

Early Learning Ventures EHS Service Plan

Health Program Services

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These policies and procedures are based on*: Head Start Program Performance Standards (HSPPS), Federal Aligned Monitoring Protocols, the *Caring for Our Children Basics Health and Safety Foundations for Early Care and Education* resource referenced in the HSPPS, and the Colorado Child Care Regulations for Child Care Facilities and Family Child Care Homes (FCC).

*This Plan reflects the Standard (HSPPS or CO Regulations) which is most stringent.

1302.40 Purpose

Performance Standard:

Quality Health Services - 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.

Policy and Procedures:

The policies and procedures outlined throughout this *Health Program Services* plan demonstrate ELV's provision of services for high quality health, oral health, mental health and nutrition services to support each child's growth and school readiness. All policies and procedures are developmentally appropriate, culturally-sensitive and linguistically appropriate, considering children's ages, development, cultures and home languages.

Performance Standard:

Health Services Advisory Committee - A program must establish and maintain a Health Services Advisory Committee that includes Head Start parents, professionals, and other volunteers from the community.

Policy and Procedures:

ELV collaborates with community agencies to maintain Health Services Advisory Committees (HSAC) in the six-county service areas:

- Adams*: Health Integration Action Team (Quarterly)
- Arapahoe*: Local Interagency Coordinating Council (Quarterly)
- Garfield*: Community Connector Network (Quarterly)
- Mesa*: Early Childhood Steering Committee (Bi-monthly)
- Morgan*: Early Childhood Council Stakeholder Group (Quarterly)
- Pueblo*: Hosted by the Pueblo County Health Department (Quarterly)

The HSAC discusses and addresses health concerns, community health trends, new health initiatives, community resources, and issues directly affecting children and families enrolled in the ELV Service Area. Each committee includes various professionals and volunteers with expertise in health, oral health, mental health and nutrition services. Participants include: ELV Staff (Health & Safety Coordinator, County Coordinator, Child Care Partnership Specialist), EHS Teachers & Providers, Physicians/Pediatricians, Dental Staff, Nurse Practitioners, Health Department Staff, WIC Representatives, Mental Health Specialists/Consultants, Case Managers, local school district Principals, Nutritionists, Health Services Coordinators, Developmental Specialists, Early Childhood Professionals, Home Visitors, Family Service Workers and Vision/Hearing Specialists.

To gain the perspectives of Early Head Start parents, parents from both child care centers and/or Family Child Care Homes in each community are also invited to attend.

1302.40 Purpose <i>Policy Council Approval:</i>	<i>Governing Board Approval:</i>
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1302.41 Collaboration and Communication with Parents

Performance Standard:

Parents as Partners in Health - 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.

At a minimum, a program must:

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

Policy and Procedures:

Early Learning Ventures utilizes an Authorization for Health and Developmental Screenings form as part of the Early Head Start enrollment process to capture each family's permission for children enrolled in Early Head Start services to either receive or participate in screenings related to health, vision, hearing, development, or mental health. In some cases, the parent/guardian submits screening results to the program.

Each Child Care Partner will include in its Parent Handbook the procedures for child health emergencies that require immediate attention, such as an accident or illness, which require emergency services to be called or rescue medication to be administered.

1302.41 Collaboration and Communication with Parents

<i>Policy Council Approval:</i>	<i>Governing Board Approval:</i>
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1302.42 Child Health Status and Care

Performance Standard:

Source of Health Care - A program, within 30 calendar days after the child first attends the program, 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. 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.

Policy and Procedures:

During the application process, parents identify whether they have public, private, or no insurance. The information is entered into *Alliance CORE*. Child Care Partner Specialists will monitor those children without insurance within 30 days or less of enrollment.

Child Care Partner Specialists will promptly support parents of children with no insurance to access *Health First Colorado* (Colorado’s Medicaid Program), for eligible children and families who qualify based on family income. *Health First Colorado* includes, but is not limited to, the following benefits for children: Primary Care Medical Provider Visits, Specialist Visits, Vision Care, Dental Services, Emergency Services, Immunizations, Therapies and Behavioral Services. The Child Care Partnership Specialist will document these efforts. Once the family has obtained insurance for the child, this information is recorded in *Alliance CORE*.

1302.42 Child Health Status and Care

Performance Standard:

Ensuring Up-to-Date Child Health Status – Within 90 calendar days after the child first attends the program, a program must:

- 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;
- 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.

Policy and Procedures:

The *Early and Periodic Screening, Diagnostic and Treatment* (EPSDT) is key to ensuring that children receive appropriate preventive, dental, mental health, developmental and specialty services. Colorado

has adopted the American Academy of Pediatrics Bright Futures Periodicity Schedule which will serve as the guide for all Parents and Providers.

Early: Assessing and identifying problems early;

Periodic: Checking children's health at periodic, age-appropriate intervals;

Screening: Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems;

Diagnostic: Performing diagnostic tests to follow up when a risk is identified; and

Treatment: Controlling, correcting, or reducing health problems found.

- Colorado law requires proof of immunization be provided prior to or on the first day of admission. Therefore, the parent/guardian must provide for each child documentation of immunization status or exemption as required by Colorado Department of Public Health and Environment (CDPHE). Immunizations must be updated and recorded on the certificate of immunization and approved by the CDPHE.
- Within 30 calendar days after admission (and within 30 calendar days following the expiration date of a previous health statement), parents/guardians must submit a statement of the child's current health status (well-baby checks or oral checkups as required) or written verification of a scheduled appointment with a health care provider. The statement of the child's current health status must be signed and dated by a health care provider who has seen the child within the last 12 months, or within the last 6 months for children less than 2½ years of age. The statement must include when the next visit is required by the health care provider. All health statements must be kept at the center.
- Statements of health status of children less than two (2) years of age must be updated in accordance with the American Academy of Pediatrics recommended schedule for routine health supervision or as required in writing by the health care provider.
- Health statements for children over 2 years of age must be updated in accordance with the American Academy of Pediatrics recommended schedule for routine well child exams.
- If the parent or legal guardian of a child wishes an exemption from the requirement for immunizations due to religious or personal beliefs, the child's parent or legal guardian, must complete and sign the current CDPHE which states the reason for such an exemption. Parents/guardians must be notified if the Provider's children (in FCC homes) are non-immunized, if children attending facility are non-immunized, and if children with personal and religious exemptions to immunization are accepted in care.

Early Learning Ventures maintains Memorandums of Understanding and contracts with community partners to complete dental screenings within 90 days of each child's enrollment and annually after the initial screening. These community partners also provide families with on-going oral health options for both the child and the entire family.

All health information is entered into *Alliance CORE*. Child Care Specialists will monitor Health information and support families to ensure children have:

- Up-to-date immunization records or the proper immunizations are administered according to the recommended schedule; or
- A waiver on file for religious or philosophical beliefs signed by the parent; or
- A statement that from the child's primary health care provider documenting the reason why the child is temporarily or permanently medically exempt from the immunization requirements should be on file.

Children who are experiencing homelessness as defined by the McKinney-Vento Act should receive services while parents/guardians are taking necessary actions to comply with immunization

requirements of the program. An immunization plan and catch-up immunizations should be initiated upon enrollment and completed as soon as possible.

All efforts to assist a family must be documented in *Alliance CORE*.

1302.42 Child Health Status and Care

Performance Standard:

Ensuring Up-to-Date Child Health Status – Within 45 calendar days after the child first attends the program, a program must either obtain or perform evidence-based vision and hearing screenings.

Policy and Procedures:

Child Care Partnership Specialists and ELV contractors work to ensure hearing and vision screenings are completed on each child within 45 calendar days of enrollment and annually after the initial screening. The Otoacoustic Emissions (OAE) machine is utilized for hearing screenings. The GoCheck Kids camera is utilized for vision screenings. Child Care Partnership Specialists will attempt to complete hearing and vision screenings, as appropriate, to ensure accurate results. Children will not be forced to participate in hearing and vision screenings. The following strategies should be utilized to support children's comfort with hearing and vision screenings:

- Allow the children to become familiar with staff conducting screenings and the equipment. This may include visiting the classroom/program multiple times prior to conducting screenings.
- Bring in a staff member the children are familiar and comfortable with.
- Bring in a sibling or another child that the child being screened is close to and comfortable with.
- Take a moment to pause and assess the situation. Allow the child to calm down and try again, if the child is willing.
- Ask to have the child try again at the end of the screening session, if both the child and program are willing.
- Schedule another day and time to attempt another screening with the child.

Parents are notified of screening results, including any concerns. Children may be rescreened or are referred to the primary care physician for follow-up. All screening results and follow-up are documented in *Alliance CORE*.

Performance Standard:

Ensuring Up-to-Date Child Health Status – 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.

Policy and Procedures:

Once a child is enrolled and has attended the Child Care Partner program, the Provider reviews the child's health and nutritional history to see where support is needed. The Specialist then assists the family with next steps in accessing appropriate care. The Provider enters the child and family information into *Alliance CORE* and keeps the information up-to-date following enrollment.

1302.42 Child Health Status and Care

Performance Standard:

On-going Care – A program must help parents continue to follow recommended schedules of well-child and oral health care.

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.

A program must facilitate and monitor necessary oral health preventative 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 preventative measures, and further oral health treatment as recommended by the oral health professional.

Policy and Procedures:

Each Child Care Partner will consult with a currently Colorado licensed registered nurse with knowledge and experience in maternal and child health, a pediatric nurse practitioner or a family nurse practitioner, or a pediatrician at least once a month at the child care facility. The monthly consultation must be specific to the needs of the facility and include some of the following topics: training, delegation and supervision of medication administration and special health procedures, health care, hygiene, disease prevention, equipment safety, nutrition, interaction between children and adult caregivers, and normal growth and development. The date and content of each consultation must be recorded and maintained in the center's files.

ELV has MOUs or contracts with community partners to complete an oral health screening within 90 days following a child's enrollment. These community partners also provide families with dental options for necessary treatment and follow-up for children and their families. Child Care Partnership Specialists also provide families with a variety of community resources for ongoing oral health prevention and care.

The status of each child's health and oral care is maintained in *Alliance CORE*. Families are supported when the schedule of health and oral care is not maintained.

1302.42 Child Health Status and Care

Performance Standard:

Extended Follow-Up Care - 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.

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-emotional, or developmental problem.

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

Policy and Procedures:

The Health & Safety Manager monitors the service coordination of all health services. Child Care Partners, with the back-up of the Child Care Partnership Specialists, enter all health data into *Alliance CORE*. ELV Staff and its Partners then utilize *Alliance CORE* to track and monitor that children with health or developmental delays receive any necessary referrals for diagnostic testing, evaluation, treatment, and follow-up, as appropriate, by a licensed or certified professional.

Lead screening is executed in the initial family meeting, prior to enrollment. The Child Care Partnership Specialist utilizes three question to assess the need for referring a family for lead testing. ASQs are completed by both internal and external partners to support the identification of any developmental needs of children participating in EHS.

When necessary, parents will be assisted in obtaining from the primary health care provider (or a community agency) any prescribed medications, aids or equipment for medical and oral health conditions.

1302.42 Child Health Status and Care

Performance Standard:

Use of Funds - A program must use program funds for the provision of diapers and formula for enrolled children during the program day.

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.

Policy and Procedures:

EHS Child Partners contracting with ELV are allowed a monthly reimbursement (providers submit to ELV with receipts) of \$30.00 per child per month for diapers, wipes, and formula.

When no other source of funding is available, ELV may choose to use a portion of their EHS budget for professional medical and oral health services. When program funds are used for such services, grantee agencies must have written documentation of their efforts to access other available sources of funding.

1302.42 Child Health Status and Care	
<i>Policy Council Approval:</i>	<i>Governing Board Approval:</i>

1302.43 Oral Health Practices

Performance Standard:

Oral Health Hygiene - 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.

Policy and Procedures:

Gum Wiping

Infants (without teeth) will have their gums wiped at least once after feeding:

1. Wash Hands.
2. Put on a fresh pair of disposable gloves.
3. Use a gauze pad to gently wipe the infant's gums.
4. Dispose of gauze. Remove and dispose of gloves.

Tooth Brushing

Each Partner must ensure that tooth brushing takes place daily for children developmentally able to take part. The following procedures shall be followed:

- Caregivers will assist and monitor children during tooth brushing.
- Tooth brushing must take place at least once per day, individually or as a group.
- Toothpaste must contain fluoride.
- Toothbrushes should be labeled with children's names and should be replaced every three months or as needed.
- Toothbrushes should be air dried.
- Toothbrushes should be stored away from chemicals or toxins.

1302.43 Oral Health Practices

Policy Council Approval: Governing

Board Approval:

1302.44 Child Nutrition

Performance Standard:

Nutrition Service Requirements – 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.

Specifically, a program must:

- 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;
- 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;
- Feed infants and toddlers according to their individual developmental readiness and feeding skills as recommended in USDA requirements, and ensure infants and young toddlers are fed on demand to the extent possible;
- Ensure bottle-fed infants are never laid down to sleep with a bottle;
- Serve all children in morning center-based settings who have not received breakfast upon arrival at the program a nourishing breakfast;
- 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.
- Make safe drinking water available to children during the entire program day.

Policy and Procedures:

Daily Nutritional Needs

All EHS Child Care Partners will:

- Be participants of the Child and Adult Care Food Program (CACFP) and Health Options for Preschoolers, a healthy snack program sponsored by ELV.
- Meet the individual nutritional needs and feeding requirements of all children. 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.
- Comply with USDA nutrition requirements.
- Address special dietary needs of children.
- Accommodate the feeding and nutritional needs of children with disabilities.
- Ensure that foods posing a high risk of choking for infants and toddlers (e.g. hot dogs, whole grapes, hard raw vegetables, popcorn, whole nuts, etc.) are not served.

Infant & Young Toddler Feeding

- Infants and young toddlers must be fed “on demand” to the greatest extent possible.
- If the infant is breastfed, the provider must not offer formula, water, or other liquids without discussing substitutions or supplementation with the infant’s parent.
- The provider must make an area in the center or home available for a breastfeeding mother to breastfeed her infant while visiting the program during business hours.

- Infants unable to hold their own bottles, must be held during feedings and should be held so they can see the face of the provider, if appropriate for the child.
- Infants must not be allowed to hold their own bottles or sippy cups when lying flat to prevent choking, ear infections, bottle mouth or tooth decay.
- There must be a sufficient supply of bottles provided for the entire day; or, if bottles are to be reused, they must be washed, rinsed, and sanitized after each use.
- An individualized diet and feeding schedule must be provided per a written plan submitted by the parent/guardian or by the child's physician with the knowledge and consent of the parent/guardian. A change of diet and schedule must be noted on each child's daily activity schedule and posted in an area clearly visible to the staff. No new foods shall be introduced to children under twelve (12) months of age without parent/guardian permission.
- All infants less than six (6) months of age must be held for bottle feeding. Bottles must not be propped. Older infants must not be allowed to hold their own bottles when lying flat. Bottles must not be allowed in a crib with the infant.
- Older infants must be provided with suitable solid foods that encourage freedom in self-feeding and must be fed in safe chairs such as high chairs or baby-feeding tables.
- When the infant program provides food other than formula, food must be varied and include food from grain, vegetable, fruit, and protein sources. When the program does not provide solid food, it must supply additional foods and/or monitor the infant's total nutritional intake.
- A staff member may not mix cereal with formula and feed it to an infant from a bottle unless there are written instructions from the child's health care provider.
- Products containing honey must never be served to infants under (12) months of age.

Toddler Feeding

The following guidelines shall be followed:

- All children in morning center-based settings who have not received breakfast upon arrival at the program shall be served a nourishing breakfast.
- Toddlers must be sitting when drinking from a bottle or a sippy cup to prevent choking, ear infections, bottle mouth or tooth decay.
- Staff members must either feed toddlers or supervise them when they are eating, and children must be encouraged to try a variety of food served.
- Snack and meal times must be structured and used as learning opportunities that support teaching staff-child interactions and foster communication and conversations that contribute to a child's learning, development, and socialization (Standard 1302.31).
- Partners are encouraged to meet this (Standard 1302.31) requirement with family style meals when developmentally appropriate.
- A program must also provide sufficient time for children to eat, not use food as reward or punishment, and not force children to finish their food.

Breastfeeding

Early Learning Ventures EHS and its Partners promote breastfeeding by providing accommodations, as necessary, for mothers who wish to breastfeed during program hours, and if necessary, provides referrals to lactation consultants or counselors.

The following *Breast Milk & Formula Storage* procedures shall be followed:

- Breast milk and formula shall be stored in plastic bottles.

- Each bottle must be labeled with the child’s name and the date the breast milk was collected/formula was prepared, and may be used only for that child.
- Breast milk/prepared formula must be refrigerated immediately, and maintained at 41 degrees or below until feeding time.
- Breast milk brought in frozen by the parent must be immediately put in the freezer with child’s name and the date.

The following *Bottle Preparation* (breast milk, formula or milk) shall be followed:

- Bottles must never be warmed or thawed in a microwave oven.
- A slow cooker or other warming device may be used to warm a bottle, if the breast milk or formula is thawed and warmed for immediate consumption and not returned to the refrigerator.
- All warming containers must be emptied, cleaned, sanitized and refilled daily with fresh water.
- Slow cooker temperature must not exceed 120 degrees and, if needed, a thermometer is put in water to maintain temperature.
- Frozen bottles of breast milk may be thawed under cold running water, in a slow cooker/warming device or in a refrigerator.
- Heated bottles should be shaken and tested on the preparer’s wrist prior to feeding.
- Commercially prepared formula must be mixed in accordance with the directions of the manufacturer or the child’s health care provider.
- If a child does not finish the bottle within 1 hour, the contents must be discarded.
- Breast milk will be returned to the parent at the end of the day, if unused.
- Formula must be discarded at the end of each day, if unused.

Safe Drinking Water

All Child Care Partners will make safe drinking water readily available to children throughout the entire program day, both indoors and outdoors. Children shall not be denied water at any time during the day.

On hot days, infants receiving breast milk may be given additional breast milk, and those receiving formula mixed with water may be given additional formula mixed with water. Infants should not be given water, especially in the first six months of life.

1302.44 Child Nutrition	
<i>Policy Council Approval:</i>	<i>Governing Board Approval:</i>

1302.45 Child Mental Health and Social-Emotional Well-Being

Performance Standard:

Wellness Promotion - To support a program-wide culture that promotes children's mental health, social and emotional well-being, and overall health, a program must:

- 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;
- 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;
- Obtain parental consent for mental health consultation services at enrollment; and,
- Build community partnerships to facilitate access to additional mental health resources and services, as needed.

Policy and Procedures:

Early Learning Ventures promotes a program-wide culture that supports children's mental health, social and emotional well-being, and overall health. ELV has created community partnerships with the Community Center Board, Health Department, and Office of Early Childhood to support the ongoing assessment of children's mental health services in the Partnership sites, including all items listed above. Parent Consent for Mental Health Consultation Services is obtained at enrollment.

The Ages & Stages Social Emotional (ASQ:SE) assessment tool is used within 45 days of each child's enrollment. The outcomes of the assessments dictate whether referrals are made to community partners, to better meet the needs of the children served. Early Learning Ventures also collaborates with Child Find for children four and older.

1302.45 Child Mental Health and Social-Emotional Well-Being

Performance Standard:

Mental Health Consultants - A program must ensure mental health consultants assist:

- The program to implement strategies to identify and support children with mental health and social and emotional concerns;
- 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;
- Other staff, including home visitors, to meet children's mental health and social and emotional needs through strategies that include observation and consultation;
- Staff to address prevalent child mental health concerns, including internalizing problems such as appearing withdrawn and externalizing problems such as challenging behaviors; and,

- In helping both parents and staff to understand mental health and access mental health interventions, if needed.

Policy and Procedures:

Early Learning Ventures partners with Developmental Pathways Early Intervention, Mental Health agencies, Health Department, and Office of Early Childhood to support programs gaining access to mental health consultants as needed to support the children, families, and staff in their programs. All services listed above are available by the utilization of these Mental Health Staff.

1302.45 Child Mental Health and Social-Emotional Well-Being

Policy Council Approval:

Governing Board Approval:

1302.46 Family Support Services for Health, Nutrition & Mental Health

Performance Standard:

Parent Collaboration – 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 literacy skills.

Collaboration Opportunities - Collaboration must include opportunities for parents to:

- 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;
- 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;
- Learn about healthy pregnancy 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;
- 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;
- 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,
- Learn about appropriate vehicle and pedestrian safety for keeping children safe.

Policy and Procedures:

ELV Staff and its Partners will collaborate with parents to promote children’s health and well-being by providing relevant and comprehensible medical, oral, nutrition and mental health education support services, ensuring that any information is clear and written in terms that are easily understandable for individuals with low literacy skills. All above noted opportunities will be provided to all families on an annual basis.

1302.46 Family Support Services for Health, Nutrition & Mental Health

Performance Standard:

Parent Collaboration – 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:

- In understanding how to access health insurance for themselves and their families, including information about private and public health insurance and designated enrollment periods;
- In understanding the results of diagnostic and treatment procedures as well as plans for ongoing care; and,

- 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.

Policy and Procedures:

Child Care Partnership Specialists assist families in accessing Health First Colorado to support their family's health needs. In the event a family appears to struggle with accessing these services, Specialists, in conjunction with collaboration Coordinator, assists families and providers in ensuring all EHS families are connected to appropriate services.

1302.46 Family Support Services for Health, Nutrition & Mental Health

Policy Council Approval:

Governing Board Approval:

1302.47 Safety Practices

Performance Standard:

Establishment, Training & Implementation - 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*, available at: <https://nrckids.org/CFOC/TOC>, for additional information to develop and implement adequate safety policies and practices described in this part.

Policy and Procedures:

All Safety policies and procedures are based on this Health Program Services plan and are aligned with the most stringent regulation available, utilizing the following regulations: Head Start Program Performance Standards (HSPPS), Federal Aligned Monitoring Protocols, the *Caring for Our Children Basics Health and Safety Foundations for Early Care and Education* resource referenced in the HSPPS, and the Colorado Child Care Regulations for Child Care Facilities and Family Child Care Homes (FCC).

Early Learning Ventures provides quarterly staff training and support on best practices, and health and safety systems implemented across all partnership sites. ELV covers the following key performance areas in the quarterly trainings: safe and clean environments, safe and sanitary practices, supervision and staffing, and safe transportation.

1302.47 Safety Practices

Performance Standard:

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.

Facilities - This system must ensure all facilities where children are served, including areas for learning, playing, sleeping, toileting, and eating are, at a minimum:

- Meet licensing requirements in accordance with §§1302.21(d)(1) and 1302.23(d);
- Clean and free from pests;
- Free from pollutants, hazards and toxins that are accessible to children and could endanger children's safety;
- 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;
- Well lit, including emergency lighting;
- Equipped with safety supplies that are readily accessible to staff, including, at a minimum, fully-equipped and up-to-date first aid kits and appropriate fire safety supplies
- Free from firearms or other weapons that are accessible to children;
- Designed to separate toileting and diapering areas from areas for preparing food, cooking, eating, or children's activities; and,
- Kept safe through an ongoing system of preventative maintenance.

Policy and Procedures:

Early Learning Ventures supports all partnership sites with implementing and updating individual Continuous Improvement Plans. Providers are given support and their progress is monitored by Child Care Partnership Specialist, who are available to guide them through the PDCA (Plan, Do, Check, Act) cycle of setting goals for their program. The Child Care Partnership Specialists provide partners with tools and monitoring support for the safety and maintenance of their program.

Pest Management

Programs should adopt an integrated pest management program to ensure long-term, environmentally sound pest control through pest exclusion, sanitation, clutter control, and elimination of conditions that are conducive to pest infestations. No pesticides can be sprayed at any time during hours that children are in the Child Care Center or the Family Child Care Home.

All Child Care Partners shall maintain outdoor play areas and grounds through proper lawn care/maintenance including, but not limited to, pulling weeds, cutting grass and trimming tree limbs and bushes. No lawn care products may be applied while children are present in the Center/Family Child Care Home or on the grounds. Whenever possible, lawn care will be implemented without the use of pesticides, herbicides or chemical fertilizers. If necessary, organic methods of lawn care are strongly recommended to best protect young infants and toddlers.

Toxins

The following procedures should be adhered to:

- All toxic substances should be inaccessible to children and should not be used when children are present. This includes any items labeled “keep out of reach of children.”
- Toxic substances should be used as recommended by the manufacturer and stored in the original labeled containers.
- The telephone number for the poison control center should be posted and readily accessible in emergency situations.
- Major cleaning is prohibited in rooms occupied by children so that children are not exposed to chemicals or buckets of water (drowning hazard).
- Toxic substances must be stored away from food and children’s materials.
- Cleaning tools (i.e. mops, toilet brushes) must be kept out of reach of children.

Injury Prevention

All indoor and outdoor areas should be free from hazards, including choking, strangulation, electrical, and drowning hazards, hazards posed by appliances and all other safety hazards. These procedures should be followed:

- Guardrails or protective barriers, such as baby gates, should be provided at open sides of stairs, ramps, and other walking surfaces (e.g., landings, balconies, porches).
- In rooms used by children, all electrical outlets that are accessible to children must have protective covers or safety outlets must be installed.
- Electrical cords must be kept out of reach of children to avoid situations where children chew on the cords or pull on the cords causing objects to fall on top of the child.
- Programs should meet state or local laws regarding carbon monoxide detectors, including circumstances when detectors are necessary. Detectors should be tested monthly, and testing should be documented. Batteries should be changed at least yearly. Detectors should be replaced per the manufacturer’s instructions.

- Playground surfaces must be checked daily for the presence of dangerous or other foreign materials, prior to children entering the outdoor area.
- Window blind cords must be secured out of children's reach to prevent strangulation.
- Equipment and furnishings should be placed to help prevent collisions and injuries, ensure proper supervision while meeting the objectives of the curriculum, and permit freedom of movement by the children. Tip-over hazards, such as chests or unsecured bookshelves, should be properly anchored to a wall.
- Children must be kept safe from all standing water due to drowning hazards in just a few inches of water. Toilets must be secured. All standing water on playgrounds must be cleared before outdoor play.
- All facilities must have emergency lighting which may include permanently located battery-powered lights. Emergency lighting must be readily accessible to staff in the event of electric power failure. Batteries must be checked regularly.

First Aid Kits

Each facility should maintain up-to-date first aid and emergency supplies in each location in which children are cared. The first aid kit or supplies should be kept in a closed container, cabinet, or drawer that is labeled and stored in a location known to all staff, accessible to staff at all times, but locked or otherwise inaccessible to children. When children leave the facility for a walk or to be transported, a designated staff member should bring a transportable first aid kit. First aid kits or supplies should be restocked after each use.

Firearms

Center-based programs may not have firearms or any other weapon on the premises at any time. If present in a family child care home, parents should be notified and informed of the policy that these items are unloaded, equipped with child protective devices, and kept under lock and key with the ammunition locked separately in areas inaccessible to the children.

Preventative Maintenance

Monthly inspections of the interior and exteriors of all buildings, as well as any outdoor play areas should occur. Buildings and homes must be kept in good repair and maintained in a safe condition. Playground and outdoor equipment must be checked monthly for such safety concerns as loose or protruding bolts, cracked equipment, or damage to surfacing.

1302.47 Safety Practices

Performance Standard:

Equipment and Materials - 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:

- Be clean and safe for children's use and are appropriately disinfected;
- Be accessible only to children for whom they are age appropriate;
- Be designed to ensure appropriate supervision of children at all times;

- Allow for the separation of infants and toddlers from preschoolers during play in center-based programs; and,
- Be kept safe through an ongoing system of preventative maintenance

Policy and Procedures:

Early Learning Venture's QCCP Specialists and Coaches, support Partners towards reaching effectiveness in operating their programs, managing their classrooms, cleanliness, and preventative maintenance on a weekly basis. Each Partner's progress is documented on a Continuous Improvement Plan; QCCP Specialists and Coaches provide on-going support.

Equipment, materials, furnishings, and play areas should be sturdy, safe, in good repair, and meet the recommendations of current CPSC and ASTM International safety standards. Programs should only use cribs for sleep purposes and ensure that each crib is a safe sleep environment as defined by the American Academy of Pediatrics. Each crib should be labeled and used for the infant's exclusive use. Cribs and mattresses should be thoroughly cleaned and sanitized before assignment for use by another child. Infants should not be placed in the cribs with items that could pose a strangulation or suffocation risk. Cribs should be placed away from window blinds or draperies.

All Partners should attend to the following safety hazards, including, but not limited to:

- Openings that could entrap a child's head or limbs;
- Elevated surfaces that are inadequately guarded;
- Lack of specified surfacing and fall zones under and around climbable equipment;
- Mismatched size and design of equipment for the intended users;
- Insufficient spacing between equipment;
- Tripping hazards;
- Components that can pinch, shear, or crush body tissues;
- Equipment that is known to be of a hazardous type;
- Sharp points or corners;
- Splinters;
- Protruding nails, bolts, or other parts that could entangle clothing or snag skin;
- Loose, rusty parts;
- Hazardous small parts that may become detached during normal use or reasonably foreseeable abuse of the equipment and that present a choking, aspiration, or ingestion hazard to a child;
- Strangulation hazards (e.g., straps, strings, etc.);
- Flaking paint;
- Paint that contains lead or other hazardous materials; and
- Tip-over hazards, such as chests, bookshelves, and televisions. Plastic bags that are large enough to pose a suffocation risk as well as matches, candles, and lighters should not be accessible to children.

All Partners must ensure that outdoor play areas are:

- Adjacent to or safely accessible to the indoor facilities. When the area is not adjacent, Caregivers must accompany children to and from the play area.
- Fenced or have natural barriers, such as hedges or stationary walls at least four (4) feet high, to restrict children from unsafe areas. The openings in the fence and gates should be no larger than 3 ½ inches. The fence and gates should be constructed to discourage climbing.
- Designed and arranged so that all parts are visible and easily supervised.
- Allow for a shaded area to guard children against excessive sun and heat.

- Equipped with self-closing and positive self-latching closure mechanisms that are high enough or of a type such that children cannot open it.
- Maintained in safe condition by removal of debris, dilapidated structures, and broken or worn play equipment.
- Free of all water hazards.
- Have proper fall surfacing.
- Avoid the use of organic materials that support colonization of molds and bacteria.
- Arranged to allow separate areas of play for infants and toddlers.

1302.47 Safety Practices

Performance Standard:

Background Checks - All staff must have complete background checks in accordance with Personnel Performance Standards (1302.90).

Policy and Procedures:

In accordance with Personnel Performance Standards (1302.90) and licensing standards, all EHS partnerships sites must ensure that before a person is hired, directly or through contract, that an interview will be conducted, references will be verified, a sex offender registry check will be conducted and one of the following will be obtained for the person to be in the classroom and around the children.

- State or tribal criminal history records, including fingerprint checks; or,
- Federal Bureau of Investigation criminal history records, including fingerprint checks.

When an employee (or person who consistently spends time with children) is hired, the Partner must ensure the background check process is complete by obtaining:

- Whichever check listed above was not obtained prior to the date of hire; and,
- Child abuse and neglect registry check.
- When all three background checks are complete a staff member will be allowed to be left alone with children if needed.

The Partner must review a prospective employee's information on the employment application and complete a background check. Any issue uncovered by the complete background check including arrest, pending criminal charge, or conviction will be assessed for relevancy. Partners must utilize the Child Care and Development Fund disqualification factors to determine whether the prospective employee can be hired. A prospective staff member shall be ineligible for employment if such individual:

- Refuses to consent to the criminal background check described above;
- Knowingly makes a materially false statement about such criminal background check;
- Is registered, or is required to be registered, on a State sex offender registry or the National Sex Offender Registry; or
- Has been convicted of a felony consisting of: murder, child abuse/neglect, a child against children including pornography, spousal abuse, a crime involving rape or sexual assault; kidnapping; arson; physical assault or battery; or a drug-related offense committed during the preceding 5 years; or
- Has been convicted of a violent misdemeanor committed as an adult against a child, including, child abuse or endangerment, sexual assault, or child pornography.

Child Care Providers must ensure that any newly hired employee or consultant/contractor does not have unsupervised access to children until the background check process described above is complete. In addition, each EHS Partner must conduct a complete background check for each EHS employee, consultant, or contractor at least once every five years to include each of the aforementioned checks. Any issue uncovered by the most recent background check including arrest, pending criminal charge, or conviction will be assessed for relevancy. The EHS Child Care Partner will utilize the Child Care and Development Fund (CCDF) disqualification factors to determine if the current employee must be terminated.

1302.47 Safety Practices

Performance Standard:

Safety Training for Staff with Regular Child Contact - 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:

- The prevention and control of infectious diseases;
- Prevention of sudden infant death syndrome and use of safe sleeping practices;
- Administration of medication, consistent with standards for parental consent;
- Prevention and response to emergencies due to food and allergic reactions;
- Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic;
- Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
- Emergency preparedness and response planning for emergencies;
- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants;
- Appropriate precautions in transporting children, if applicable;
- First aid and cardiopulmonary resuscitation; and,
- Recognition and reporting of child abuse and neglect.

Policy and Procedures:

All Partners will ensure that all training listed above is provided to staff before hire, and annually as required. Partners may utilize community trainings, including those provided through PDIS. Per Colorado Licensing, effective 12/31/2016 each provider, staff member or regular volunteer must complete a department approved training about child abuse prevention, including common symptoms and signs of child abuse within thirty (30) calendar days of employment. This training must be renewed annually and may count towards ongoing training requirements.

1302.47 Safety Practices

Performance Standard:

Safety Training for Staff without Regular Child Contact - 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

Policy and Procedures:

All Child Care Partner staff with no regular responsibility for or contact with children will have initial orientation training before hire including: 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

Early Learning Ventures supports all partnership sites with yearly health and safety trainings that support licensing mandates to ensure the safety and health of the caregiver and the learning environment. Child Care Partnership Specialists support Partners in ensuring full compliance with Colorado licensing regulations, as well as Head Start Program Performance Standards, related to health and safety. Partners execute daily, weekly, monthly and quarterly checklists as well as a Continuous Improvement Plan per Center and Family Child Care home.

1302.47 Safety Practices

Performance Standard:

Safety Practices - All staff and consultants follow appropriate practices to keep children safe during all activities, including, at a minimum:

- Only releasing children to an authorized adult;
- Reporting of suspected or known child abuse and neglect, including that staff comply with applicable federal, state, local, and tribal laws;
- 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;
- Appropriate indoor and outdoor supervision of children at all times;
- All standards of conduct described in 1302.90(c).

Policy and Procedures:

Child Release Procedures

Children may only be released to adults authorized by parents or legal guardians. Names, addresses, and telephone numbers of persons authorized to pick up child should be obtained during the enrollment process and regularly reviewed, along with clarification/documentation of any custody issues/court orders. Written authorization must be maintained in the child's record. In an urgent and/or emergency situation, the child may be released to a person twelve (12) years of age or older for whom the child's parent or guardian has given verbal authorization. If the staff member who releases the child does not know the person, picture identification must be required to assure that the person is authorized to pick-up the child.

A daily sign in/out method must be maintained, containing the date, the child's name, the time that the child arrived at and left the center/home, and the full signature of the parent, guardian, or authorized person's signature.

Suspected Abuse & Neglect Reporting

In accordance with Colorado licensing regulations, all suspected abuse or neglect shall be reported to the statewide hotline at 1-844-CO-4-KIDS (1-844-264-5437). Hotline staff is available 24-hours a day, seven days a week, 365 days a year.

All ELV staff and EHS Child Care Partner staff are **mandated** by law to report *suspected* child maltreatment including alleged:

- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Child Neglect

911 should be called IMMEDIATELY if the child requires emergency medical attention or the child is in a life-threatening situation.

The following procedures shall be followed:

- At the time of admission, the Child Care Partner must give the child's parent or guardian information explaining how to report suspected child abuse or child neglect.
- Information regarding suspected abuse or neglect should be handled in a professional and confidential manner.
- Partners must require each staff member to read and sign a statement clearly defining child abuse and neglect and outlining the staff member's personal responsibility to report all incidents of child abuse or neglect according to state law.
- Any caregiver or staff member in a child care facility who has reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions that would reasonably result in abuse or neglect must immediately report or cause a report.
- If the suspected child abuse occurred at the child care facility, it is your responsibility to immediately make an oral report of any suspected child abuse and or/neglect to the county department of social services, police department, or other law enforcement agency in the community or county in which the child care facility is located. The designated QCCP Specialist must contact their direct ELV reporting manager and provide details related to the suspected child abuse and neglect.
- Partners must allow Social Services/Law Enforcement Agency that investigates an allegation of child abuse, the right to interview staff and children in care and to obtain names, addresses, and telephone numbers of parents of children enrolled.

Safe Sleep Practices

All Child Care Partners will both follow and educate parents on proper Safe Sleep Standards, as outlined in the Colorado Licensing Standards and the American Academy of Pediatrics' 2016 recommendations. All staff who work with infants must complete Department-approved safe sleep training prior to working with infants and on an annual basis. To most effectively reduce Sudden Infant Death Syndrome (SIDS) and for safe, comfortable sleep of all children, Partners must adhere to the following standards:

- Infants must be placed on their back for sleeping (alternative sleep positions for infants must only be allowed with a health care plan, signed by the child's physician).
- Each infant up to 12 months must be provided with an individual crib or futon approved for infants or other approved sleep/rest equipment meeting Consumer Product Safety Commission (CPSC) standards. Drop side and stacking cribs are prohibited. The CPSC recall list shall be checked regularly to ensure cribs have not been recalled.
- Toddlers and preschoolers must have a suitable mat not less than two inches thick, cot, bed, or sofa, with a clean washable sheet that has been sanitized between uses by different children. Children must be provided with a clean blanket.
- Infants must not be placed to sleep in the same crib as another infant or child, and must never sleep with an adult in a bed, on a couch, or in any other manner.
- Approved sleeping equipment mattresses must be firm and must fit snugly ensuring no more than two adult fingers can be inserted between the mattress and the side of the approved sleeping equipment.
- All sleep/rest equipment must be safe, sturdy, and free from hazards including, but not limited to: broken or loose slats, torn mattress, chipping paint or loose screws.
- In the infant room, soft bedding or materials that could pose a suffocation hazard are not permitted in cribs or other approved sleep/rest equipment. Soft bedding means, but is not limited to: any soft sleep surface like bumper pads, pillows, blankets, quilts, comforters, sleep positioning devices, flat sheets, bibs, and stuffed animals.
- Toys, including mobiles and hanging toys, designed to be attached to any part of sleeping equipment must be kept away from sleeping infants. Blankets and other items must not be hung from or draped over the sides of the crib.
- Infants who fall asleep in a car seat, bean bag chair, bouncy seat, infant seat, swing, play pen, highchair, chair, sofa, adult futon, adult bed or ANY other piece of equipment not approved for sleep must immediately be moved to their approved sleep area.
- Swaddling of infants must only be allowed with a health care plan completed and signed by the child's physician.
- Supervised tummy time be offered to infants one month of age or older up to twenty to thirty (20-30) minutes per day. If the infant falls asleep during tummy time, immediately place him/her on their back in approved sleeping equipment.
- Each infant up to 12 months who uses a pacifier must have the pacifier offered when being put down to sleep, unless the parent directs otherwise.
- Cribs must be used for sleeping, not extended play or confinement. Children who are awake must not be confined for more than 15 minutes at a time to cribs.
- Children must be allowed to form their own pattern of sleep and waking periods.
- Provisions must be made so that children requiring a nap time have a separate area for their nap away from other children currently playing.
- When the caregiver places infants in approved sleeping equipment for sleep, they must check to ensure that the temperature in the room is comfortable for a lightly clothed adult, check the infants to ensure that they are comfortably clothed (not overheated or sweaty), and that bibs, necklaces, and garments with ties or hoods are removed. Sleep sacks or other clothing designed for sleep must be used in lieu of blankets if needed for additional warmth.
- During rest/nap time the provider must remain alert and supervise all children by sight or sound. Infant monitors must be used when infants are sleeping in a separate room out of the direct supervision of the primary caregiver. When in use by Family Child Care, infant monitors must meet the following conditions:

- The monitor must be able to pick up the sounds of all sleeping infants;
- The monitor receiver must be actively monitored by the Caregiver at all times;
- All sleeping infants must be physically observed at least every 10 minutes; and
- The sound monitor must be regularly checked to ensure it is working correctly.

Supervision of Children

Supervision of Children is required at all times in both a Child Care Facility and Family Child Care Homes. These Supervision procedures must be followed:

- Proper group sizes may not be exceeded at any time.
- Proper staff-child ratios must be maintained at all times.
- Staff must be within an arm's reach of children sitting in high chairs or on changing tables.
- Staff must be holding any children who are bottle feeding.
- The environment must be set up in a way to easily supervise all areas.
- Staff should be engaged (and not distracted by tasks or other staff) with children.
- No child may ever be left alone.
- Proper attendance logs and sign-in/out sheets must be maintained.
- Proper release procedures must be followed.
- Routine head counts must occur, including each time children are transitioned to another area of the building or outdoors.

Standards of Conduct

ELV will ensure that all staff, including Child Care Partners, contractors, and volunteers abide by the program's Standards of Conduct including:

1. Implementation of positive strategies to support children's well-being and prevent and address challenging behavior;
2. Avoidance of any maltreatment or endangerment to the health and safety of children. Staff, Partners, and volunteers must not:
 - Use corporal punishment;
 - Use isolation to discipline a child;
 - Use unnecessary restraint;
 - Use or withhold food as a punishment or reward;
 - Deny a child water or bathroom privileges.
 - Use physical activity or outdoor time as a punishment or reward.
 - Use toilet learning/training methods that punish, demean, or humiliate a child;
 - Use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child;
 - Physically abuse a child;
 - Use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or the child's family; or
 - Bind or tie a child to restrict movement or tape a child's mouth;
3. Respect and promotion of the unique identity of each child and family, as well as the avoidance of stereotyping on any basis, including gender, race, ethnicity, culture, religion, disability, sexual orientation, or family composition;
4. Compliance with ELV confidentiality policies concerning personally identifiable information (PII) about children, families, and other staff members in compliance with Head Start Program

Performance Standards, Subpart C of part 1303 (Administrative Requirements, Protections for the Privacy of Child Records) and applicable federal, state, local laws.

5. Assurance that no child is left alone or unsupervised while under their care.

As a mandatory reporter, it is your legal responsibility to immediately make an oral report of any suspected child abuse and/or neglect to child protective services. Any incident of emotional or physical abuse, humiliation, unnecessary restraint, isolation, or denial of food, water, or bathroom privileges, or unsupervised care of a child must be reported to Licensing and ELV Administrative staff. After report is made to reporting agency, ELV will assess the incident and supporting facts, and if plausible, will report to the Head Start Regional Office.

For all other health, safety, and licensing concerns the QCCP specialist will work with site leadership to remedy concerns and notify their ELV reporting manager to further discuss issues within 24 hours of any known incident.

Each Partner needs to include in its personnel policies and procedures appropriate penalties for staff, consultants, and volunteers who violate the Standards of Conduct. Based on the severity and scope of a breach of any Standard of Contact, ELV may choose to dissolve a contract with a Child Care Partner.

1302.47 Safety Practices

Performance Standard:

Hygiene Practices - All staff systematically and routinely implement hygiene practices that at a minimum ensure:

- Appropriate hand washing, diapering and toileting procedures are followed;
- Safe food preparation; and,
- Exposure to blood and body fluids are handled consistent with standards of the Occupational Safety Health Administration.

Policy and Procedures:

Hand Washing

- Staff, EHS Teachers/Caregivers and volunteers must wash their hands with soap and warm water, at least during the following times:
- Upon arrival to work
- After diapering or assisting a child with toilet use, or after adult use;
- Before food preparation, handling, consumption, or any food-related activity (i.e. setting table, preparing a bottle)
- After handling any animals;
- Before and after dispensing medication;
- After handling garbage or a diaper pail.
- When contaminated with blood or other bodily fluids;
- After wiping a child's nose; and
- Before and after treating or bandaging a wound (non-porous gloves should be worn);

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

- When arriving to school
- Before and after feedings and meals/snacks;
- Handling pets or animals;
- After wiping or blowing nose;
- After touching items soiled from bodily fluids or wastes
- Before and after using the water table
- After outdoor play time

Hand sanitizers and wipes are not acceptable alternatives to hand washing, except on outings where running water may be unavailable. Alcohol based hand sanitizers shall not be used for children under three (3) years of age.

Diapering

An infant classroom must have one diaper changing station and hand washing sink

A diaper change table and hand washing sink is required in every toddler classroom

The home must have a designated diaper change area for all children in need of diaper changing. The diaper change area must:

- Have a smooth, durable, nonabsorbent, and easily cleanable surface; and
- Be large enough to accommodate the size of the child being changed.

All items needed for diapering must be within reach of changing table. Caregiver must keep one hand on child at all times. The following steps must be carried out each time:

- Soiled or wet diapers and clothing must be changed promptly and be replaced with clean diapers and clothing whenever necessary;
- The child must be placed on a clean, sanitized, dry changing table or mat;
- Caregivers must use single use disposable gloves;
- Caregivers must use closest hand washing sink to the diaper changing area that is not used for food preparation;
- Children's hands must be washed with soap and water after diapering;
- Providers must clean and disinfect the diaper changing area after each diaper change;
- Providers must vigorously clean all parts of their hands with soap and warm running water and dry hands with individual paper or cloth towels after diapering each child;
- During child care hours, clothing soiled by bodily fluids must be placed in a leak proof container. The container must be stored inaccessible to children and sent home daily;
- Parent(s) or provider(s) must provide extra clothing.

Toileting

Toilet facilities must be provided for children two (2) years of age and older.

For each child who is learning to use a toilet, the caregiver must accommodate the child's individual developmental abilities and needs, in accordance with nationally recommended procedures, and as contained in the provider's written policies and procedures. The facility should develop and implement a plan that teaches each child how and when to use the toilet. Toilet learning/training, when initiated, should follow a prescribed, sequential plan that is developed and coordinated with the

parent's/guardian's plan for implementation in the home environment. Toilet learning/training should be based on the child's developmental level rather than chronological age.

If potty chairs are used, all parts of the potty chair must be disinfected immediately after each use.

Food Preparation Hygiene

All "Rules and Regulations Governing the Sanitation of Child Care Centers in the State of Colorado" shall be followed. Specifically, the following must be adhered to:

- A table, counter, or shelf, separate from the diaper changing area, must be available for preparing infants' and toddlers' food.
- The program must prepare formula or food in the center's kitchen, or must have a second sink or a covered commercial container with a spigot for preparation of formula and food.

Bodily Fluids

Exposure to blood and body fluids must be handled consistent with standards of the Occupational Safety Health Administration (OSHA). Specifically:

- Spills/fluids must be cleaned up immediately.
- Non-porous gloves must be worn.
- All areas must be cleaned and sanitized.
- Contaminated materials must be placed in a plastic bag and secured, then discarded.

1302.47 Safety Practices

Performance Standard:

Administrative Safety Practices - Programs establish, follow, and practice, as appropriate, procedures for, at a minimum:

- Emergencies;
- Fire prevention and response;
- 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;
- The handling, storage, administration, and record of administration of medication;
- Maintaining procedures and systems to ensure children are only released to an authorized adult; and,
- 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.

Policy and Procedures:

Emergencies

Each Family Child Care Home, EHS classroom or any other area occupied by children must have posted Emergency Policies and Plans of Actions for emergencies that require rapid response on the part of Child Care Providers.

Each Partner must obtain written authority to arrange for emergency medical care for each child. Written authorization to obtain emergency medical care must be on file prior to or on the first day of admission and must be re-authorized annually.

In the event of injury or illness, the affected child must be separated from the other children in the room or area where childcare is being provided and made as comfortable as possible. First Aid care must be provided as required. If additional care, medical attention, or removal from the home is indicated, the child's parent or guardian must be contacted by telephone, if possible, and medical assistance obtained without undue delay. Parents should be notified of minor incidents that result in minor cuts, etc. upon picking the child up at the day's end.

Fire Prevention & Response

- Every building and structure must have an automatic or department-approved manually operated fire alarm system to warn occupants of the existence of fire or to facilitate the orderly conduct of fire exit drills.
- Fire alarm systems must be tested regularly, in conjunction with fire drills.
- Every building and structure must have sufficient exits to permit the prompt escape of occupants in case of fire or another emergency.
- Every exit must be clearly visible, or the route to reach it must be conspicuously indicated. Each path of escape must be clearly marked.
- No lock or fastening to prevent free escape from the inside of any building can be installed. Only panic hardware or single-action hardware is permitted on doors.
- Combustibles such as cleaning rags, mops, and cleaning compounds must be stored in well ventilated areas, separated from flammable materials, and stored in areas inaccessible to children.
- Nothing flammable or combustible can be stored within three (3) feet of a furnace or hot water heater.

Communicable Illness

When an EHS Provider suspects that a child has a communicable illness, the Provider must promptly contact the child's parents. A child with a suspected contagious disease must be seen by a Primary Care Physician before returning.

When a child in care, a resident of an FCC home or the provider has been diagnosed with a reportable communicable illness, including, but not limited to, chicken pox, hepatitis, measles, mumps, meningitis, diphtheria, rubella, salmonella, giardia, tuberculosis, scabies and shigella, the Provider must immediately notify the parents/guardians of all children in care and report to the local county department of health or the Colorado Department of Public Health and Environment.

Any individual diagnosed with a reportable communicable illness must be excluded from contact with children in care at the home for a period of time determined by the individual's health care provider or by the local health department. Children may return with a doctor's release.

Any necessary cleaning and sanitation of toys and equipment will be completed. Each Provider must determine its own policies regarding Head Lice.

Medication Administration & Storage

All *Prescription Medications, Non-Prescription (Over-the-Counter) Medications, Homeopathic Medications, or Vitamins* for children must be:

- Administered only with written parental consent;
- Accompanied by current written orders by the child's primary care physician including dosage, times to administer medication, route (frequency) of dosages, and for how long the medicine is to be administered;
- Labeled with the child's full name and
- Kept in the original containers with the original pharmacy label
- Within their dates of expiration; and
- Stored under lock and key (non-emergency medications only). If refrigeration is required, medicine must be stored in a leak-proof container in a designated area of the refrigerator, separated from food.

Rescue (Emergency) Medications:

- Are subject to all requirements bulleted above under *Prescription Medications*;
- Must be easily accessible at all times, but stored out of reach of children;
- May **not** be stored under lock and key. When away from the classroom or FCC home staff must carry emergency medications in a bag on their person.
- The administration of Rescue Medications (i.e. epinephrine or nebulized inhaled medication) must be accompanied by a written individual *Health Care Plan* by the prescribing health care provider. The Health Care Plan must identify the factors for determining the need for the administration of the medication.
- Parents must be promptly notified when a Rescue Medication is administered.

A *Medication Administration Log* must be kept for each child and remain part of the child's record throughout enrollment and 1 year after. The Log must include: child's name, name of medication, time of administration, dosage given, name of the individual administering the medication, and a notation if the medication was not given, and the reason.

Topical Preparations (i.e. sunscreen, diaper rash ointments, insect repellent) can be administered with written parent authorization solely. Topical preparations for treatment of open wounds must also have a written order from a prescribing health care provider.

When no longer needed or a medication has expired, the medication must be returned to the parent or guardian or destroyed in compliance with Colorado state law.

Any Provider who administers medication must complete current training through a state- approved course and administer medication in compliance with course instruction. Such training is offered by Nurse Consultants, Councils, and licensed Trainers. Each Provider must utilize a Nurse Consultant that provides health support to all enrolled children in the program and education and training for their staff, including training on medications. Training information is then recorded in *Alliance CORE*.

Food Allergies

A child with a food allergy should have a written care plan that includes:

- Instructions regarding the food(s) to which the child is allergic and steps to be taken to avoid that food;
- A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications. The plan should also include specific symptoms that would indicate the need to administer one or more medications.

Based on the child's care plan and prior to caring for the child, caregivers/teachers should receive training for:

- a) Preventing exposure to the specific food(s) to which the child is allergic;
- b) Recognizing the symptoms of an allergic reaction;
- c) Treating allergic reactions.

Substitutes and regular volunteers should also be made aware of allergies of children, as well as appropriate medical responses.

Medications for appropriate treatment if the child develops an allergic reaction should be routinely carried on field trips or transport out of the childcare center or FCC home.

Parents/guardians should be notified immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food even if a reaction did not occur. The program should contact 911 immediately whenever epinephrine has been administered.

Each child's food allergies should be posted in the classroom/FCC home and wherever food is served. A cover page with "Food Allergies" prominently displayed may be posted over the list of children's names for confidentiality purposes.

1302.47 Safety Practices

Performance Standard:

Disaster Preparedness Plan - The program has all-hazards emergency management/disaster preparedness and response plans for more and less likely events including natural and manmade disasters and emergencies, and violence in or near programs.

A program must report any safety incidents in accordance with the Performance Standards of Program Management and Quality Improvement 1302.102(d).

Policy and Procedures:

Each Child Care Partner will develop and implement a formal Emergency Disaster Preparedness Plan which, at a minimum, plans for and allows practices drills for the following:

- ***Evacuation:*** Occupants are moved to an alternate location, due to an internal threat of safety within the building.
- ***Shelter in Place:*** Occupants seek shelter in the building from an external threat.
- ***Lockdown:*** Occupants of a building are restricted to the interior of the building and the building is secured.
- ***Active Shooter on Premises:*** An individual is actively engaged in killing or attempting to kill people in a confined space or other populated area.

The plan must include provisions for multiple types of hazards, such as floods, fires, tornados, severe weather and local shootings. All Employees of a Child Care Provider must be trained annually in emergencies and disaster preparedness.

Written plans should be posted in each classroom and areas used by children. The following topics should be addressed, including but not limited to regularly scheduled practice drills, procedures for notifying and updating parents, and the use of the daily class roster(s) to check attendance of children and staff during an emergency or drill when gathered in a safe space after exit and upon return to the program. All drills/exercises should be recorded.

Each Child Care Partner's Emergency/Disaster plan must also address the following:

- Emergency notification of parents and reunification of families following the event
- Care of children with disabilities, including those with access and functional needs
- Continuity of operations after a disaster
- Responsibility for essential staffing needs and predetermined roles during and after the emergency or disaster; and

ELV maintains the *Alliance CORE* data base which serves as a backup of staff and children's files. The data base is secure and protects the confidentiality of all information.

All Providers are required to promptly report to both ELV Administration and to Colorado Licensing any of the following:

- An injury to a child or staff member that requires emergency medical attention by a health care professional or admission to a hospital.
- A mandatory reportable illness, as required by the Colorado Department of Public Health and Environment, of a child or staff member that requires emergency medical attention by a health care professional or admission to a hospital.
- Any allegation of physical, sexual, or emotional abuse or neglect by a staff member or volunteer that results in a report to a law enforcement or social services agency.
- Any fire that is responded to by a local fire department.
- Any major security threat to a facility including, but not limited to, a threat to kidnap a child, bomb threats, hostage situations, use of a weapon, or drive by shootings.

ELV will report to the Regional Program Specialist immediately, or as soon as practicable, any significant incidents including those:

- Affecting the health and safety of children;
- Regarding Early Head Start staff, child care partners or volunteers.
- incidents that require classrooms, centers or Family Child Care Homes to be closed (beyond 1-2 day weather-related or small maintenance incidents)

1302.47 Safety Practices

<i>Policy Council Approval:</i>	<i>Governing Board Approval:</i>
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