medication locked box, nebulizer, fire extinguisher, children's medical and contact information, clean up kit (post on Health and Safety Board)
2.* Emergency phone numbers (police, poison control, fire department, ambulance, hospital) and name, address, and phone number of the site. (Posted by every phone in classroom)
3.* Fire prevention and response, storm and evacuation plan (see Health & Safety Training Guide).
4. Classroom Alert List will be posted on Health and Safety Board with first name and last initial of children with medical alerts, medications, or dietary allergies. If there are no children with these, a blank Classroom Alert List must still be posted.
5. Classroom safety checklist.
6. First Aid Guide (includes choking and CPR) (Posted on Health and Safety Board).
7. Dental emergency procedures (posted on Health and Safety Board).
8. Poison plant information sheet (posted on Health and Safety Board).
9. Center safety drill grid (posted on Health and Safety Board).
10. Center departure arrangements (posted by exit).
11. Substitute information sheet (posted on Health and Safety Board).
12.* *Release from Center* forms and *No Permission for Publicity* (Health and Safety Notebook).
13.* *Children Emergency Care Information* (Health and Safety Notebook)
14. *Medical Alert, Medication* or *Dietary* information. (Health and Safety Notebook).
15. Crisis Management Manual (Health and Safety Notebook)
16. Parent Handbook

<u>Children with Medical Alert- Asthma or Medical Alert-Emergency Health:</u>
The Home Base Teachers or the Family Advocate completes a *Health History* form with the parent during Intake Visit.

CB Option:
If any health condition that may require emergency attention while the child is in class is identified, the Family Advocate has the parent sign an *Authorization Health Release of Medical Plan* to the attending

physician so a plan may be obtained. The release is forwarded to the Site Supervisor for faxing to the health care provider. The Site Supervisor may need to call the provider if they do not get the requested info back in a timely manner for the child to start class. 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 emailed to the Health Coordinator after the Site Supervisor has reviewed it for accuracy. If medication is involved, a copy is also placed with the medication. The condition is posted on the Classroom Alert List.

HB Option:
Parent will always attend socializations with their child, the HB Teacher will complete a *Medical or Dietary Alert - HB* Emergency Plan. Parents will be responsible for bringing medications to socializations that the child may need. A *Medial Alert/Medication Checklist* is on the back of the Safety checklist. The Teacher completes it monthly and gives it to the Site Supervisor with the safety checklist. Home base Teachers complete prior to socialization and forwards to HB Education Coordinator with the Safety Checklist.

Fire Extinguishers
Center fire extinguishers are installed, tested annually, and tagged by businesses licensed by the Office of the State Fire Marshal as required by DCFS regulation. Per NAC Standard C19, Macomb staff receive training on the use of fire extinguishers.

In Carthage
Smoke detectors, fire alarms and carbon monoxide detectors are tested monthly, and a written log of testing dates and battery changes is maintained and available.

At Beardstown, Macomb, Pittsfield, and Camp Point
The center fire alarm system will be scheduled to be inspected annually to meet NEPA 72 #9.6.1.4 by a person who is certified by the State of Illinois or by the State Fire Marshal Office. The fire marshal inspects centers as prescribed by DCFS for licensing purposes.

Evacuation Procedures Plan
A floor plan is posted in every room to indicate the building areas that have the most structural stability in case of tornado, and the primary and secondary exit routes in case of a fire. (DCFS standard 407.370 (f) (1) (A) (B))

If an emergency evacuation occurs due to fire, smoke, gas, electrical, etc., staff will pull fire alarm to alert all center staff. All staff and children will leave the facility immediately, and meet at the designated "Fire Drill" location. (The Fire Drill procedure is reviewed monthly.)

If a management staff is not present, the designated staff will be the communication link with the central office. All other staff will assist with supervision of children. The selected staff will go to the nearest

telephone and call central office. Once contact is made staff will stay on the line to keep communication open between center and central office. Parents will be contacted as soon as possible using the numbers on the emergency care form by center staff or central office staff.

Crisis Management Manual

The Crisis Management Manual will include directions for emergency situations, such as fire, possible lockdown, earthquake, severe weather, etc. The manual describes situations such as dangerous person who is behaving violently or has brandished (exposed) a weapon, earthquake, severe weather, etc. The written plan may be individualized to the location of the center. The Crisis Management Manual is used for center training with new staff and monthly center safety review. The safety review will be documented on the Team Meeting Minutes. The Crisis Management Manual will be located in the Classroom Health & Safety Notebook, Site Supervisor Bulletin Board, and Staff Bulletin Board.

Crisis Management will need to include the following information:

1. How parents are informed of the evacuation procedures, in the event of an emergency that requires evacuation of the center.

2. Plan or assign staff, who will supervise children, who will notify central office and parents, who will manage sign-out of children, and who will deal with the media

3. Plan or assign staff, who is responsible for the children's emergency numbers and release of children information. Is the information current and up to date. The emergency numbers and release of children's paperwork should be easily accessible in an emergency.
4. What are the alternate escape routes. Practice alternate routes when doing monthly drill.

5. Review warning alarms and emergency procedures with all staff monthly. All staff should be aware of their role in case of an emergency.

6. What procedure staff will follow in the event of a tornado when transporting children.

Injuries While in the Classroom

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

a. The Teacher is responsible for administering first aid and seeking treatment.
b. 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.)
c. The Director, Education Coordinator, and Health Coordinator is also notified of any child hurt seriously enough that emergency medical treatment is given.

d. 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.

e. 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 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 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. 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.

First Aid Kits:

Well supplied first aid kits are provided for each classroom, bus, and for staff vehicles (Family Advocates or Home Based Teachers) that may be making home visits or transporting children and families. Centers are also provided with first aid kits for outings away from the site and classroom. Supplies in the kits are in compliance with DCFS Licensing Standards. See individual first aid kit inventories 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. They initial and date the inventory list monthly when they are checked. Site Supervisor will review classroom First Aid Kit Inventory on a monthly basis. Home Based Education Coordinator will review during socialization observations.

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 requests are filled once a month.

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.47 (b) (7) (iii) (iv)	Health, & Ed. Coor.	Teachers	As needed	*Illness Report, Medication, Medical Alert-Asthma Action Plan, Medical Alert-Emergency Health Plan, Author. for Release*

(iii) Protection from contagious disease, including appropriate inclusion and exclusion policies for when a child is ill, and from an infectious disease outbreak, including appropriate notifications of any reportable illness;

(iv) The handling, storage, administration, and record of administration of medication;

Sick Children in SA/Classroom

a. 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:

1. Children with diarrhea and those with a rash combined with fever (oral temperature of 100.4 degrees Fahrenheit or higher or under the arm temperature of 100.4 degrees Fahrenheit or higher) shall not be admitted to the day care center while those symptoms persist, and shall be removed as soon as possible should these symptoms develop while the child is in care.

2. Illness which calls for greater care than the staff can provide without compromising the health and safety of other children or illness which prevent the child from participating comfortably in program activities.
3. Fever with behavior change or symptoms of illness.

4. Unusual lethargy, irritability, persistent crying, difficulty breathing, or other signs of possible severe illness.

5. Diarrhea.

6. 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.

7. 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.

8. Rash with fever or behavior change, unless a physician has determined the illness to be non-communicable.

9. Purulent conjunctivitis, until 24 hours after treatment has been initiated.

10. Impetigo, until 24 hours after treatment has been initiated.

11. Strep throat (streptococcal pharyngitis), until 24 hours after treatment has been initiated and until the child has been without fever for 24 hours.

12. Head lice, until the morning after the first treatment and child is lice free (may still have nits).

13. Scabies, until the morning after the first treatment.

14. Chicken pox (varicella), until at least six days after onset of rash.

15. Whooping cough (pertussis), until five days of antibiotic treatment has been completed.

16. Mumps, until nine days after onset of parotid gland swelling.

17. Measles, until four days after disappearance of the rash.

18. Symptoms which may indicative of one of the serious communicable diseases identified in the IL Dept. of Public Health control of Communicable Diseases Code (77 Ill.Adm code 690)

b. It is the responsibility of the Teacher (with option of delegating to aide) 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 may be asked to come pick their child up, depending on the severity of the illness.

c. 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.

d. The Teacher or staff member present also fills out a *Child's Illness Report* and retains the original in the child's DCFS file. This form is also scanned and emailed to the Health Coordinator tracked on illness grid.

e. A child not appearing fully recovered from an illness may be required by the Teacher with approval of Health Coordinator to submit a statement from the attending physician.

f. 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.

g. If a child is suspected of being sick by the Teacher for other reason than what is listed in 1 through 18 above; the parent will be notified of the symptoms. After discussion with the Teacher, the parent will decide if the child should be picked up from the classroom.

Reporting Communicable Diseases to Local Health Authorities

If any enrolled child is diagnosed with communicable diseases, the Teacher or Site Supervisor will call the Health Coordinator immediately. The Health Coordinator will check the IDPH communicable disease code (77IL.Adm.code 690) to see if it is reportable. If reportable the Health Coordinator will do the reporting following the guidelines in the code book.

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 emailed to parents.

Children with Infestations

Head Lice

(The Health Advisory Committee recommends the following procedure.)

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

a. 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.
b. 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.
c. If "live" lice or "nits" within 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 checked and treated.
d. The teacher completes a *Child Infestation (Head Lice)* form for each infestation discovered. 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.
e. The Family Advocate contacts the family by a Home Visit within 48 hours of receiving the *Child's Infestation (Head Lice)* form. The Family Advocate uses the Head Lice Handout as needed to educate the family and makes any referrals needed. The bottom section of the *Child's Infestation (Head Lice)* 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. The Health Coordinator tracks cases by child and classroom. A Robicomb is available for check out if the family would like to use it after the child's hair has been treated.

f. The Family Advocate may need to reeducate the family on proper removal of the "nits" after treatment if the child returns to school treated but still has nits.

g. If the same child has recurring problems, the teacher or Family Advocate 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.

h. 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.

i. If infestations are discovered on a home visit, the Teacher is to find out if treatment has taken place. If not, she should inform the parent of what to do using information from the Head Lice Handout. The home visit may need to be cancelled if the child has not been treated.

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, or the Teacher if there is no Site Supervisor, will notify the Janitor so that extra cleaning can take place. The Site Supervisor also notifies bus drivers for cleaning of the bus. Bus drivers will then vacuum any cloth seats and car seats.

<u>Bed Bugs</u>
(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 pillowcases 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 there is no Site Supervisor on site that day, will notify the Janitor so that extra cleaning can take place. The Site Supervisor also notifies bus drivers for cleaning of the bus. Bus drivers will then vacuum any cloth seats and 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.

<u>Medications</u>
Parents are encouraged to give children any needed medications at home instead of during classroom time if possible. If it is 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 Intake Visit or upon notice of medication needed using the *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 their section of the form. The only exception to this is sunscreen, hand lotion, Vanilla (for buffalo gnats), over the counter diaper ointment, and antibiotic cream. If these items are needed, the parent will give written permission on the *Health History* at Intake. All RX 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 rescue medications, the process of completing the form will be stopped until the medication has been introduced at home.

The *Medication* form contains:

1) Name of medication and prescription number (must be in original container)
2) RX Physician name & phone number
3) Dosage amount, time, and duration dates
4) Additional instructions if needed
5) Location of medication at site (a place that is not accessible to children)
6) Parent permission with signature
7) Log of medication administered
8) Release to physician – if needed
9) 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).
10) Name of person(s) to administer

The medication must be stored (locked) in a well-lighted area out of reach of all children. Rescue medications will not be locked but will be 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. Center Based Teacher will review the record of medication dispensed at parent/Teacher conferences and the year-end home visit. Documentation of this review is on the back of the form by having parent sign and date. 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. A copy of the medication form is given to the site supervisor to review, initial, and send to central office when the form is first filled out. The form is kept with the medicine with a copy in the Health & Safety Notebook with the child's name posted on the Alert List. When the medication is complete and no longer needed, a copy of both sides of the medication form is filed in the child's DCFS file with a copy emailed to Health Coordinator and the name is crossed off the Alert List. Any 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 *Medication* form. If medication needs to go back and forth between home and school, the medication must be handed to the bus driver or monitor who will keep medication in a specified container and out of children's reach until reaching the school. The bus driver or monitor will then hand the medication to the Teacher or Aide. Medication is never to be sent with the child. No medication is to be given without the consent form completed.

Emergency Rescue Medication

If rescue medication is indicated, it will be included on the *Medical Alert- Asthma Action Plan, or Medical Alert-Emergency Health Plan* forms, which is completed by the attending physician (Also see Children with Medical Alerts 1304.22 (a)(1)(2)(3). 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 or classroom. This includes playgrounds, gyms, and walks. A zippered backpack may be used to store rescue medications for outings. The medical Alert form will indicate if the rescue medication will be needed on a bus going to and from school. If it is needed, the bus driver will also have a copy of the Medical Alert form with specific instruction. The form states where stored on the bus and how the medication will be transported from bus to school and/or home daily. The bus arrival and departure checklist will indicate any rescue medication a child has.

Staff and subs receive 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)

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.47 (b) (7) (v)	Ed. Coor. & Transportation	CBT & Bus Drivers/Monitor	Ongoing	*Release of Children*

(v) Maintaining procedures and systems to ensure children are only released to an authorized adult; and,

Center staff are trained on the release of children at new staff training and yearly thereafter. Children are only released to adults (age 18 or over) that are listed on the release of children, if the staff member does not know the adult, they will ask for a photo ID to verify their identity.

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.47 (b) (7) (vi)	Health Coor	Teachers	As needed	

(vi) Child specific health care needs and food allergies that include accessible plans of action for emergencies. For food allergies, a program must also post individual child food allergies prominently where staff can view wherever food is served.

See 1302.44 (a) (1) in this section

Head Start Performance Standard Number	Who is Responsible	Who Implements	Timelines or Ongoing	Form Name
1302.47 (b) (8) (c)	Executive Director	All Staff	As needed	

(8) <u>Disaster preparedness plan</u>. The program has all-hazards emergency management/disaster preparedness and response plans for more and less likely events including natural and man-made disasters and emergencies, and violence in or near programs.

(c) A program must report any safety incidents in accordance with §1302.102(d) (1) (ii).

<u>Crisis Management Manual</u>

PACT has a Crisis Management Manual that staff will follow in case of emergency. (See 1302.47 (7) (i) in this section.)

<u>Reporting of Safety Incidents</u>

See Subpart J - Program Management and Quality Improvement - 1302.102 (d) (ii)