Promise
Early Education Center
The Head Start Program of Androscoggin County

OPERATIONS

MANUAL

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Title of Procedure or Process:	Work Schedules
Program Area(s):	All Agency
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☐ Developmentally Appropriate Practice/NAEYC ☐ Caring for Children ☒Other
Person Responsible for implementation:	Responsible Staff Person
Timeline for completion:	n/a
Submitted to:	n/a
ChildPlus Documentation:	n/a
Uploaded to ChildPlus:	n/a
Specific Directions:	n/a

Purpose: Regular schedules create consistency necessary to establish a foundation for good communication at all levels. In addition, regular schedules ensure that staff are available during times in which parents and customers are most likely to have needs; and also ensure staff are available to attend trainings and meetings that take place after child hours. The purpose of this procedure is to provide transparency in the way in which employee work scheduled is determined.

Procedure:

1. **Administrative Staff:** Normal business hours for the Agency are 8:00 am to 4:30 pm. Administrative personnel should work within a half hour of those start/end times to ensure availability to provide high levels of customer service to customers and staff members that may need support.
2. **Food Service Staff:** Food Service staff schedules are based on a combination of estimated time needed to prep food, classroom meal times, and travel between sites. Schedules can change, based on change in classroom needs.
3. **Full Day Classroom Staff:** Staffing patterns for each classroom have been established based on a wide variety of factors such as: age of children, licensing requirements, staffing patterns based on program option, child arrival and departure times, child behaviors, the ability to combine with other class rooms etc. Each staffing pattern has been considered carefully keeping in mind child safety, quality programming, and fiscal responsibility. Schedules can change based on classroom needs at any time and staff must be available to flex with those needs.
4. **Part Day Classroom Staff:** Staffing patterns for each classroom have been established based on a wide variety of factors such as: age of children, licensing requirements, staffing patterns based on program option, child behaviors, the ability to combine with other class rooms etc. Each staffing pattern has been considered carefully keeping in mind child safety, quality programming, and fiscal responsibility. Part day classroom staff should work within a half hour of the start of their program option to ensure they are available for parents after children depart as well as trainings and meetings that are scheduled to take place.

Exceptions: There are always circumstances in which deviations may be deemed necessary in either the rules outlined in this procedure or the procedure itself. However, in order to ensure consistency across the Agency, any exception to this procedure must be pre-approved by the Program Supervisor (Education) or their direct Supervisor (all other staff members). Exceptions will only be considered for staff that are meeting or exceeding the requirements for their positions (current on home visits, TSG Observations, not on a performance improvement plan, etc.) and in the event they supervise staff their staff members must be meeting or exceeding the requirements for their positions. Staff members that are new to their role will not be considered for an exception to the standard scheduling protocol. If an exception is made, the follow stipulations apply:

- Must be productive work time
- Cannot cause over time
- Staff must be available for post-class meetings and trainings as needed (even if it means shifting schedule that particular day and flexing on another day)
- Flexing for schedule shifts must take place over the course of the week and be pre planned (it is not permissible to leave early every Friday afternoon)
- Earliest start time is 7:30 am
- In the event a staff member with an approved schedule exception supervises other staff members, they must provide specific tasks/expectations for staff to complete after they leave.

Title of Procedure or Process:	Planned Time Off Approval Process
Program Area(s):	All Agency
Related Standards or Regulations:	☐Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☒Other
Person Responsible for implementation:	Responsible Staff Person
Timeline for completion:	n/a
Submitted to:	Program Supervisor, Managers and/or Kitchen Supervisor
ChildPlus Documentation:	n/a
Uploaded to ChildPlus:	n/a
Specific Directions:	n/a

Purpose: The purpose of this procedure is to ensure a consistent process is used to approve or deny time off requests for employees in a timely manner while ensuring appropriate sub coverage is available.

Full Year Education Staff (Teachers, Teacher Assistants, Center Assistants, Perm Rotating Subs, Floats and Family Advocates):

1. During the school year, **no more** than two FY Education staff will be approved per day Agency wide.
2. During school year 22/23 no more than one classroom staff member per full day site will be approved for PTO.
3. During summer 2022 (when PY classroom staff are off for summer break), **no more** than one staff member per classroom will be approved per day and no more than three total Agency wide.
4. FY Employees will be granted no more than three weeks of vacation each summer unless staffing allows.
5. Regardless of the time of year, if an employee has submitted a schedule change request that is at least a half day it will be counted as "day off" when approving other time off requests.
6. Regardless of the time of year, no two lead teachers in the same FY classroom will be for approved PTO on the same day.
7. PTO will not be approved for Agency In-Service Days.
8. PTO requests will not be approved more than six months in advance.
9. FY personnel requests for PTO must be submitted no later than April 30th...requests will be considered in order received.

Part Year Education Staff:

1. PY employees will not be granted planned PTO outside of school vacations unless an extenuating circumstance exists (medical appointment, legal proceedings, etc). If an extenuating circumstance exists, the employee is encouraged to schedule appointments outside of child time and the Program Supervisor must be consulted before a decision is made.

2. PTO will not be approved for Agency In-Service Days.

Procedure for Approving FY/PY Education Staff PTO Requests:

1. The Program Supervisor receives time off request in AOD from the employee and within two business days reviews sub calendar to apply rules set out above (provided the time requested is within the next six months).

    a. If the time can be approved, they will approve the time in AOD with the following note on the approval: "Approved provided enough PTO is accrued at the time of the planned time off. At the same time the sub calendar will be updated so that and coverage can be obtained.

    b. If the time cannot be approved, the Program Supervisor will deny the PTO request in AOD and a note on the denial should be included as to why the request is being denied. The Supervisor will also be notified via email of the denial and the reason why the request was denied (too many people out already, co-worker in classroom already out etc).

2. If you would like to request time off that is more than six months in advance, please contact Program Supervisor directly to discuss the circumstances before submitting the request.

3. On a monthly basis, Program Supervisor will review PTO balances for all staff members who have vacations scheduled in the coming month to ensure they have enough time accrued to take the vacation. If any staff members do not have enough PTO, their time off request will be denied. Site Supervisor will be notified and communicate to staff member.

Sub coverage may not be found immediately, but staff should know that if their request has been approved, they will be able to take the time off even if a sub is not found immediately and on sub calendar.

In general PTO requests are approved on a first come first served basis. However, the following weeks have been identified as highly desirable and as such will be handled differently:

- Independence Day Week
- Week of Thanksgiving
- Days Around Christmas (if Agency is not closed)

At the beginning of the calendar year, an email from HR will be sent to all full year staff indicating that if they have an interest in taking any of those weeks off they must submit their requests by the end of January at which time requests will be approved based on the rules above. If more people have requested the weeks than policy allows, individuals that had the same week the year prior will be removed from the grouping and rest of the employee names will be placed in a drawing and the first combination of employees that can take the time within policy will be approved for the time off for the following year. No requests for these weeks will be approved outside of this special process.

Rules for Non Education Staff: (those that do not require a sub, non-classroom staff)

1. Managers and Supervisors should ensure appropriate coverage is available in their department during staff vacations.
2. No PTO will be approved for any Agency In-Service Days.

Non Education Staff Procedures: (those that do not require a sub, non-classroom staff)

1. Manager/Supervisor receives request in AOD and approves or denies based on rules outlined above.

2. On a monthly basis, the Manager/Supervisor will review PTO balances for all staff members who have vacations scheduled in the coming month to ensure they have enough time accrued to take the vacation. If any staff members do not have enough PTO, their time off request will be denied and employees direct supervisor should communicate that to the staff member.

Exceptions: There are always circumstances in which deviations may be deemed necessary in either the rules outlined in this procedure or the procedure itself. However, in order to ensure consistency across the Agency, any exception to this procedure must be pre-approved by either the Program Supervisor or Human Resources.

Title of Procedure or Process:	Reporting Unplanned Absences
Program Area(s):	All Agency
Related Standards or Regulations:	☐ Head Start Program Performance Standards ☐ Maine State Licensing ☐ Developmentally Appropriate Practice/NAEYC ☐ Caring for Children ☐ Other
Person Responsible for implementation:	Responsible staff member
Timeline for completion:	
Submitted to:	
ChildPlus Documentation:	
Uploaded to ChildPlus:	
Specific Directions:	

Education Staff Unplanned Absences:

Staff Members needing to call out unexpectedly are expected to contact their supervisor. A minimum of a two-hour notice is required, but more notice is recommended if possible. Staff Members who know the day prior that they will be out for an unplanned absence will call their supervisor and the sub phone as soon as possible.

- For **full day classroom openers,** you should follow the established protocol in your classroom (triage schedule) to ensure morning coverage is in place. Once that phone call is made, you should contact the Sub Phone so they can follow the triage schedule to find appropriate coverage.
- **For all other staff members**, you should contact the Supervisor e as soon as you know so they can follow the triage schedule to find appropriate coverage.

Non-Education Staff:

As soon as you know you are going to be out, contact your direct supervisor.

Schedule Change Request Form

Purpose: All staff members have a designated work schedule that has been designed to best meet the needs of the children and families Promise Early Education Center serves as well as ensure staff are available for meetings and various professional development engagements. This form should be utilized when a staff members needs to make a one-time change to their regular schedule to accommodate a personal appointment and or other outside commitment.

Whenever possible, **part year** staff should make **personal appointments outside of teaching time** to limit transitions for children and **full year** staff should schedule **appointments at the beginning or end of the day**.

*Please note that this form is intended for partial day requests only (i.e. leaving early, coming in late, etc.). If a staff member needs a full day off, they should follow the procedure in AOD and request the time off to utilize PTO.

Employee Name: Classroom:

Regular Schedule:

Schedule Change Request: Date of Schedule Change Request   /   /

Reason for Schedule Change Request (please note that divulging personal information is not necessary, for example, stating "medical appointment" would be appropriate

Is a Sub necessary to cover this time?   Yes ☐ or No ☐

If no, how will your classroom run if children are present:

☐ I would like to utilize time from my PTO bank for this time off request
☐ I would like to request to flex this time and make it up another day (please note this will NOT be approved if a sub is needed, if the time you are requesting is during "child time" or if you are requesting more than two hours off)

If you are requesting to make this time up another day, please explain on what day(s) you will make up this and at what time:

- o   Approval /Denial will come via email and the Site Supervisor will be copied on the email.
- o   The Program Supervisor will note schedule change on the Sub Calendar (and add the Site Supervisor as an "Attendee") and will indicate on the meeting request if a sub is necessary or not.

- For Education staff, on a monthly basis, the Program Supervisor will look at the PTO balances of all time off requests for the following month to determine if each staff member has (or will have) enough PTO to cover their entire vacation. For all other staff their direct supervisor will be responsible for monitor PTO levels and communicating directly with staff.
  - o   If there is an expectation that there will not be enough PTO, the Program Supervisor is to notify the Site Supervisor

Non Education Staff Procedures: Full day requests should be submitted in AOD as outlined in Education Staff procedures. Partial day requests should be requested by emailing your direct Supervisor.

Title of Procedure or Process:	Subbing Procedures for Unplanned Absences
Program Area(s):	Education
Related Standards or Regulations:	☐ Head Start Program Performance Standards ☐ Maine State Licensing ☐ Developmentally Appropriate Practice/NAEYC ☐ Caring for Children ☐ Other
Person Responsible for implementation:	Identified Leadership Staff
Timeline for completion:	
Submitted to:	
ChildPlus Documentation:	n/a
Uploaded to ChildPlus:	
Specific Directions:	

Purpose: To communicate the process Site Supervisors will use in order to safety sub classrooms when unexpected absences occur.

Procedures for Sub Coordinator:

1. When a sick call is received, the following staff members should be contacted in the following order:
    a. Perm Rotating Sub should be utilized if available
    b. Per Diem Sub should be utilized if available
    c. Triage within the site if possible
    d. Site Sup/Coach/Manager/FA – if you get to this point, the Operations Manager should be involved
        i. In the summer, the Summer Subbing spreadsheet should be utilized to determine which part year staff to call in what order.
2. Once a plan is established, the staff in the impacted classroom should be notified what the staffing plan for that day will be via text on the sub phone.

Title of Procedure or Process:	Summer On-Call Procedures for Laid Off Staff
Program Area(s):	Education
Related Standards or Regulations:	☐ Head Start Program Performance Standards ☐ Maine State Licensing ☐ Developmentally Appropriate Practice/NAEYC ☐ Caring for Children ☐ Other
Person Responsible for implementation:	Supervisor/Manager responsible for sub phone
Timeline for completion:	
Submitted to:	
ChildPlus Documentation:	
Uploaded to ChildPlus:	
Specific Directions:	

Purpose: The purpose of this procedure is to ensure consistency in how part year staff members who are laid off during the summer will be utilized to support full year classrooms in both planned and unplanned absences so that the Agency is better able to fill open shifts and part year staff are better able to plan their summer.

Summary of Procedure: An on-call schedule will be created and communicated to staff by June 1st of each year. This on call rotation will include all classroom staff members that are laid off in the summer, are collecting unemployment, AND are not already scheduled to sub already. Two part-year staff will be assigned to each week in the summer and must be available to work during that week.

Creation of On Call Schedule:

1. In May of each year, the Program Supervisor will ask that all full year classroom staff put in requests for summer vacations and will ask part year staff who is interested in subbing over the summer. Based on that information, the planned subbing schedule will be coordinated in the following way:
    a. Permanent Rotating Subs are utilized to fill openings first.
    b. Teacher Assistants who are collecting unemployment and WANT to work for the summer are utilized to fill openings next.
    c. Per diem substitutes are utilized to fill openings next.
    d. On call part year teaching staff will fill openings next.
2. In May of each year, part year staff members will be asked if they are interested in working over the summer as well as provide input as to what weeks they would prefer to be "on call". These preferences will be taken into consideration when possible, but each week in the summer must have two "on call" staff members, so preferences will not always be feasible.
3. Once a plan is established to cover all planned absences, laid off staff members will be assigned one week where they will be "on call" during the summer. Rules associated with on call:
    a. Staff must be available to work that week (ie not be away on vacation).

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b. If a full year staff member puts in a last minute planned vacation request (per policy staff must give two weeks notice for full week, or three days for a single day) one of the on call staff members will work. The on-call staff member will be notified of this immediately.

c. If a sick call occurs and perm subs, part year staff that want to work and per diem subs are not available to work, the on-call staff will be called in to work.

d. Staff will not be called and asked to work when it is not their on-call week.

e. If an on-call staff member is not able to work during a day or week they are on call, the refusal of work will be reported to unemployment. In addition, they will be placed on call the following week and will be the first to be called in the event there is a subbing need.

Title of Form:	Logging on to iSolved
Related Policy:	n/a
Program Area(s):	All Agency
Related Standards or Regulations:	☐ Head Start Program Performance Standards ☐ Maine State Licensing ☐ Developmentally Appropriate Practice/NAEYC ☐ Caring for Children ☒ Other
Procedures	
Form Completed By:	Responsible staff members
Timeline for completion:	Immediately
Specific Directions:	Access iSolved
Submitted to:	Human Resources
ChildPlus Documentation:	n/a
Uploaded to ChildPlus:	n.a

Purpose: iSolved is the Agency payroll system and is utilized for the following reasons: To view/print your paystub each pay period, to view/print historical pay stubs, to view/print W-2 forms, to update your personal information, to update your tax with holdings or to make updates to regular direct deposit accounts (all accounts with the exception of pre-tax health savings accounts).

Procedure:

1. Log on to your Employee Self Service Account by using the following URL: https://payprosinc.myisolved.com/UserLogin
2. Your username is your work email address: firstinitiallastname@promiseearlyeducation.org
3. If you do no remember your password use the "forgot password" link and follow the instructions. Please note that a security code will be sent to your email address when you use this process. If you do not see the email, check your "junk" folder as it can go there.

Title of Procedure or Process:	iSolved Go Mobile App User Configuration
Program Area(s):	All Agency
Related Standards or Regulations:	☐ Head Start Program Performance Standards ☐ Maine State Licensing ☐ Developmentally Appropriate Practice/NAEYC ☐ Caring for Children ☒ Other
Person Responsible for implementation:	Responsible staff members
Timeline for completion:	n/a
Submitted to:	Human Resources
ChildPlus Documentation:	n/a
Uploaded to ChildPlus:	n/a
Specific Directions:	n/a

Purpose: The iSolved Go Mobile App can be used by employees to look at their paystubs, update your personal information (such as phone number and address), as well as change your state and federal tax withholdings!

Procedure:

1. Download the free app in your Android or iPhone app store: **iSolved Go**
2. Once iSolved Go has been downloaded, Open the app and follow the below instructions with regard to changing your app to function as a Network Partner.
   1. Click on the Setup Wheel in the lower left corner.
   2. Under Network Partner, type in "Payprosinc" and click the Save button.
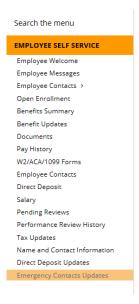   3. Click the back arrow in the top left to get back to the main screen.

   4. From the main screen Login using log in (your employee login is your entire email address) and your password.

Title of Form:	Viewing and Printing Pay Information in iSolved
Related Policy:	n/a
Program Area(s):	All Agency
Related Standards or Regulations:	☐ Head Start Program Performance Standards ☐ Maine State Licensing ☐ Developmentally Appropriate Practice/NAEYC ☐ Caring for Children ☐ Other
Procedures	
Form Completed By:	Responsible staff members
Timeline for completion:	Immediately
Specific Directions:	Access iSolved
Submitted to:	Human Resources
ChildPlus Documentation:	n/a
Uploaded to ChildPlus:	n/a

Purpose: Paychecks are issued every other Thursday and will be for hours worked for the prior pay period. Pay weeks run Sunday is the first day of the pay week and Saturday is the last. Pay stubs (both current and historical) and other compensation information can be viewed and/or printed using iSolved.
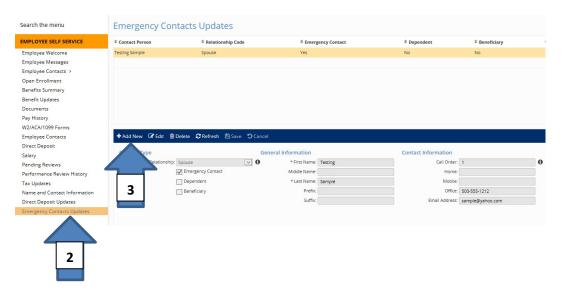
Procedure:

4. Log on to your Employee Self Service Account by using the following URL: https://payprosinc.myisolved.com/UserLogin
5. On the left hand menu click "Pay History" and a list of all of your paystubs will appear that you can either view or print.
6. You can also view historical W2 information by clicking on "W2/ACA/1099 forms

Title of Form:	Personal Information Updates in iSolved
Related Policy:	n/a
Program Area(s):	All Agency
Related Standards or Regulations:	☐ Head Start Program Performance Standards ☐ Maine State Licensing ☐ Developmentally Appropriate Practice/NAEYC ☐ Caring for Children ☒ Other
Procedures	
Form Completed By:	Responsible staff members
Timeline for completion:	Immediately
Specific Directions:	Access iSolved
Submitted to:	Human Resources
ChildPlus Documentation:	n/a
Uploaded to ChildPlus:	n/a

Purpose: The following personal information should be up to date and current at all times in iSolved (Agency payroll system): Emergency Contacts, Direct Deposit Information (for all except pre-tax Health Savings Account direct deposits), Name, Address, Phone Number, and tax withholdings. If any of these items change staff are responsible for updating their information in iSolved.

Procedure:

1. Log on to your Employee Self Service Account by using the following URL: https://payprosinc.myisolved.com/UserLogin
2. On the left hand menu, you have the ability to make changes to all of the items that have the word "update" next to them.
3. Click on the item you want to update and either click on "Add New" to enter a completely new entry or click on "Edit" to update an existing entry. Click save at the end.

Title of Procedure or Process:	Health Savings Account and 403b Contribution Amount Changes
Program Area(s):	All Agency
Related Standards or Regulations:	☐ Head Start Program Performance Standards ☐ Maine State Licensing ☐ Developmentally Appropriate Practice/NAEYC ☐ Caring for Children ☐ Other
Person Responsible for implementation:	Responsible staff members
Timeline for completion:	Upon need for change
Submitted to:	Human Resources
ChildPlus Documentation:	n/a
Uploaded to ChildPlus:	n/a
Specific Directions:	n/a

Procedure:

1. The amount you contribute to your pre-tax Health Savings account can be changed at any time. In order to change it, complete section two of the Health Savings Account Direct Deposit form and submit to Human Resources.
2. The amount you contribute to you 403b plan can be changed at any time. In order to change it, complete the 403b Contribution change form and submit to Human Resources. Please note that you can only select a percentage of your income and not a flat amount.

Title of Procedure or Process:	AOD – Logging In
Program Area(s):	All Agency
Related Standards or Regulations:	☐ Head Start Program Performance Standards ☐ Maine State Licensing ☐ Developmentally Appropriate Practice/NAEYC ☐ Caring for Children ☒ Other
Person Responsible for implementation:	Responsible Staff Members
Timeline for completion:	Weekly
Submitted to:	n/a
ChildPlus Documentation:	n/a
Uploaded to ChildPlus:	n/a
Specific Directions:	n/a

Purpose: AOD is the system staff members utilize to clock in and out, approve their time cards, view their PTO balances and request full days off.

Procedure for Logging In:

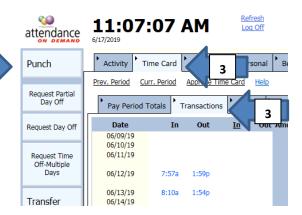1. Click on the following URL: https://androkids.attendanceondemand.com/ess/
2. User Name: first initial last name
3. Password: last for digits of your social

Title of Procedure or Process:	AOD – Clocking in and Out
Program Area(s):	All Agency
Related Standards or Regulations:	☐ Head Start Program Performance Standards ☐ Maine State Licensing ☐ Developmentally Appropriate Practice/NAEYC ☐ Caring for Children ☒ Other
Person Responsible for implementation:	Responsible Staff Members
Timeline for completion:	Daily
Submitted to:	Human Resources

Purpose: AOD is utilized by staff members for tracking their hours worked and hourly staff members must clock in at the beginning of their shift, clock in and out for a half hour lunch (if they are scheduled to work more than six hours per day) and out at the end of their shift.

Procedure for Clocking In and Out:

1. Log in to AOD utilizing an Agency computer, laptop or iPad (please note that clocking in and out utilizing your phone is not permissible).
2. Click on the "punch" button to clock in or out. Please note, you should only clock in when all of your personal business (taking off coat, using rest room, etc) is attended to and you are ready to work. At the end of the day, you should clock out before you attend to your personal business.

3. To view your punches, click on the "Time Card" tab and then the "Transactions" Tab
4. Please note that you should attempt to work the exact number of yours that you are scheduled to work each day and that the "Seven Minute" rule will apply. The seven minute rule rounds your punch to the nearest quarter hour. Every effort should be made to clock in and out utilizing this procedure. Missed punches create more room for error and more work in editing time cards.
   a. Ex.: If you are scheduled to start at 8am and clock in at 7:54, the punch will round up to 8am. On the converse, if you clock in at 7:53, the punch will round to 7:45.
5. Overtime must be pre-approved by your supervisor BEFORE you work it.

Title of Procedure or Process:	Unemployment Filing for Vacation Weeks
Program Area(s):	School Year Education Staff
Related Standards or Regulations:	☐Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☒Other
Person Responsible for implementation:	Responsible staff member
Timeline for completion:	Monday after returning from each vacation
Submitted to:	Human Resources
ChildPlus Documentation:	n/a
Uploaded to ChildPlus:	n/a
Specific Directions:	n/a

Purpose: In order to ensure you are utilizing all the benefits you are eligible for, the Human Resources Department will assist with filing for benefits over vacation weeks if you choose to participate. Forms should be completed for vacations in December, February and April. If submitted correctly and approved by unemployment, December will be your "waiting" week and Feb and April vacations will be paid (less your "holiday hours").

Procedure:

1. The Human Resources Manager will provide the B-9 form to staff members being laid off for vacation weeks one week prior to vacation via email.

2. Employees should complete their portion of the form and send back to HR Manager by the Monday after returning from vacation (fill out as much as you can and make sure to sign the bottom).

3. The Human Resources Manager will complete the Agency portion of the form and submit to unemployment for you.

Please note that during the summer, you will need to file for unemployment each week either online or by calling unemployment directly.

FAQ's

Q: If I have PTO does that mean I can't file for unemployment?
A: You can still file! Unemployment does not take PTO into account when calculating benefits! You will have to report Holiday pay and that will lessen the benefit by a day…but any PTO you choose to use is "free"

Q: Will I have to do a work search?
A: No, when you are out for a week and utilize this form, you do not have to participate in a work search.

Title of Procedure or Process:	Time Card Correction and Approval Process
Program Area(s):	All Agency
Related Standards or Regulations:	☐ Head Start Program Performance Standards ☐ Maine State Licensing ☐ Developmentally Appropriate Practice/NAEYC ☐ Caring for Children ☒ Other
Person Responsible for implementation:	Responsible staff members
Timeline for completion:	Weekly
Submitted to:	Human Resources and Finance
ChildPlus Documentation:	n/a
Uploaded to ChildPlus:	n/a
Specific Directions:	n/a

Purpose: To ensure proper payment of wages to all staff members as well as provide staff with the ability to review their time cards and approve of their hours.

Time Card Correction and Approval Process (Education and FA Staff):

1. One Exception Log (located in HR section of staff forms website) should be used at each site and should contain the following information:
   o A separate entry for each missing punch
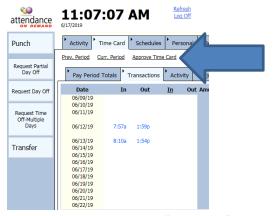
2. A note outlining any anomaly on the time card (schedule change, long lunch, no lunch, over time etc)

3. Each site is responsible for providing their Exception Log to their Site supervisor Program by 9am every Monday morning (Program Supervisor in their Supervisors absence)
4. Site Supervisor's are responsible for the following items that should be completed by noon on each Monday:
   o Entering missed punches
   o Entering PTO to even out hours to budgeted amount
   o Entering PTO for unplanned absences (sick time cannot be made up, the amount of time you are scheduled to work that day is the amount of PTO that will be put in your time card)
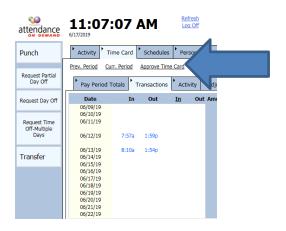
- o Entering PTO for snow days (snow days cannot be made up, the amount of time you are scheduled to work is the amount of PTO that will be put in your time card). Part year staff have the choice of whether to take snow day time unpaid, if they want to take the time unpaid, that must be noted on the exception log, or PTO will automatically be entered.
  - o Noting on the last day of the pay period any anomaly that occurred on the time card
  - o Approving time cards
5. All employees should approve their time cards (in AOD) by Tuesday morning of a payroll week.

6. Site Supervisor should follow up on all unapproved or excessive "anomalies" each pay period.

All Non Education and FE's

1. Each Supervisor has an established procedure that they will discuss with you with regard to corrections.
2. All employees should approve their time cards (in AOD) by Tuesday morning of a payroll week.

Title of Procedure or Process:	Benefit Premium Payments while on Leave
Program Area(s):	All Agency
Related Standards or Regulations:	☐ Head Start Program Performance Standards ☐ Maine State Licensing ☐ Developmentally Appropriate Practice/NAEYC ☐ Caring for Children ☒ Other
Person Responsible for implementation:	Human Resources and Finance
Timeline for completion:	Within one week of approved Leave
Submitted to:	Human Resources
ChildPlus Documentation:	n/a
Uploaded to ChildPlus:	n/a
Specific Directions:	n/a

Purpose: While staff members are out on an approved leave of absence, the Agency continues to pay its portion of benefit premiums and staff remain responsible for continuing to pay their portion of the premium for any unpaid portion of their leave (payment through short term disability will NOT include benefit deductions). Payment arrangements must be made for any unpaid portion of the leave in order to ensure benefits remain in effect.

Procedure:

1. In order to request a Family Medical Leave or a Personal Leave, employees must submit a "Leave of Absence Request" form that is located on in the HR Folder of the staff forms website. School year staff that are going on "Summer Leave" are not required to submit a request and the HR Department will initiate the benefits payment process.
2. HR will create a "Leave Benefits Agreement" form for employees to sign upon a leave of absence. The form will outline all benefit deductions and the total monthly employee cost.
   a. Staff that have single coverage for medical insurance will be eligible to choose two payment options:
      i. Finance will bill them and they will remit payment each month
      ii. When they return from leave, all owed premiums will be automatically deducted from their first paycheck
   b. Staff that have family, employee and spouse, or employee and child coverage for medical insurance will be required to pay their portion of their premiums each month as to ensure continuing coverage for their family members.
3. If staff fail to return to work after their leave and have not paid their portion of their insurance premiums they must pay the entire amount on their recall date or their benefits will be terminated retroactively to the last month that was paid.

Title of Procedure or Process:	IT Work Order Process
Program Area(s):	All Agency
Related Standards or Regulations:	☐Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☒Other
Person Responsible for implementation:	Responsible staff member
Timeline for completion:	Immediately
Submitted to:	Site Supervisor, Administrative Assistant, IT
ChildPlus Documentation:	n/a
Uploaded to ChildPlus:	n/a
Specific Directions:	n/a

Purpose: To ensure that issues with equipment and systems are fixed in a timely manner and that staff are aware of the steps being taken to rectify said issues.

Procedure:

1. Staff identifies issue and performs basic trouble shooting (reboot, unplug, etc)
2. Staff completes IT Work Order form and forwards to Supervisor (located on the "Staff" tab of the staff forms website)
3. Supervisor reviews IT Work Order to ensure accuracy and validity and assigns priority level
4. Supervisor forwards IT Work Order to Administrative Assistant
5. Administrative Assistant assigns a work order # and adds to Work Order Tracking Spreadsheet
6. Administrative Assistant assigns work order to appropriate tech by emailing IT Work Order form to him/her. If priority level is "critical" the ED will be copied on email.
7. Administrative assistant sends email to requesting staff member and Supervisor indicating who the work order has been assigned to.
8. Administrative Assistant monitors Work Order Tracking Spreadsheet and follows up as appropriate depending on priority. In general the following guidelines should be utilized to determine appropriate frequency of follow up:
   a. Critical Priority: Should be in contact constantly until the issue is resolved
   b. Normal Priority: Should be in contact each every week
   c. Low Priority: Should be in contact every two weeks
      i. If ED is in contact with Tech and receives updates, they should be provided to Administrative Assistant ASAP
9. Administrative Assistant provides update to impacted staff by email after following up with tech.
10. Administrative Assistant provides Executive Director with copy of Work Order Tracking Spreadsheet each Friday morning.
11. Tech notifies Administrative Assistant that work order is completed.
12. Administrative Assistant emails impacted staff to inform them that their work order has been resolved and notes it on the W/O Spreadsheet and the IT Work order form.

Title of Form:	**Maintenance Work Order**
Related Policy:	All Agency
Program Area(s):	Health, Nutrition, Education, Special Services, Family Services, ERSEA, etc.
Related Standards or Regulations:	☐ Head Start Program Performance Standards ☐ Maine State Licensing ☐ Developmentally Appropriate Practice/NAEYC ☐ Caring for Children ☒ Other
Procedures	
Form Completed By:	Responsible staff member
Timeline for completion:	Immediately
Specific Directions:	Maintenance and Executive Director
Submitted to:	
ChildPlus Documentation:	
Uploaded to ChildPlus:	

Purpose: To ensure that issues with facilities and/or installations can be completed in a timely manner and that staff are aware of the steps that are being taken with regard to the work order.

Procedure:

1. When work needs to be completed by Maintenance, a work order will be initiated by the Teacher, Family Educator, Site Supervisor or Manager (form is located on Maint. section of staff forms website). Verbal work order requests will not be assigned.
2. The work order request will have no more than 3 items – it will have a requested date to be completed, who issued the work order with the center and today's date. It also needs to specify whether it is a safety issue or not.
3. The completed work order will be sent as an e-mail attachment and sent to the Maintenance Tech, Site Supervisor and Executive Director
4. Safety issues will take priority
5. Minor work will attempt to be completed within two weeks.
6. Larger jobs/projects will be estimated and information sent back to the originator of the work order with a copy to Site Supervisor/Manager.

Title of Procedure or Process:	Pest Control Work Order
Program Area(s):	All Agency
Related Standards or Regulations:	☐ Head Start Program Performance Standards ☐ Maine State Licensing ☐ Developmentally Appropriate Practice/NAEYC ☐ Caring for Children ☐ Other
Person Responsible for implementation:	Responsible Staff Member
Timeline for completion:	Immediately
Submitted to:	Maintenance
ChildPlus Documentation:	n/a
Uploaded to ChildPlus:	n/a

Purpose: In order to ensure the health and safety of children and staff in our facilities if you should discover a pest issue or infestation "Pest Control" form should be completed immediately (within the same day of the sighting). Most common pests that can be found include ants, cockroaches, bees, wasps, bed bugs, mice, rats, and fleas, etc. If you are unsure when encountering a critter please seek assistance from your supervisor.

Procedure:

1. Complete "Pest Control" form (located under the Maintenance section of the staff forms website) and email to your Supervisor immediately (within the same day of the sighting)
2. Site Supervisors will forward to appropriate personnel (Maintenance, Executive Director, and Health Manager.
3. If pests are observed after action has been taken, another "Pest Control" form should be submitted to your Supervisor until the problem is resolved.
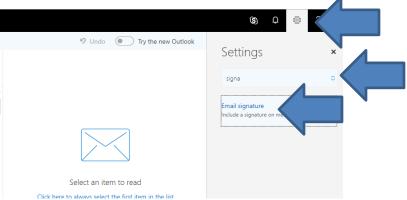
Title of Procedure or Process:	Outlook Email
Program Area(s):	All Agency
Related Standards or Regulations:	☐ Head Start Program Performance Standards ☐ Maine State Licensing ☐ Developmentally Appropriate Practice/NAEYC ☐ Caring for Children ☒ Other
Person Responsible for implementation:	Responsible Staff Person
Timeline for completion:	Daily
Submitted to:	n/a
ChildPlus Documentation:	n/a
Uploaded to ChildPlus:	n/a
Specific Directions:	n/a

Purpose: Outlook email and calendar accounts have been provided to all regular staff members. Email can be an appropriate and effective means of communication when you have brief straight forward pieces of information to share with coworkers, supervisors, or external parties (please review confidentiality information below when communicating with external parties via email) and can be a good way to recap a conversation to ensure clear communication has occurred. Emails should be brief in nature, be written professionally (i.e. using business writing skills, not text talk and abbreviations) and monitored on a daily basis.
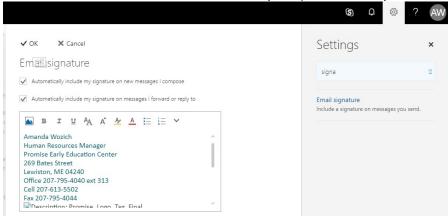
Note on Confidentiality with regard to email: Promise must protect the privacy of enrolled children and their families and email is not a secure means of communication. As such, the following expectations apply in all situations whether you have a release or not to speak with a provider. Providers include, but are not limited to case managers, mental health clinicians (TCMHS or other agency), or medical providers. Email to community providers cannot have any identifiable information on a child or family, i.e. name, date of birth, or address, included in the message.

The above expectations, though not required on email within our internal system, are best practice and following them will reinforce the method required when communicating with outside providers.

Procedure:

1. Staff should access their email using the web application. Contact the Human Resources department if you have forgotten your username or password.
2. Classroom staff should check their email at least on a daily basis, non-classroom staff should check their email multiple times a day.
3. Hourly staff should only check their email when they are working (not from home or during breaks).
4. In order to be consistent with the Promise brand, a signature should be created using the following template:
    a. Log in to your email and click on "Settings Icon" in the upper right hand corner. In the 'Search' box start typing in "Signature" and click on the hyperlinked "Email Signature"

b. Copy and paste the signature below (It can be located electronically on the HR section of the Staff Forms website entitled "Email Template") and click "okay"

Employee Name
Employee Job Title
Promise Early Education Center
269 Bates Street
Lewiston, ME 04240
207-795-4040 ext employee extension
Fax 207-795-4044 (update if you have your own fax number)
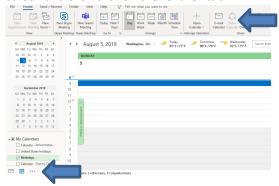
Confidentiality Notice:

This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy/delete all copies of the original message. Thank you.
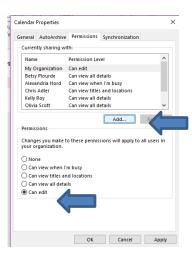
Title of Procedure or Process:	Outlook Calendar
Program Area(s):	All Agency
Related Standards or Regulations:	☐ Head Start Program Performance Standards ☐ Maine State Licensing ☐ Developmentally Appropriate Practice/NAEYC ☐ Caring for Children ☒ Other
Person Responsible for implementation:	Responsible Staff Person
Timeline for completion:	Daily
Submitted to:	n/a
ChildPlus Documentation:	n/a
Uploaded to ChildPlus:	n/a
Specific Directions:	n/a

Purpose: Outlook email and calendar accounts have been provided to all regular staff members. When calendars are updated appropriately, it is a tool that can assist with keeping track of work tasks and meetings, it allows your supervisor and administrative staff to schedule meetings when you are available, and also provides a safety measure when staff are conducting home visits.

Procedure:

1. All staff must use their Outlook Calendar to document home visits for safety purposes. Home visit information must include address of visit location and phone number of family in calendar detail (please refer to Home Visiting Safety Procedures and in the Family Services of this manual for complete instructions).
2. Meetings to document in your calendar include parent meetings, parent-teacher conferences, home visits as previously noted, family advocate meetings, supervision, agency events, in-service days, communities of practice, trainings, feedback and consultations, IEPs/IFSPs, family team meetings, public pre K meetings if appropriate, center/parent meetings, time off and other appointments, events, or deadlines.
3. Staff should share their calendar so that their Supervisors can view all details. Instructions for sharing is as follows:
   a. Log in to your email account and click on the "Calendar" tab in the bottom left hand corner of the screen and then click on the "Share" tab.

b. Once you click on the "Share Calendar, click on "Calendar" and "Add" and select the name of the person you want to share your calendar with. On the bottom of the box in the "Permissions" section click the "Can Edit" box and then hit apply.

Title of Procedure or Process:	Voicemail
Program Area(s):	All Agency
Related Standards or Regulations:	☐ Head Start Program Performance Standards ☐ Maine State Licensing ☐ Developmentally Appropriate Practice/NAEYC ☐ Caring for Children ☒ Other
Person Responsible for implementation:	Responsible Staff Person
Timeline for completion:	Daily
Submitted to:	n/a
ChildPlus Documentation:	n/a
Uploaded to ChildPlus:	n/a
Specific Directions:	n/a

Purpose: A Voicemail account is provided to each classroom as well as administrative staff so that parents and customers have a means of leaving a message when staff are not available to answer the phone. In order to ensure customers and parents know what to expect and have all pertinent information when leaving a message, voicemail greetings should contain a consistent greeting regardless of the classroom or person customers and parents are attempting to reach.

Procedure:

1. To update your voicemail greeting take the following steps:
   a. Dial 500
   b. Enter your password (your extension)
   c. Press 3 "Manage Your Mail Box"
   d. Press 1 "To Change your Greeting"
   e. Select Greeting "1"
   f. Press 2 to "Re-record"
   g. Record the your greeting using the following script " You have reached location/classroom or name/title, for example Coburn Room 2 or FDC....John Smith, Administrative Assistant. We are or I am unavailable at this time to take your call. Please leave your name and number and we/I will return your call. If this is an emergency please hang up and call back at 795-4040 and press 0. Thank you"
   h. Press 9 to save your greeting
2. To update your voicemail name (classroom, personal name or department name) take the following steps:
   a. Dial 500
   b. Enter your password (your extension)
   c. Press 3 "Manage your Mail Box"
   d. Press 2 "User Options"
   e. Press 6 to "record name"
   f. Say name and press #
3. Voicemail should be checked on an ongoing basis (at least three times over the course of the day). To check your messages take the following steps:
   a. Dial 500 or press the blinking voicemail button
   b. Enter your security code
   c. Press 1 to play your messages

Title of Procedure or Process:	Maine Roads to Quality (MRTQ) Registry-Annual Review
Program Area(s):	Education, Management, Supervisor, and Family Advocate Staff
Related Standards or Regulations:	☐ Head Start Program Performance Standards ☐ Maine State Licensing ☐ Developmentally Appropriate Practice/NAEYC ☐ Caring for Children ☒ Other
Person Responsible for implementation:	Responsible staff member
Timeline for completion:	Once Yearly on Anniversary of Enrollment.
Submitted to:	Human Resources
ChildPlus Documentation:	n/a
Uploaded to ChildPlus:	n.a

Purpose: To ensure up to date training and employment documentation is provided to an annual basis so that the Agency can continue to maintain four star quality ratings. Once on the Registry as member, you are expected to maintain the accuracy of the information within your Professional Development Profile.

Procedure:

1. You will receive an annual reminder email from iSolved to update your account based on the yearly anniversary you registered with Maine Roads to Quality.
2. The following information should be updated
   - Email address
   - Home address
   - Workplace
   - Current level of Education
   - Certifications
3. Enter any non-Maine Roads trainings under the "My Education" tab. They should be entered as "Elective Trainings". Only trainings that you were awarded a certificate should be uploaded, as only these will be considered verified once Maine Roads receives the certificate(s). Certificates can be emailed or scanned and emailed to: mrtq.registry@maine.edu.
4. If you need a copy of your Training Certificates please contact Human Resources.

Section 2: Health

2.1 Medical Emergency

- **When to Call 911**
- **Emergency Procedure**
- **Dental Emergencies**
- **First Aid & CPR Training**
- **Child Incident Report Procedure**
- **Child Incident Form**
- **Eye Wash Station**

2.2 Illness

- **Daily Health Check Protocol**
- **Health Communication Log**
- **Individual Health Plan Protocol**
- **Health Information Form-Home Visit**
- **Medication Policy**
- **Medication Forms Protocol**
- **Authorization to Dispense Prescription Medication Form**
- **OTC Parental Permission Form**
- **Medication- Red Folder List**
- **Asthma Plan-No Medication Form**
- **Medication Incident Form**
- **Sick/Exclusion Procedure- Short Term**
- **Sick /Exclusion Guide (5 Pages)**
- **Inclusion/Exclusion for Fever**
- **Pandemic Infectious Disease Policy**

2.3 Infectious Disease

- **Hand Washing Procedure**
- **BBP Exposure Control Plan**
- **Possible BBP Exposure Form**
- **BBP Cleanup & Spill Kit**
- **Cleaning and Disinfecting Protocol**
- **Classroom Cleaning & Disinfecting Protocol**
- **Daily Classroom Cleaning Checklist**
- **Human Bite Protocol**
- **Procedure for Changing Children's Underwear/Pull-ups**
- **Ordering of Health Supplies**
- **Center Health Supply Form**

2.4 Head Trauma/Seizures

- **Head Injury Protocol**
- **Helmet Procedure**
- **Concussion (TBI) Symptoms**
- **Epilepsy Seizure Types and Symptoms**

- **First Aid Seizure Protocol**
- **Seizure Log Form**

2.5 EPSDT

- **EPSDT Screening schedule**
- **Immunization Exemption Form**
- **Health Screening & Exam Mandates**
- **Authorization Medical Release Form**
- **Health Passport Protocol**
- **Health Passport Form**
- **Health Insurance Protocol**
- **Lead Screening Protocol**
- **Lead Screen Authorization Form**

2.6 Oral Health

- **Oral Health/Hygiene for Pre-School Children**

2.7 Outside/Weather

- **Availability of Drinking Water**
- **Sun Safety Protocol**
- **Heat Stress Protocol**
- **Insect Repellent Protocol**

2.8 Insects/Bugs

- **Head Lice Protocol**
- **Head Lice Kit and Combing**
- **Tick Removal Procedure**
- **Pest Protocol**
- **Pest Management Form**

2.9 EHS Specific Health

- **Safe Sleep Practices**
- **Edinburgh Postnatal Depression Scale Form**
- **EHS Hand Washing Procedure**
- **Diapering Procedure**
- **Oral Health/Hygiene for Infants & Toddlers**

Table of Contents

WHEN TO CALL EMERGENCY MEDICAL SERVICES (EMS) 911
Call EMS if:

- The child is unconscious, semi-conscious or unusually confused.

- The child's airway is blocked.

- The child is not breathing.

- The child is having difficulty breathing, shortness of breath or is choking i.e is turning blue, condition is worsening.

- The child has no pulse.

- The child has bleeding that won't stop i.e there is a known bleeding disorder.

- The child is coughing up or vomiting blood.

- The child has been poisoned.

- The child has a seizure for the first time or a seizure that lasts more than three minutes.

- The child has injuries to the neck or back.

- The child has sudden, severe pain anywhere in the body i.e. severe cramping and unrelenting abdominal pain.

- The child's condition is limb-threatening (for example, severe eye injuries, amputations or other injuries that may leave the child permanently disabled unless he/she receive immediate care).

- The child's condition could worsen or become life-threatening on the way to the hospital.

- Moving the child could cause further injury.

- The child needs the skills or equipment of paramedics or emergency medical technicians.

- Distance or traffic conditions would cause a delay in getting the child to the hospital.

If any of the above conditions exist, or if you are not sure, it is best to call 9-1-1.

Title of Procedure or Process:	EMERGENCY PROCEDURES FOR SERIOUS INJURY OR ILLNESS
Program Area(s):	Health & Human Resource
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Person Responsible for implementation:	Classroom Staff i.e. Lead teacher, TA, Substitute, Health staff
Timeline for completion:	Immediately, as needed
Submitted to:	Health Manager and Site Supervisor / Human Resource if BBP to staff
ChildPlus Documentation:	Incident Report
Uploaded to ChildPlus:	Medical Records to return to school
Specific Directions:	Use your CPR & First Aid Training and always call 911, if needed

Procedure:

- **Survey the scene**: Remain calm and assess the situation. Is the area safe for you to approach? Are the other children safe? How many children are injured? Who is available to help? The following dangers will require caution: live electrical wires, gas leaks, building damage, fire or smoke, traffic or violence.
- **Do a primary survey for life-threatening conditions**: Is the child conscious and responsive? Is the airway open (A-B-C)? Is the child breathing? Is the blood circulation normal? **If not breathing or no pulse, start CPR and call 911.**
- **Do a secondary survey for specific injuries:** Do a head-to-toe check. Ask them to stay as still as possible and tell you where it hurts. Provide comfort and warmth. **Phone 911:** If the child has a life-threatening condition, or the injury appears serious (broken bone, severe head injury, breathing issue, bleeding or pain).
- **DO NOT** move a severely injured or ill student unless absolutely necessary for immediate safety. If moving is necessary, follow guidelines in **NECK AND BACK PAIN** section.
- **Provide first aid as needed:** Stop bleeding, immobilize injured limbs, clean & bandage wounds. A caregiver/teacher, trained in Pediatric First Aid, should stay with the child and administer first aid until emergency medical personnel arrives (EMS).
- Do **NOT** give medications unless there has been prior approval by the student's parent or legal guardian and doctor according to the Individual Health Care Plan.
- **Call the parent/guardian:** or the parent/legal guardian emergency contact substitute if the parent/legal guardian cannot be reached as soon as possible. Explain what happened, what first aid was given, and the child's present condition. Explain whether the parent will need to pick up the child and take to the doctor, or meet the ambulance at the hospital.
- **A caregiver/teacher must accompany a child** to the hospital or other urgent care facility and remain with the child until the parent/guardian arrives and assumes the responsibility for the child.
- **Talk with the other children present:** Have another adult supervise the other children while you care for the injured child. Reassure the children that the injured child is being cared for by staff and that emergency services are on the way. Later, answer children's questions about what happened and discuss how future injuries may be prevented.
- Notify the Site Supervisor and Health Manager as soon as possible. Complete an **INCIDENT REPORT** the day of the injury. The report must be reviewed by the parent/guardian and site supervisor. A copy of the report is given to the parent/guardian, a copy is kept in the child's file, and a copy is sent to the Health Manager within 24 hours.

Title of Procedure or Process:	Dental Emergencies
Program Area(s):	Health
Related Standards or Regulations:	Best Practice
Person Responsible for implementation:	All Staff who are first aid trained
Timeline for completion:	IR for emergencies the day of
Submitted to:	Health Manager
ChildPlus Documentation:	Health Communication Log and Incident Report
Uploaded to ChildPlus:	Doctors Note if applicable
Specific Directions:	Ensure Dental Emergencies Poster is on your Emergency Board

Procedure:

Title of Procedure or Process:	**FIRST AID, FIRST AID KITS & CPR TRAINING FOR STAFF**
Program Area(s):	Health & Human Resource
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Person Responsible for implementation:	Human Resource schedules and tracks the training. Health oversees the procedure and provides First Aid supplies
Timeline for completion:	CPR & First Aid Training, within 90 days of hire; Kits replenished as needed or monthly
Submitted to:	Health Supply Form to Health Assistant
ChildPlus Documentation:	N/A
Uploaded to ChildPlus:	N/A
Specific Directions:	Promise Early Education Center ensures the health and safety of children by training and certifying direct service staff in pediatric first aid and Cardiopulmonary Resuscitation (CPR) to enable them to perform basic first aid and CPR procedures during emergency situations. We also ensure staffs have the necessary supplies to perform appropriate first aid procedures when needed.

Procedure:

- Each classroom and home based socialization sites have, readily available, a first aid kit appropriate for the ages and numbers served at that site.
- The First Aid kit, Personal Safety Blood Spill kit and individual prescribed emergency medications (epi-pen, inhaler) are taken with staff on all field trips and out to recess. Each group is supplied with a hip pack (if no medication is needed) for playground use that contains basic first aid supplies.
- Staff must ensure that first aid supplies are quickly and easily accessible to them, including emergency medications, but are <u>kept safely out of the reach of children</u>. On the playground or on a field trip, the Emergency Back Pack must be carried by a staff member.
- Promise ensures that all direct service staff attain current training, certification, and/or recertification in pediatric first aid and CPR skills and monitors proof of current certification.
- A staff member at each site is assigned to conduct an inventory and expiration date check list on the First Aid kit at least **once a month** and replace immediately any outdated antiseptic wipes or supplies.
- Supplies can be ordered when the inventory is low by completing the health supply form and sending to the Health Department.

First aid instruction should include, but not limited to, recognition and first response of pediatric emergency management in an educational and/or childcare setting of the following: ***See Your <u>Medical Emergencies Book</u>, hanging on Emergency Board.***

1. Choking/CPR	8. Allergic reactions/anaphylaxis
2. Bleeding/wound care	9. Seizure care
3. Burns	10. Head injury/concussion
4. Eye injuries	11. Heat exhaustion/ heat stroke/dehydration
5. Dental emergencies	12. Cold exposure/frostbite/hypothermia
6. Bites (insect, animal, human)	13. Universal precautions/Infection control
7. Poison control	14. Drowning

The First Aid Kit in Hip Pack Contains:

Disposable non-latex gloves (3 pairs)
CPR mask (1)
Non-latex Band-Aids (15)
Antiseptic wipe pads (20)-*check expiration date*
Instant cold pack (1)
Digital thermometer (1)
Disposable thermometer covers (20)
Plastic eye wash cup (1) with Q-Tips (4) *for*
 * *removing particles from the eye.*
Tweezers (1)
Bandage scissors (1)
Non-sterile gauze pads (4)
Rolled gauze cling wrap (1)
Eye patch (1)
Triangle bandage (1)
Roll of bandage tape (1)

Title of Procedure or Process:	**INCIDENT REPORT PROTOCOL**
Program Area(s):	Health
Related Standards or Regulations:	☐Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Person Responsible for implementation:	Lead Teacher or Site Supervisor
Timeline for completion:	Before End of the Day; If Emergency-Immediately
Submitted to:	Health Manager
ChildPlus Documentation:	Under Health Tab; Incident Report tab
Uploaded to ChildPlus:	Within 24 hours of the incident
Specific Directions:	For the purpose of this protocol, a reportable child incident is anything that happens to a child that causes harm to their body while they are on site i.e., injury, accident or medical emergency.

Procedure:

Staff Responsibility is:

- To ensure that incidents/accidents are managed in accordance with American Red Cross Pediatric First Aid & CPR guidelines.
- That Health Checks are done at arrival and throughout the day (i.e., looking for any new marks on a child's body that wasn't there when he/she came in).
- That the child's incident/accident report is completed in Child Plus (CP+).
- Parent is informed of the report made on the day of the incident.
- To inform Health Manager by email within 24 hours when an incident occurs.
- EHS staffs are responsible to discuss with parents that they may not receive an incident report for every fall if it did not results in bodily injury or first aid as children between 15 months and 2 years old are learning to achieve skills, strength, balance and rhythm of a secure walker.

Health Manager Responsibility is:

- To monitor incident/accident reports and perform accident prevention planning with the safety committee monthly.
- Assure all direct service staff will have current certification for American Red Cross Pediatric CPR & First Aid.
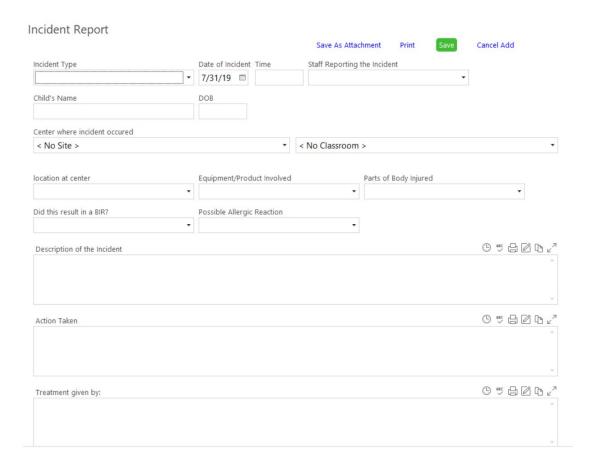
Incident involving First Aid-

- Any incident requiring first aid will need an Incident Report
    a. Staff will use their first aid training and assist the child and give TLC.
    b. Staff completes Incident Report in Child Plus the day of the incident.
    c. Notify parent at pickup or by phone.
    d. If parent wants a copy, please print report from CP+ and give to the parent.
- Even if you did not observe the incident that left a mark or swelling on a child an incident report is needed.
    a. If a child reports aches and pains that happened during children's school hours.
    b. If an incident happened that could have resulted in injury, and may be relayed to parents, i.e., "I fell off the slide today"; "I hurt my arm when Johnny pushed me down today", etc. (Use your judgment).

Incident involving a Serious Injury-

- Requires medical attention (i.e., burns, tooth loss/break, falls, ingestion of non-food substances and head or spine trauma).
- Also, any serious injury (i.e., broken bones, severe bleeding and loss of consciousness) that requires calling 911.
  If the 911 dispatcher does not feel the injury warrants EMS involvement, staff will follow recommendations of 911 dispatcher and notify Health Manager as soon as feasible. Refer to OM; pg. 1 - When to Call 911.

    a. Verbally notify the parent and Site Supervisor immediately if medical attention is needed.
    b. Site Supervisor will contact Health Manager to report the injury.
    c. Complete the form immediately following the occurrence of any injury that is severe enough to cause the loss of one-half day or more of school or warranted medical attention and treatment (i.e., School Nurse, ER and MD).
    d. A staff member will go with child to the ER, if a parent is not onsite.

Title of Form:	**CHILD INCIDENT FORM**
Related Policy:	Child Incident Report Procedure
Program Area(s):	Health,
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Procedures	1. Lead Teacher or SS must enter into CP+ the report information electronically. 2. Email Health Manager and cc Site Supervisor that report was entered in CP+ within 24 hours of the incident. 24 hours of the incident. 3. If child was sent to ER by parent or taken by EMT to ER, you must contact the Health Manager or Site supervisor immediately.
	Lead Teacher or Site Supervisor
Timeline for completion:	By the end of the day that incident occurred
Specific Directions:	If child was brought to ER or EMT was called, the Health Manager must be notified immediately.
Submitted to:	Health Manager
ChildPlus Documentation:	Yes, in Health Tab, then Incident Reports Tab and complete the report electronically.
Uploaded to ChildPlus:	N/A

Title of Procedure or Process:	Eye Wash Station Procedure
Program Area(s):	Health
Related Standards or Regulations:	☐Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Person Responsible for implementation:	Teacher, Site Supervisor or Health Staff.
Timeline for completion:	Treat Eye Immediately; Compete IR by days end
Submitted to:	Notify Health Manager and Parent
ChildPlus Documentation:	Under Health Tab; Incident Report tab
Uploaded to ChildPlus:	Within 24 hours of the incident
Specific Directions:	If child does not tolerate the eye wash, child must seek medical attention.

How to use the eye wash bottle:
1. Remove cover.
2. Assist child with opening their eye lid and put eye down onto the eye cup.
3. Squeeze bottle until solution comes out of the straw. If inside, you can put a cup under the straw to capture the dirty solution.
4. Ask child to open eye wide and roll eye around while washing the eye.
5. Flush for 5 minutes, or until child no longer tolerates it.
6. Repeat flushing as needed.

After I use an eye wash bottle:

1. Empty it completely.
2. Wash hands
2. Wash the Eye Wash Bottle and all accessory parts: cap, tubes, etc. in mild detergent solution.
3. Rinse well to remove all traces of detergent.
3. Replace top, close cap and return to emergency station.
4. Complete a WO by days end, for maintenance to refill the bottle.
6. After using an eye wash bottle, the injured child may need to see a physician for examination and treatment.
7. Complete an Incident Repot in CP+ and notify Health Manager.
8. Inform parent of these warnings sign, and when to seek medical attention for their child.
   - swelling,
   - redness, or
   - pain in your eye

How to video: https://www.youtube.com/watch?v=5ArFXTChdgM

Angela Wight 6/16/21

Title of Procedure or Process:	DAILY HEALTH CHECK
Program Area(s):	Health, Education
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Person Responsible for implementation:	Classroom Staff and Site Supervisor
Timeline for completion:	Before parent leaves the classroom or when child enters the classroom
Submitted to:	Health Department, if temporarily excludable
ChildPlus Documentation:	Health communication Log and Attendance Tab, Absence Reason
Uploaded to ChildPlus:	Physicians note, if required by the Health Manager
Specific Directions:	Most infections are spread by children who do not have symptoms. Excluding children with mild illnesses is unlikely to reduce the spread of most infectious agents (germs) caused by bacteria, viruses, parasites and fungi. Exposure to frequent mild infections helps the child's immune system develop in a healthy way. Exclusion is the ability of the child to participate in activities and the staff to care for the child and all children.

PHILOSOPHY:

Promise provides opportunities for healthy growth and development including establishing daily routines for each child served. Children will have a daily health check, wash their hands at required times, and brush their teeth daily according to established procedures and with the guidance and support of trained staff.

PROCEDURE:

Prior to the start of each class, the designated staff member will perform a health check on each child as they enter the classroom. Staff should objectively determine if the child is ill or well. Staff should determine which children with mild illnesses can remain in care and which need to be excluded. The Site Supervisor will monitor this and ensure staff are following the protocol daily.

1. The health check will begin with **questions for the parent** (if present) and the child:

    • **Ask Parent** – "How has your child been in the last 24 hours?" (Sleeping/eating habits, medications, illness concerns, accidents, ER visit or other concerns)

    • **Ask Child** – "How do you feel today?"

2. The staff member will continue the **health check** by looking at the child's:

    • Overall appearance

    • Color/condition of skin, face and arms (pale or flushed appearance, rash or injuries)

    • Eyes (redness, drainage, injuries, swelling or itching)

    • Nose (drainage or discharge)

    • Mouth (dry/cracked lips, rash/lesions on or around lips, drooling)

    • Movement (unusual walk, limp, or overly protecting any area of the body)
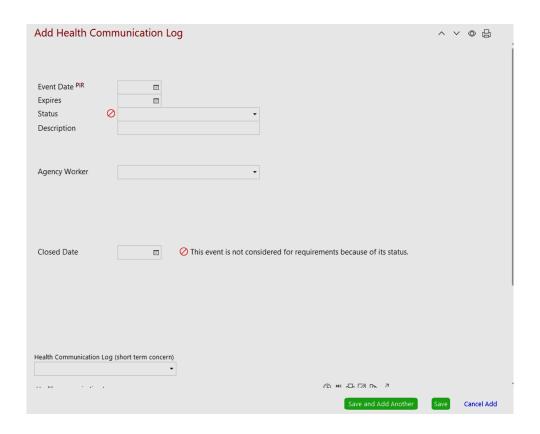
Most illnesses do not require exclusion (temporarily "excluded" from school). Lead Teacher or Supervisor should determine if the illness:

- **Prevents the child from participating comfortably in all activities;**
- **Results in a need for care that is greater than the staff can provide without compromising the health and safety of other children;**
- **Poses a risk of spread of harmful diseases to others.**

3. When staff has **completed the health check**, they will decide if there is a suspected contagious condition or another concern that would prevent the child from safely attending class (severe stomach ache, lack of sleep, severe cold, fever, severe poison oak, or an injury that prevents normal activity). If any of these are determined to be the case, staff will inform the parent to take the child home or call parent to come and pick up their child. Staff will refer to the Caring for Children's Exclusion Chart in the Operations Manual to advise the parent as to when the child may return to class.

4. If any of the **above criteria** are met, the child <u>should be excluded</u>, regardless of the type of illness.
5. **Staff will document** in two areas for any child sent home with a suspected contagious condition or excludable conditions in Child Plus.
    1. Health Tab, Health Communication Log
    2. Attendance Tab, Absence Reason
6. **Most conditions** that require exclusion do not require a primary health care provider visit before reentering care.
7. If parent/guardian and teacher **disagree** with the health check results, the teacher <u>should not accept</u> responsibility for the care of the child.
8. Contact the Health Manager and your Site Supervisor if there are parent questions or concerns.

Notify Health Department in the case of a contagious condition in the classroom.

TITLE OF FORM:	HEALTH COMMUNICATION LOG
Related Protocol:	Daily Health Check Protocol
Program Area(s):	Health,
Related Standards or Regulations:	☐Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Procedures	1. When a child has a short-term health concern, or a concern was observed on the Daily Health Check, you must create a Health Communication Log to track the treatment or parent support of. 2. Enter daily follow-ups with feedback from parent until the child's health improves. Review Child Plus Training in OP's manual to learn required documentation needed. 3. If a concern improves you must add close out date and change the status to completed. If same concern arises again, change the status and remove close out date and continue adding new updates for ongoing concern. Do Not create multiple logs for the same health concern. 4. Outreach to Health Manger for guidance and questions.
Form Completed By:	Lead Teacher or Family Advocate
Timeline for completion:	By end of the end of the day
Specific Directions:	Do not create multiple logs for the same concern, you must keep adding updates into the health communication log area.
Submitted to:	N/A
ChildPlus Documentation:	Yes, under Health Tab, Health Events, Add Event, Health Communication Log
Uploaded to ChildPlus:	Medical notes, if applicable

Title of Procedure or Process:	INDIVIDUAL HEALTH PLAN
Program Area(s):	Health, Nutrition, Education, Special Services, Family Services, ERSEA, etc.
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Person Responsible for implementation:	Health Manager
Timeline for completion:	Within 48 hours after receiving PCP Health Plan
Submitted to:	Lead Teacher
ChildPlus Documentation:	Chronic Health Condition under Health Tab-Health Event
Uploaded to ChildPlus:	All Medical Notes and Signed IHP
Specific Directions:	The IHP serves to document that a proper plan and safeguards were put into place to ensure the child's educational progress and/or health and safety while at school. It is used to communicate a student's specific health care information to classroom staff and parents.

Procedure:

IHP-WHEN IT IS <u>NOT</u> NEEDED - Medical

If the condition is short term (1-14 days) and <u>no</u> medication or classroom modifications are needed, a health care plan other than the doctor's note is not necessary.

A Copy of <u>All</u> Doctor's Notes must go to the Health Manager.
The original doctor's note is downloaded in Child Plus under attachment under the Health Tab and goes in the child's file.

IHP: WHEN IT <u>IS</u> NEEDED-Medical

Anytime a child needs <u>modifications or restrictions</u> to their diet, activities or the classroom environment and/or requires medication to be kept at school, a health plan needs to be developed.

When a child returns after a surgery, accident or injury that requires any classroom accommodation, restriction or modification of daily activities, a meeting with the Health Manager, the classroom staff, site supervisor and parents should be scheduled <u>before</u> the child returns. An IHP should be completed with the details of the accommodation(s) and/or modifications that are required according to the doctors' orders. The plan should include safety plans for fire drills and emergency evacuations or lockdowns.

Example: If the condition is temporary but long term, such as a leg fracture requiring the use of crutches or wheelchair that will require activity and classroom modifications, than a health plan should be developed and implemented.

Title of Form:	**Health Information Form** (paper form)　—> Electronically in Child Plus
Related Policy:	No Policy, Best Practice based on HS standard
Program Area(s):	Health, Nutrition, Education, Special Services, Family Services, ERSEA, etc.
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Procedures	1. Retrieve form from Promise Website if you will not have access to Wi-Fi/computer 2. Required to assure on the child's first day of school, they are <u>medically cleared</u> to be in school by the health manager. 3. Fill out for parent, to keep it legible. 4. Complete at Enrollment, Health Screen Day or 1st initial home visit. 5. Has to be uploaded into CP+ within one week of child' first day of school. 6. Contact Health Manger on the day of completing the form if there is health concerns, IHP needed, mealtime restrictions, etc. 7. Health Manager reviews all questionnaire's and oversees children Health, Nutrition & Safety.
Form Completed By:	Staff with Family Service Responsibility.
Timeline for completion:	Before child enrolls in the program and uploaded into CP+ one week after enrolled.
Specific Directions:	Head Start Standard, §1302.42 Child health status and care (4) A program <u>must</u> 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.
Submitted to:	Inform Health Manager when it is uploaded for review
ChildPlus Documentation:	Electronically input information from paper form into—Under Application Tab—Health Nutrition Questionnaire Tab
Uploaded to ChildPlus:	N/A shred paper form was uploaded.

Health Information Form -Child Plus

Child's Name_____   **DOB** _____

Critical Health Notes:
  (Chronic Condition-
    Notify Health Dept.)

Allergy Problems
  Food or Environmental

General Health Notes
  (Info a teacher will need
  to know)i.e. potty trained,
  using a cup ok, PA challenges,
  medication,etc)

Primary Health Coverage

Insurance #

Medicaid Eligibility

Medicaid #

Title of Procedure or Process:	**MEDICATION ADMINISTRATION**
Program Area(s):	Health
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☒Other
Person Responsible for implementation:	Staff Med 101 Trained only
Timeline for completion:	Before Medication is left at school
Submitted to:	Health Manager; Contractual Nurse will review
ChildPlus Documentation:	Create a Flag-Medication onsite
Uploaded to ChildPlus:	All PCP notes, AAP, Seizure Plans; Food Allergy Plan,
Specific Directions:	Prescribed Medication cannot be kept on site without a doctor approved note, Health Manager approval, Med Authorization form is completed, and medication bag is available. Promise staff cannot transport medication i.e. classroom-to-classroom, parent-to-another parent or center-to-center.

Procedure: Medication will be administered to a child enrolled in our program only in accordance with the regulations set forth in the State of Maine Rules for the Licensing of Child Care Facilities 10-148 CMR Chapter 32, Head Start Performance Standards, and recommendations from *Promise Early Education Center* Health Advisory Committee.

Philosophy: Promise requests that medication(s) be administered at home and encourages parents, in collaboration with their physician, to schedule doses of a medication to be given during the times when the child is not attending Promise.

The Health Manager may authorize a medication to be administered when a child has a medical condition e.g., asthma, serious allergy that may require urgent administration of a medication or when refusal to do so would pose a significant hardship to the family or require the absence of a child in the recovery phase of an illness that is otherwise well enough to attend.

Prescription Medication:

1. Staff <u>must</u> inform and review with the parent/guardian the Promise Medication Policy prior to the child entering our program.
2. **A child needing <u>Emergency Medication</u> (Epi-pen, asthma inhaler, etc.) will be excluded from attending class until the parent provides the medication and attends a Health Plan meeting with the Health Manager and teachers.**
3. Promise also recommends the parent provides information on other medications the child is taking at home, to observe the child for possible side effects while attending our program.
4. Center staff will notify Health Manager before the end of the day when they discover that a child is required to take a prescribed medication while attending class/center activities.
5. Classroom staff/Supervisor will inform the parent that <u>medication cannot be left at the center or administered</u> to a child until:
   - Written authorization from child's physician *(guidance in bullet 8.)* is received
   - Verbal approval by Promise Health Manager, Head Start Nurse, or other contractual health professional,
   - Authorization Medication Form is completed and signed, by parent, teacher and Health Manager,
   - Medication is in required packaging *(see bullet 8.)*
6. Promise requires that the first dose of any medication be given at home. When any medication is Prescribed for the first time, children need to <u>remain at home until 24 hours after the first dose has been given</u>.
7. Lead teacher must review and become familiar with all information in the child's health record for children on their caseload, to become familiar with the child's possible symptoms, to clearly understand if/when medication is needed.
8. A physician's note, needs to have the following information:
   - Authorization to administer medication
   - Reason for the medication to be given
   - Name of the medication
   - Dosage, route, and duration of medication required
   - Administration schedule
   - Possible side effects of the medication – *pharmacy informational printout*
   - Special instructions or precautions

Title of Procedure or Process:	MEDICATION FORM PROTOCOL
Program Area(s):	Health
Related Standards or Regulations:	☐Head Start Program Performance Standards ☒Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☒Other
Person Responsible for implementation:	Health Manager Oversees and Lead Teacher is responsible for oversight of
Timeline for completion:	Before Medication is left on sight and monthly
Submitted to:	Health Manager
ChildPlus Documentation:	Flag, Chronic Condition Event, Food Allergy Event and Health Comm Log
Uploaded to ChildPlus:	Under Health Attachments
Specific Directions:	**Promise protocol** on what to do with all the Medication Authorization Forms & Record of Medication Log - Doctors Notes – Physicians Health Plan--Individualized Health Plans - Medication List – Medication Incident Report- Controlled Medication Daily Log- Medication Release Authorization Letter in the classrooms.

Procedure:	
Medication Authorization Form (found on Promise website	1. Needs to be kept in medication bag with IC medication. Why? For **Licensing**, that parent has signed and approved med to be administered. Also, anyone administering the medication and/or reviewers can see that all safety protocols are in place to administer medication(s). Attached is the **Record of** Medication Log; *when full, please send to the Health Manager for signature. HM will upload* into CP+ in child's file.
Doctor's Note	Need to be in IC electronic file and a copy sent to the Health Manager and Public School Nurse (if applicable).
Physicians Health Plans (Receive from IC PCP)	2.Need to be kept in the medication bag with IC medication and in IC electronic file. For **Licensing**, a physician has approved this med to be administered.
Individualized Health Plans (Receive from Health Manager)	Should be kept in the medication bag (lock box) with IC medication and in IC electronic file. OR kept in Red Folder on Emergency Board.
Medication List (Monthly Inventory Log) (found on the Promise website)	To be kept in the medication folder hanging on your Emergency Board beside the medication class list. This provides **name of medication, health condition, date med was accepted, expiration date, IHP expiration date, staff accepted med and inventory date.** Why? Anyone assisting in the classroom can be prepared to assist a child (only staff who has Medication 101 training can assist) View the oversight of medication and the expiration dates of IHP, Medical note and Medication at the same time. *When completed, send to the Health Manager for review and to keep on file.*
Medication Incident Report (found on the Promise website)	Will be kept in the child's electronic file and a copy given to the parent and a copy sent to the Health Manager and Site Supervisor.
Controlled Medication Daily Log (Must contact Health Manager)	**Will be kept in the medication lock box** with the controlled medication.
Medication Release Authorization Letter (found on the Promise website)	The signed copy will be kept in the child's electronic file. This is only for medication that Promise has permission to administer and that the parent/caregiver has given permission to be offsite and in someone else's possession. **A child's Emergency Card is not a substitute or allowable authorization.**

Title of Form:	**AUTHORIZATION TO DISPENSE PRESCRIPTION MEDICATION**
Related Policy:	Medication Administration
Program Area(s):	Health
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Procedures	1**.** Print the form off of the Promise Website, 2. Complete the form when the medication in its original packaging has been received; 3. Three signatures are needed, Parent, Staff and Health Manager; 4. Form goes in the medication bag and stays with the child's medication. 5. Record of Medication Form *(backside)* must be completed each time a medication has been administered-ONLY staff Med 101 trained can administer.
Form Completed By:	Responsible staff
Timeline for completion:	Before or when medication is brought to a Center
Specific Directions:	No medication can stay on site without a physicians note.
Submitted to:	Health Manager
ChildPlus Documentation:	Add under Chronic Condition and Food Allergy Health Event or Health Comm Log
Uploaded to ChildPlus:	Doctors note, with permission to administer the medication, Asthma Action Plan, Seizure Plan. The Mediation Authorization Form

AUTHORIZATION TO DISPENSE PRESCRIPTION MEDICATION

MEDICATION MUST BE IN ITS ORIGINAL CONTAINER WITH CHILD'S NAME, NAME OF MEDICATION DIRECTIONS FOR MEDICATION ADMINISTRATION, AND DATE OF PRESCRIPTION.

STAFF

Name of Child _____ **Center Location**_____

Name of Medication_____ **for the period (dates)** _____ to_____

Start date   End date

Health Condition for which medication is being administered _____

Dosage: _____ **When to give**_____

Specific instructions for Medication Administration_____

_____

Prescribing physician_____ **Medication Expiration**_____

(Physicians name)   (Date)

☐**Authorization form is complete**   ☐ **Medication is in original container**

☐ **Medication is appropriately labeled**   ☐ **Date on Label is current**

Relevant Side Effects of Medication_____ ☐ **None expected**

Plan of Management If Side Effects Occur_____

Person Accepting Medication_____ **Date**_____

(Print name)

PARENT/GUARDIAN AUTHORIZATION

☐ **I hereby authorize AHSCC to administer the above ordered medication as described and directed.**

☐ I have administered at least one dose of the medication to my child without adverse effects

Title of Form:	**PARENTAL PERMISSION TO ADMINISTER OTC PRODUCT**
Related Policy:	Medication Policy
Program Area(s):	Health,
Related Standards or Regulations:	☐Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Procedures	1. Print form from Promise Website 2. Complete form and have parent sign 3. Keep with OTC medication
Form Completed By:	Classroom Staff or Health Manager
Timeline for completion:	Before preventative medication is administered
Specific Directions:	Call Health Manager to complete and review OTC instructions, if needed. Otherwise can be completed by Lead Teacher or Family Advocate.
Submitted to:	N/A
ChildPlus Documentation:	If relevant to a Health Communication Log *(short-term health concern)*
Uploaded to ChildPlus:	Yes, under Health Tab--Attachments

PARENTAL PERMISSION TO ADMINISTER NON-PRESCRIPTION PREVENTIVE OVER-THE-COUNTER (OTC) MEDICATION

Dear Parent,

Over-the-counter ointments and creams, such as sunscreen, lip balm, skin creams and diaper ointments, that are used for *preventive* purposes **do not** require a written authorization from the health care provider with prescriptive authority. However, parent written permission with specific instruction is required. *Licensing requires* the parent to supply the product in the original container with manufacture label intact and the product must be labeled with the child's name. By completing this form, I understand that staff may use the product I provide for my child unless the skin is broken, bleeding, or in the presence of a severe or persistent rash without written authorization from the health care provider.

Caretaker/Parent Request for Administration of OTC Product. *Complete for all products to be administered or applied to the child.*

Name of Child	Date of Birth	Center
Name of Product	Exact Dosage (may **not** be "as needed")	
Route (exposed skin, diaper area, lips, etc)	Expiration date of product:	To be administered at the following times:

Is this medication a result of a special need or medical/health condition which may require the

Title of Form:	**MEDICATION RED FOLDER LIST**
Related Policy:	Medication Policy
Program Area(s):	Health
Related Standards or Regulations:	☐Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Procedures:	1. Print off of the Promise Website 2. Place into the Red Folder that hangs on the Emergency Board 3. Designated classroom staff must do monthly medication inventory checks on this form. a) If designated staff will be out for extend time, you must designate another staff to complete ***must do for Licensing requirement. 3. Maintain current information at all times: *How?* a) Add children who are prescribed medication to be administered at school. b) Cross-off children who no longer need medication or have left the program. c) Contact Health Department one month prior to an IHP expiring-to renew. d) Inform parent one month prior, when medication is expiring. e) Authorization Medication form dates can be altered if medication expired, and parent is bringing in the same but renewed medication (white out and add new medication expiration date). NO other data can be altered on the form.
Form Completed By:	Lead Teacher and SS
Timeline for completion:	At start-up and inputted as medication comes in.
Specific Directions:	This Form tracks <u>Expiration</u> Dates for: *Child Care Licensing requirement* • Individualized Health Plan (IHP) • Medication • Med Authorization From All three could expire at different times and needs to be monitored closely.
Submitted to:	N/A
ChildPlus Documentation:	Document outreach to parent and Health Depart. regarding expired forms or medication under child's Health Event it relates to e.g., Chronic Health Condition, Food Allergy, etc.
Uploaded to ChildPlus:	N/A

MEDICATION LIST

Childs Name	Medication	Health Condition	Med Plan End Date	Medication Expiration Date	Staff Accepting Med Initials	Date Med Accepted	Med Inventory Date	Staff Initials

Title of Form:	**ASTHMA PLAN-NO MEDICATION**
Related Policy:	Individualized Health Plan
Program Area(s):	Health
Related Standards or Regulations:	☐Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Procedures	^ Print this form from the Staff Website-Under the Health Section. ^ Staff must have parent sign this form and return to the Health Department ^ Form must be uploaded to Child Plus
Form Completed By:	Lead Teacher or FA
Timeline for completion:	As soon as you know parent will not be wanting medication at school
Specific Directions:	With a confirmed physician diagnosis or Asthma or Reactive Airway Disease and the child was prescribed medication, this form must be completed if the parent does not want medication administered at school.
Submitted to:	Health Manager
ChildPlus Documentation:	Under Health Tab- Health Event-Chronic Condition Event-Add Action documentation
Uploaded to ChildPlus:	No Medication Asthma Plan Form (below) Physicians note *(if applicable)*

Promise
Early Education Center
The Head Start Program of Androscoggin County

Asthma Plan –
(No medication required at Promise Early Education Center)

Center/classroom _____

_____ _____
Child's Name   DOB

has a history of asthma episodes or asthma symptoms. There has not been an asthma episode since _____.
                                   Date

There is no need to have medication on site at Promise Early Education Center. Our plan at this time will be to monitor for asthma symptoms such as persistent coughing, wheezing, difficulty breathing, and/or shortness of breath. When asthma symptoms are observed while the child is attending Promise, parents/guardians will be called and will be available to take their child home for treatment. Parents/guardians will keep us informed as to how they can best be reached, and will keep the emergency numbers on the Emergency Card up to date.

*note –After a child has been seen at the ER a follow-up appointment with the primary physician should be completed to ensure that the condition for which the child was in for is being monitored and the condition has been resolved, if needed.

IHP: WHEN IT IS NEEDED-Asthma
In the case of an asthma diagnosis (chronic and not episodic with an upper respiratory infection) that requires a rescue medication, such as an albuterol inhaler, and the parent wants medication kept at school, a health plan should be in place, even if the asthma is well controlled with other medication given at home.

* note -In most cases, if the child has an asthma diagnosis and has not needed to use the prescribed medication for the past year; then use the *Asthma Plan-No Medication Promise's Form.* Because, *s*ometimes the asthma is well controlled with medication, such as singular for asthma that is triggered by allergies, that the rescue inhaler is not needed except in rare instances.

The following are additional steps and/or exceptions to the Health Plan in regards to medications which are injected, inhaled or controlled substances.

Before such a medication will be allowed to be administered at the center there will be a health team meeting consisting of the supervising classroom teacher, parent and family service worker and the health manager, contracted nurse, or health coordinator. This meeting takes place so the family and team are all specifically trained on what the medication is, why it might or might not be necessary to provide at the center, to answer any questions by the family and/or center staff and to be sure all paperwork and physician signatures are in place.

* note –Any time a parent requests medication to be kept at school, whether the staff will be administering or not, there needs to be a plan in place that states the staff and parents responsibilities.

If medication comes with an IHP, please place IHP in the IC medication lock bag and a copy in the child's file.

Angela Wight-Health Manager, 795-4040 X319 or awight@promiseearlyeducation.com. If I cannot be reached,

please contact Norma- Health Coordinator, 795-4040 X312, nlarocque@promiseearlyeducation.com

- Health care provider signature

9. The parent must bring the medication to the Lead Teacher (Med 101 trained), it <u>must</u> be in the original pharmacy-labeled container that is labeled with:
   - The child's first and last name
   - The name and strength of the medication
   - Specific, legible instructions for administration (dose, route, frequency), storage, and if applicable, disposal
   - Date the prescription was filled
   - The name of the health care provider who wrote the prescription
   - Medication expiration date

10. The Authorization to Administer Medication form <u>must</u> be completed by lead teacher and Health Manager and reviewed with the parent/guardian. A plan may be created that that includes specific directions for childcare staff.
The completed form must have:
   - Child's name
   - Name of the medication
   - dosage given
   - The date and time of administration
   - The form requires three authorizing signatures, the Health Manager, classroom staff and the parent/guardian
   - Signature of the persons trained and will be administering the medication
   - Lead teacher and Health Manager will ensure that the medication received from the parent and the information on the medication authorization form match.
   - All necessary steps are followed to ensure that it is given properly and safely.
   - Each time a medication is given it <u>must</u> be recorded on the child's Record of Medication log.

11. Teachers will contact Health Manager if he/she is unclear about the medication instructions or has any concern regarding the administration of any medication, prior to administering.

12. Staff will Administer Medication according to the following protocol:
   - Wash hands with soap and running water before and after giving medications.
   - Assemble supplies
   - Put gloves on
   - Check the *"5 Rs:*

     - ✓ Right Child
     - ✓ Right Medication
     - ✓ Right Time
     - ✓ Right Dose
     - ✓ Right Route

   - Using the child's name let the child know it is time to take his/her medication.

   - When administering, make sure the entire dose (liquid, pill/capsule, inhaler, etc.) is given.

   - Confirm with the child that the medication was given and recognize child's success in completing the task.

   - Document on the child's Record of Medication log *(see bullet 18.)*

   - When done, return items to medication bag and assure it is double locked and in the Emergency Backpack;

   - Remove gloves, throw away and wash hands.

13. Staff will observe the child for any adverse reactions to the medication, signs of allergy, changes in behavior, etc.
   - Adverse reactions are reported to the parent immediately;
   - A <u>Medication Incident Report</u> is completed and download in Child Plus under Health Attachments;
   - Notify the center supervisor and health manager.

14. Staff will document medication administration on the **Medication Administration Record sheet**:
   - Name of the Child
   - Name of the Medication
   - Dosage
   - Route

- Date and Time of Administration
- Initials of the trained med 101 staff who administered the medication
- Signatures of all staff who are med 101 trained in the classroom who may administer the medication.

15. Whenever the medication is not administered with 30 minutes of the scheduled time, the Teacher/Supervisor will notify the parent and Health Manager. The Teacher/Supervisor will record the reason for not meeting the scheduled administration time on the medication log. Staff will request the parent to follow-up with child's health care provider.
16. Any Medication Administration Error must be:
    - Reported to the parent immediately.
    - A Medication Incident Report is completed and downloaded into Child Plus under Health Attachments.
    - Site Supervisor or Health Manager is to be notified immediately of any errors.
    - Staff will recommend and support the family in contacting the prescribing physician for guidance.

17. Assigned staff must maintain the **Medication Monthly Inventory Log** of all prescription medications kept in Medication folder hanging on the Emergency Board in each classroom.
The log must list:
    - Child's name
    - Named of medication prescribed
    - Health condition for the prescribed medication
    - Date Medication was accepted
    - Expiration date of the medication
    - Expiration date of IHP, if applicable
    - Name of staff who accepted the medication
    - Monthly monitoring of medication onsite; to ensure medication onsite meets Licensing Requirements
    - Staff will initial and record the date the medication log has been reviewed
    - Subs and volunteers are expected to review the list before the start of their workday
    - Assigned staffs are required to cross off a child and their medication from the list, when a child leaves/transfers out of the classroom or is no longer taking prescribed medication

*Medication that is classified as a **Controlled Substance** (such as Ritalin, psychotropic medication); requires:
  o A meeting with parent, staff, and Health Manager.
  o When the parent brings in the pills, two staffs will count and document the number of pills with the parent present;
  o Amount should not be more than 2-week supply.
  o Two staff will count, document and initial the number of pills that are remaining after each pill is administered on the Controlled Medication Log.
* This medication must be kept doubled locked at all times:
  1. If Promise Staff are present - store in a lock box and inside the emergency backpack.
  2. If Promise staff are not present - store in a locked box and a locked cabinet.

18. Emergency Medication needs to be near the child at all times– kept out of the reach of children; this requires the teacher to take the emergency backpack (if multiples medications, is needed) or First Aid Fanny Pack (one medication is needed) outside, gymnasium, evacuations or on field trips.
19. When Prescribed Preventative Medication i.e. diaper cream, eye drops, etc. is to be administered, the Family Advocate or Lead Teacher will review the Medication Authorization Form with the parent and have the parent sign the form to give staff permission to administer medication. Staff will then send to Health Manager for signature and download into Child Plus.
20. Medication for staff, or visitor must be kept doubled locked (refrigerated if necessary) in an area safe from the reach of children. An exception can be made for an emergency medication such as an Epi-Pen or rescue inhaler, with the approval of the Health Manager, so that the medication can be readily available to staff at all times and still out of the reach of children.
    - Staffs/volunteer OTC medication must be kept in a person's bag i.e. purse, lunch bag and locked inside a cabinet.
    - Staffs/volunteers emergency medication in the classroom can be kept double locked inside a medication Bag-*provide by Health Dept*. and then inside a fanny pack-*provide by Human Resource* and clipped to the

Emergency Backpack (during evacuations) and can be worn/carried during outside time.

21. Medication Bag/box will include:
    - Label on outside; child's name
    - Medication dispensing devises (spacers, mask, etc.)
    - Copy of completed IHP (if needed),
    - Doctor's Note-*authorizing medication*,
    - Medication Authorization Form & Medication Log
22. When a child transfers or transitions to another site, staff <u>must</u> ensure that the medication is returned to the parent/guardian only. Staff cannot transport medication for a parent, for any reason.
23. When a parent/guardian has removed their child from the agency and the staff cannot reach the parent/guardian to return the medication, staff will give the medication to the Health Department for proper disposal.
24. Unauthorized Medications onsite in a child's possessions <u>must</u> be removed immediately by notifying the parent. Then notify Nurse and/or Health Manager immediately for guidance.
25. After the course of mediation is completed, the child leaves the program, or at the end of year; the Medication Log will be returned to the Health Department *(even if medication was never administered)* along with the medication bag. The Health staff will upload the medication log into Child Plus, in the child's file.
26. The Contractual Nurse or Health Manager will provide individual or group Medication Administration Training to staff annually for new staff and every three years thereafter. Staff can receive additional training if requested.

27. Monitoring of Medications in Classrooms are done to meet Licensing and Head Start guidelines:
    - Site Supervisors will ensure required medication administration paperwork is complete, medication is being stored according to procedure and staff is documenting administration of all medication.
    - Classroom staff or Family Advocate will notify parent when medication is within 30 days of expiring and request a refill. Staff must never administer medication that has expired. A child may be excluded until an expired medication is refilled.
    - The Safety Committee will monitor for proper medication storage with required paperwork during monthly safety checks.
    - The Health Manager will monitor quarterly that all requirements for administering medication is being adhered too.

Over the Counter Medications:

28. Preventative **topical products** not prescribed by a physician, such as, gels, ointments, or creams for the discomfort diaper ras or dry/itchy skin <u>can only be onsite with parent's signature</u> on the OTC Permission Form. These OTC medications <u>must</u> be labeled with the child's name and kept out *of the reach of children*.
29. **All Oral OTC medication** i.e. fever and pain medication, <u>do require</u> a doctor's note and needs to follow all prescribed medication protocols.
30. While Promise supplies sunscreen, parents may bring in their own lip balm, sunscreen, or insect repellant (with 10-30% DEET or no DEET) to be applied on their own child with written permission (do not use products with DEET on the hands of young children.)

Title of Form:	**MEDICATION INCIDENT REPORT**
Related Policy:	Medication Procedure
Program Area(s):	Health,
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Procedures	1. Retrieve form for Promise Website, complete and print. 2. Contact Health Manager immediately or child's PCP for guidance. 3. Contact parent and inform them of the incident. 4. Upload into Child Plus.
Form Completed By:	Staff involved in the incident
Timeline for completion:	At the time of the incident, same day

Specific Directions:	**Incident Report** is completed when *a <u>MEDICATION ERROR</u> is defined as failure to administer the prescribed medication to the
	  right student, at the right time, the right medication, the right dose or the right route.
	Poison Control should be called:
	   o You give the wrong medication to a child
	   o You give a medication to the wrong child

Submitted to:	Health Manager
ChildPlus Documentation:	Under Health Tab—Event Tab—Add Event--Chronic Condition or Health Communication Log Event depending on medical condition for medication prescribed.
Uploaded to ChildPlus:	Completed form—under Health Tab--Attachments

Medication Incident Report

Date of Report_____Center and location of incident_____

Name of Child_____DOB_____

Date Incident Occurred_____Time Noticed_____

Person who administered last dose of Medication_____

Name of Licensed Prescriber_____Phone #_____

Medication_____

Dose_____Route_____Time_____

Reason medication was prescribed (condition it treats) _____

_____

Describe the error and how it occurred (use reverse side if necessary):

Parent/Guardian notified: Yes   No   Date: _____   Time: _____

Licensed Prescriber notified: Yes No   Date: Time:

Sick/Exclusion Plan-Short Term

Purpose: To provide guidelines for family and staff to clearly identify when a child should be excluded from attending our program, including Home Based socializations, and our Family Preschool & Child Care program.

Policy: Promise Early Education Center is committed to maintaining a healthy, safe environment for enrolled children, their families, and staff. Temporarily excluding a child from program participation protects the health of the affected child, other children and staff.

Protocol: Is for the teacher to review Signs and Symptoms Chart attached and the Purple Book *(Managing Infectious Diseases in Child Care and Schools)*. Teachers are then required to call there SS first (if can't be reached) the Health Manager/School Nurse for guidance before calling a parent to come and pick up their child. A note from the physician is <u>required</u> for health reasons that are listed on the Exclusion List and if the child has been out for <u>three or more</u> days and has been seen by a physician, stating that the child's condition is not contagious and that the child can participate in regular activities

Additional Information: When a child has suffered from a serious respiratory illness (RSV, pneumonia), been hospitalized or been seen in a hospital emergency room, suffered a fractured bone, concussion, seizure, contagious illness, etc., we REQUIRE a note from a health professional stating that the child's condition is not contagious and that the child can participate in regular activities. If there are any restrictions in activities, we will try to make reasonable accommodations to meet the restrictions prior to the child returning to Promise. **Only the Health Manager/School Nurse can determine and approve that accommodations can be met while in our care.** You are required to outreach to the Health Manager before promising a parent their child can return to school.

Procedure:
1. **Upon enrollment, each family will receive a copy and explanation of this policy and questions will be answered.** This policy will be reviewed whenever appropriate.
2. The overall health of each child shall be observed daily at the time of arrival. Unusual symptoms or change in health and/or behavior of the child shall be discussed with the parents or guardians and documented.
3. A child shall not remain in our care if the child is not well enough to participate in usual activities or is showing signs and symptoms as described in our Sick/Exclusion Plan.
4. Children will continue to be observed throughout the day. Observations of mild symptoms or change in behavior will be recorded and discussed with parents or guardians when the child is returned to their care.
5. The child's Teacher, Family Service Advocate**,** Site Supervisor, or the Health/Nutrition Manager will be available to support and consult with staff and families during the onset of a child's illness.
6. In the event of a <u>sudden illness</u> such as vomiting, diarrhea, elevated temperature of 101° or higher, etc., the parent will be notified as soon as possible and asked to come for the child. Caregiver/teacher will document the episode in Child Plus.
7. If a child has a fever of 101° or higher **with** symptoms of illness or two or more episodes of vomiting or diarrhea in the previous 24 hours, the child needs to remain at home until the symptoms are no longer present (without medications such as Tylenol) and the child feels well enough to participate in the normal routine and activities at Head Start.
8. Emergency cards, with at least <u>two contacts</u> who can respond to an emergency, will be on hand and updated on a regular basis.
9. Every effort will be made to keep children with symptoms of illness separated from other children (at least 6 feet away) and kept as comfortable as possible until their parents or a designated person is able to come for them.
10. Notes/Documentation for Return: A student may return to school with physicians, nurse practitioners, or licensed health care professional medical note for return to school following an <u>excludable condition</u>.
11. If a child is diagnosed with a contagious illness or condition, notices will be sent to all parents and guardians of children who may have been exposed.

Reminder, excluding children with mild illnesses is unlikely to reduce the spread of most infectious agents (germs) caused by bacteria, viruses, parasites and fungi. Most infections are spread by children who do not have symptoms. They spread the infectious agent (germs) before or after their illness and without evidence of symptoms.

Promise Early Education Center

Sick/Exclusion Plan-Short Term

Policy: Androscoggin Head Start & Child Care is committed to maintaining a healthy, safe environment for enrolled children, their families, and staff. Temporarily excluding a child from program participation protects the health of the affected child, other children and staff.

Purpose: To provide guidelines for family and staff to clearly identify when a child should be excluded from attending our program, including Home Based socializations, and our Family Child Care program.

Symptom	Child Must be at home?
Cold Symptoms	**No, unless** ☐ Fever and behavior change • ☐ Child looks or acts very ill • ☐ Difficulty breathing • ☐ Blood red or purple rash not linked to an injury •
Cough	**No, unless** ☐ Severe cough • ☐ Rapid and/or difficult breathing • ☐ Wheezing if not previously evaluated and treated • ☐ Cyanosis (blue color of skin and mucous membranes) • ☐ Tuberculosis until treated **☺ ☐ Pertussis until 5 days after antibiotic treatment **☺
Diaper Rash	**No, unless** ☐ Oozing sores that leak body fluids outside the diaper •
Diarrhea In Caring for Our Children, the excluding criteria states "children may remain in care as long as the stool is contained in the diaper or underwear."	**No, unless** ☐ Watery stools, increased two or more stools above the normal• ☐ Diarrhea not contained in toilet until resolves • ☐ Blood/mucus in stool (unless from medication or hard stools) • ☐ Abnormal color of stool for child • (i.e. all black or very pale) ☐ No urine output in 8 hours • ☐ Jaundice (i.e. yellow skin/eyes) •☺ ☐ Fever with behavior changes • ☐ Looks or acts very ill • (Shiga-toxin producing *E. coli* (STEC) also known as enterohemorrhagic *E.coli* (EHEC), *Shigella* and *Salmonella typhi* (typhoid) require clearance by health department prior to return to school) **☺
Difficult or Noisy Breathing	**Yes, if** ☐ Hard, fast, difficult breathing that does not improve with any medication the program has been instructed to use for child's difficult breathing • ☐ Barking cough with fever or behavior changes • ☐ Chest retractions • ☐ Breathing problem that makes feeding very difficult • ☐ Looks or acts very ill •
Earache	**No, unless** ☐ Unable to participate • ☐ Fever with behavior changes •

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Eye Irritation, Pinkeye	**Yes, if** ☐ Purulent (pink or red conjunctiva (whites of eyes) with white or yellow mucus), or diagnosed with bacterial conjunctivitis, until treated ** If more than 1 or 2 children in group have watery red eyes without chemical irritant exposure, exclusion may be required and health authorities should be notified **☺
Fever ☐ 100°F axillary – infants • ☐ 101°F orally (not reliable under 4 years of age) • ☐ 102°F rectally • Ear measurements may not be reliable but are similar to rectal temperatures.	**No, unless** ☐ Behavior change • ☐ Child cannot comfortably participate in school activities, as determined by staff • ☐ Staff attention to the illness must not overwhelm delivery of care/education to other children • Temperatures considered elevated above normal, leading to concern of possible disease (children older than 4 months) • ☐**Infants younger than four months (4) with an unexplained fever should be evaluated by medical professional.**
Headache	**No, unless** ☐ Child is unable to participate in school activities, as determined by staff •
Itching	**Yes, if** ☐See under "Rash" for chickenpox, shingles, scabies, impetigo, ringworm. **No, unless appears infected** ☐Head lice (at end of day until first treatment; no exclusion for nits or live lice) • ☐ Pinworm • ☐ See under "Rash" for eczema, contact or allergic dermatitis.
Mouth Sores	**No, unless** ☐ Inability to swallow • ☐ Excessive drooling with breathing difficulty • ☐ Fever with behavior changes •
Rash	**Yes, if** ☐ Rash with behavior change or fever • ☐ Oozing/open wound • ☐ Bruising not associated with injury • ☐ Joint pain and rash • ☐ Unable to participate in school activities • ☐ Measles until 4 days after start of rash **☺ ☐ Rubella until 6 days after onset of rash**☺ ☐ Chickenpox (Varicella) until all lesions have dried (usually 6 days) ** ☐ Scabies until treated ** ☐ Impetigo until treated for 24 hours ** ☐ Ringworm (at end of day until treatment started) • **No, unless appears infected** ☐ Allergic or irritant reactions • ☐ Eczema • ☐ Shingles (must be able to keep lesions covered with clothes and/or dressing). •
Sore Throat (pharyngitis)	**No, unless** ☐ Inability to swallow • ☐ Excessive drooling with breathing difficulty • ☐ Fever with behavior change •

Stomachache	**No, <u>unless</u>**
	☐ Severe pain causing child to double over or scream •
	☐ Abdominal pain that continues after two hours •
	☐ Abdominal pain after injury •
	☐ Bloody/black stools •
	☐ No urine output for 8 hours •
	☐ Diarrhea •
	☐ Vomiting •
	☐ Yellow skin/eyes **
	☐ Fever with behavior change •
	☐ Looks or acts very ill •
Swollen Glands (Lymph Nodes)	**No, <u>unless</u>**
	☐ Difficulty breathing or swallowing •
	☐ Red, tender, warm glands •
	☐ Fever with behavior change •
	☐ Mumps, until 9 days after swelling of parotid glands •☺
Vomiting	**Yes, if**
	☐ Vomiting 2 or more times in prior 24 hours •
	☐ Fever •
	☐ Vomit that appears green/bloody •
	☐ No urine output in 8 hours •
	☐ Recent history of head injury •
	☐ Looks or acts very ill •
Other	**As per Health Dept. during outbreak** **Yes, if**
	☐ Hepatitis A until 1 week after onset of illness or jaundice **☺
	☐ Child is irritable, lethargic, continuously crying, or requires more attention than staff can provide without compromising the health and safety of the other children.
	☐ Pandemic Plan: Maine CDC may initiate different guidelines for exclusion during a pandemic influenza outbreak.

No set of recommendation can cover all situations. Consult with a pediatrician, the health department, or individual pre-school district policies when in doubt.

Additional Information: When a child has suffered from a serious respiratory illness (RSV, pneumonia), been hospitalized or been seen in a hospital emergency room, we require a note from the physician (an ER note will not be excepted) stating that the child's condition is not contagious and that the child can participate in regular activities. If there are any restrictions in activities or dietary needs, an Individualized Health Plan will be developed by the Health Manager and we will make reasonable accommodations to meet the restrictions <u>prior to the child returning to AHSCC</u>.

A note from the physician is <u>only required</u> for health reasons that are listed on the Exclusion List, stating that the child's condition is not contagious and that the child can participate in regular activities.

Title of Procedure or Process:	INCLUSION/EXCLUSION FOR FEVER
Program Area(s):	Health, Education
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☒Other American Academy of Pediatrics
Person Responsible for implementation:	Lead Teacher, Site Supervisor and Health Manager
Timeline for completion:	Every day i.e. morning health check and monitor throughout the day
Submitted to:	Health Manager or Health Department
ChildPlus Documentation:	Health Communication Log
Uploaded to ChildPlus:	Medical Notes. If applicable
Specific Directions:	Inform parents of policy/procedure and assure they understand them. Provide guidance at pick up, drop-off, home visit and through remind, when needed.

Procedure:

Fever is defined as a temperature above **101° F** (38.3 degrees C) by any method. These temperature readings do not require adjustment for the location where they are made. Report the temperature and the location (e.g. 101° F in the axilla (armpit) or temporal (forehead scan). If an infant 2 months or younger has a temperature of 100.4 or higher the parent should immediately call their doctor or go to the emergency room.

Fever **without** signs or symptoms of illness (sore throat, earache, stomach pain, persistent cough, rash, vomiting, diarrhea) **or** a **fever without** acute behavior change (lethargy, irritability, persistent crying, difficulty breathing) that prevents the child from participating comfortably in normal daily activities **DOES NOT** require exclusion from the classroom.

❖ **Exclusion is not needed for fever alone.**
- An unexplained fever (as defined above) **without** any signs/symptoms of illness or behavior changes staff will:
  - Notify parent/guardian of unexplained fever and staff will monitor the child for any changes in behavior or symptoms of illness.
  - Staff should recommend the parent/guardian follow-up with their child's physician for guidance.

❖ **Exclusion is recommended when:**
- Fever occurs in an infant, who is younger than 2 months old; a temperature above 100.4°F by any method and behavior change or other signs and symptoms.
- Fever is associated with behavior change or other signs of illness or other condition that requires exclusion (*see sick/exclusion Protocol*). The signs of illness are anything (other than fever) that indicates the child's condition is different from what is usual when the child is healthy.
- The child is unable to participate in normal daily activities and requires more care than the classroom staff can provide without compromising the health and safety of the other children.
- The child has not completed the recommended vaccine series; until it is clear the child does not have a vaccine-preventable illness and does not pose a risk of spread of harmful disease to others.

*****Behavior is a much more reliable indicator of the significance of illness, than the presence and height of a fever.***

Title of Procedure or Process:	**PANDEMIC INFECTIOUS DISEASE PROTOCOL**
Program Area(s):	Health, Human Resource.
Related Standards or Regulations:	☐Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Person Responsible for implementation:	All Staff are responsible and are to be committed to maintaining a healthy, safe environment for enrolled children, their families and staff.
Timeline for completion:	Immediately upon confirmed diagnosis
Submitted to:	Health Manager
ChildPlus Documentation:	Health Communication Log-Illness category
Uploaded to ChildPlus:	Doctors Notes-confirmed Influenza diagnosis
Specific Directions:	Promise follows recommendations of Maine Center for Disease Control (CDC) and American Academy of Pediatrics (AAP). **Licensing 17.4.2.3** When a child care facility is aware of a notifiable condition, the Health Manager <u>must</u> notify the Maine CDC <u>immediately</u> for category 1 conditions and within 48 hours for category 2 conditions.

Purpose: To provide guidelines for families and staff and to clearly define Pandemic Influenza.

Definition of Pandemic: A pandemic is a global disease outbreak. A Infectious Disease pandemic occurs when a new virus emerges that people have little or no immunity to and for which there is no vaccine available. The disease spreads easily from person to person and causes serious illness. It can sweep across the country and around the world very quickly

Procedure-Infectious Control Guidelines for Promise Staff:
- Teach staff, children and parents how to stop the spread of infectious viruses.
- Utilize good hand washing by washing hands for at least 20 seconds when hands are soiled.
- Use alcohol-based hand sanitizer when soap and water are not available and hands are not visibly soiled. This will be supplied for staff, but <u>it must be kept in a safe place out of the reach of children</u>.   Hand washing with soap and water remains the preferred method for cleaning of hands.
- Cover mouth and nose when coughing or sneezing. Cover mouth with a tissue and dispose of it in an appropriate container, or cough and sneeze into sleeve.
- Clean frequently touched surfaces, toys and community shared items at least daily and more frequently when soiled.
- Keep enough supplies on hand to control the spread of infection, such as hand sanitizer in areas without a sink and running water i.e., playground. (Hand sanitizer needs to be kept out of the reach of children.)
- Utilize paper towels and hand-free wastebaskets throughout the facility.
- Utilize tissues for coughing, sneezing and runny noses.
- Keep all supplies in easy to locate places.
- Keep at least two extra weeks of supplies on hand.
- **Encourage families to talk with their provider about getting the Seasonal and H1N1 Flu vaccine for children (6 months and**
- **older), parents and staff. Also, the SARS-CoV-2 vaccine for approved children and adults.**
- **Help all to understand the top priority groups for each of these immunizations. Immunizations will first be distributed to those in the top priority groups.**
- **All children and staff who have been ill are required to stay home until they have been fever free for 24 hours without taking fever reducing medications such as Tylenol and may require a doctor's note to return to school.**

Additional Guidelines for Direct Line Staff:

- Staff will do daily health checks on children exhibiting symptom of current Pandemic listed by CDC, such as: Fever of 101 ° (38.3 degrees C) by any method. The temperature readings do not require adjustment for the location where they are made, simply report the temperature and the location (example- 101° in the armpit/axilla), Headache, Tiredness, Cough, Sore Throat, Runny/Stuffy Nose, Muscle Aches, and particularly in young children - Nausea, Vomiting and Diarrhea. Children will be excluded if they present with flu like symptoms.

- Staffs that become ill at work will need to go home and inform your SS and HR.
- Masks may be required for staff to wear, if they choose not to get the vaccine recommended by CDC. Masks will be available and encouraged to wear for parent and children who are showing signs of current respiratory virus.
- Parents will be called to pick up their child if he/she becomes ill at Head Start.
- Have a plan for keeping children who become sick away from other children until the family can come and get them. (A distance of 6 feet and outside of the classroom is recommended.)
- Ask parents to inform teachers and family educators if their children are sick and have ongoing conversations to discuss the health status of all family members.
- Keep accurate records of sick children and staff who are absent as well as their symptoms and keep Health Manager informed.
- Make reports to the Health Manager twice a week or as requested. The Health Manager will report to the state when there are more than 15 % confirmed Influenza cases. The definition of 15%, is considered to be two or more unrelated (e.g. not siblings) children with the same diagnosis or symptoms in the same group within one week.

CDC AND AAP RECOMMEND THE ANNUAL INFLUENZA VACCINE and SARS-CoV-19 VACCINE, IT IS THE BEST METHOD FOR PREVENTING THE FLU AND SARS-CoV-19 VIRUS.

Title of Procedure or Process:	**HAND WASHING PROCEDURE-HS CLASSROOM**
Program Area(s):	Health, Nutrition, Education
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Person Responsible for implementation:	All Promise staff
Timeline for completion:	Upon entering a classroom and as listed below
Submitted to:	N/A
ChildPlus Documentation:	N/A
Uploaded to ChildPlus:	N/A
Specific Directions:	Promise Early Education Center promotes good hygiene through hand washing to reduce to prevent the transmission of infectious diseases and the spread of germs. Hand washing is required of all staff, volunteers, parents and children. Adherence to good hand-hygiene technique has consistently demonstrated a reduction in disease transmission in child care and school settings.

Procedure:

Staff/Volunteers:
- Upon arrival to the childcare facility and before going home
- Immediately before handling food and preparing bottles; before & after feeding children
- After using the toilet, assisting a child using the toilet; before & after changing diapers
- After contact with any body fluids (e.g. nasal drainage, vomit, saliva, feces)
- Whenever hands are visibly dirty or after cleaning up a child, i.e. bathroom/classroom, playground, wounds or trash
- **After removing gloves used for any purpose***
- Before & after giving or applying medication or ointment to a child or self *(wear gloves for open wounds)*
- Staff assists children who are developmentally ready with hand-washing to ensure proper technique. Staff should wash their own hands after assisting.

Children:
- Upon arrival at the childcare facility
- Immediately before and after eating
- Immediately before and after toothbrushing
- After using the toilet or having their diapers changed
- Before using water and sand tables
- After playing on the playground
- After handling pets, pet cages, or other pet objects
- Whenever hands are visibly dirty
- Before going home

Proper Hand-Washing Procedure for adults and children:
1. Dispense paper towel first to avoid touching handle after hand washing
2. Liquid soap and running water is required
3. Vigorously rub hands for at least 20 seconds, including backs of hands, between fingers, under nails, and under and around any jewelry.
4. Rinse hands under running water until free of soap and dirt
5. Dry hands with a single use paper towel
6. Avoid touching surfaces i.e. turn off water with paper towel

Title of Procedure or Process:	BLOOD BORNE PATHOGENS- EXPOSURE CONTROL PLAN
Program Area(s):	Health and Human Resource.
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Person Responsible for implementation:	All Promise Staff
Timeline for completion:	Training within 90 days of hire; Implement at all times
Submitted to:	Staff IR- Human Resource; Child IR-Health Manager
ChildPlus Documentation:	Child Incident Report
Uploaded to ChildPlus:	N/A
Specific Directions:	Complete Staff Accident Incident Report from Staff Website-Human Resource

Procedure:

Promise Early Education Center is aware that accidents and injuries involving blood and body fluids may occur in the classroom/child care setting. Lacerations, abrasions, and bloody noses are common occurrences and have the potential to transmit infectious disease. **The body fluids of all persons must be considered potentially hazardous.**

All employees who work directly with children are required to participate in training provided by Promise on Blood Borne Pathogens and Universal Precautions. All new employees receive training on Blood Borne Pathogens, Universal Precautions, OSHA regulations and preventing infectious disease transmission within the first three months of employment.

Promise Early Education Center developed an Exposure Control Plan to protect staff that may be at risk of exposure to bacteria and viruses present in human blood and body fluids that can cause disease in humans. These pathogens include Hepatitis B Virus (HBV), Hepatitis C virus (HCV), and Human Immunodeficiency Virus (HIV), which causes Acquired Immune Deficiency Syndrome (AIDS).

Employees can reduce and/or remove BBP hazards from the workplace by using a combination of work practice controls, personal protection clothing and equipment, training, medical surveillance, Hepatitis B Vaccination, signs and labels, and other provisions.

Who is covered by this Regulation? (Exposure Determination)
All Promise employees who work directly with children and are expected to respond to First Aid situations and/or there is a reasonable expectation of exposure to blood or other materials that could cause infections while performing their job.

Procedure for a Blood Incident/Possible Exposure
The employee who responds to a First Aid incident must complete an injury/incident report form.   If there has been a possible blood exposure, the employee needs to call Human Resources as soon as possible and within 24 hours after the incident and complete a Possible Exposure Report Form.

Any employee who has experienced the possibility of a blood/bodily fluid exposure does have the option to be evaluated by Concentra. An employee may refuse to be evaluated in writing *(please see Possible Exposure Report Form on PROMISE website)*. During normal business hours, the Human Resource Manager can make arrangements for the visit. An employee is free to go to Concentra without the Human Resource Managers consent. If an employee needs to be seen after Concentra's office hours, Central Maine Medical Center will provide the evaluation for Concentra. **ANY POSSIBLE BLOOD BORNE PATHOGEN EXPOSURE NEEDS TO BE EVALUATED WITHIN 24 HOURS.**

Universal Precautions- Protective Equipment:
All employees are provided with personal protection equipment: non-latex gloves, gowns, face shields, masks, eye protection, and spill kits. All classrooms that have Epi- pens or other sharps will be provided with an OSHA approved container for sharps disposal. **Hand washing and gloves: All employees are to wear non-latex, non-porous gloves whenever there is body fluids/blood present and wash their hands immediately after removing their gloves. Employees are taught proper technique for hand washing and glove removal.**

Title of Form:	Possible BBP Exposure Report Form
Related Policy:	
Program Area(s):	Health, Nutrition, Education, Special Services, Family Services, ERSEA, etc.
Related Standards or Regulations:	☐Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Procedures	
Form Completed By:	Responsible staff
Timeline for completion:	
Specific Directions:	
Submitted to:	
ChildPlus Documentation:	
Uploaded to ChildPlus:	

Early Education Center   POSSIBLE BBP EXPOSURE REPORT FORM

Employee: _____ DOB: _____

Date: _____ Center: _____

Time incident occurred: _____

Exposure where incident occurred:

_____classroom _____bus _____ playground _____field trip

_____ other_____

Describe what happened:

_____

_____

What body Fluids were you exposed to?

☐ Mucous Membrane- A splash to the eyes, nose or mouth

☐ Cut- contact with non-intact skin

☐ Prolonged contact with intact skin

☐ Puncture/stick with contaminated sharp object.

Precautions taken:

Title of Procedure or Process:	**BLOOD AND BODILY FLUIDS CLEANUP AND CONTAINMENT & SPILL KIT INSTRUCTIONS**
Program Area(s):	Health
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Person Responsible for implementation:	All Staff
Timeline for completion:	Immediately after a hazardous waste spill/leak
Submitted to:	Health Manager and Site Supervisor
ChildPlus Documentation:	Child Illness bodily fluid leak will require a Health Communication Log-Illness
Uploaded to ChildPlus:	Medical Record to return to school, if needed.
Specific Directions:	Promise Early Education Center promotes health and safety by maintaining a clean environment for children and staff. The use of non-latex non-porous gloves by staff is required when in contact with blood and bodily fluids. Gloves are required during diapering, assisting with toileting & toothbrushing, administering first aid, and when vomiting occurs. Proper technique is to be used in cleaning and disinfecting all bodily fluid spills <u>immediately</u> after it occurs. The use of gloves is not a substitute for hand washing and staff will wash hands immediately after the gloves are removed.

Procedure:
1. Staff will notify Health Manager of a hazardous waste spill/leak if they need guidance or training.
2. Secure/block off the spill area from children.
3. A BBP trained staff person wearing PPE's (personal protective equipment) secures, cleans, and disinfects the soiled area according to the Spill Kit instructions. Spill Kits are located in the classroom First Aid/Emergency Response backpack (contained in a labeled clear plastic zipper pouch).
4. Pour an absorbent material over the spill (packet of loose absorbent on porous surface or VoBan-hard non-porous surface only).
5. Completely saturate the spill area with the disinfectant and let it set for the recommended time for BBP's (approximately 10 minutes).
6. Use the enclosed scoop to pick up the semi-solid gel using the flat tear off piece as a back stop for the scoop.
7. To clean the soiled area:
    <u>Hard porous surface</u> i.e. table top, linoleum floor, etc.
    a. Wipe up area with white absorbent paper towels and double bag the paper towels. Remove the bag from the area and dispose of immediately out of the reach of children.
    b. Then spray the contaminated area with hydrogen peroxide spray and let sit for 1 minute and wipe up with paper towels or swiffer mop.
    <u>Non-porous surface</u> i.e. rug
    a. Wipe up area with a micro-fiber cloth and double bag cloths. Remove the bag from the classroom and bring
    to the laundry room. Handle contaminated laundry with gloves.
    b. Steam-clean the non-porous contaminated surface, according to the training/directions provided.

8. Cleaning equipment used to clean spills of bodily fluids (swifter mop, vacuum, steam-cleaner, etc.) must be cleaned and disinfected immediately after use or bagged and tagged for removal and disinfecting.

    - Cleaning equipment used to clean up body fluids need to be:
    - Cleaned with detergent and rinse with hot water, use bathroom/janitorial sink and sanitize the sink after;

Title of Procedure or Process:	**CLEAN AND DISINFECT PROCEDURE**
Program Area(s):	Health, Nutrition and Education
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Person Responsible for implementation:	Classroom and Kitchen Staff
Timeline for completion:	Follow Classroom Cleaning Schedule and when needed for outbreak of infectious disease.
Submitted to:	Yellow Book
ChildPlus Documentation:	N/A
Uploaded to ChildPlus:	N/A
Specific Directions:	Use Microfiber cloth for Cleaning and Disinfecting with non-bleach solutions. Use a washcloth for Bleach solutions.

Procedure:

Proper cleaning, sanitization, and disinfecting procedures and practices for objects, toys, and surfaces in the classroom **are required** to reduce the spread of bacterial and viral infections and infectious diseases.

Environmental Protection Agency (EPA) Standard Definitions:

[Clean]: The process that physically removes debris from the surface or area by scrubbing, washing and rinsing with soap or detergent and water.

[Sanitize]: An EPA registered product that kills 99.9% germs identified on the label and is safe to use on toys, utensils, and hard surfaces.

[Disinfect]: An EPA registered product that kills nearly 100% of germs identified on the label and is used on non-porous surfaces such as a diaper changing table, toilet, sink, counter tops, and door handles.

Procedure and Practices:

Routine cleaning and sanitizing or disinfecting of the Promise Centers will be monitored by Site Supervisors, the Food Service Supervisor, and the Health Manager according to the schedules and procedures in place for classroom and food service staff.

- **Tables** used for eating, food preparation and tooth brushing are **sanitized** before and after each of these with an EPA registered disinfectant according to the label instructions.
- **Kitchen** will be cleaned and sanitized daily and as needed. Sinks, counters, and floors will be cleaned and sanitized at least daily. Refrigerator will be cleaned weekly or more often as needed.
- **Mouthed toys,** including machine washable toys and cloth books, will be washed, rinsed, and sanitized in-between use by different children. A system for ongoing rotation of mouthed toys will be implemented in all classrooms. **Only washable toys will be used.**
- **Toys** (that are not mouthed toys) will be washed, rinsed, sanitized and air dried at least weekly or toys that are dishwasher safe can be run through a full cycle.
- **Cloth toys and dress up clothes** will be laundered weekly or sooner if needed.
- **ONLY Child care laundry** (i.e. microfiber cloths, towels, agency clothing, etc.) will be washed when needed at a temperature of at least 140-165 degrees with a free & clear laundry detergent. Wear gloves when handling contaminated laundry. Wash hands when re-entering the classroom.
- **Furniture, rugs and carpeting** in all areas will be vacuumed daily. Carpets will be shampooed at least once a month in infant areas and at least every three months in other areas, and as needed. Steam cleaning of bodily fluids and stains will be done immediately and as needed.
- **Hard floors** will be swept and cleaned daily.
- **Bathroom(s)** will be cleaned daily or more often if necessary. Sinks, counters, toilets, and floors will be cleaned and disinfected at least daily and as needed.

- Spray with Hydrogen Peroxide Spray, let sit for 1 minutes and rinse and Air-dry and/or wipe down all equipment with paper towels.
- Micro-fiber blue pad from steam cleaner needs to be hand washed or machine washed in cold water on delicate cycle (*no fabric softener*), air dry or in dryer on low heat;

(steam cleaner equipment parts)

9. **If a large amount of bodily fluids has soiled a removable rug, please blot excess fluids and then <u>roll up the rug and remove</u> from the classroom until a classroom staff member has time to spot clean it.**

To assist in Time Management and the spread of Infectious Diseases in the classroom a Polymer Disposable Under pad should be kept in classrooms and used for children who cannot contain their bodily flueds i.e. loose stool or vomit until parent arrives.

1. If Staff anticipates the need, they may lay this blanket out on the floor when having floor time with a non-mobile infant to eliminate bodily fluids from saturating the rug or carpet.
2. For an ill child: place blanket under the child while they are lying down and waiting for a parent to pick them up.
3. Please put it into a plastic bag and double bag it to be laundered at the end of the day or sooner. Please refer to Promise's **Cleaning and Sanitation Policy** for guidance.

SPILL KITS: <u>Please complete supply inventory list and give to Norma for replacement of used items</u>.
Contents of the spill kit include:

Aprons	Trash Bags
Gloves	Hand Sanitizer
Loose absorbent (packet)	Cleaning/Disinfecting Instructions
Scoop (disposable)	Hydrogen Peroxide Wipes
Paper Towels	

What are PPE'S?
*PPE is a Personal Protective Equipment. Anything that presents a barrier between you and the bodily fluid you are cleaning is a PPE. PPE includes gloves, goggles, plastic aprons, and face masks. PPE should always be worn before beginning your clean up.

DO WE NEED TO LABEL BAGS AS BIOHAZARDOUS MATERIAL?
No, in order for an item to be considered a biohazard, it would have to be completely saturated with blood or bodily fluid. We **DO** have to double bag waste materials from a body fluid clean up.

WHAT DO WE DO AFTER THE CLEAN UP IS COMPLETE?
Make sure you fill out an incident report immediately. *Immediately notify the Health Department to receive a replacement spill kit.* A new spill kit will be brought to your site within 24 hours. The used kit will be removed from your site.

WHERE IS YOUR SPILL KIT STORED AT YOUR CENTER?
Your spill kit should be kept in the bottom of your classroom's first aid/emergency response back pack with the Spill Kit Label facing up.

WHAT IF I STILL DON'T GET ALL THIS?
Promise offers bi-annual training on Preventing Disease Transmission and Blood Borne Pathogens. Contact the Health Nurse/Manager for further information on staff training.

- **Changing table** surfaces and pads are cleaned and disinfected after each use.
- **Cubbies** will be cleaned monthly and as needed.
- **Cribs and sleeping mats** will be washed, rinsed and sanitized weekly before being used by a different child, after a child has been ill, and as needed.
- **Bedding** (e.g. mat covers and blankets) will be washed weekly or more frequently as needed, at a temperature of at least 165 degrees with a free & clear laundry detergent. Individual bedding and children's personal items will be removed from mats and stored separately.
- **Water tables** will be emptied and sanitized after each use or more often as needed. **Sand tables** will be cleaned and sanitized when sand is removed from table. <u>Children will wash hands before and after using the tables and will be closely supervised.</u>
- **General cleaning** of the entire center will be done daily. Wastebaskets (with disposable liners) will be available to children and staff and will be emptied daily. Step-cans will be used to prevent recontamination of hands when disposing of used towels, etc. There should be no strong odors of urine or cleaning products. Room deodorizers are not to be used due to the risk of allergic reaction. Door handles, toilet handles and faucets are disinfected at least daily and more often when children/staff are ill by classroom staff. Diaper and food waste containers will have a tight fitting lid.
- **Vacuuming, mopping and professional carpet shampooing** in the center will not occur while children are present (carpet sweepers and brooms are ok to use) to reduce the exposure of chemicals and dust to children and staff. Cracked or broken items that are not able to be cleaned or sanitized properly will be removed until they are repaired or replaced. Carpet is not used in toilet areas, diaper changing areas or food prep/storage areas.
- **Frequency** of cleaning, sanitizing, and disinfecting will increase if there is an outbreak of a contagious infection or disease in the setting.

<u>SURFACE DISINFECTING/SANITIZING</u>**: Use only an EPA registered disinfectant and/or sanitizer according to the label instructions.**
Clean the surface with detergent and water to be disinfected first and then apply disinfecting spray to a microfiber fiber cloth (If Bleach, use washcloth only) until the cloth is soaked. Leave the solution on the surface for the recommended time according to the product label to disinfect then wipe off with a clean microfiber towel.

<u>DIPPING METHODS FOR SANITIZING</u>
- Use an EPA registered disinfectant/sanitizer according to product label instructions.
- Immerse the object to be sanitized for the time recommended according to the product label instructions to disinfect/sanitize. Rinse if required by product label instructions.
- Allow the object to air-dry.

Title of Form:	**CLASSROOM CLEANING AND DISINFECTING SCHEDULE FORM**
Related Policy:	Clean, Sanitize and Disinfect Procedure
Program Area(s):	Health, Education
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☒Other, Promise's Best Practices
Procedures	1. 2. 3.
Form Completed By:	Classroom staff
Timeline for completion:	Everyday
Specific Directions:	
Submitted to:	
ChildPlus Documentation:	N/A
Uploaded to ChildPlus:	N/A

Classroom Cleaning and Sanitation Schedule

	Clean	Sanitize	Code	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
4	x	x	D, WS																									
5	x	x																										
6	x	x	D, WS																									
7	x		W			CUSTODIAN																						
8	x	x	E																									
9	x		W, WS																									
10	x		W																									
11	x		W, WS																									
12	x		E																									
13	x		W																									
14	Clean	Sanitize	Code	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
15	x	x	WS					CUSTODIAN																				
16	x	x	WS																									
17	x	x	WS																									

Sheet1 Sheet2 Sheet3

OPENING	Unlock playground gate	
	Complete and sign Playground Safety Checklist (even when raining)	
	Complete cleaning and disinfecting of scheduled items (see schedule)	
	Complete 8 on 8 checklist	
	Put laundry in washer and/or dryer if needed	
	Stock diapers, wipes, gloves, etc.	
	Wash and Disinfect tables and chairs	
	Children's personal belongings neatly in cubbies	
	Floor is free from papers, toys, food, spills, etc.	
	Trash taken out if more than ½ full; top and sides of wastebasket wiped down	
AFTER LUNCH	All trash thrown in wastebasket; food waste in slop bucket	
	Highchairs, tables & chairs cleaned	
	Floor swept & Swiffer around meal tables	
	All wastebaskets & diaper pails emptied & trash taken to dumpster	
	Dustpan rinsed off to remove food if needed & broom shaken to remove food	
CLOSING		
	Turn off lights in classroom and center if applicable	
	Close and lock windows	
	All children's personal belongings in cubbies	
	All toys, materials, equipment returned to assigned areas	
	All shelves tidy (be sure items are stored according to labels)	
	Floor free of toys, paper, debris, etc.	
	Sweep floor if needed	
	All items from other classrooms returned	
	All teacher materials & supplies stored in classroom closet/cabinets	
	Lock playground gate	
	Empty water tables	
	Disinfect tables after every use or after contact with bodily fluids	
	Disinfect any toys	
	Make sure there is no laundry left in washer overnight	
	Empty & clean drinking water coolers (for playground) and allow to air dry overnight	
	Set alarm @ Coburn Center	
	Fridays: no wet items left (towels, mittens, clothing, etc.) in classroom over the weekend	

Rubbing hands together under running water is the most important part of washing away infectious germs. **Pre-moistened wipes and waterless hand sanitizers should not be used as a substitute for washing hands with soap and running water**. Wipes should only be used to remove residue, such as food, off a baby's face or feces from a baby's bottom during diaper changing. Keep hand sanitizers out of reach of children.

Use of gloves:
1. **Wearing gloves is not a substitute for hand-washing***
2. Staff wear gloves when blood contamination may occur
3. Staff will not use hand-washing sinks for bathing children or removing fecal matter
4. If sinks are used for food preparation and other purposes, the sinks are cleaned and sanitized before using them to prepare food, rinsing toothbrushes and other classroom activities where bodily fluids may have contaminated the sink.

* *If gloves are used, hands should be washed immediately after gloves are removed. Use of gloves alone <u>will not</u> prevent contamination of hands or spread of germs and should not be considered a substitute for hand washing. Properly dispose of gloves out of reach of children.*

 Use of alcohol based hand sanitizer-KEEP OUT OF REACH OF CHILDREN
1. Is not recommended for use in early childhood settings
2. If used as a temporary measure i.e. when out on the playground, you must use enough to keep the hands wet for 15 seconds. Only children older than 24 months should be allowed to use sanitizers.
3. This product is toxic and flammable and must be used and stored according to manufacturer's instructions

Title of Procedure or Process:	**HUMAN BITE PROTOCOL**
Program Area(s):	Health, Education.
Related Standards or Regulations:	☐Head Start Program Performance Standards ☒Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Person Responsible for implementation:	Lead Teacher or Site Supervisor
Timeline for completion:	IR is done for child bitten/BIR is done for the child who bit
Submitted to:	Health Manager or Education Manger-BIR
ChildPlus Documentation:	IR or BIR
Uploaded to ChildPlus:	IR-Health Tab; BIR-Education
Specific Directions:	To provide a safe environment for children and adults while at school to protect against the transmission of infection, especially with blood-borne viruses. Bites from young children very rarely lead to bacterial infections. Those that do break the skin don't usually go deep enough to draw blood.

Procedure:

Philosophy: All staff will follow these required safety practices as recommended by American Academy of Pediatrics when a biting incident occurs. Common reasons why children start biting is teething, excitement and over-stimulation, impulsiveness and lack of self-control, and feeling frustrated (i.e. language barrier).

Procedure: The following steps will be taken if a biting incident occurs at our center.
- The biting will be interrupted with eye contact and a firm "STOP! You bit him with your teeth. He doesn't like it. It is not OK to bite people."
- Staff will stay calm and will not overreact.
- The bitten child will be comforted.
- Staff will remove the biter from the situation. The biter will be redirected to another activity and separated from the bitten child for an appropriate amount of time.
- The wound of the bitten child shall be assessed and cleaned with soap and water. Apply a cold compress. If it is determined that there was a blood exposure further steps need to be taken under our procedure for 'Incident Involving Blood Exposure'.
- Staff and parents of both children will be notified of the biting incident. Appropriate form will be filled out (IR and BIR).
- The bitten area should continue to be observed by parent and staff for signs of infection.

When a bite or injury occurring in the school setting involves a break in the skin and potential blood exposure, the Center will follow the guideline set forth by the Promise Health Department. The following steps should be taken:
- PPE is required before assessing the bitten area.
- Let the wound bleed gently; do not squeeze it. Carefully clean with soap and water.
- Check both children's immunization records and determine if they are up to date on their tetanus (DtaP), and Hepatitis B vaccines.
- Notify the parent of both children immediately.
- File an incident report as outlined above.
- Both children (and parties involved, e.g. teacher) involved in the biting incident are recommended to be tested for Hepatitis B, C, and HIV by their private physicians. The staff bitten should follow the **Exposure Control Plan-Blood Borne Pathogens** in the Operations Manual and proceed with Promise's procedure.

If this behavior persist, parents/guardians, caregivers/teachers, the child care Health Manager and the Behavioral Health Manager should be involved to create a plan targeting this behavior. A caregiver/teacher intervention protects children and encourages children to exhibit more acceptable behavior.

Title of Procedure or Process:	**HS CHANGING SOILED UNDERWEAR/PULL-UPS AND CLOTHING PROTOCOL**
Program Area(s):	Health, Education
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Person Responsible for implementation:	Lead Teacher and Site Supervisor
Timeline for completion:	When child is developmentally ready
Submitted to:	Education Manager
ChildPlus Documentation:	Health Communication Log (IC reverts backwards) of Toileting Plan
Uploaded to ChildPlus:	Under Health Tab-Health Comm. Log or Under Education-Toileting Plan Tab
Specific Directions:	Required to track a child based on trauma or Health condition that results in a child reverting back to soiling their underwear. Toileting Plan required for all children not completely Toilet Trained.

Procedure:

- **Prepare Area**. Prior to bringing the child to the bathroom changing area staff will: Perform hand hygiene, gather & bring supplies to the changing area i.e. disposable gloves, disposable paper liner, wipes, new pull-up or clean underwear, clean clothes, and a plastic bag for soiled underwear/clothing.
- **Prepare the Child**. Place child on the paper liner, large enough to cover the changing surface from the child's shoulders to beyond the child's feet. Remove child's shoes & socks before changing. If possible, have the child hold their shirt, sweater, etc. up above their waist during the change. This keeps their hands occupied and away from the soiled area during clean-up.
- **Pull-ups.** Pull down bottom clothing and pull open sides rather than sliding down the child's legs. Put soiled pull-up directly into a hands-free, plastic lined waste can.
- **Soiled Clothing.** If needed, remove soiled clothing, doing your best to avoid contamination of surfaces and place in a plastic bag immediately. If disposable paper mat was soiled fold in half or dispose of and get a new paper mat.
- **Underwear**. Remove soiled underwear and soiled clothing, doing your best to avoid contamination of surfaces and place in a plastic bag immediately. Do not rinse soiled underwear/clothing/shoes in the sink or toilet. Place all soiled garments/shoes in a securely tied plastic bag to be sent home. *If you see the child wearing these shoes the next day, please ask the parent if the shoes were sanitized and washed, to assure there will be no contamination to the childcare center. It is best to have extra garments, and a pair of footwear & socks kept at the facility.
- **Clean the Child.** Remove feces & urine from front to back using a fresh wipe for each swipe. Put the soiled wipes directly into a designated plastic-lined, hands-free waste can.
- **Clean Up.** When cleaning is complete, remove gloves & put in designated covered hands-free plastic lined waste can. Wash your hands, or use disposable antibacterial hand wipes only, if soap & water is not available.
- **Washing Hands.** Assist the child, if developmentally needed, in washing their hands. Use disposable antibacterial hand wipes, only if soap & water is not available.
- Assist the child, as needed, to put on a clean pull-up or underwear and clothing.
- Clean & disinfect any surfaces contaminated during the changing process according to the agency cleaning & sanitization procedure.
- Wash hands record only health concerns in Child Plus, if you have referred a parent to call IC physician i.e. severe skin irritation or open wounds/markings.

You should never wash underwear or clothes/shoes soiled with fecal matter in the childcare setting. Because of the risk of splashing, and gross contamination of hands, sinks and bathroom surfaces, rinsing increases the risk that you, other providers, and the children would be exposed to germs that cause infection.

All soiled clothing/shoes should be bagged and sent home with the child without rinsing. (You may dump feces into a toilet). Parents are to be informed about the procedure and why it is important.

Title of Procedure or Process:	**HEALTH SUPPLIES ORDERING PROCEDURE**
Program Area(s):	Health
Related Standards or Regulations:	☐Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☒Other
Person Responsible for implementation:	Classroom Staff and Site Supervisor
Timeline for completion:	November, February and June-by end of the month
Submitted to:	Darcy Morgan, Health Assistant
ChildPlus Documentation:	N/A
Uploaded to ChildPlus:	N/A
Specific Directions:	The Health Department retrieves the PO and completes the form, upon receiving requests from centers; the secretary then orders supplies, and finance completes the order by receiving verbal/electronic confirmation and/or packing slip to confirm shipment was received.

PROCEDURE:

1. Obtain the form from the Promise website- Staff forms- under Health & Safety- **Health Supply Request Form**.

2. The expectation is that orders are completed for the whole center, to reduce PO's and shipping cost.

3. Send the digital copy of the form to DMorgan@promiseearlyeducation.org, **November, February and June**.

4. Coburn secretary will **order supplies** and have them delivered to sites that placed the request.

5. When supplies arrive, **inform Darcy** that they arrived by phone or electronically. If items are missing, please outreach to Darcy for assistance.

6. **Reminder**, the full order may arrive in multiple packages and on multiple days, depending on the vendor.

7. If supplies are **damaged**, inform and return to Health, to allow the agency to get reimbursed.

8. Return all **packing slips** to Denise in Finance office by inner office mail. If there is no packing slip, please inform Denise of this. *Note*-electronic receipts may be sent to Roberta whom placed the order.

9. To reduce P.O purchasing, Health supplies will be ordered on a **Quarterly** basis in November, February and June by classrooms.

10. The Health Department will order all **start-up Health supplies** needed to get a classroom set-up for the first day of school in August.

Title of Form:	CENTER SUPPLIES LIST
Related Policy:	Health Supplies Ordering Procedure
Program Area(s):	Health
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☒Other; Emergency First Aid & CPR
Procedure:	1. Retrieve form from Promise Website 2. Complete the form for the whole Center 3. Send form to Health Assistant <u>and</u> CC your Supervisor 4. When supplies arrive by UPS/FedEx return packing slip to Denise Garant. 5. Return any supplies that were not on your supply list or items arrived damaged to Administrative Office.
Form Completed By:	Center Staff (designate one person)
Timeline for completion:	2 weeks prior to running out, or First Aid supplies same day used
Specific Directions:	Follow the procedure in the Operations Manual
Submitted to:	Health Assistant
ChildPlus Documentation:	N/A
Uploaded to ChildPlus:	N/A

Early Education Center
The Head Start Program of Androscoggin County

Site/Classroom: ⬜ Teacher: ⬜ Date: ⬜

SUPPLY REQUEST FORM

ITEM	#Quantity Needed		Quantity #Needed
SPILL KIT		MYLAR BLANKETS (I)	
LICE COMB FILTERS		ICE PACKS (Disposable) (I)	
BAND-AIDS		ICE PACKS (Reusable) (I)	
NON ADHESIVE DRESSING(Lg) (I)			
SELF STICK BANDAGES		LOCKED MEDICINE BAGS (SM) (I)	
ANTISEPTIC WIPES		LOCKED MEDICINE BAGS (LG) (I)	
EYE WASH CUPS (I		MICROFIBER WASH CLOTH	
BANDAGE SCISSORS		7TH GENERATION SPRAY	
		7TH GENERATION WIPES	
AVEENO HAND LOTION (I)			
		GLOVES	
HAND SANITIZER *trial size* (I)		10 boxes per case MED	
		100 gloves per box LRG	
SUNSCREEN (I)			
		HYDROGEN PEROXIDE WIPES (6 per box)	
ATHLETIC TAPE (I)			
		ALL FREE LAUNDRY DETERGENT	

Title of Procedure or Process:	**HEAD INJURY PROTOCOL**
Program Area(s):	Health
Related Standards or Regulations:	☐Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☒Other
Person Responsible for implementation:	Classroom Staff, Site Supervisor & Health Staff
Timeline for completion:	If emergency-Immediately or IR within 24 hrs.
Submitted to:	Health Manager
ChildPlus Documentation:	IR
Uploaded to ChildPlus:	Under Health Tab-Incident Report Tab
Specific Directions:	If 911 is called contact school nurse, parent and Health Manger immediately.

Procedure:

Closed head wound with bruising/swelling - No bleeding
- Apply a cold compress (ice or an instant ice pack wrapped in cloth) for 20-30 minutes to control swelling.
- Remove child from activity and rest while applying ice.
- Observe the child for signs of a concussion (see attached list).
- Notify parent/guardian of injury. Parent/Guardian should monitor the child for 24 hours after head injury for
- new or worsening symptoms of a concussion.
- Recommend parent/guardian follow up with their physician even if emergency care is not needed.

Open head wound with bleeding
- Press a clean cloth to the area and apply pressure to stop the bleeding.
- Once bleeding has stopped, cleanse the area with soap and water. Apply bandage, if needed.
- Apply a cold compress for 20-30 minutes and have the child rest.
- Observe for signs of a concussion *(see TBI form)*.
- Notify parent/guardian of injury.
- Wounds that are deep or gaping may require immediate attention by the physician.
- Recommend parent/guardian follow up with their physician, even if emergency care is
  not needed.

Prevent further injury
- Do not move, pick up, or shake a child that has lost consciousness.
- If child is vomiting, turn on side and support the head.
- Do not leave an injured child unattended. Call for assistance.
- Call your SS or Health manager immediately for guidance

CALL- 911 if the child is unconscious, semi-conscious or unusually confused, the child has bleeding that won't stop i.e. there is a known bleeding disorder or the child has injury to the neck or spine.

Title of Procedure or Process:	HELMET PROCEDURE
Program Area(s):	Health, Education
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Person Responsible for implementation:	Promise staff supervising and assisting children on riding equipment
Timeline for completion:	Regular use of helmets during program hours is required to promote an important safety habit. Teaching staff please utilize helmet use with children as a safety teaching moment.
Submitted to:	N/A
ChildPlus Documentation:	N/A
Uploaded to ChildPlus:	N/A
Specific Directions:	All children one year of age and over should wear properly fitted and approved helmets while riding toys with wheels (tricycles, bicycles, etc.) that are propelled by pedaling. It is not recommended that infants (children under the age of one year) wear helmets or ride as a passenger on wheeled equipment.

Procedure:

1. Wearing helmets when children are learning to use riding toys or wheeled equipment teaches children the practice of wearing helmets while using any riding toy or wheeled equipment.

   Preschool children must wear a helmet whenever they are on bikes or any other propelled by pedaling riding equipment whether indoors or out.

2. Helmets should be removed as soon as children stop riding the wheeled toys or using wheeled equipment. Helmets can be a potential strangulation hazard if they are worn for activities other than when using riding toys or wheeled equipment and/or when worn incorrectly. A wheeled vehicle that relies on children pushing with their feet moves slowest and is lower to the ground and does not require a helmet.

3. Center Staff supervising child play activities will ensure children are properly wearing child bike helmets when riding on or in any wheeled play equipment (tricycles, two-wheeled bicycles, etc.); propelled by pedaling or that use gears that can be used at greater speeds.

a) The helmet should be level on the child's head.
b) The smallest size that fits over the head is best.
c) Helmet pads should not be used to make a helmet that is too big fit the head.
d) 1-2 finger widths should be visible between eyebrows and the front of the helmet.
e) Straps should be even and form a **Y** under each earlobe.
f) The buckled chin strap should have enough room to insert a finger between the buckle and the chin, but should be tight enough that when the child opens their mouth you can feel the helmet pull down on top.
g) The helmet should not move up and back to reveal the forehead.

4. Health Manager and Site Supervisors will ensure that each center they supervise has enough appropriately sized bicycle safety helmets for each child riding on or in any wheeled, play equipment (tricycles, two-wheeled bicycles, wagons, etc.).

5. Clean helmets used by another child with a damp paper towel/cloth with mild soap and water. Allow to air dry in designated area. Helmets should never be sprayed with any type of liquid or product.

   Concern regarding the spreading of head lice when sharing helmets should not override the practice of using helmets. The prevention of a potential brain injury heavily outweighs a possible case of head lice.

   If a child has head lice, there is no need to isolate the bike helmet from other helmets or place it in a plastic bag. Lice cannot stick to a helmet or helmet padding and will just fall off. Without hair to cling on to, they will die.

6. Storing of helmets at the end of the day, will be placed in a mesh bag and hung on a wall designated in each center/classroom.

Title of Procedure or Process:	TBI (TRAUMATIC BRAIN INJURY) - Concussion
Program Area(s):	Health, Special Services.
Related Standards or Regulations:	☐Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Person Responsible for implementation:	All staff First Aid trained
Timeline for completion:	Observe after a known head injury
Submitted to:	Health Manager and Site Supervisor
ChildPlus Documentation:	Incident Report always and Health Communication Log, if needed
Uploaded to ChildPlus:	Medical Records under Health Attachments
Specific Directions:	Print off symptoms off for parents, if child is being sent home from our care after an injury. Call Health Manager if you have immediate concerns, while waiting for parent to pick up.

Procedure:

Mild TBI Symptoms

Mental/Thinking	Physical/Sensory	Emotional/Mood	Consciousness/Sleep
-Loss of memory before or after the injury -Difficulty concentrating Slow processing thoughts -Difficulty remembering new information Confused/disoriented	-Headache -Dizziness/loss of balance -Blurry vision -Ears ringing -Bad taste in mouth -Sensitivity to light or sound -Nausea/vomiting Fatigue/drowsy	-Mood changes or mood swings -Irritability -Sadness -Depression -Anxiety -Nervousness	-No loss of consciousness or --loss of consciousness for a few seconds or a few minutes -Sleeping more or less than usual -Difficulty falling asleep

Moderate to Severe TBI Symptoms

Mental/Thinking	Physical/Sensory	Emotional/Mood	Consciousness/Sleep
-Profound confusion -Disoriented -Loss of memory -Unable to process information or answer questions	-Persistent or worsening headache -Prolonged nausea or vomiting -Slurred speech -Loss of coordination -Dilation of one or both eye pupils -Convulsion/ seizure	-Agitation -Combativeness or unusual behaviors	-Loss of consciousness for a few minutes to a few hours -Unable to awaken from sleep

Symptoms in Infants and Young Children unable to report a headache, confusion, or other sensory problems

Mental/Thinking	Physical/Sensory	Emotional/Mood	Consciousness/Sleep
-Change in ability to pay attention	-Persistent crying -Unable to be consoled -Change in nursing or eating habits	-Unusual or increased irritability -Change in mood or personality -Loss of interest in favorite toy or activities	-Change in sleep habits -Unable to awaken

	EPILEPSY SEIZURE TYPES AND SYMPTOMS
Program Area(s):	Health
Related Standards or Regulations:	☐Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally AppropriatePractice/NAEYC ☒Caring for Children ☒Other References: Epilepsy Foundation; CDC and Maine School Health Manual
Person Responsible for implementation:	All Classroom staff, Site Supervisors and Health & Special Services Staff
Timeline for completion:	N/A
Submitted to:	N/A
ChildPlus Documentation:	Health tab- Add Event-Seizure event
Uploaded to ChildPlus:	Medical Records
Specific Directions:	The first line of response when a person has a seizure is to provide general *care and comfort* and keep the person safe. The information here relates to all types of seizures. What to do in specific situations or for different seizure types is listed in the following pages. Remember that for the majority of seizures, basic seizure first aid is all that may be needed.

Procedure:

Generalized Seizures	Symptoms
Grand Mal (generalized tonic-clonic)	Sudden cry, fall, unconsciousness, convulsions, rigid muscles
Absence	Blank stare, rapid eye blinking, chewing, unaware of surroundings
Myclonic	Sudden brief, massive muscle jerks, collapse or fall
Clonic	Repetitive jerking movements on both sides of the body
Tonic	Muscle stiffness, rigidity
Atonic	Loss of muscle tone, sudden collapse, fall

Generalized tonic clonic seizures are the type of seizure that the person experiences
convulsions that usually last from 2 to 5 minutes with complete loss of
consciousness and muscle spasms.

Absence seizures take the form of a blank stare lasting only a few seconds.
The person is aware but unresponsive and experiences a loss of time

Partial seizures produce involuntary movements of arm or leg, distorted sensations,
or a period of automatic movement in which awareness is blurred or completely absent

Partial Seizures	Symptoms

Simple-Partial Simple motor Simple Sensory Simple psychological	Awake & aware, jerking movements in one area of body that can't be Stopped Auras, unusual vision, hearing, smell, taste or touch sensations, Anxiety bizarre behavior, memory or emotional disturbances	
Complex	Unaware, appear dazed, mumble, repetitive movements, lip smacking, chewing	

Title of Procedure or Process:	**FIRST AID SEIZURE PROTOCOL**
Program Area(s):	Health
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Person Responsible for implementation:	All staff MED 101 trained, Nurse Consultant
Timeline for completion:	Immediately with onset of seizure
Submitted to:	Health Manager
ChildPlus Documentation:	Health tab-Add Event-Seizure
Uploaded to ChildPlus:	Within 24 hours of seizure
Specific Directions:	If 911 was called contact the Parents, Site Supervisor and Health Manager immediately.

Procedure:
There are many different types of seizures which may temporarily affect awareness, movement or sensation. Sometimes, seizures that have subtle symptoms, like unusual movements or staring spells, may not be noticed by others.

1. **Recognize Common Symptoms**:
    - Blank stare, rapid eye blinking, chewing
    - Clumsy, wandering, dazed, confused
    - Shaking, muscle jerks, rigid limbs
    - Confused speech, mumbling
    - Sudden outcry, fall
    - Full body shaking (convulsion)

2. **Follow first aid steps**:
 For all seizures:
    - Stay calm and track the time (look at the clock)
    - Have other adult call the School Nurse or Health Manager immediately
    - Block hazards (move objects away from individual)
    - Speak calmly, give reassurance
    - Don't restrain (grab or hold) or attempt to put anything in mouth
    - Allow child to rest after the seizure

 * For tonic-clonic (full body convulsion) seizures also:
    - **Lower child to the floor if they are in a chair**
    - **Turn on side if possible**
    - **Cradle or support head, loosen tie or collar to avoid injury**
    - **Explain to others briefly (say "_____ is having a seizure") and you may remove other children from the classroom or area to provide privacy**
    - **Monitor breathing pattern**
    - **Remain with child until fully conscious and alert**
    - **Notify parent as soon as possible. Parent and staff will determine whether emergency transport will be necessary.**
    - **Allow child to rest after the seizure**

3. **A seizure is considered an emergency when:**
    Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
    Child has repeated seizures without regaining consciousness
    Child is injured or diabetic
    Child has a first time seizure
    Child has difficulty breathing
    Child has a seizure in water

Title of Form:	**SEIZURE LOG**
Related Policy:	First Aid Seizure Protocol
Program Area(s):	Health,
Related Standards or Regulations:	☐Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Procedures	1. Contact Health Manager for guidance 2. Print form off of Promise website 3. Keep in Red Folder on Emergency Board 4. Document on form when symptoms of seizure occur 5. Contact Health Manager when a seizure occurs
Form Completed By:	Lead Teacher, Site Supervisor
Timeline for completion:	Daily, when seizure occurs
Specific Directions:	Constant contact with Health Manager is required when this form is being used.
Submitted to:	Health Manager and Childs Neurologist/Specialist
ChildPlus Documentation:	Yes, under Health Tab--Health Event—Seizure Event
Uploaded to ChildPlus:	Completed logs

Seizure Log… What did you see?

Name: _____   School Year: _____

			Star where the seizure started And how it progressed.							
Date/Time Where Activity	Aura/ Fell Injury	Eye/Face Twitching	Eye Movement	Jerking Rt. Arm	Jerking Lt. Arm	Jerking Rt. Leg	Jerking Lt. Leg	Bladder/ Bowel Loss	Responds To Name Length	Sleepy/ Parent notified

Title of Procedure or Process:	**EARLY PERIODIC SCREENING DIAGNOSIS & TREATMENT --SCREENING SCHEDULE**
Program Area(s):	Health
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Person Responsible for implementation:	Health Staff and staff with Family Service Responsibility
Timeline for completion:	Complete within Head Start Standard Guidelines
Submitted to:	N/A
ChildPlus Documentation:	Yes, under each PIR Health Event add parent follow up conversations
Uploaded to ChildPlus:	Medical Records and Screening Results
Specific Directions:	Connect with Health Department with scheduling screenings and medical appointment questions or barriers.

Procedure:

Any child, who is <u>NOT</u> up to date with the EPSDT schedule upon enrollment, should be brought up to date within 90 days or documentation of a plan to bring the child up-to-date is documented in Child Plus under health event.

Physical Examinations: One week; then One, Two, Four, Six, Nine, Twelve, Fifteen, Eighteen Months and thirty months; then Two, Three, Four, and Five years of age. Performed by a Health Professional and documentation is provided and recorded in the enrolled child's health file. Children are required to be up to date with EPSDT guidelines within 90 days of enrollment or documentation of a plan in place to bring the child up to date in Child Plus under health event.

Height/Weight/BMI/Blood Pressure: Same as physical exams based on the EPSDT schedule. Height, weight and blood pressure is obtained at the initial health screenings for pre-enrollment or with-in 90 days of enrollment.

Hearing & Vision Screenings: Children are screened at three, four and five years of age at pre-enrollment or within 45 days of enrollment by Promise staff. Hearing is checked by a health professional at well child exams at age 3, 4 and 5 years. Otoacoustic Emission (OAE) screenings are recommended at birth and six months of age than annual screening with a pass result. Subjective paper screenings are completed based on parent and staff observations at Birth to 3 months; 3 to 6 months; 10 to 15 months; and 18 to 24 months.

Oral Health Screenings and Examinations: The first clinical oral examination is recommended at the eruption of the first tooth and no later than 12 months of age and repeat every six months or as indicated by the child's oral health risk assessment. Oral health screenings are completed by the primary health care provider at age 1, 15months, 18 months, and two year well child visits.

At the age 3, Head Start requires a child to have a dental exam by a dentist. After the exam a cleaning is recommended every 6 months and an exam yearly.

Lead Screenings: EPSDT requires blood lead level screenings at age one and two. Written documentation is obtained of test results and recorded in the child's health file. If Promise does not receive documentation that a child received lead screening by two years of age, Head Start Standards require that lead screening be done up to 72 months of age. Promise encourages the parent request lead screening by the PCP, if this is not possible Promise will schedule on-site Lead Screening Clinics within 90 days of the beginning of the program year to ensure children

are up to date with the EPSDT requirements. A blood lead level of _5 or below_ is considered normal. Maine CDC Lead result recommendations are:

- Lead level: 5 – 9 mcg/dl - State lab recommends venous blood draw and contacting family to provide prevention material and a home lead dust kit.
- Lead level: 10-14mcg/dl – recommend venous blood draw, contact family to provide prevention/education material & lead dust kit. Recommended a home visit from public health nurse.
- Lead level: 15-19mcg/dl and above – venous blood draw, contact family and owner of rental property for a complete screen of the environment.
- Lead level: 20-44mcg/dl or above – immediate contact of family for venous blood draw and possible hospitalization for chelation, complete screen of the environment

Anemia – Hemoglobin or Hematocrit (Hgb or Hct): A blood screening for anemia is required by age one. Test results are obtained from WIC or other health professional and recorded in the child's health file. A Hgb of 11 or above and a Hct of 34 or above are considered within normal limits, however, some labs or physicians may consider a slightly lower count to be within normal limits.

Immunizations: The State of Maine requires that a child's immunization record be on file within 30 days of enrollment and updated annually. Children must be up-to-date on all immunizations appropriate for their age according to the Maine immunization requirements developed by the Maine CDC. After 30 days of enrollment, the Health Manager may exclude children if documentation of immunization is not obtained. Exemptions of proof of immunity for a religious, philosophical, or medical reason must be signed by the parent/guardian and include written documentation for the stated exemption request.

Partnership with Parents: Staff works in collaboration with families and their health care providers to ensure that all enrolled children are up-to-date on their EPSDT schedule. When a child is not up-to-date, staff will assist families in overcoming any barriers and making the necessary arrangements to bring the child up-to-date.

Parent/Guardian Refusal: At enrollment staff will discuss with families the different types of health and developmental screenings and examinations that Head Start programs require and obtain consent during the initial Health Interview and/or home visit. All efforts by staff to arrange screening, evaluation, or treatment with families must be documented in Child Plus. A family may choose not to consent to their child receiving a specific health screening, evaluation, or treatment after being given information about the specific service and understand the purpose of the screening in early detection, treatment, and prevention of sensory, developmental, and behavioral concerns. Classroom staff must consult with their Site Supervisor and the Health Manager if a parent/guardian refuses a health screening, evaluation or follow-up treatment to decide if the refusal warrants a report to the Department of Health and Human Services as a child 'at risk'. A Health Services Refusal Form may be completed and signed by the parent/guardian for a sincere religious, philosophical or medical objection to a specific screening, evaluation or treatment.   JH/2014/AW 2017

Title of Form:	**IMMUNIZATION EXEMPTION FORM (Medical reason ONLY)**
Related Policy:	Health Screening & Exam Requirements-EPSDT
Program Area(s):	Health
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☒Other, LD 798 Maine Law
Procedures	1. Retrieve off of Promise Website 2. To be completed if parent has a **medical waiver** exempting child out of immunizations. 3. To be completed if child has aged out of immunization. 4. Remind parent that Maine Law LD 798 an Act To Protect Maine Children and Students from Preventable Diseases by Repealing Certain Exemptions from the Laws Governing Immunization Requirements, will take effect in Sept. 1, 2021.
Form Completed By:	Staff with Family Service Responsibility
Timeline for completion:	At enrollment or within 30 days of child enrolled in the program
Specific Directions:	*Child Care Licensing requires records or exemption form is on file within 30 days of child enrolled.
Submitted to:	Health Department (health coordinator or health assistant)
ChildPlus Documentation:	Under Immunization Tab—Immunization notes (time stamp and document parent conversation/action).
Uploaded to ChildPlus:	Completed exemption form

Early Education Center
The Head Start Program of Androscoggin County

IMMUNIZATION EXEMPTION FORM

As a parent /guardian of _____ DOB _____

Attending Promise Early Education Center at _____

I request a waiver for the following required immunizations:

 ➢ All required immunizations: ☐
 ➢ *Or just* Specific Immunizations:

MMR (Measles, Mumps, Rubella) ☐   **Hepatitus B** ☐

IPV (polio) ☐   **Hib** (influenza type b) ☐

DTAP (Diphtheria, Tetanus, Pertussis-*whooping cough*) ☐

Varicella (chicken pox) ☐   **Pneumococcal** ☐

I understand that in the case of an outbreak of the specific disease for which my child is not immunized, my child will not be allowed to attend Promise Early Education Center classes. The length of time my child will be excluded may vary from a week to over a month depending on

Title of Procedure or Process:	HEALTH SCREENING & EXAM REQUIREMENTS-EPSDT
Program Area(s):	Health
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☒Other- <u>Maine CDC</u>
Person Responsible for implementation:	All staff with Family Service Responsibility and Health Staff
Timeline for completion:	Follow HS standards and Maine CDC recommendations
Submitted to:	Health Department
ChildPlus Documentation:	Health Event Tabs
Uploaded to ChildPlus:	All medical reports/labs/documentation and scheduled appointments; family barriers if can't complete.
Specific Directions:	Family Service staff must communicate with Health why a parent/guardian is struggling/refusing to meet EPSDT Health requirements

Procedure:

Family Service personnel <u>are required</u> to read their child's file for health information upon receiving. Health Department staff will communicate with Family Service personnel when child has missing health data or treatment needed. Staff with Family Service responsibilities is responsible for tracking their own children and collaboration with the Health Department, when barriers prevent a parent/guardian in meeting EPSDT requirements. At first home visit conversations need to begin regarding the creation of plans to complete health mandates and continue through the child's enrollment in parent conferences, home visits, REMIND and parent conversation at drop-off and pick-up.

Dental – it is mandated that we assist families in establishing a DENTAL HOME.
- **Completed Dental Applications; send to Health Coordinator with signed Release of Information for submission by Coordinator to dental provider.**
    - Application <u>must</u> include the child's MaineCare number.
    - Dental provider will contact the parent/family to schedule an appointment…staff follow-up to support family access.
    - **Dental Homes should be established within 30 calendar days from enrollment**.

- **Dental Exams by a Dentist mandated- ****Tooth fairies does not meet this requirement***
    - Cleaning/fluoride by hygienist is not a dental exam…if child has not previously been seen by a dentist, an initial exam <u>is required</u> to be **scheduled within 90 calendar days of enrollment**.
    - If a child had a dental exam within the last year…follow EPSDT schedule for oral exams to keep up-to-date.
    - If family is not able to complete a dental exam within the recommended time-frame, there **must be a documented plan in Child Plus Health event** of steps taken to meet the dental exam mandate i.e. conversations, meetings, phone calls, appointment date scheduled, missed appointments and rescheduled date.
    - Children <u>must</u> be up-to-date on preventative oral care according to EPSDT schedule.

- **Dental Documentation** – Scheduled appointments, completed visits and treatment to be documented in Child Plus health event follow-up notes.

Well-Child Exams (MEDICAL HOME) – Family Service personnel <u>must</u> ensure children are up-to-date according to the state EPSDT schedule or have a scheduled appointment **within 90 calendar days of enrollment**.

Health Screenings
- **Vision and Hearing** screenings <u>must be</u> conducted within 45 days of enrollment by Health Department.
    - Children absent from screening require follow-up plan by Family Service staff documented in Child Plus health event follow-up notes to bring the child up-to-date and schedule a re-screen date.

- **Lead Screenings –** children <u>must</u> be up-to-date according to EPSDT schedule for lead screenings at 12 and 24 months of age.
    - Head Start requires children, who did not receive a lead screening at 24 months of age or later, to receive a lead screening up to 72 months of age.
    - <u>Must</u> have a plan in place to bring up-to-date within 90 calendar days of enrollment.

- **Hemoglobin Testing for Anemia -** required by EPSDT schedule at age one.

If you have any questions regarding working with families in the area of health please contact the Health Coordinator (ext. 312), Health Assistant (ext. 354) or Health Manager (ext. 319).

Child's Educational Health Plan: **Parent Discussion Guide**

EPSDT Plan

Health Topic	To Be Completed in	Discussion	If Child is not up to date in this area, add written plan to the Case Note Health Section. Here are sample sentences you can use.
Immunizations on file	30 days/re-quired by state law	We don't have a copy of your child's shot record. Let's make a plan.	(Parent's name) signs a permission form so Promise can get (child's name) shot record from the doctor's office.
Immunizations up-to-date according to State EPSDT schedule	Plan in place to bring up-to-date or exclude after 90 days.	Is your child up to date on their shots?	Call doctor at (number) on (date) and ask for an appointment to get shots. Tell (staff name) the date of the appointment.
Medical Home	Must be established within 30 days	Does your child have a doctor? If not, let's make a plan.	Provide the family with a list of pediatricians in their area. Assist family with paperwork and scheduling an appointment. Also assist with transportation, if needed.
Well Child Exam up-to-date with EPSDT schedule	90 days or plan in place to bring up-to-date	When was your child's last physical?	Call doctor at (number) and ask for the date of your child's last physical. Ask if your child is due for a physical. If your child is due for a physical, ask for an appointment and tell (staff name) the date of the appointment. Discuss barriers to getting to this apt.
Lead Screening up-to-date according to EPSDT schedule	90 days or plan in place to bring up-to-date	Did your child get a test for lead at age 1 (for EHS/EHB) or age 2 (for HS/HB)? Lead screens are performed at school too.	Call doctor at (number) on (date) and ask if your child had a lead screening. If your child had a lead screening, tell (staff name) by (date). If your child didn't have a lead screening, ask the doctor to make arrangements for a lead screening. Tell (staff name) the date you took your child for a lead screening. Please sign the permission form and I will notify you when the screening will take place in your child's classroom and provide you with your child's results.
Follow-Up care	Must facilitate follow-up treatment, testing and plans for abnormal test results	If your child did not have a lead screening at age 2 or later, or if there are known environmental or dietary risks, Head Start requires a lead screening up to 72 months of age.	Long-term exposure to lead can cause serious health problem which can lead to a wide range of symptoms, from headaches and stomach pain to behavioral problems an anemia (not enough healthy red blood cells). Lead also can affect a child's developing brain.

Dental Plan

Topic	To Be Completed In	Discussion	If Child is not up to date in this area, make a written plan in the Dental Section. Here are sample sentences you can use:
Dental Home	Should be established within 30 days	Does your child have a dentist? If not, let's make a plan.	Fill out Dental Application. Dentist office will call you to make an appointment. Tell (staff name) the date of the appointment

			by (date).
Dental Exam by a Dentist (hygienist visit only does not qualify)	90 days or plan in place to bring up-to-date with EPSDT schedule	When was the last time your child was seen by the dentist?	Call dentist at (number) by (date) and ask for an appointment for a dental exam. Tell (staff name) the date of the appointment.

Hearing and Vision Plan

Topic	Completed In	Discussion	Sample Sentence for Form
Hearing and Vision Screening	Must be conducted within 45 Days	We will test your child's vision and hearing.	(Staff name) will tell you the results of the hearing and vision screenings by (date). If your child needs a follow up visit, please call a physician to schedule this.

Title of Form:	**AUTHORIZATION TO DISPENSE PRESCRIPTION MEDICATION**
Related Policy:	Medication Administration
Program Area(s):	Health
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Procedures	1. Print the form off of the Promise Website, 2. Complete the form when the medication in its original packaging has been received; 3. Three signatures are needed, Parent, Staff and Health Manager; 4. Form goes in the medication bag and stays with the child's medication. 5. Record of Medication Form *(backside)* must be completed each time a medication has been administered-ONLY staff Med 101 trained can administer.
Form Completed By:	Responsible staff
Timeline for completion:	Before or when medication is brought to a Center
Specific Directions:	No medication can stay on site without a physicians note.
Submitted to:	Health Manager
ChildPlus Documentation:	Add under Chronic Condition and Food Allergy Health Event or Health Comm Log
Uploaded to ChildPlus:	Doctors note, with permission to administer the medication, Asthma Action Plan, Seizure Plan. The Mediation Authorization Form

AUTHORIZATION TO DISPENSE PRESCRIPTION MEDICATION

MEDICATION MUST BE IN ITS ORIGINAL CONTAINER WITH CHILD'S NAME, NAME OF MEDICATION DIRECTIONS FOR MEDICATION ADMINISTRATION, AND DATE OF PRESCRIPTION.

STAFF

Name of Child _____ **Center Location** _____

Name of Medication _____ **for the period (dates)** _____ to _____

Start date   End date

Health Condition for which medication is being administered _____
Dosage: _____ **When to give** _____

Specific instructions for Medication Administration _____
_____

Prescribing physician _____ **Medication Expiration** _____
(Physicians name)   (Date)

☐ **Authorization form is complete**   ☐ **Medication is in original container**

☐ **Medication is appropriately labeled**   ☐ **Date on Label is current**

Relevant Side Effects of Medication _____ ☐ **None expected**

Plan of Management If Side Effects Occur _____

Person Accepting Medication _____ **Date** _____
(Print name)

PARENT/GUARDIAN AUTHORIZATION

☐ **I hereby authorize AHSCC to administer the above ordered medication as described and directed.**

☐ I have administered at least one dose of the medication to my child without adverse effects.

Title of Procedure or Process:	'Promise Health Passport' Procedure
Program Area(s):	Health
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☒Other; Maine EPSDT
Person Responsible for implementation:	Lead Teacher, FA, FE
Timeline for completion:	**Before every Parent Conference** <u>or</u> sooner if child has health needs that is preventing them from receiving their education or nutrition
Submitted to:	Parent/Guardian
ChildPlus Documentation:	Any details related to a health event that was discussed over the review of the health pamphlet.
Uploaded to ChildPlus:	N/A
Specific Directions:	To present to parents that All aspects of their child's health affects a child's learning and school readiness.

Procedure:

Part Year and Full Year Child	**Will present at:** • **Health Screening Day** • **Home Visits** • **Every Parent Conference** • **Parent Group Topic**
How to maintain current Health Record Information	1. Review each Health Event in Child Plus to maintain accurate health information. 2. Outreach to Health Department for assistance, if you do not understand the documentation in Child Plus. Keep the pamphlets in a classroom binder, you can three hole punch the pamphlets, if needed. Lead Teacher and Family Advocate will coordinate the area that both can retrieve them and can be reviewed by the Health Department, when needed. 3. Staff with Family Service Responsibility will complete the Health Pamphlet and have updated information inputted before parent conferences. o Health Staff are available to assist i.e. staff illness or staff shortage prevents the pamphlets for being updated in a timely manner.
How *staff keep parent informed of their child's Health Event statuses (outside of parent conferences). *****<u>staff</u>: Teachers Site Supervisor Health Family Service Special Service Education	Teachers and Family Service Staff: 1. Brief reminders/conversation at pickup and drop-off. 2. REMIND messages on upcoming apt., missed apt. importance of scheduling an apt. 3. Home visit discussion 4. Phone call discussion Health Staff: 1. Health Department will send parent letters of screening results e.g. dental clinic, lead clinic, hearing and vision screen 2. Health Department runs monthly reports and shares results with Site Supervisors (SS) and content Managers. o SS will discuss with front line staff at supervisions health events statuses. 3. Health staff are available to provide parent and staff support;

	○ Staff are expected to outreach to Health when support is needed i.e. family barriers, community barriers, provider barriers, etc. ○ Health staff will go on home visits to provide Health and Nutrition support with Family Service staff. ○ Health will discuss community Health barriers at the Health Advisory Committee meeting. Family Service staff: - Family Service Manager will discuss in supervision with Family Advocates and Family Educators children's Health statuses. - Family Service Staff will outreach to Health when guidance/support is needed to help complete a child's Health Event.
How Parent receives Health Passport at years end.	- Last week in May, staff with family service responsibility will update the passport with the most current health information from Child Plus. - Staff will review the pamphlet and discuss with parent the importance of preventive health appointments and how it impacts their child's school readiness. - Staff must give the passport to the parent/guardian at the end of the school year i.e. home visit, year-end party, etc. - Staff will enter into Child Plus any conversation involving health events e.g. barriers, parent attempts, upcoming scheduled apt., etc.

Title of Form:	**HEALTH PASSPORT FORM**
Related Policy:	Health Pamphlet Procedure and Health Screening & Exam Requirements-EPSDT
Program Area(s):	Health,
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☒Other
Procedures:	1. Request Pamphlet from the Health Department 2. Staff with Family Service Responsibility i.e. FA, FE or TFA complete the form using Child Plus health event information and input <u>current</u> completed Health appointments. o If child is due for an EPSDT appt., leave that health area blank and discuss with parent that they are behind on an EPSDT scheduled appt. Do not input last year's health appointments. 3. Three-hole punch pamphlets and place in binder and store in the classroom where they can review and be used by the Lead Teacher or the Health Manager. 4. Staff will present and provide guidance on the pamphlet as described in the written Health Pamphlet Procedure. 5. All staff will outreach to the Health Department for guidance and support when questions or support is needed.
Form Completed By:	Staff with Family Service Responsibility
Timeline for completion:	Before Parent Conferences and Year's End
Specific Directions:	This tool (pamphlet) is the link to teaching parents that a child's health does affect their learning and school readiness. This pamphlet presents the opportunity to have this discussion.
Submitted to:	Parent/Guardian
ChildPlus Documentation:	Conversation with parent on completing Health and Dental appointments under the Health Event that needs follow-up.
Uploaded to ChildPlus:	N/A

Dear Promise Family:

All aspects of health affect children's learning and school readiness. Thank you for giving your child a true "Head Start" in life.

An important part of your child's growth and development includes maintaining a schedule of well child exams and preventive care. There are many milestones in a child's early development. We are here to support your child's health.

To accomplish this, please monitor these preventative health milestones for your child:

Periodic Well Child Check
Immunizations
Health Insurance
Dental Exam
Vision Screening
Hearing Screening
Lead Screening
Anemia Screening
Growth Assessment

Promise
Early Education Center
The Head Start Program of Androscoggin County
269 Bates Street
Lewiston, ME 04240
207-795-4040

_____
Student

_____
School   Class

Health Is the Foundation For School Readiness

Title of Procedure or Process:.	**ACCESS TO HEALTH INSURANCE PROTOCOL**
Program Area(s):	Health, Family Services, ERSEA
Related Standards or Regulations:	Head Start Performance Standard 45CFR Section 1302.42, 1302.46
Person Responsible for implementation:	Staff with Family Service Responsibility and Health Staff
Timeline for completion:	Periodically throughout the year i.e. initial home visit, first parent/teacher conference, parent meeting, second teacher/parent conference
Submitted to:	
ChildPlus Documentation:	Health/Dental Coverage Notes Area on Health Info Tab
Uploaded to ChildPlus:	MaineCare Card
Specific Directions:	Document all conversations of status changes into CP+
Procedure	Promise staff is responsible for assuring we meet the Head Start standard for Family support services for health, nutrition, and mental health.

Purpose: Health is the foundation for school readiness. This is why Head Start programs help enrolled children access preventive screenings, health care, and health insurance coverage.

Research shows that children are more likely to be healthy when their parents and siblings have access to health care. For this reason, Promise plays a vital role in making sure that parents know how to navigate health systems and secure their own health insurance.

Procedure:
- A program, within 30 calendar days after the child first attends the program must consult with parents to determine whether each child has health insurance coverage.

- Use this resource on ECLKC to support families at https://eclkc.ohs.acf.hhs.gov/family-support-well-being/article/resources-programs-about-childrens-health-insurance-coverage

- Ask families if they have health insurance for their child multiple times throughout the school year; at enrollment, health screening day, open house, initial home visit, first parent/teacher conference, parent meeting, second teacher/parent conference, through Remind, by phone, and unscheduled home visits.

- Once a child has lost health insurance, the expectation is that staff with family service responsibility asks the family weekly if they have retained health insurance or needs support. Family service staff need to create a plan or goal to attain health insurance for their child and maintain the ongoing medical appointments required by Head Start to keep their child school ready.

- Include health coverage messaging when talking with Head Start families about children's health. Let families know how to get help applying for health coverage and plan to offer help through our Head Start program.

- Use health coverage opportunities at parent meetings. Invite local Navigators or certified application counselors (CACs) to parent meetings to share news about health coverage opportunities and how to enroll. Ask for a speaker who can answer questions about eligibility, benefits, access to providers and other pressing concerns.

- Child Plus-Document all work in this area in the Health Tab under Health/Dental Coverage Notes. If this becomes a family goal please document in the Family Services Tab under Event and copy and paste your work/conversation into the Health Tab also.

- Health will run a Health Insurance report monthly and collaborate with Family Service Staff in assisting families' to access Health coverage.

Resources: How to Apply for MaineCare or Affordable Health Coverage.

Encourage families to visit Healthcare.gov. Help is also available by phone (toll-free) at 800-318-2596 or (TTY) 855-889-4325. Interpreters in 150 languages are available by phone. To speak with an interpreter, say "Agent" or press "0." Once an agent is on the line, say the name of the language you need.

MaineCare Citizenship & Identity at https://www.maine.gov/dhhs/ofi/citizenship/index.html

Maine's Individual Affordable Health Insurance Market- https://www.healthinsurance.org/maine/

You can assist a family to access: Our state Medicaid office. If you don't know how to reach them, call 1-877-KIDSNOW (1-877-543-7669). The toll-free number belongs to a federal service called InsureKidsNow.gov or Healthcare.gov (1-800-318-2596).

Connect with Maine specialists at **211 Maine** via phone-dial 211, text-your zip code to 898-211, or email -211maine.org– it's free and confidential.

MaineCare Rules – https://www1.maine.gov/benefits/account/login.html

- Although Medicaid eligibility policy varies greatly by state, all states must cover children through age five up to 133 percent of the federal poverty level. Head Start and Medicaid both serve additional special populations of children, such as those receiving Supplemental Security Income (SSI) and those in foster care.
- An adult may qualify, but must be between the ages of 19 and 64.
- You must be a resident of Maine, under 19 years of **age** or be a primary care giver with a child under the **age** of 19, not covered by health **insurance** (including **Medicaid**), and
- Must be U.S. national, citizen, legal alien or permanent resident.

Office of Head Start:
*1302.42 -Child health status and care.

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.

*1302.46 -Family support services for health, nutrition, and mental health.

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, including information about private and public health insurance and designated enrollment periods

AW 5/2019

Title of Procedure or Process:	LEAD SCREENING PROTOCOL
Program Area(s):	Health, Nutrition
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Person Responsible for implementation:	Parent at WCC and Health Department Lead Screens
Timeline for completion:	12 month & 24 month
Submitted to:	Screen Result to Parents and Lab Results to Health Depart.
ChildPlus Documentation:	Lab Results, WCC under Health Attachment
Uploaded to ChildPlus:	Medical Records, Permission Form or Lead Refusal Form
Specific Directions:	We are required to provide follow-up guidance and resources; along with PCP care

Why we screen children
Screening results for lead poisoning are required at ages 12 and 24 months and anemia (hemoglobin level) at 1 year of age, in accordance with Bright Futures guidelines, EPSDT MaineCare program, and Federal Head Start Child Health and Development performance standards as part of the Early Head Start health screenings. Head Start children from ages 3 to 5 are required to have one lead and anemia screening. If the child did not have a lead screening at age 2 or later, or if there are known environmental or dietary risks, Head Start requires a lead screening up to 72 months of age.

Written permission for screening tests
Every effort will be made by Promise staff to work collaboratively with the child's primary health care provider and/or the State Lead Office to obtain blood lead test results.

Capillary blood screenings for lead will be offered to Early and Preschool Head Start children who have missed the preventive health screenings through their primary care providers. Blood sample collection will be done by registered nurses or certified phlebotomists in accordance with the attached procedures.

Written parental/guardian permission, and notification of the screening date(s), will be provided in advance of all center-based blood screening activities. Parents will be encouraged to attend the screenings.

Teacher/FA/FE will return lead permission slips to the Health Dept. for review and to complete State Lab Slips.

Test Results
Results of all blood testing will be given to the parents of the child, with copies also sent to the primary care provider's office.

Children with elevated lead or low hemoglobin findings are referred promptly to their primary health care provider for appropriate follow-up. Sources of care will be found for any at-risk children without primary providers. Nutritional information will be forwarded to the family as support until medical provider appointments can be made.

Screening costs will be billed to third party payers, as available, or covered by Head Start funds as a "last dollar" resource. There will be no charge to Head Start/Early Head Start parents for the blood screening. Every effort will be made to link families with insurance sources to cover any further follow up and treatments recommended.

Title of Form:	**LEAD SCREEN AUTHORIZATION FORM**
Related Policy:	Lead Screening Protocol
Program Area(s):	Health
Related Standards or Regulations:	☒ Head Start Program Performance Standards ☐ Maine State Licensing ☐ Developmentally Appropriate Practice/NAEYC ☒ Caring for Children ☐ Other
Procedures	1. Health Staff will identify through WCC who needs a lead screening. 2. Health staff will outreach to staff with Family Service responsibility with a list of who will need to be screened. 3. Staff with Family Service responsibility will present form and discuss the Importance of lead screening. Parent must agree or decline in writing with signature. 4. Staff must return completed form to Health Department
Form Completed By:	Responsible staff
Timeline for completion:	Within 45-90 days of Enrollment
Specific Directions:	Inform parent its happenings
Submitted to:	Health Coordinator

ChildPlus Documentation:	Yes, under Health Tab-- Health Event—Lead Event.
	    a) Documenting parent consent or decline decision and that form was completed.
	    b) Lead Results will be documented under lead event

Uploaded to ChildPlus:	Yes, Health Tab—Attachments (completed form)

Authorization for Lead Screening Clinic

I hereby give my consent/denial for my child to receive a capillary screening for lead. This screening is a finger prick blood test. The screening is provided through Promise in collaboration with local Health Care Providers. Results from the Maine State Lab will be sent to Promise Health Department. Promise will inform you, the parents, as well as your child's Doctor of the results.

EPSDT requires a child to have a blood lead screening for lead at 1 & 2 years of age. Head Start has a federal mandate to screen all children under the age of 72 months. AHSCC was unable to obtain lab results from your child's Doctor.

Child's Information

Child's Name_____ _____

DOB _____ Maine Care #_____

Based on your child's record He/She is in need of the following screening. Please indicate by circling, yes or no, if you would like your child screened at this time.

        _____Lead……………………………….Parent: Yes or No

Will you be attending the screening with your child………..Parent: Yes or No

If you would like more information about this important screening for your child, please contact

Title of Procedure or Process:	ORAL HEALTH/HYGIENE FOR PRE-SCHOOL CHILDREN
Program Area(s):	Health, Nutrition, Education, Special Services
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Person Responsible for implementation:	Teachers and FE
Timeline for completion:	Once daily
Submitted to:	N/A
ChildPlus Documentation:	N/A
Uploaded to ChildPlus:	N/A
Specific Directions:	Each classroom will have daily supervised tooth brushing that models and teaches good dental hygiene and prevents cross-contamination between children, toothbrushes, and toothpaste. Children with disabilities will be supported with any needed adaptation.

Procedure:

To prevent cross-contamination group tooth brushing must be supervised by staff and/or volunteers who have been trained to monitor for activities that could result in cross contamination (spitting, playing with toothbrushes, etc.) Children should never perform tooth brushing or rinsing of toothbrushes without adequate supervision.

- Disposable gloves should be worn by staff <u>if</u> contact with a child's oral fluids is anticipated.
- Classroom procedure must ensure that each child picks up only his or her own toothbrush.
- Classroom staff will insure that toothbrushes are rinsed and stored properly after use (only staff may place toothbrushes into the holder).

1. **Sitting at a table in a circle, children brush teeth as a group activity once every day.**
2. **Give each child a small paper cup, a paper towel and tooth brush.**
3. **Put a small (peas-sized) dab of fluoride toothpaste on the bottom of a small paper cup and have children us their toothbrushes to pick up the dabs of toothpaste.**
4. **Brush together for two minutes, using an egg timer or a song that lasts for about two minutes.**
5. **Brush your teeth with the children to set an example, and remind them to brush all their teeth, on all sides.**
6. **When two minutes are up, have the children spit any extra toothpaste into their cups, wipe their mouths and put the paper towel inside of the cup and throw it away.**
7. **Children may rinse their toothbrush individually but rinsing their mouths should be limited, or not take place. Rinsing washes away some of the benefits of the fluoride.**
8. **Only staff can place toothbrushes in holders to dry.**

Sanitization/Storage:

1. Each child will have her/his own labeled toothbrush and never be shared.
2. Following each use, toothbrushes should be rinsed in tap water, stored in an upright position and allowed to air dry in the tooth brush holder. Toothbrushes should be spaced so they <u>do not</u> touch one another.
3. **Only staff may place toothbrushes into the holder.**
4. Toothbrushes should be replaced every three months and as needed when the bristles are worn/bent.
5. If a child is absent from the classroom due to illness, the contaminated toothbrush will be discarded and a new one issued upon return to the classroom.
6. Each toothbrush holder will be sanitized 2X month or when a child is absent due to illness.
   a. Wash with **hot** water and detergent and wiped dry with a paper towel.
7. The tables must be sanitized before and after tooth brushing activities.
8. The sink area must be sanitized before and after tooth brushing activities.

Dental Examinations: Every HS child is required to have a dental home.

Staff will encourage and support parents in scheduling oral health care appointments as part of the schedule of well child care (EPSDT). Staff will provide parents with applications and information for the B-Street Dental Clinic, Community Dental and other local community dental clinics.

Title of Procedure or Process:	**AVAILABILITY OF DRINKING WATER**
Program Area(s):	Health, Nutrition
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Person Responsible for implementation:	Classroom Staff and Site Supervisor
Timeline for completion:	Readily available every day, all day.
Submitted to:	N/A
ChildPlus Documentation:	N/A
Uploaded to ChildPlus:	N/A
Specific Directions:	Potable clean drinking water needs to be "offered" to children throughout the day and available to children upon their request and allow children to serve themselves. When children are thirsty between meals and snacks, water is the best choice.

PROCEDURE:

HS Classrooms:

1. Clean, sanitary drinking water needs to be readily available, in indoor and outdoor areas, at mealtimes and throughout the day (1). Drinking water helps maintain a child's hydration and overall health.
   (1)Center for Disease Control and Prevention, Increasing Access to Drinking Water and Other Healthier Beverages in Early Care and Education Settings, https://www.cdc.gov/obesity/downloads/early-childhood-drinking-water-toolkit-final-508reduced.pdf

2. Water should not be a substitute for milk at meals or snacks where milk is a required food component unless recommended by a child's primary health care provider.

3. Children need extra water to drink when they are physically active or when it is hot outside. Ensure that children know there is water available before and during periods of physical activity.

4. Make a water break part of the routine before and during play time.

5. Children should be allowed to use the disposable cups, placed in cup holders near sinks in the classroom, when they are requesting water and feeling thirsty.

6. Clean and Sanitized water coolers should be accessible at every outside time with disposable drinking cups.

EHS Classrooms:

1. Infants should not be given water, especially in the first six months of life.
2. Infants receiving breast milk in a bottle may need additional breast milk on hot days-feed on demand always.
3. Infants receiving formula mixed with water may be given additional formula mixed with water-feed on demand always.
4. Children should be taught to drink water from a cup rather than a sippy cup or bottle. Permitting toddlers to suck continuously on a bottle or sippy cup filled with water, may cause nutritional or in rare instances, electrolyte imbalances.

Signs of Dehydration in Infants, may be dry lips or mouth, dark yellow or orange urine, no interest in taking the bottle, breastfeeding or no tears when crying.

Sanitizing water coolers/jugs:

1. Clean and sanitize water pitchers, dispensers, and reusable drinking cups **daily**.
2. Cleaning and sanitizing the jug and spigot is the only way to prevent the growth and **spread of bacteria** that could potentially make children sick.
3. Discard any leftover beverage, and rinse out the drink dispenser **with hot water**.
4. **Fill the container** with 1 quart hot water, 1 tsp. dish soap and 2 tsp. white vinegar to disinfect.
5. Hold your hand over the spigot and gently **shake the container** so the cleaner hits all sides of the drink dispenser.
6. Use a toothbrush to **scrub** inside and outside of the spigot **weekly**,
7. Drain the cleaner through the spigot, and **wipe** the inside and outside of the container with a wet dish cloth.
8. **Rinse** the dispenser with hot water and run hot water through the spigot and allow to air dry.

Cleaning Instructions

Do not use bleach or cleaners containing chlorides.
Use any commercial beverage urn cleaner to clean the inside of the dispenser.

     Follow the cleaner manufacturer's instructions.

     Thoroughly rinse the dispenser after cleaning.

Remove faucet body from shank by unscrewing plastic wing nut as shown
Disassemble upper assembly and remove the faucet upper assembly as shown

     Inspect the seat cup for wear. Clean or replace if necessary.

     Wash plastic parts with cleaning brush and dish detergent. Avoid abrasives

To sanitize the dispenser before filling, brew a batch of water only (no tea) into the dispenser
allow it to rest for 10 minutes-and drain. Repeat daily, or as needed.

← Faucet Shank
-Unscrew and remove faucet body.
-With cleaner or hot soapy water--use
brush to clean faucet shank.

-Do not allow sharp bush tip to contact
the soft set cup.
-Rinse and Dry

-Unscrew and remove
-Clean faucet body and
upper assembly by soaking
in commercial dispenser
cleaner or hot soapy water.
-Rinse and Dry

We recommend Urnex Tabz™ Tea Clean for use on FETCO® tea brewing equipment

9.

Title of Procedure or Process:	SUN SAFETY PROTOCOL
Program Area(s):	Health, Education, Family Services.
Related Standards or Regulations:	☐Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☒ Other; American Academy of Pediatrics
Person Responsible for implementation:	All Classroom Staff and Site Supervisors
Timeline for completion:	Spring, Summer, Fall Playground Time
Submitted to:	
ChildPlus Documentation:	Only if Parent refused Sunscreen application
Uploaded to ChildPlus:	Universal Permission Form
Specific Directions:	Use Child Care Weather Watch and use gloves if you or a child has an open wound/rash while applying sun screen.

Procedure:

At Promise Early Education Center, we recognize that playing outdoors is an important part of a growing child's physical, social and mental health. However, too much exposure to the sun's harmful UV rays during early childhood can greatly increase a child's risk of developing skin cancer later in life. While individuals of all ages benefit from protecting their skin from the sun, young children can learn early in life to develop healthy, life-long sun protection habits. The sun safety guidelines outlined below will be communicated and reinforced to center staff and parents through letters, notices, and above all, site practice. Working together, parents and staff members can ensure that children enjoy their time outdoors in the safest way possible.

Staff members will:
- Encourage children to **wear wide-brimmed hats** when playing outdoors, especially between the hours of 10a.m. and 4p.m.
- Encourage children to **wear broad-spectrum sunglasses** that reflect 100% of UV rays when playing outdoors, especially between the hours of 10 a.m. and 4 p.m.
- Encourage children to **wear sun-protective clothing** including long pants/long shorts and long-sleeved shirts when playing outdoors, especially between the hours of 10a.m. and 4p.m. (weather permitting).
- Identify shade in outdoor play areas and **encourage children to play in shady areas**, especially if a child is not wearing other forms of sun protection.
- **Apply sunscreen**, SPF 15 or greater, to all exposed skin of children, 6 months of age and older, thirty minutes prior to going outdoors. Staff must use gloves when they have an open wound on their hands or applying to a child's open wound area.
- Parents must provide initial and signature on our **Permission for Services** Form
- **Include lessons and/or activities** on sun safety practices into the curriculum.
- **Provide parents/guardians** with sun safety information and materials.
- Staff **serve as role models for children** under their care by personally practicing sun protection recommendations.

Parents/guardians of children will:
- Be asked to **provide a wide-brimmed hat** for his or her child to keep at school and wear when participating in outdoor activities. Hats should protect the child's ears, face, and neck. Hats should be clearly labeled with the child's name and taken home once a week for cleaning.
- Be asked to **provide broad-spectrum sunglasses** for his or her child to keep at school and wear when participating in outdoor activities. UV-protective coating may also be applied to prescription glasses.
- Be asked to **provide protective clothing** for his or her child. Light-colored, tightly woven, loose fitting, lightweight clothing is best for sun protection.
- Be asked to **sign Promise's Sun Safety Policy and Consent Form** allowing staff to apply sunscreen to his/ her child about 30 minutes before going outdoors. **[**Parents may supply their own sunscreen with signed permission**]**.

Title of Procedure or Process:	HEAT STRESS PROTOCOL
Program Area(s):	Health
Related Standards or Regulations:	☐Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Person Responsible for implementation:	Lead Teacher, Site Supervisor, Health staff
Timeline for completion:	Before letting children outside
Submitted to:	N/A
ChildPlus Documentation:	N/A
Uploaded to ChildPlus:	N/A

Specific Directions:	
	CFOC Standard 3.1.3.3, Supervising adult should check the air quality index each day and use information to determine whether it is safe for children to play

Children get heat-related illnesses more quickly than most adults. This is because:
- Children produce more body heat and are generally more active
- Children sweat less and this reduces the ability to cool the body
- Children are less likely to drink enough fluids to stay hydrated

The impact of heat and humidity is measured by the Heat Index (colored chart), which provides a measurement of what weather conditions feel like in the shade. Exposure to the full sun can increase the heat index by up to 15 degrees F. Check the daily Heat Index for your area at www.weather.gov.

Licensing regulations for child care centers require that measures be taken to cool children when the indoor temperature exceeds 82°F.

Tips for keeping children safe in hot weather:
- ❖ Check the Heat Index Chart before children go out to play. If the Heat Index is 90 or above (**the yellow and red zones on the Heat Index Chart**), select indoor activities.
- ❖ Stay indoors during the hottest time of day between 10am and 4pm.
- ❖ Encourage children to drink plenty of fluids without sugar, especially water.
- ❖ Watch for signs of dehydration (see chart below).
- ❖ NEVER leave children, pets or anyone with special needs in a parked car, even briefly when the outside temperature is 80 degrees F or above.
- ❖ Consider cancellation of outdoor events, field trips, recess, etc. based on the Heat Index.
- ❖ When existing air conditioning systems are not sufficient to reduce the indoor temperature below 82 degrees F within the classroom locate an area within the building that is cooler or consider moving the children to another location.

Condition	Symptoms	First Aid
Dehydration	Headache; heavy sweating; red, flushed, warm skin; muscle cramps; stomach cramps or nausea; normal body temperature.	Move to a cooler location; remove excess clothing; **give 4 ounces of water every 15 minutes**; discontinue fluids if vomiting occurs.
Heat Exhaustion **90 - 100 degrees F**	Heavy sweating; cool, pale, or flushed skin; weak pulse; dizziness or fainting; headache; nausea and/or vomiting; normal or rising body temperature.	Lie down in a cool or air-conditioned place; loosen or remove clothing; apply cool, wet cloths; give 4 ounces of cool water every 15 minutes.
	SEEK medical attention if vomiting occurs.	
Heat Stroke **105 – 129 degrees F**	Body temperature 105 degrees F or greater; hot, red, dry skin; rapid weak pulse; rapid shallow breathing, not sweating; loss of consciousness.	Move to a cooler environment and remove clothing; place in a cool bath, sponge, or cover with a cool wet sheet Do not give fluids; **call 911** or transport to hospital immediately.

Title of Procedure or Process:	INSECT REPELLENT PROCEDURE
Program Area(s):	Health,
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Person Responsible for implementation:	Classroom Staff i.e. Lead teacher, TA, Substitute, Health staff
Timeline for completion:	Upon parent request
Submitted to:	Lead Teacher
ChildPlus Documentation:	Permission OTC Product Form and create a CP+ flag
Uploaded to ChildPlus:	Under Health Attachment
Specific Directions:	Parent must provide the repellent; label the product with child's name and teachers must keep up and out of reach of children. Can only be applied to children older than two months.

Procedure: Insect repellent will **NOT** be used on babies under two (2) months of age.

Babies two months of age to five years old:
- A repellent with 10% to 30% DEET may be used.   DEET concentration should not exceed 30% (AAP).
- A parent must call their child's physician for approval, if less than 6 months old before staff can apply any DEET product.
- Staff must read product label to ensure the product is EPA registered and labeled as approved for use in the child's age range.
- Products with 10% DEET are effective for approximately two (2) hours and products with 24% DEET offers protection for about five (5) hours.
- If the child develops a skin rash or other localized adverse reaction, discontinue use and wash off the repellent with soap and water. Notify parent/guardian of the adverse reaction.
- Products containing oil of lemon and eucalyptus should **NOT** be used on children under three (3) years of age.
- Apply repellent (spray or lotion) to the hands of caregiver/teacher first than apply to the exposed skin of the child.
- Do not apply under clothing.
- Do **NOT** apply to children's hands or areas around the mouth or eyes.
- Preschool children and toddlers should not apply repellent to themselves.
- If sunscreen is used, apply sunscreen first than the repellent.
- Caregivers/teachers should wash their hands before and after applying insect repellent to children or staff may choose to wear non-latex disposable gloves. If staff or child has ***open wound or rash***, gloves must be worn; change gloves if it's multiple children.
- After returning indoors, insect repellent should be washed off with soap and water.

OTC Form: Parent/guardian must sign Permission ***to administer OTC medication***.
- Insect repellent used for preventative purposes does not require a written authorization from a primary care provider.
- Insect repellent must be in the original container and labeled with the child's full name and stored out of the reach of children.
- Insect repellent will be applied in accordance with the label instructions and PROMISE procedure guidelines.
- Aerosol sprays are NOT recommended. Pump sprays are preferred.
- Notify parent/guardian at eh end of the day when insect repellent is applied to their child since it is recommended that treated skin be washed with soap and water.

Title of Procedure or Process:	**HEAD LICE PROTOCOL**
Program Area(s):	Health
Related Standards or Regulations:	☐Head Start Program Performance Standards ☒Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☒Other-American Academy of Pediatrics, Health Advisory Committee
Person Responsible for implementation:	Lead Teacher, Site Supervisor and Health Staff
Timeline for completion:	Daily Health Check and Monday Lice Check
Submitted to:	Health Manager
ChildPlus Documentation:	Health Communication Log
Uploaded to ChildPlus:	Under Health Tab-Health Event-Health Comm. Log
Specific Directions:	Head Lice infestation in children attending the child education setting is common. Head lice infestations occur in all social-economic groups and are not a representation of poor hygiene. Head lice are not responsible for spreading any diseases, and is NOT considered a health hazard. This protocol provides guidelines for education and support of staff and families with evidence based approach for treatment of head lice infestation that will reduce unnecessary absences.

Procedure:

- Observing scalps for live head lice will be conducted weekly by staff on Monday morning. Children who are not present that day will be checked on the morning the child returns to the program.

   To look for the signs and symptoms of head lice, the child may have one or more of these symptoms:
   1. A tickling feeling on the scalp or a sensation that something is moving in the hair.
   2. Itching caused by an allergic reaction to lice bites (kids may scratch or rub their scalp, especially around the back of the head or ears).
   3. Sores on the head caused by scratching.

- Children will not be sent home early from our classrooms due to the presence of live head lice; **unless**:

   a. Live lice cannot be contained to the scalp i.e. eyebrows, crawling down the face or neck.

   b. If providing lice prevention support (combing, vacuuming, washing soft classroom items) to children/classroom from teachers result in a need for care that is greater than the staff can provide without compromising the safety of other children.

   c. If symptoms i.e. excessive itching, pain from head sores prevents the child from participating comfortably in school activities.

- Classroom staff will not perform lice vacuum comb treatment <u>if</u> it interrupts children's education or jeopardizes the safety of children. If needed, support staff i.e. Site Supervisor or Health Department

- <u>Verbal</u> and <u>written information</u> will be given to the parent/guardian regarding the recommended procedures to treat a head lice infestation in a language the parent/guardian can understand.

- Communication to the parent/guardian at the end of the day should state "The child can return the next day after a lice preventative treatment has been applied to the child's scalp and without the presence of live lice upon return to school."
   - *New Staff will inform parent for the next 8 days (egg cycle) that during the morning health screen a live lice check will be performed, and child cannot stay if live lice is still present.
   If child arrives with live lice on their scalp the next morning, the person dropping off the child will have ~~two~~ options
   1. **Cannot do during COVID-19 Pandemic** Stay at school and help support the staff in *using the live lice vacuum comb that can remove live lice within 10-20 minutes* please have parent arrive 15 minutes early) <u>or</u>

   2. Return the child home to receive guidance from their physician on eliminating live lice and nits from child's hair.

- Promise Health Department will ONLY provide the family with a non-chemical head lice smothering product and removal kit for a child if a parent states they are not able to call the child's pediatrician, does not have transportation to go get lice treatment or does not have insurance that will pay for treatment . It is best if parent outreaches to a medical provider to receive medical guidance on lice treatment and only use Promise for support.

- All household members and other close family contacts of an infested child should be checked for head lice. Only infected (presence of live lice) persons should be treated and at the same time.

- Staff will notify via email/phone the Health Manager when an IC has brought live lice into the classroom by the end of the day. Teachers are expected to communicate to both there Site Supervisor and Health Manager if a family needs assistance with head lice treatment or eradicating a chronic head lice infestation.

- Treatment will need to be repeated within 8 to 10 days after the first treatment as new lice (nymphs) will hatch from live lice eggs (nits) that are still attached to the hair shaft.

- **After 2 months (2 cycles of nit hatching) or sooner of chronic lice in the classroom a <u>team meeting</u> (involving FA, teacher, health staff and case manager) will be scheduled to provide support and resources to the family.**

    a. If a parent refuses team meeting, we will require the child to access preventative treatment from a medical provider and will need a doctor's note that states "the parent received/was prescribed lice treatment and guidance was provided from a medical provider" that will allow the child to return to school.

- Classroom items such as headgear, pillows, blankets, dramatic play clothes, which have come into contact with the affected child within forty-eight hours can be laundered in hot water (130°F) or dried for 30 minutes to temperatures greater than 130°F, or placed in a plastic bag for no less than two days. Recognize you can put infested child's outer wear and head wear into the dryer before the parent arrives, if needed.

    o During outbreaks in winter months ensure all children store winter hats inside a coat sleeve and that no classroom should have a basket or bag to store "extra classroom hats" (store all items separately).

- Classroom staff and volunteers are expected to engage in the same protocols that we educate our parents about to prevent lice from spreading outside of the classrooms into homes and to family members. Please reach out to your Site Supervisor or the Health Coordinator if you need to have a lice kit for yourself and if you need support in checking your own head. Please remember to put your hair up when in a classroom when live lice are present. Put away any dramatic play clothes, stuffed animals, blankets, and pillows until the child(ren) has received a treatment and there are no signs of live lice.

Lice Removal Kit

You have: <u>1 bottle of conditioner, 1 lice comb, hair clips and 1 trash bag.</u>

The 10-day; hair conditioner nit-removal product.
Head lice can be removed by applying plenty of hair conditioner to dry hair and then combing to remove live lice and eggs. The conditioner makes it hard for the lice to move and traps them in the teeth of the comb. The conditioner also detangles hair, making combing easier.

Why does the treatment take 10 days?
Eggs generally hatch 7 to 10 days after being laid on the hair shaft (the part of your hair closest to the scalp). The 10-day treatment period helps break the reproductive cycle of the head lice. Even if only one or two adult lice are missed, they can lay about 6 eggs per day, and the cycle of outbreaks will continue.

Combing out new hatchlings every 1 to 2 days also means they cannot lay further eggs, which can happen about a week after hatching.

How to Remove Nits

1.	**Work in a well lit room or under a bright lamp.**
2.	**Have the person who is being combed watch TV, a video, or read a book.**
3.	**Drape a towel around the child's shoulders or an old large shirt.**
4.	**Comb through with an ordinary comb or brush to remove tangles.**

5. Divide the hair into 4 parts and divide each part into 1-inch sections.

6. Starting at the scalp, use a metal nit comb, cat flea comb, or your fingernails to comb each hair section individually and comb the entire length of the hair strands

7. Wipe the comb on a white paper towel to check that the dark adult lice or the paler hatchlings (young lice) are being removed.

8. Use the comb or your fingernail to slide eggs off the hair shaft or use scissors to cut hair shafts that have nits glued to them.

9. Use bobby pins or hair clips, to pin back each section after you have combed through it. Continue combing the hair in sections until the whole head has been checked

10.	When you have finished checking, rinse the conditioner out and dry the hair.
11.	Then, change your clothes; put the towel that was draped over the child and your clothes into the laundry.
12.	Wash the lice comb in warm soapy water; using an old toothbrush can help clean between the teeth of the comb.
13.	Lastly, check the entire family daily during an infestation. Treat only those who have evidence of active lice.
14. __REPEAT__ this process every 1 to 2 days over the __10-day treatment period__. To save time during a school week, consider this combing schedule: Tuesday, Thursday, Saturday, Sunday, Tuesday, and Thursday.	
15.	REMEMBER: it can take at least 2 weeks to get rid of lice.
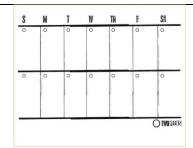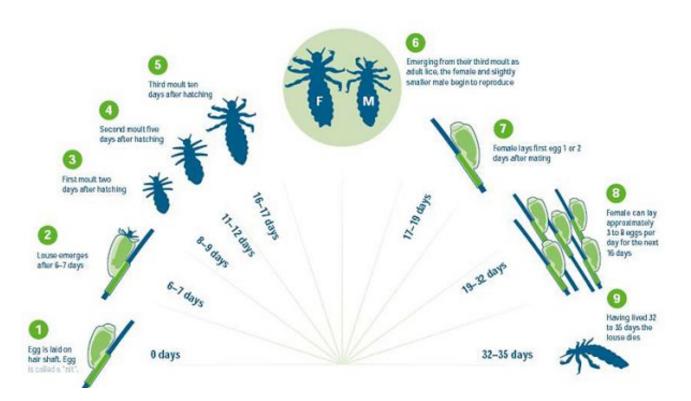
Things to Know!

- No chemical treatment is effective in killing the eggs/nits. It is important to treat lice eggs when they hatch.
- Do not shave or cut a child's hair because of lice. It will only cause more stigmas and not get rid of the lice.
- You do not have to treat your whole house or bag toys! Lice live only 24-48 hours away from food and warmth. You can throw items in a dryer on high hear for 30 minutes if it makes you feel better.
- You do not need to miss school or work.
- Talk to your child's teacher or Promise's health department… We are here for guidance/support.

Title of Procedure or Process:	TICK REMOVAL PROCEDURE
Program Area(s):	Health
Related Standards or Regulations:	☐Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☒ Other
Person Responsible for implementation:	Classroom staff who feel comfortable in performing this task and Health Staff
Timeline for completion:	Remove immediately or call parent to remove (parent should be advised to save tick and call child's PCP for follow-up).
Submitted to:	Notify Health Manager that IR was completed.
ChildPlus Documentation:	Yes, under Health Event and in Health Communication Log
Uploaded to ChildPlus:	If received a PCP note
Specific Directions:	call the Health Department if you need support in removing the tick and washing the bite area.

Procedure:

After children play outside, classroom staff will do a visual check for ticks. If a tick is found on a child, but is not attached, the tick will be removed and flushed down the toilet. If a tick has attached to a child's/staff's skin, the tick should be removed as soon as possible according to the guidelines and instructions outlined below and recommended by the Maine Center for Disease Control and Prevention.

Ticks usually crawl upward from the ankles or drop from overhanging leaves and brush. Ticks need to attach to the skin and cannot bite through clothing. Preventing contact with ticks is encouraged by wearing long sleeved shirts and long pants tucked into socks or boots whenever children/staff are playing/walking in woodsy areas and/or tall grasses.

Parents will be encouraged by staff to check for ticks at home, paying close attention to the scalp, behind the ears, neck, back, and under the arms. Parent/guardian should notify their doctor if the child develops a rash of any kind, especially a red-ringed bull's-eye type rash or if the child experiences flu-like symptoms such as fever, headache, chills, muscle or joint pain, and/or fatigue within a few days of having removed an attached tick.

Recent research indicates that deer ticks need to be attached to the skin for over 24 hours in order to transmit disease, so early detection and removal is important in preventing infection.

Tick Removal using a Tick Spoon:
- Place the wide part of the notch in the spoon on the skin as near as possible to the attached head of the tick.
- Applying slight pressure downward on the skin, slide the spoon forward (do not pry, lever, or lift up) so the notch in the spoon is framing the tick and the body of the tick lies in the spoon.
- Continue to apply a steady pressure while sliding the spoon forward until the tick detaches.
- After removing the tick, thoroughly clean the bite area, your hands, and the tick removal spoon with soap and water.

Tick Removal using Tweezers:
- Grasp the head of the tick as close to the skin where it is attached with the tweezers.
- Pull firmly and steady with the tweezers until the tick detaches.
- If the head of the tick remains attached and separates from the body of the tick, try grasping the remaining part of the tick with the tweezers and repeating the procedure.
- If the head is embedded in the skin and cannot be grasped with the tweezers or tick spoon, do not attempt to remove it and refer the family to their doctor for guidance.

The body of the tick contains the infectious agent(s) that transmits disease. Place the tick or part of the tick that has been removed in a sealed plastic bag. Write the child's name and the date it was removed on the bag, give it to the parent and refer them to their doctor for guidance and recommendations for follow-up diagnosis and/or treatment.

Title of Procedure or Process:	**PEST PROTOCOL**
Program Area(s):	Health, Family Services
Related Standards or Regulations:	☐Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐ Other
Person Responsible for implementation:	Classroom Staff, Site Supervisor and Health staff
Timeline for completion:	Immediately
Submitted to:	Health Manager
ChildPlus Documentation:	Yes, Health Communication Log under Unhealthy Living Conditions & Family Services Event, Need Identified (include a description if the issue i.e. pest).
Uploaded to ChildPlus:	Pine Tree Legal Forms under Health Attachment.
Specific Directions:	Notify Health the day a pest is found in our facility and when parent divulges pest infestation in the home.

Purpose: To detect and treat for Pests in a proactive approach that focuses on preventing infestations and monitoring for pests when discovered in a center.

Philosophy: Because the health and safety of students and staff is our first Promise Early Education Center will approach pest management that:
   a) Protect the health and safety of students and employees;
   b) Protect the integrity of buildings and grounds;
   c) Maintain a productive learning environment.

Procedure:
Insect on a student:
If an insect is found on a student, it may indicate that the student has infestation at home. However, insects can crawl or jump onto or off of a person (or their belongings) at any time, so it is also possible that the insect(s) was brought to school by someone else.

1. Capture it for proper ID
2. Student should be discreetly removed from the classroom to examine the student's clothing, hair and other belongings. If parent/guardian is present they should stay with the child for the inspection.
3. Inspect any closets or cubbies used to store the person's belongings (especially cracks and crevices).
4. Students will not be excluded from school due to infestation unless repeated efforts have been made to remedy the infestation.
5. Notify the school Nurse/Health Manager, even if only bites were seen and documented.
6. Notify the parent/guardian to inform them of the insect(s) presence on their child.
7. If fleas are found on a child, you are to follow the live lice procedure.

Pest in the Classroom:
1. Capture it for proper ID, if possible
2. Isolate the location in the room where it was found.
3. Call your SS to come and inspect the area near where the bed bug was found.
4. Notify the school Nurse/Health Manager *(for procedure guidance)*
5. Staff will put on PPE and put all blankets and soft toys into a bag to carry to the laundry room. Place the items into the dryer (do not overstuff the heat must reach all items) for 30 minutes on high heat; this will kill most pests life stages. Please bag the used bag and tie tightly and discard immediately to prevent bed bugs from crawling out of the bag.
6. Hard surfaces can be cleaned with standard cleaning products.
7. A staff member will complete a pest work order and sent to Administrative Secretary to inform the pest control and the cleaning company that a pest was captured in the classroom that day.

8. If pests have been found repeatedly in a particular classroom or on the same child you are to contact the Health Manager immediately and save the captured bed bug. The Health Manager will then determine if an inspection and monitoring of the classroom needs to take place and will provide further ongoing guidance.

If a child's household has a Pest Infestation:
- When families are dealing with an infestation at home, it is important to be sensitive to their problem.
- We as an agency will work with the parent(s) of any student living in an infested home to develop strategies for preventing the further spread of bed bugs into the school environment.
- Ask the parent if the infested home is being treated and if their landlord is assisting in the removal of pests.

If a parent that rents lacks the financial resources to assist the landlord in the process of getting rid of pests that are entering their apartment from unhealthy building conditions (moving furniture, laundering clothes, etc.) you may suggest and assist them contacting **Pine Tree Legal Assistance** at:

 Phone: (207) 784-1558 or walking to 95 Park Street, 3rd Floor, Lewiston, ME 04243-0398.

- If parent lacks resources to eradicate an infestation brought on by their own actions i.e. fleas due to untreated pets. Outreach to your Supervisor for guidance.
- Also, outreach to the Health Manager for resources to assist the family.
- It is an expectation that you will outreach to the Health Manager for information resources that you will provide to the family.
- In an infested home, parents should store their child's freshly laundered clothing in sealed plastic bags until they are put on in the morning or preferably at school. This prevents pests from hiding in the clothes and being carried to school.
- Backpacks, car seats, strollers and other items that travel back and forth to school can also be inspected daily and stored in sealed plastic container/trash bags at home and school to prevent bed bugs from getting into them.
- At school, staff and families need to inspect outside clothes brought into the classroom, including backpacks (outside items are restricted from being brought into the centers during this time).
- It is expected that the child will have a second outfit at school to change into, if needed. Follow all safety protocols when these items are brought in (placing in the dryer) and then place in a plastic bag.
- At school, the student will be provided with plastic bags or bin in which to store their belonging in order to prevent any bed bug from spreading to the classroom and other student's belongings. During this time, we strongly urge items from home not be brought to school.
- If temporary precautions are to be implemented, it will need to be approved by the IC parent, your SS and the Health Manager.
- Continue to use these measures until successful treatment of the home has been verified. Only your supervisor can determine when these measures discontinue.

Visiting a home known or unknown to have bed bugs- Staff with Family Service Responsibility
- Bring only what you need into the home. Leave (purses, bags, coats, etc.) locked in the trunk of the car.
- Do not place belonging on the floor or upholstered furniture.
- Choose furniture to sit on without pillows or upholstery, if possible.
- Try not to sit still for long period of time (hours); pests stay hidden when they sense movement.
- Select toys and materials that can withstand heat, toys should be bagged after the visit. Then put into dishwasher or clothes dryer on high for at least 30 minutes. Toys that cannot withstand heat/wetness; please clean with Hydrogen peroxide spray/wipes.
- Change and launder your clothes after a visit to a known infested environment. If possible, change before entering your home. Place clothing into a bag to safely carry them to the dryer and place the bag in another bag sealing tightly to dispose of. **Vacuum your car out; particularly in crevices and seams**.

Title of Form:	PEST MANAGEMENT
Related Policy:	Pest Procedure
Program Area(s):	Health and Maintenance Dept.
Related Standards or Regulations:	☐Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Procedures	1. Go to Promise website and complete Pest Management Form 2. Must be completed the day of the sighting 23. To complete, follow forms directions
Form Completed By:	Staff who observed the pest
Timeline for completion:	By the end of the day
Specific Directions:	We must be pest free at all times and requires immediately notification to appropriate personnel if sightings have occured.
Submitted to:	Site Supervisor and Supervisor will forward to Agency personnel as appropriate, i.e. Maintenance, Health Manager, and Executive Director
ChildPlus Documentation:	N/A
Uploaded to ChildPlus:	N/A

PEST MANAGEMENT

DATE OBSERVED:

CENTER NAME:

DESCRIPTION: (Location within facility, i.e. classroom, office, hall...please be specific as to where observed or found)

STAFF REPORTING:

COPIES TO: Site Supervisor
(Supervisors will forward to Agency personnel as appropriate, i.e. Maintenance, Health Manager, and Executive Director).

FOLLOW –UP/COMPLETED DATE:

Section 3: Nutrition

3.1 Childcare Licensing-Kitchen

- Rules for Kitchen Facilities
- Rules for child Guidance

3.2 Child Adult Caring Food Program (CACFP)

- Required Meal Pattern
- 1-2 yr. old meal poster
- 3-5 yr. old meal poster
- EHS Infant/Toddler Feeding Plan
- Health/Nutrition Intake Questionnaire Form
- Preparing, feeding, and storing infant formula
- Preparing, feeding, and storing Human milk
- Parent Request for Alternative Fluid Milk
- Promise Emergency meal
- Availability of Drinking Water
- Food Storage Chart
- State Agency monitoring requirements

3.3 Food Allergies/Meal Safety

- Classroom Food Restriction List
- Food Allergy/Intolerance and Dietary Needs Protocol
- Choking Prevention

3.4 Pleasant Mealtime Experience and Behaviors

- The Development of Mealtime Behavior
- Family Style Dining
- What Child Needs to Grow
- Feeding Policy-*Ellyn Satter Belief*
- What does Coercion vs Encouragement look like?
- To TRUST children
- Stop Picky Eating-*One Bite Rule*
- Mealtime Checklist-*Supervisor observation*

3.5 Serv Safe Guidance

- Guidelines to follow.
- Serving safe meals in Preschool
- Using a Microfiber cloth

3.6 Nutrition/Physical Activity Classroom Resources

- Color ME Healthy- *12 Circle Time Lessons,* https://www.colormehealthy.com/
- I am Moving, I am Learning- *increase quantity/quality of physical activity.* https://choosykids.com/pages/imil
- Winter Kids- https://winterkids.org/
- 5210 Binder- P*rogram endorsed by the American Academy of Pediatricians* *https://5210.psu.edu/*

Kitchen Facilities- Rules for the <u>Licensing</u> of Child Care Facilities

1.1.1. **Well lighted.** Kitchen areas shall be well-lighted, clean and orderly.

1.1.2. **Appropriate temperature.** All readily perishable food must be kept appropriately hot or cold.

1.1.3. **Perishable food**. All readily perishable food shall be kept at room temperature for no more than one hour while being prepared or served.

1.1.4. **Refrigerator temperature.** Refrigerators must be kept at a temperature **<u>not to exceed forty-one degrees (41°) Fahrenheit</u>**. A thermometer must be kept in the refrigerator at all times.

1.1.5. **Freezer temperature.** Freezers must be kept at a **<u>temperature</u> <u>not to exceed zero (0°) Fahrenheit.</u>** A thermometer must be kept in the freezer at all times.

1.1.6. **Milk products.** All milk products must be pasteurized.

1.1.7. **Preparation and eating surfaces.** All food preparation and eating surfaces must be washed before and after use.

1.1.8. **Staff hand washing.** Staff must wash their hands both before and after food handling or preparation.

1.1.9. **Dish washing.** Dishes must be washed in an automatic dishwasher or thoroughly washed in warm soapy water and rinsed in hot water.

1.1.10. **Paper products.** Paper products shall have a single use and must be disposed of immediately after use.

1.1.11. **Use of the food preparation area.** **<u>The food preparation area must not be used for other activities when food or drink is being prepared or served.</u>**

1.1.12. **Food storage.** All food must be stored, prepared and served in a sanitary manner.

1.1.13. **Cooked food.** All cooked foods must be cooked to proper temperatures. All reheated foods must be cooked to at least one hundred and sixty-five degrees (165°) Fahrenheit.

1.1.14. **Staff who are ill**. Staffs who are ill must not work in the food preparation area. Staff with open sores that cannot be covered must not handle or prepare food.

1.1.15. **Transporting food**. When food is transported, sanitary containers must be used to keep hot food at or above at least one hundred and forty degrees (140°) Fahrenheit and cold food at or below 40° Fahrenheit.

1.1.16. **Children in meal preparation areas.** Children may be permitted in meal preparation areas only when under the direct supervision of a staff person present and there is no danger of injury from equipment.

1.1.17. **Hot foods and liquids.** All hot foods and liquids must be out of children's reach. A staff person who is cooking or drinking a hot beverage must not hold children.

1.1.18. **Heating formula, milk or food.** Formula, milk or food, if heated, must be served to children only after contents have been mixed, stirred or shaken and tested.

1.1.19. **Live animals.** Live animals must not be kept or allowed in areas where food or drink is being prepared.

1.1.20. **Sinks**. Proper sinks with approved plumbing and hot and cold water under pressure must be available in all rooms where food or drink is prepared or utensils are washed. Bathrooms are not to be used for preparing foods or washing dishes.

1.1.21. **Cleanable surfaces**. **Surfaces coming into contact with food or drink must be easily cleanable, in good repair and must not be made of toxic material.**

1.1.22. **Sanitary conditions.** Kitchen facilities must be maintained in a sanitary condition free of insects, rodents, dust and other contaminants.

1.1.23. **Wastewater pipes.** Wastewater pipes must not be located over food preparation, storage or serving areas.

1.1.24. **Food stored in the refrigerator**. Containers of food in the refrigerator must be labeled and dated. Food stored in the refrigerator, including lunch boxes, must be stored in such a manner so as to permit free circulation of cool air. All foods must be covered.

1.1.25. **Frozen foods**. Frozen foods shall be thawed in the refrigerator, under cold running water, or defrosted in the microwave oven.

1.1.26. **Washing fresh fruits and vegetables.** Fresh fruits and vegetables must be thoroughly washed before use.

1.1.27. **Food served to only one child.** Any food served to a child must not be served to another child.

1.1.28. **Preventing contamination**. All utensils, equipment and food must be stored in a clean, dry place free from insects, rodents, dust and other contamination and must be handled in such a manner as to prevent contamination.

1.1.29. **Disposing contaminated food**. All contaminated food must be disposed of promptly. Swelled, rusted, dented or leaky canned food or drink shall not be consumed and shall be disposed of promptly.

1.1.30. **Single-service utensils.** Single-service utensils must be used only once.

Rules for the Licensing of Child Care Facilities

Child Guidance: Positive methods of child guidance—staff and volunteers <u>must use positive methods of child guidance</u> which encourage self-control, self-direction, self-esteem and cooperation.

•No child shall be force to eat or drink against his/her will.

•Shaming and embarrassment must not be used.

•No child shall be subjected to cruel or severe punishment, humiliation, verbal abuse or unusual confinement.

Detrimental actions or practices from staff or volunteers: Action or practices that may be deemed detrimental to the welfare of children or that are potentially harmful to children are strictly prohibited.

New Meal Pattern Reminders

CACFP

www.cacfp.org

BREAKFAST MEAL PATTERNS – Serve

Milk, Grains*, Vegetables or Fruit

*Meat and meat alternates may be served in place of the entire grains component at breakfast a maximum of three times per week.

	AGES 1-2		AGES 3-5		AGES 6-12 & 13-18		ADULTS	
	Previous	Updated	Previous	Updated	Previous	Updated	Previous	Updated
MILK	1/2 cup	1/2 cup	3/4 cup	3/4 cup	1 cup	1 cup	1 cup	1 cup
VEGETABLES, FRUIT OR BOTH	1/4 cup	1/4 cup	1/2 cup	1/2 cup	1/2 cup	1/2 cup	1/2 cup	1/2 cup
GRAINS	1/2 serving	1/2 oz eq	1/2 serving	1/2 oz eq	1 serving	1 oz eq	2 servings	2 oz eq

oz eq = ounce equivalents

LUNCH & SUPPER MEAL PATTERNS

– Serve all 5 components

	AGES 1-2		AGES 3-5		AGES 6-12 & 13-18		ADULTS	
	Previous	Updated	Previous	Updated	Previous	Updated	Previous	Updated
MILK	1/2 cup	1/2 cup	3/4 cup	3/4 cup	1 cup	1 cup	1 cup	1 cup*
MEAT & MEAT ALTERNATES	1 oz	1 oz	1 1/2 oz	1 1/2 oz	2 oz	2 oz	2 oz	2 oz
VEGETABLES	1/4 cup	1/8 cup	1/2 cup	1/4 cup	3/4 cup	1/2 cup	1 cup	1/2 cup
FRUIT		1/8 cup		1/4 cup		1/4 cup		1/2 cup
GRAINS	1/2 serving	1/2 oz eq	1/2 serving	1/2 oz eq	1 serving	1 oz eq	2 servings	2 oz eq

*A serving of milk is not required at supper meals for adults.   oz eq = ounce equivalents

SNACK MEAL PATTERNS – Select 2 of the 5 components

	AGES 1-2		AGES 3-5		AGES 6-12 & 13-18		ADULTS	
	Previous	Updated	Previous	Updated	Previous	Updated	Previous	Updated
MILK	1/2 cup	1/2 cup	1/2 cup	1/2 cup	1 cup	1 cup	1 cup	1 cup
MEAT & MEAT ALTERNATES	1/2 oz	1/2 oz	1/2 oz	1/2 oz	1 oz	1 oz	1 oz	1 oz
VEGETABLES	1/2 cup	1/2 cup	1/2 cup	1/2 cup	3/4 cup	3/4 cup	1/2 cup	1/2 cup
FRUIT		1/2 cup		1/2 cup		3/4 cup		1/2 cup
GRAINS	1/2 serving	1/2 oz eq	1/2 serving	1/2 oz eq	1 serving	1 oz eq	1 serving	1 oz eq

oz eq = ounce equivalents

INFANTS

► Vegetable or fruit, or both, required to be served at snack for infants 6 through 11 months old.

► Juice or cheese food or cheese spread are no longer allowed to be served.

► Allows ready-to-eat cereals at snack.

CHILDREN

► The combined fruit and vegetable component is now a separate vegetable component and a separate fruit component.

► At least one serving of grains per day must be whole grain-rich.

► Grain-based desserts no longer count towards the grain component (sweet crackers allowed).

► Meat and meat alternates may be served in place of the entire grains component at breakfast a maximum of three times per week.

► Yogurt must contain no more than 23 grams of sugar per 6 ounces.

► Unflavored whole milk must be served to 1 year olds; unflavored low-fat or fat-free milk must be served to children 2 through 5 years old; and unflavored low-fat, unflavored fat-free, or flavored fat-free milk must be served to children 6 years old and older and adults.

► Non-dairy milk substitutes that are nutritionally equivalent to milk may be served in place of creditable to children or adults with medical or special dietary needs.

► Breakfast cereals must contain no more than 6 grams of sugar per dry ounce.

► Frying is not allowed as a way of preparing foods on-site.

► Ounce equivalents (oz eq) are used to determine the amount of creditable grains (starting October 1, 2019).

► Tofu counts as a meat alternate.

► Juice is limited to once per day.

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Serve Tasty and Healthy Foods in the Child and Adult Care Food Program (CACFP)
Sample Meals for Children Ages 1-2

What is in a Breakfast?

Milk (**4** fl. oz. or **1/2** cup)
Vegetables, Fruit, or Both (**1/4** cup)
Grains (**1/2** serving)

Optional: Meat/meat alternates may be served in place of the entire grains component up to 3 times per week at breakfast.

1/4 cup Diced Peaches

1/4 cup Oatmeal

1/2 cup
1-year-olds: Unflavored whole milk
2-year-olds: Unflavored low-fat (1%) or fat-free (skim) milk

Sample Breakfast

1/2 cup
1-year-olds: Unflavored whole milk
2-year-olds: Unflavored low-fat (1%) or fat-free (skim) milk

Grilled Cheese Sandwich
Made with **1/2 serving** Enriched Bread and **1 oz.** Cheese

1/8 cup Broccoli

What is in a Lunch or Supper?

Milk (**4** fl. oz. or **1/2** cup)
Meat/Meat Alternate (**1** oz. eq.)
Vegetables (**1/8** cup)
Fruit (**1/8** cup)
Grains (**1/2** serving)

All grains served must be whole grain-rich or enriched.
Breakfast cereals may also be fortified.
At least one grain served each day must be whole grain-rich.

1/8 cup Blueberries

Sample Lunch/Supper

What is in a Snack?

Pick 2:
Milk (**4** fl. oz. or **1/2** cup)
Meat/Meat Alternate (**1/2** oz. eq.)
Vegetables (**1/2** cup)
Fruit (**1/2** cup)
Grains (**1/2** serving)

Offer and make water available all day.

Yogurt Dip
Made with **1/4 cup (2 oz.)** Yogurt
Yogurt must not contain more than 23 grams of sugar per 6 oz.

1/2 cup Bell Pepper Strips

Sample Snack

Note: Serving sizes are minimums.

Updated USDA Child and Adult Care Food Program (CACFP) meal patterns must be implemented by October 1, 2017. Learn more about the CACFP meal patterns, including information on ounce equivalents (oz. eq.) and serving sizes at **https://teamnutrition.usda.gov**.

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![USDA] United States Department of Agriculture

Serve Tasty and Healthy Foods in the Child and Adult Care Food Program (CACFP)
Sample Meals for Children Ages 3-5

What is in a Breakfast?

Milk (**6** fl. oz. or **³/₄** cup)
Vegetables, Fruit, or Both (**¹/₂** cup)
Grains (**¹/₂** serving)

Optional: Meat/meat alternates may be served in place of the entire grains component up to 3 times per week at breakfast.

¹/₂ serving
Whole Grain-Rich Mini Pancakes

³/₄ cup
Unflavored Low-Fat (1%) or Fat-Free (Skim) Milk

¹/₂ cup
Sliced Strawberries

Sample Breakfast

³/₄ cup
Unflavored Low-Fat (1%) or Fat-Free (Skim) milk

1 Taco
Made with
1¹/₂ oz.
Lean Ground Beef,
¹/₄ cup
Lettuce*, and
¹/₈ cup
Chopped Tomatoes

¹/₂ serving
Enriched Flour Tortilla

A second, different vegetable may be served in place of fruit at lunch and supper. In this meal, the 1/4 cup of lettuce and 1/8 cup of tomatoes in the taco meets the vegetable component, and the 1/4 cup of sweet potatoes is used to meet the fruit component.

*Raw leafy greens, such as lettuce, credit for half the amount served. The 1/4 cup of lettuce in the taco counts as 1/8 cup of vegetables in this meal.

¹/₄ cup
Roasted Sweet Potatoes
Sample Lunch/Supper

What is in a Lunch or Supper?

Milk (**6** fl. oz. or **³/₄** cup)
Meat/Meat Alternate (**1¹/₂** oz. eq.)
Vegetables (**¹/₄** cup)
Fruit (**¹/₄** cup)
Grains (**¹/₂** serving)

All grains served must be whole grain-rich or enriched.
Breakfast cereals may also be fortified.
At least one grain served each day must be whole grain-rich.

¹/₂ cup
Apple Slices

What is in a Snack?

Pick 2:
Milk (**4** fl. oz. or **¹/₂** cup)
Meat/Meat Alternate (**¹/₂** oz. eq.)
Vegetables (**¹/₂** cup)
Fruit (**¹/₂** cup)
Grains (**¹/₂** serving)

Offer and make water available all day.

¹/₂ oz.
Cheddar Cheese

Sample Snack

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Title of Procedure or Process:	EARLY HEAD START INFANT/TODDLER NUTRITION PLAN
Program Area(s):	Health, Nutrition
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☒Other- CACFP
Person Responsible for implementation:	Staff with Family Service Responsibility, Lead Teacher, Nutrition Manager, Kitchen Supervisor and CACFP coordinator
Timeline for completion:	Before child is enrolled i.e. first day of school
Submitted to:	Lead Teacher and Kitchen Supervisor
ChildPlus Documentation:	Infant Nutrition & Health Intake Questionnaire
Uploaded to ChildPlus:	Health Tab-Attachments or Application Tab-Health/Nutrition Questionnaire Tab
Specific Directions:	Staff will obtain and review a written nutrition assessment and feeding history of each child from the parent/guardian before the child enters the program. Children with special nutritional needs will have an individual plan developed by the parent/guardian, the Promise Health/Nutrition Manager, the classroom caregiver along with the consultation of the child's health care providers, and any other health professional as needed.

Procedure:

- A caregiver trained in pediatric first-aid for choking, will be present when infants and/or toddlers are being fed. One caregiver will not feed more than one infant or three children who need assistance with feeding at the same time.
- Infants will be held for bottle feeding and fed on demand. Discussing the child's feeding patterns with the parent/guardian will enable the caregiver to meet the child's nutritional needs on a daily basis.
- USDA- CACFP regulations, guidelines, and policies provide the guidance for meal and snack patterns to ensure that the development and age appropriate nutritional needs of infants/toddlers are met.
- No sweetened beverages are served to enrolled children. 100% fruit juice is offered to children aged one to five with the daily consumption being limited to 4 ounces. Clean, sanitary drinking water is readily available, indoors and outdoors, throughout the day.
- Staff will not offer fruit juice or solid foods to children under the age of one year unless recommended by the child's health care provider. If recommended, a doctor's note is required along with parent guidance.
- The introduction of age appropriate solid foods is planned in consultation with the child's parent/guardian and primary care provider between 4 and 6 months of age. The first solid foods will be introduced one at a time at 2 to 7 day intervals.
- After six-months of age, children will be encouraged to transition to self-feeding to facilitate physiological, social, and cultural development. Eating utensils and dishes should be unbreakable and suitable in function, size, and shape for use by children.
- The Early Head Start Infant/Toddler program does not serve round, firm, dense or small foods that may be a <u>choking hazard to children under the age of four</u>, such as: **whole grapes, hot dogs, nuts, seeds, nut/seed butter, popcorn, hard pretzels, raw peas or carrots and firm raw fruit or vegetable chunks**. Food will be cut into pieces no larger than ¼ inch for finger feeding by children six-months of age and into ½ inch or smaller pieces for toddlers according to the child's chewing and swallowing capability.
- Children should always be seated and supervised when eating by an <u>adult within arm's reach</u> of them. Tray, arms, and seats of high chairs should be cleaned and disinfected before and after each use.
- Children eat family-style with staff to promote appropriate eating behaviors, encourage social interaction, and provide nutrition learning experiences. A variety of age-appropriate nutritious foods that are low in fat, sugar, and sodium are offered and children are encouraged but not forced to eat any food. Food is not used as a reward or punishment.
- Age appropriate food is fed by spoon only and served from a dish, not directly from a factory-sealed jar or container. Any uneaten food in dishes is discarded.
- Children between 12 and 24 months of age, who are not drinking breast milk or prescribed formula, are served whole milk. Children 2 years of age and older are served 1%.
- The caregiver/teacher and parent will encourage the transition from bottle to drinking from a cup when a child's fine motor skills are developed to allow the use of a cup.

Title of Form:	EHS & HS NUTRITIONAL/HEALTH QUESTIONNAIRE
Related Policy:	Food Allergy Protocol, Toilet Learning Protocol, EHS Infant/toddler Nutrition Plan
Program Area(s):	Health, Nutrition,
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Procedures	1. Retrieve form from Promise website or go to Application tab in CP+ and open Infant Nutrition Questionnaire and electronically enter information. 2. If completed by paper form, you must enter the information electronically into CP+ 3. Notify Health/Nutrition Manager immediately if concerns are noted on the form.
Form Completed By:	Staff with Family Service Responsibility and Enrollment
Timeline for completion:	Before child's first day school/childcare
Specific Directions:	• Must be entered into CP+ within one week of completing, if completed on paper form. • All concerns must be brought to Health/Nutrition Manager's attention immediately upon completion.
Submitted to:	Health Manager
ChildPlus Documentation:	If a chronic condition, illness or concern is noted a health event must be created to track the treatment.
Uploaded to ChildPlus:	Electronically enter data only and shred paper form.

Infant Nutrition/Health Questionnaire (6 weeks -12 months old)

Child's Name_____ DOB_____

DOES YOUR BABY DRINK BREAST MILK, FORMULA, MILK OR A COMBINATION OF?

☐ Breast milk   ☐ Formula   ☐ Milk

☐ Combination of _____ and _____

If formula, specify brand used

IF BREAST FEEDING, DO YOU PLAN TO COME TO SCHOOL AND BREAST FEED?

☐ Yes   ☐ No

If no, are you going to bring in breast milk, or do you want Head Start to provide formula?

DOES YOUR BABY HAVE ANY ALLERGIES OR INTOLERANCES TO FORMULAS?
If yes, please list type:

HS Health/Nutrition Questionnaire

Child's Name_____ DOB_____

HAS YOUR CHILD BEEN DIAGNOSED WITH A FOOD RELATED ALLERGY OR INTOLERANCE BY A DOCTOR?

☐ YES   ☐ NO

If yes, what food and describe reaction your child has: we require a signed medical note by a doctor for any food or drink restrictions.

ARE THERE ANY FOODS THAT YOUR CHILD MAY NOT EAT FOR CULTURAL RELIGIOUS OR PERSONAL BELIEFS?

☐ YES   ☐ NO

Please explain, "Substitutions for non-medical reason will be approved on a case-by-case basis by the Nutrition Manager."

IS YOUR CHILD ON A DIET PRESCRIBED BY A DOCTOR? ☐ YES ☐ NO

If yes, please explain

Title of Procedure or Process:	PREPARING, FEEDING, AND STORING BREAST MILK
Program Area(s):	Health, Nutrition, CACFP Guidelines,
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Person Responsible for implementation:	Lead Teacher
Timeline for completion:	Feed on Demand
Submitted to:	N/A
ChildPlus Documentation:	Health & Nutrition Questionnaire
Uploaded to ChildPlus:	Under Enrollment
Specific Directions:	Breast milk must be labeled with the child's name, dated, stored in the refrigerator and discarded within seventy two (72) hours. Frozen breast milk must be discarded within two (2) weeks.

Procedure:

- Promise sites will provide a comfortable place for breastfeeding mothers who want to come during program hours to breastfeed, as well as a private area (not a bathroom) with an electrical outlet, if needed, to pump or express breast milk for bottle feeding.
- Staff will work with the parent to coordinate feeding times with the parent's schedule; otherwise, the primary caregiver/teacher will feed the infant on-demand based on the child's individual cues for hunger.
- Expressed breast milk may be brought from home, frozen or fresh, that is kept cold during transport and immediately stored in the freezer or refrigerator upon arrival.
- The bottle or container of breast milk must be labeled with the infant's full name and the date/time the milk was expressed. Frozen breast milk, kept at 0° F or below, can be kept up to 3 months.
- Breast milk stored in the refrigerator must be used within 48 hours. Previously frozen, thawed breast milk must be used within 24 hours.
- Breast milk should be defrosted in the refrigerator and then heated in a bottle warmer or placed under warm running water ensuring the temperature of the mild does not exceed 98.6° F. After warming, bottles should be mixed gently (not shaken) to protect the nutritional and medicinal properties of the milk, and the temperature of the milk tested before feeding. Breast milk is *NEVER* warmed in a microwave.
- Staff should check the infant's name and the date on the container/bottle before feeding to ensure the child is receiving the correct milk.
- Only clean and disinfected glass or plastic bottles labeled BPA-free or with the #1, 2, 4, or 5 on them are acceptable for bottle feeding.
- Bottles, bottle caps, nipples, and other equipment used for bottle feeding need to be cleaned and sanitized by washing in a dishwasher or by washing, rinsing, and boiling them for one minute before using.
- Infants are held while being fed.
- Discard any breast milk that is not consumed and left unrefrigerated for 1 hour.
- Wearing disposable gloves is not required while handling, preparing or feeding breast milk.
- Staffs are required to wash their hands before and after preparing and handling breast milk as well as before and after feeding the child.

Title of Procedure or Process:	**PREPARING, FEEDING, AND STORING INFANT FORMULA**
Program Area(s):	Health, Nutrition, CACFP Guidelines
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Person Responsible for implementation:	Lead Teacher
Timeline for completion:	Upon infant and toddler demand
Submitted to:	N/A
ChildPlus Documentation:	Only if child has doctor prescribed formula
Uploaded to ChildPlus:	PCP note into Health Tab under attachments
Specific Directions:	A HS program must use program funds for the provision of formula for enrolled children during the program day.

Procedure:

Formula provided by the agency, should be the same brand that is served at home and/or prescribed by the child's physician, including specialized formula for individual health needs.

Preparing and storing infant formula:

- Staff preparing formula will wash their hands prior to preparation. The can and plastic lid should be thoroughly rinsed and dried.
- Only clean and disinfected glass or plastic bottles labeled BPA-free or with the #1, 2, 4, or 5 on them are acceptable for bottle feeding.
- Bottles, bottle caps, nipples, and other equipment used for bottle feeding need to be cleaned and sanitized by washing in a dishwasher or by washing, rinsing, and boiling them for one minute before using.
- The primary source for proper and safe handling and mixing of a specific formula is the manufacturer's instructions. Formula that is powdered or concentrated must arrive at the facility in a factory sealed container. Label the container with the child's full name and date opened.
- Staff will only use the scoop, or other measuring device, that comes with the specific can of powdered/concentrated formula for an infant and not be interchanged with another infant's formula to prevent contamination of a potential allergen or incorrect dilution/ concentration of the formula.
- Concentrated infant formula must be diluted with water from a safe water source as defined by the local or state health department.
- Bottles and infant foods do not need to be warmed. If Staff chooses to warm them, bottles or glass jars are placed in warm water, less than 120 degrees F, for less than 5 minutes.
- Staff will test the temperature of the bottled formula before feeding. Infant foods are stirred, after warming, to distribute the heat evenly. Bottles and infant foods are NEVER warmed in a microwave.
- Bottles of infant formula prepared from powder, concentrate or ready-to-feed formula are labeled with the child's full name, date and time of preparation.
- Prepared powdered formula may be stored in the refrigerator for up to 24 hours. Formula prepared from concentrate or ready-to-feed formula should be discarded after 48 hours, if not used.
- Any prepared formula in a bottle must be discarded within one hour after feeding to an infant.
- Formula mixed with cereal, fruit juice, or any other foods will not be served unless prescribed by a physician for a medical reason.
- Adding too little water to formula puts a burden on an infant's kidneys and digestive system and my lead to dehydration.
- Diluted formula may interfere with an infant's growth and health because it proved inadequate calories and nutrients and can cause water intoxication.
- Do not shake formula excessively this may cause foaming that increases the likelihood of feeding air to an infant

Techniques for Bottle Feeding:
- Staff will feed infants on-demand based on the child's individual cues for hunger i.e. rooting, sucking, etc.
- Hold the infant during feedings and respond to infant's vocalization with eye contact and vocalizations.
- Alternate sides of teachers lap.
- Allow brakes during feeding for burping.
- Allow infant o stop the feeding.
- Teachers need to understand the relationship between bottle feeding and emotional security.
- The American Academy of Pediatrics recommends eating from a bottle by the child's first birthday.

PARENT REQUEST FOR FLUID MILK SUBSTITUTION

Parents or guardians may now request in writing that non-dairy beverages be substituted for fluid milk for their children with special dietary needs without providing a statement from a recognized medical authority. However, fluid milk substitutions requested are at the option and expense of the facility/center.

The non-dairy beverages provided must be nutritionally equivalent to fluid milk and meet the nutritional standards set by the U.S. Department of Agriculture (USDA) for child nutrition programs in order for the facility/center to claim reimbursement for the meal through the Child and Adult Care Food Program (CACFP).

To be completed by the Childcare Center/Provider prior to being given to parent:

Name of childcare center/provider_____

_____ This childcare provider will provide the following non-dairy beverage which meets the USDA-approved nutrient standards for a milk substitute. _____

_____ This childcare center/provider has chosen not to provide non-dairy beverages for the substitution of fluid milk.

To be completed by Parent/Guardian:

Child's full name_____

Identify the medical or other special dietary need that restricts the diet of your child (why your child needs a non-dairy beverage)

_____

_____ I request that my child is served the non-dairy beverage which meets the USDA approved nutrient standards for a milk substitute that is provided by the center/provider as indicated above.

_____ I am aware that the center/provider is not providing a non-dairy beverage for the substitution of fluid milk. I will provide a non-dairy beverage for my child that meets the USDA approved nutrient standards for a milk substitute as stated above.

_____ I will provide a *non-dairy beverage for my child that does not meet the USDA approved nutrient standards for the substitution of fluid milk.

*A medical statement is required for non-dairy substitutions due to a disability that do not meet the nutritional standards of cow's milk as described above.

Signature of Parent/Guardian: _____   **Date: _____**

This Institution is an equal opportunity provider.

PROMISE EMERGENCY MEAL

GRAIN ITEM: Whole Wheat Crackers- 4 each for HS children
                                      2 Each for EHS children

PROTEIN: 1 slice of cheese or 2 TBL sunbutter for HS children
               ½ slices and 1 TBL of sunbutter for EHS children

FRUIT: 4 oz. fruit cup= 2 servings; will serve one to each child
               Fruit Puree Pouch=2 servings; will squeeze into a bowl

VEGETABLE: # can of vegetable of choice; will open and microwave at each site
- # 10 can of drained Green Beans feeds 51 children; portion sizes ¼ C
- # 10 can of drained Corn feeds 46 children; portion sizes ¼ C

MILK: serve in pitchers

Rotate every six months as a picnic

Food Allergy Substitutes are: _____

                               _____

                               _____

Title of Procedure or Process:	**AVAILABILITY OF DRINKING WATER**
Program Area(s):	Health, Nutrition
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Person Responsible for implementation:	Classroom Staff and Site Supervisor
Timeline for completion:	Readily available every day, all day.
Submitted to:	N/A
ChildPlus Documentation:	N/A
Uploaded to ChildPlus:	N/A
Specific Directions:	Potable clean drinking water needs to be "offered" to children throughout the day and available to children upon their request and allow children to serve themselves. When children are thirsty between meals and snacks, water is the best choice.

PROCEDURE:

HS Classrooms:

1. Clean, sanitary drinking water needs to be readily available, in indoor and outdoor areas, at mealtimes and throughout the day [1]. Drinking water helps maintain a child's hydration and overall health.
   (1)Center for Disease Control and Prevention, Increasing Access to Drinking Water and Other Healthier Beverages in Early Care and Education Settings, https://www.cdc.gov/obesity/downloads/early-childhood-drinking-water-toolkit-final-508reduced.pdf

2. Water should not be a substitute for milk at meals or snacks where milk is a required food component unless recommended by a child's primary health care provider.

3. Children need extra water to drink when they are physically active or when it is hot outside. Ensure that children know there is water available before and during periods of physical activity.

4. Make a water break part of the routine before and during play time.

5. Children should be allowed to use the disposable cups, placed in cup holders near sinks in the classroom, when they are requesting water and feeling thirsty.

6. Clean and Sanitized water coolers should be accessible at every outside time with disposable drinking cups.

EHS Classrooms:

1. Infants should not be given water, especially in the first six months of life.
2. Infants receiving breast milk in a bottle may need additional breast milk on hot days-feed on demand always.
3. Infants receiving formula mixed with water may be given additional formula mixed with water-feed on demand always.
4. Children should be taught to drink water from a cup rather than a sippy cup or bottle. Permitting toddlers to suck continuously on a bottle or sippy cup filled with water, may cause nutritional or in rare instances, electrolyte imbalances.

Signs of Dehydration in Infants, *may be dry lips or mouth, dark yellow or orange urine, no interest in taking the bottle, breastfeeding or no tears when crying.*

Sanitizing water coolers/jugs:

1. Clean and sanitize water pitchers, dispensers, and reusable drinking cups **daily**.
2. Cleaning and sanitizing the jug and spigot is the only way to prevent the growth and **spread of bacteria** that could potentially make children sick.
3. Discard any leftover beverage, and rinse out the drink dispenser **with hot water**.
4. **Fill the container** with 1 quart hot water, 1 tsp. dish soap and 2 tsp. white vinegar to disinfect.
5. Hold your hand over the spigot and gently **shake the container** so the cleaner hits all sides of the drink dispenser.
6. Use a toothbrush to **scrub** inside and outside of the spigot **weekly**,
7. Drain the cleaner through the spigot, and **wipe** the inside and outside of the container with a wet dish cloth.
8. **Rinse** the dispenser with hot water and run hot water through the spigot and allow to air dry.

Cleaning Instructions

Do not use bleach or cleaners containing chlorides.
Use any commercial beverage urn cleaner to clean the inside of the dispenser.
      Follow the cleaner manufacturer's instructions.
      Thoroughly rinse the dispenser after cleaning.
Remove faucet body from shank by unscrewing plastic wing nut as shown
Disassemble upper assembly and remove the faucet upper assembly as shown
      Inspect the seat cup for wear. Clean or replace if necessary.
      Wash plastic parts with cleaning brush and dish detergent. Avoid abrasives

To sanitize the dispenser before filling, brew a batch of water only (no tea) into the dispenser allow it to rest for 10 minutes-and drain. Repeat daily, or as needed.

← Faucet Shank
-Unscrew and remove faucet body.
-With cleaner or hot soapy water--use brush to clean faucet shank.

-Do not allow sharp bush tip to contact the soft set cup.
-Rinse and Dry

-Unscrew and remove
-Clean faucet body and upper assembly by soaking in commercial dispenser cleaner or hot soapy water.
-Rinse and Dry

We recommend Urnex Tabz™ Tea Clean for use on FETCO® tea brewing equipment

9.

CACFP Food Storage Chart

Perishable Food Item	Refrigerator (Below 41°F)	Freezer (At or below 0°F)
Meat (Beef, Pork, Veal, Lamb)		
Ground meat, -uncooked -cooked	1-2 days 3-4 days	3-4 months
Steaks	3-5 days	6-12 months
Chops	3-5 days	4-6 months
Roasts	3-5 days	4-12 months
Stew meats	1-2 days	3-4 months
Poultry (Chicken, Turkey)		
Fresh poultry, whole	1-2 days	12 months
Fresh poultry, pieces (breast, thighs, wings)	1-2 days	9 months
Cooked poultry	3-4 days	4 months
Ground poultry, -uncooked -cooked	1-2 days 3-4 days	2-3 months 3-4 months
Ham & Corned Beef		
Corned beef, in pouch with pickling juices	5-7 days	Drained, 1 month
Ham, fully cooked, -whole -half -slices	7 days 3-5 days 3-4 days	1-2 months
Ham, canned, labeled "Keep Refrigerated," -unopened -opened	6-9 months 3-5 days	Do not freeze 1-2 months
Fish & Shellfish		
Lean fish	1-2 days	6 months
Fatty fish	1-2 days	2-3 months
Cooked fish	3-4 days	4-6 months
Smoked fish	14 days	2 months
Fresh shrimp, scallops	1-2 days	3-6 months

Other Notes:
-Label and date all foods prior to refrigerating or freezing:
   -Date foods with purchase date
   -Leftover foods: write the date the food was prepared
-Always use items with the earliest date first.
-Purchase foods before "sell-by" or expiration dates.
-Follow any handling instructions on the product.
-Keep meat and poultry in its package until using.
-When freezing, wrap products with airtight heavy-duty foil, plastic wrap, or freezer paper and place inside a sealable plastic bag.
-Whether freezing or refrigerating, remember this basic rule, "When in doubt, throw it out!"

Perishable Food Item	Refrigerator (Below 41°F)	Freezer (At or below 0°F)
Hot Dogs & Lunch Meat (in freezer wrap)		
Hot dogs, -opened -unopened	1 week 2 weeks	1-2 months
Lunch meat, -opened or deli-sliced -unopened	3-5 days 2 weeks	1-2 months
Eggs		
Fresh, in shell	3-5 weeks	Do not freeze
Hard-cooked	1 week	Do not freeze
Raw yolks, whites	2-4 days	12 months
Liquid pasteurized eggs or egg substitutes, -opened -unopened	3 days 10 days	Do not freeze 12 months
Dairy		
Cheese, hard or processed, -opened -unopened	3-4 weeks 6 months	6 months
Cheese, soft	1 week	6 months
Cottage/ricotta cheese	1 week	Do not freeze
Cream cheese	2 weeks	Do not freeze
Butter	1-3 months	6-9 months
Other/Leftovers Entrees		
Store-prepared (or homemade) egg, chicken, tuna, ham, & macaroni salads	36 hours	Do not freeze
Cooked meat & meat dishes	36 hours	2-3 months
Cooked poultry dishes	36 hours	4-6 months
Cooked chicken nuggets, patties	36 hours	1-3 months
Soups & stews (vegetable & meat-added)	36 hours	2-3 months
Frozen casseroles	Keep frozen	3-4 months
Commercially prepared ready-to-serve items that have been opened (canned fruit and vegetables, pasta sauce, canned soups, etc.)	7 days	Varies up to 6 months

State Agency Monitoring Requirements

Monitoring includes the State agency's processes of visiting, reviewing, and evaluating centers' operation of the CACFP. State agencies **must** provide technical assistance and supervisory oversight to independent centers to ensure effective Program operation, monitor progress towards achieving Program goals, and ensure that there is no discrimination in the Program. This assures that participants receive nutritious meals and that institutions receive proper financial reimbursement.

State agency monitors must include an assessment of the center's compliance with Program requirements related to:

o The meal pattern;
o Licensing or approval;
o Attendance at annual training;
o Meal counts; and
o Menu and meal records.

Daily Menu Records

Daily records of menus **must** contain a listing of the food items served in each meal type to ensure that the requirements of the CACFP meal patterns were met [7 CFR 226.24(a); 226.15(e)(10)].

Childcare centers and day care homes serving infants **must** offer meals that include breastmilk or an infant formula that meets CACFP requirements [7 CFR 226.20(b)].

In most childcare facilities, if a parent declines the formula that is offered, the parent may provide a different brand or type of formula. In some States, childcare facilities are required to complete a separate State form documenting the parent's decision. However, a simpler method of documentation, such as a notation on either a meal roster or a list of participating children, would be sufficient and would reduce paperwork.

Additionally, documentation is unnecessary in Head Start programs because Head Start policy requires the grantee to purchase the type of formula that accommodates each infant's nutritional needs and feeding preferences.

- Post in public view
- Child, Infant and Adult menus
- Post individual infant menus when infants are eating different foods
- Date all menus!
- Record all components served
- Record substitutions to reflect actual foods served
- Indicate whole grain items with "WG"
- Indicate type(s) of milk served to each age group

Centers must have practices in place to ensure that the meal service, recordkeeping, and other Program requirements are performed properly.

These practices must be documented in the application of independent centers and must document that centers will:

• Provide meals that meet meal pattern requirements;
• Comply with any licensing and health and safety requirements;
• Have a food service that complies with applicable State and local health and sanitation requirements; • Comply with civil rights requirements;
• Maintain complete and appropriate records on file; and
• Claim reimbursement only for eligible meals.

FOOD RESTRICTION LIST

NAME OF CHILD	FOOD/DRINK **NOT** PERMITTED	ALLERGY/INTOLERANCE/RESTRICTION	START DATE	SITE SUPERVISOR INITIALS

Page 1

Food Allergy/Intolerance and Dietary Needs Protocol

Family Service Staff:

At enrollment or initial home visit and anytime during the school year that the parent/guardian discloses allergies and dietary needs it is documented into Child Plus and then appropriate staff will fill out *Food Allergy and Dietary Needs Form* of the IC.

Input into Child Plus data correctly *(see below)* at this point is crucial to the Nutrition Department to oversee the Health & Nutrition Reports that <u>assures a child's safety</u> while in our care.

In Child Plus
- In the Information tab, complete the allergy section.
- In the Application tab, please complete the Infant or Preschool Nutrition Questionnaire (forms are on our website for home visits). Please input paper form into Child Plus and shred paper form.

Follow up with Health Department to request a doctor's note for all allergies and intolerances; if a child requires an alternate food/drink, Promise **requires** a doctor's note. Substitutions for medical reasons will be accommodated only with a signed statement from a licensed physician or other medical authority.

Substitutions for non-medical reasons (i.e. religious, vegetarian, etc.) will be approved on a case-by-case basis with the Nutrition Manager or Nutrition Supervisor (<u>exception</u> being pork, we are a pork-free agency).

Retrieve appropriate Form off of Promise's website

Complete *Food Allergy and Dietary Needs Form*

Email Form to the following (as stated on the form)
- CACFP Coordinator, Michelle Davis
- Kitchen Supervisor, Chris Anderson
- Health/Nutrition Program Manager, Angela Wight
- Health Coordinator, Norma Larocque & Cris Dorval
- Scan and attach in the Health Section of Child Plus and place in child's file, with Site Supervisors initial and date.

Once in the Child's Electronic File:

Add child's information to the Food Restriction List *(on website)* and place in the Food Allergy Folder on the *Emergency Board* In the classroom at all times….

This list needs to be brought to your monthly center meeting to be signed by your site-supervisor, please have your sheets updated (if needed) for any changes; which could be a new allergy, an elimination of an intolerance, a new child and/or a terminated child in our care. Please return to the *Emergency Board* in the classroom after the center meetings and/or changes were made to the list.

*Note- If a staff has a home visit on Thursday afternoon or Friday, the child <u>cannot start childcare until Tuesday</u>. The kitchen staff do not work on Friday's and need Monday to adjust the menu, buy replacement ingredient(s) and to just prepare; to assure the child's health and safety is in place.

<u>Exception</u>: when a child has milk allergy/intolerance, Lactaid or soy is easily accessible and can be in place for a new child to start.

**As a classroom teacher you are the FIRST and LAST eyes at meal time to ensure a child
is protected from a life threating food allergy emergency situation.**

Choking Prevention-**What you should know about choking?**

According to the ***Centers for Disease Control and Prevention*** (CDC), choking rates are highest for babies <u>less than one year old</u>. The majority of kids' choking injuries are caused by food.

How can I feed my baby safely?

o   Your baby should sit up while eating, and *be supervised at all times.*
o   Teach babies from an early age to "chew" (or gum) food well.
o   Don't hurry your child when eating—allow plenty of time for meals.
o   Only put a small amount of food on the tray at a time.
o   Avoid peanut butter—it's a greater allergy risk at early ages, anyway.
o   Avoid **round**, **firm** foods and **chunks** (hot dogs, nuts, meat/cheese chunks, whole grapes, hard or sticky candy, popcorn, raw carrots, other firm, raw fruit or vegetable chunks).
o   Hot dogs are not healthy or safe for babies. If your toddler likes hot dogs, get a nitrite- and nitrate-free variety, and cut it in long, noodle-like strips.
o   Avoid stringy foods like string beans and celery.
o   Avoid commercial white bread products—they can form pasty globs in your baby's mouth, and aren't healthy anyway.
o   Offer only a few pieces of food at a time.
o   Cut meat and poultry across the grain, and into tiny <u>fingertip-sized pieces</u>.
o   Food pieces should be no larger than **one-half inch in any direction**. If in doubt, cut food into smaller pieces.

What are some suggestions for SAFE and HEALTHY finger foods?

o   O-shaped cereals
o   Well-cooked carrots sticks
o   Whole-wheat toast (remove crust)
o   Scrambled egg yolk
o   French toast (without egg white)
o   Cooked peas (no pod)
o   Very ripe pear slices
o   Well-cooked apple slices
o   Cooked pasta pieces (consider using whole-grain pasta)
o   Tofu chunks
o   Avocado dip or chunks
o   Soft-cooked peas and beans

How can I feed my children safely, and what do I do if they choke?
Kids under <u>age five</u> can choke on food and small objects. Believe it or not, a lot of the choking prevention advice for babies still holds for children up to 4 to 7 years old!

The American Academy of Pediatrics says that the following foods are highest risk. (Children under 4 years old <u>should not</u> eat them.):

o   hot dogs or sausage
o   hard, gooey or sticky candy
o   peanuts, nuts and seeds
o   whole grapes
o   chunks of meat or cheese
o   marshmallows
o   chunks of peanut butter
o   popcorn
o   chunks of raw fruits or vegetables (such as carrots or apples)
o   chewing gum

1 Year Old   at 6 months old a closed cup should be introduced

Appetite: *May not eat equally well at all meals*
Refusals & Pref: Shows a preference for certain foods.
Independence: May finger feed part of meal.
                Is able to drink from a closed cup
                Many insist on standing up.
                Some children this age can begin to sit in a three-sided chair.
                Expect children to be very messy eaters.

18 Months Old

Appetite: *May be decreasing*
Refusals & Pref: Changes a lot
Independence: Enjoys feeding self.
                Most infants can drink from an open cup (19 months old)
                Definitely should be sitting at the table w/a three sided chair.
                May want to eat off of other plates or out of serving bowl.
                * Maybe able to pass some foods with help and pass you an empty bowl.

2 Years Old

Appetite: *Fair to moderately good.*
Refusals & Pref: Typically show a sharp decrease in appetite as their growth slows.
                May become discouraged by large servings.
                Many are fussy, hard to please or go on food jags or refusals
                Doesn't' like strained foods or foods mixed together.
                Likes whole pieces of foods.
Independence: Ready to sit in regular chairs at the table.
                Learning to manipulate serving spoons and pour from small pitchers with assistance.
                * Can begin to serve themselves and some can pass bowls of food.
                *Can scrap leftover food off their plates and put dirty dishes in appropriate places.

2 ½ Year Old

Appetite: *Often varies between very good and very poor. Usually eats one good meal.*
Refusals & Pref: Food jags will continue. May favor meat, fruit and butter.
Independence: May feed self entire meal or want to eat some and ask for help with the rest. Likes routines.
                 Demands same food, dishes, or arrangement of dishes.
                 *Children can pass food and are becoming good at manipulating serving spoons.

3 Year Old

Appetite: *Fairly good.*
Refusals & Pref: Meat, fruit, milk, dessert, sweets favored but also eats vegetables.
Independence: Feeds self and eats well.
                Demands attention while eating (excessive).
                *Begins to master pouring and serving utensils and scan scoop and balance.
                Begins to understand the concept of sharing and can pass foods.

4 and 5 Years Old

Independence: Have mastered the mechanics of eating
                *Have learned the skills needed to participate fully in family style dining.
                They are usually more interested in colors, textures, and tastes of foods and become more <u>willing to try new foods</u>.
                Beginning to develop very individual tastes and food preferences.

Children are born with the ability to self regulate food intak

The Basic Guide to Family Style Dining - Part 1

"The children drop the food on the floor, spill the milk on the table, or don't eat enough" are all common reasons why some child care providers choose not to serve meals family style. However, family style dining has many advantages and can be made very easy for both the provider and the children. This month and next month, Mealtime Memo will provide you with a step-by-step guide for implementing family style dining.

What is family style dining?
In family style dining, all food is placed on the table in child size serving bowls, with child size serving utensils. Children are encouraged to serve themselves, with help from their teacher if needed. Milk can be served in small pitchers or cartons.

The Value of Family Style Dining for Young Children
Family style dining can help children learn and practice many different skills. They can learn social skills, such as sharing, taking turns, and saying please and thank you.

Family style dining also gives children the opportunity to develop their gross and fine motor skills by performing different tasks, such as helping to set the table, pouring their own milk, and learning how to serve themselves without touching the food in the serving bowls.

Family style dining allows children to feel in control of their eating. They know that they can decide what to eat and how much to serve themselves. Children may take a small serving and take additional food later in the meal. Children know that they can pass on certain foods, but change their minds later in the meal. In addition, there may be less food wasted when children serve themselves.

Indirectly, family style dining encourages children to try new foods. While children may need to be offered a new food 10-15 times before they will try it, they often follow what they see others doing. They are more likely to try new foods if other children or the adult sitting with them are eating those foods.

National Food Service Management Institute ● The University of Mississippi

What a child needs to eat and grow

Keep in mind that to eat and grow well your child depends on reasonably secure family environment. Every family has a certain amount of stress. But if you are overstressed, depressed, overwhelmed by life circumstances and limited in the emotional support you can give your child, it can have an impact on their eating and growth.

TODDLERS

Make family mealtime is a pleasant time, keep eating times calm and pleasant.

Talk and smile, but don't be distracting.

The child is responsible in whether they eat and how much they eat.

Let the child look, feel, mash, & smell the food, he will like it better.

Help your child take part in family meals; for a preschool teacher, what does this mean?
- The child needs to eat with you
- Be engaged in conversation
- Learn healthy eating habits and nutrition education

It's natural for toddler to be messy & noisy-help your children learn to behave nicely at the table

Let children eat like children

Toddlers do not eat very much, but it turns out they don't have to eat so much to get what they need. **They need a helping only 1/4th to 1/3rd the size of an adult's or one tablespoon per year of age,**

Keep things calm at eating time. When children scream or laugh, they catch their breath and could suck food into their lungs.

PRESCHOOLERS

It is hard to eat in a new situation where you do not know what to expect.

They need good food, adults who care about them, and stay with them while they eat.

One way that children learn to like new food is by putting it in their mouth, them taking it out again if they do not want to swallow it.   Children can learn to spit into a napkin.

Preschoolers generally are more willing than toddlers to try new foods and they have more eating skills

Preschoolers pay attention to what you do

Preschoolers pay attention to their eating, when they get full, they lose interest in food.

Preschoolers may eat very little but done worry. They get their nutrients from a helping only 1/3 to ½ size of an adult.

They need to learn to do their part to make meals pleasant for everybody

IN A PRESCHOOL ENVIRONMENT- THE CHILD IS RESPONSIBLE FOR HOW MUCH THEY EAT --- "BUT" REMEMBER IN PRESCHOOL WE ARE REQUIRED TO HAVE AND SERVE THE REQUIRED AMOUNT.

It is possible to overfeed a preschooler, causing the child to be overweight. Some children know exactly when they are full and refuse to eat anything more. Other children do not mind being overfed and will even overfeed themselves at times. Parents may overfeed giving food handouts to calm children down or to entertain them; by routinely giving soda, juice, or milk for thirst instead of water; or by urging children to eat more that than they're really hungry for.

Family style: At home and at Preschool

- Choose the menu- Promise chooses the menu
- Get the food on the table
- Keep them company when they eat
- Make mealtime pleasant (no judging, forcing, guilt or negative language allowed)

FEEDING POLICY

Our child care facility adheres to Ellyn Satter's division of responsibility in feeding:

Feeding demands a division of responsibility—

Adults
are responsible for
what, when, and *where*

Children
are responsible for
how much and *whether*

We provide nutritious, regularly scheduled meals and snacks

Meals and snacks are an important part of our program day.
- We take time to help children relax and prepare to eat.
- We sit down to eat with children and have good times.
- We help children learn to behave well at meal and snack times.

We follow federal and state guidelines to plan meals and snacks.
- We keep in mind the special food needs of small children.
- We offer familiar and popular foods along with unfamiliar foods.
- We let children eat what they like and also try out new foods.

We follow guidelines on wellness to cook food moderate, not low, in fat.
- We use meat, poultry, and fish as well as cooked dried beans.
- We use lean red meats but do not restrict red meat.
- We serve whole or 2% milk.
- We let children help themselves to salad dressings, butter and/or margarine.

We trust children to manage their own eating

Children will eat, they will eat what they need, and they will learn to eat the new foods that we offer.
- We let children pick and choose from the food we make available.
- We let children eat as little or as much of the food as they want.

Some days children eat a lot, other days, not so much. But they know how much they need.
- We do not limit the amounts children eat.
- We do not force children to eat certain foods or certain amounts of food.

Also see Ellyn Satter's books, *Secrets of Feeding a Healthy Family, Child of Mine: Feeding with Love and Good Sense,* and *Your Child's Weight: Helping Without Harming.*

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What does Coercion look like?

"The action or practice of persuading someone to do something by using force or threats".

- Coercion is forcing your values on others
- Coercion can be subtle
- It can happen in a moment
- It can arrive in all sorts of forms
- Coercion can appear to work in the short term, but it always causes damage
- It will always fail because individuals need to find their own motivation to thrive

Don't cross that line.

What does Positive Encouragement look like?

- **Encourage your child to explore food without the goal of eating it** i.e. talk about how food looks, smells, feels, the colors, where it grows or what animals may eat it too. It allow them to familiarize themselves with different foods without the stress of having to try them.
- **Take it in stages:** this might take weeks or even month to get through all the stage with one food.
  - Might tolerate it sitting on their plate
  - Might just be sniffing it
  - Or touching it
  - Then may lead to licking it, and eventually tasting it.
  - And yes, possibly spitting food out; if a child knows that they can remove food from their mouth if they don't like it, they are more likely to give it a try teach children how to politely remove food from their mouth using a napkin, and let them know that is is acceptable to do.

We provide, child decides!

Caregiver/parent "job" is to TRUST children to decide whether or how much to eat.

- Make eating time pleasant.
- Make your children feel safe
- Show children mealtime behavior.

Children's "Jobs"

- Eat the food.
- Eat the amount they need.
- Learn to eat the food their parent/caregiver eats.
- Grow predictably.
- Learn to behave well at the table.

Really? Stop Picky Eating with this One Simple Phrase

Introducing our **fussy eaters** to new foods can be particularly challenging. Many people use the "**one bite rule for picky eaters**" (aka the "**one polite bite**" or "**one bite rule for fussy eaters**") but feeding professionals are increasingly aware that it <u>has negative side effects</u>. So what can we do to help our kids try new foods instead?

But the **one bite rule for picky eaters** isn't pressuring your child, you're just encouraging right?

Well, where do you draw the line? Are you letting them choose freely to eat or not eat that food? If not, you're pressuring them, however well intentioned.

You create a bad food experience and your child will dig in their heels and in their mind a wall will go up. "I don't like that food", the wall will say.

**You have now created an even bigger hurdle than before. You never know, that dislike for food may last a lifetime!

What you WANT to do is to create a "safe tasting experience" aka a Pleasant Mealtime Experience here at Promise.

1. You want to make it pleasant.
2. You want your child to feel safe.
3. You want them to feel happy trying the new food.
4. You want them to feel in control of the food that they put in their mouth. After all, it's their mouth.
5. Let them refuse.
6. If they want to, let them smell, touch and see the food.
7. Let them JUST put it in their mouth. (Yep, let them spit it out if they don't want to eat it.)
8. Present them with a teeny tiny bit.
9. **Let them make their own choices**. That's what we're aiming for in the long term. We want our children to grow up and choose a healthy diet.

Try the Magic Phrase to Stop Picky Eating Instead

✓ **"You don't have to eat it!"**

How to Present New Food to Children

- **Never** make it the whole meal.

- Give them **options** (not their favourite food but other things they can eat if they want to. Please note "options" doesn't mean your kids get to pick out of the cupboard, they don't get to choose chocolate

biscuits in they don't eat dinner. It means instead of just peas, offer carrots and peas and they get to choose which they want.)

- Use a **poker face**. You don't want them to know that you desperately want them to try it. When they do try it, you do a **silent** happy dance…….

- Give them a **tiny bit** so they are not overwhelmed.

- Prepare yourself for the fact that they **probably won't eat it**, they probably won't even touch it. That's fine. It is up to them to choose what they want to eat.

It is really tough learning to trust children. It's really tough not to pressure them to eat. And sometimes you may find yourself saying "**just try a little bit**". But stop and remind yourself; it will take patience and persistence to teach our children to love healthy food.

Every time we present our children with new food or food that they claim they don't like, remind yourself that it takes around **15 times** of actual trying a new food to decide whether they like it or not. It takes 15 times of willingly choosing to try that food. Let's teach our children to have a good relationship with food and teach them to love healthy food.

Areas to Observe	YES	NO	Explain if No
Is the Menu and Food Restriction class list current and posted?			
Are hands and tables cleaned and sanitized before and after meals?			
Do the children with food allergy/intolerances have the substitutions needed?			
Is there any potential choking hazards at the meal table? • Infants *(under a year old),* cut into pieces ¼ inch or smaller • Toddlers, cut into ½ inch or smaller			
Are staff providing opportunities for a child to serve their own food and beverages and assist with preparation before & after meals as much as possible that will develop fine motor skills?			
Is a teacher's conversation child directed?			
Are staff giving children time to respond and engage in conversations?			
Are staffs conversations only focused on food and eating?			
Did conversation focus on child(ren) interests and experiences that were developmentally appropriate?			
Did you observe children socializing with each other?			
Are staff maintaining a positive emotional climate and modeling good eating habits? Did teachers eat a taste portion			
Are staff encouraging children to choose one food components over another one, when seconds is available?			
Is there learning opportunities for the children that involved teacher-child interaction? *Provide example*			
Are teachers encouraging (not forcing) children to try new foods?			
Did you hear food being used as an award or punishment?			
Activities were provided for children who finished early?			
The scheduled meal time was followed?			
Was food swept up before children transitioned to another activity?			
Is there developmentally appropriate eating/serving utensils, drink pitchers and mealtime furniture for children?			
Are staff at arm's reach away from child(ren) eating and/or seated at the table with them at all times? *Including infants in high chairs*			
Is the mealtime calm, safe and a pleasant experience for children?			
Are staff supervising children while they dispose of dirty dishes?			

SERV SAFE GUIDELINES

Promise participates in the <u>Child and Adult Care Food Program</u> and that is the program that I am responsible for.

Our goal is to create a culture of food safety….meaning everyone, everyday (not just food service staff) plays their part to keep the food we eat safe. We all know that when children eat nutritious meals, they are more focused and alert in the classroom. Ensuring that the meals are safe also is critical to classroom success.

#1) **IF YOU ARE ILL**, DO NOT BE THE DESIGNATED PERSON TO DO FOOD SERVICE. EVEN IF YOU FEEL BETTER AND ARE ONLY A LITTLE BIT SICK….PICK SOMEONE ELSE.

#2) **WASH YOUR HANDS PROPERLY**. You do not have to use gloves if you wash your hands properly. However, if you have a cut or sore, gloves need to be worn.

#3) Make a **BLEACH WATER SOLUTION** and keep the dishcloth in the bucket at all times…not on the counter. one teaspoon of bleach and fill bucket. Wash the counter top.

#4) Open the refrigerator and freezer and **LOOK AT THE TEMPS**. Write them in on the temp log on the refrigerator. We always need to ensure that food stays frozen or below 41 degrees in the refrigerator.

#5) If you need to open a can **WIPE OFF THE TOP** before opening.

#6) Follow what is on the menu, **DO NOT SUBSTITUTE** items without the kitchens approval. If a substitution has been made, it will be listed on the menu.

#7) Rinse dishes well before putting into the dishwasher. The soap in the dishwasher cleans the dishes. The **HEAT SANITIZES** them. If you are the one to put the dishes away be sure to <u>wash your hands properly before touching the clean dishes</u>.

#8) Food will be prepped but that does not mean that it won't need to be done by teaching staff at times. When prepping food like opening a can or cutting fruit, a **HAIR NET AND AN APRON NEED TO BE WORN**. If you have to cut whole fruit, wash it well under water first.

#9) If you see something on the floor please pick it up (to eliminate falls and pests).

#10) Be sure that no cleaning supplies or equipment (knifes) are **LEFT OUT** in the kitchen area.

Planning for Meal and Snack Times in Preschool Programs

1. Must maintain a healthy, safe environment for food preparation and eating areas.
2. Staff and children's handwashing is required before and after.
3. Proper washing and disinfecting procedures should be followed by cleaning tables used for eating, food preparation surfaces and food equipment before and after food use.
   - The recommended procedure for cleaning eating surfaces involves washing tables with a soapy solution, then disinfecting with a Promise approved product. Please follow and read instructions carefully.
4. Tables should be dried with disposable paper towels.
5. Staff should always wash their hands after wiping tables and before serving food.
6. Information regarding food allergies should be documented in writing for each affected child and be readily available to all staff involved with the children's meals and snacks. This includes kitchen personnel and substitute instructional staff.
7. Meal and snack times are also prime opportunities for extending high-quality teaching practices and child learning outcomes across the curriculum. Teacher modeling, facilitating and thoughtful planning will lead to an atmosphere that encourages children to:

   - Practice emerging independence by using child-sized containers and utensils, allowing preschoolers to set tables, pour beverages, serve themselves and clear their places.

   - Interact in a pleasant social atmosphere as they participate with peers and adults in decision-making, sharing, communication with others and practicing good manners during family-style mealtime settings.

   - Learn healthy habits such as handwashing and tooth-brushing.

   - Experience an inclusive classroom setting where accommodations for preschool children with disabilities allows everyone to participate together during meals.

   - Develop mathematical understanding by counting, sorting, patterning, and practicing one-to-one correspondence facilitated by adults who capitalize on teachable moments during meals and snacks.

   - Experience the richness of all cultures through diversity in food and food customs.

   - Explore the science of food preparation.

   - Enhance literacy development by using new vocabulary and facilitating conversational turn-taking.

8. Food should be offered to children who express hunger when arriving at school after a scheduled mealtime.

USING A MICROFIBER CLOTH

In between uses place the moist cleaning micro-fiber cloths in a bucket with sanitizing solution. However, when the sanitizing solution appears cloudy or the cleaning cloth appears dirty, prepare a fresh sanitizing solution and use a clean micro-fiber cloth. At the end of each day, place in the hamper provided.

As you continue to clean the kitchen, be sure to address the following areas:
• Clean all food service and eating areas with clean cleaning cloths and hot soapy water. Then, sanitize with a sanitizing solution. If using a bleach and water solution, follow the instructions on the product label for proper concentration. After each use, allow all food service and eating areas to air dry.

• Clean countertops after each use, and clean and sanitize at the end of each day.

• Clean walls and windows as necessary to remove splatters, grease, and handprints.

• Clean and sanitize tables and highchair trays before and after each use.

• Wash all cloth napkins, aprons, dishcloths, and potholders after each use.

• Clean shelves, cabinets, and drawers as necessary, especially the handles.

• Take garbage out daily and clean trashcans as necessary.

• Clean the refrigerator on a monthly basis or more often as needed.

Section 4: Education

4.1 Education
- Roles and Responsibilities
- Education Monitoring Plan
- Attendance
- Classroom Environments
- Daily Classroom Cleaning Expectations
- Daily Classroom Cleaning List
- Cleaning and Sanitization Form
- Required Classroom Displays
- Bulletin Board Guidance
- Classroom Schedules
- Arrival and Departure of Children
- Rest Time Guidance
- Screen Time Guidance
- Substitute Procedure
- Classroom nutrition activities
- Classroom and Playground Rules
- Playground Expectations
- Infant-Toddler Communication Sheets
- Classroom inventory list
- Consumable orders
- Photo Procedure
- Laminating Guidance
- End of Year Procedure

4.1 School Readiness
- HS Early Learning Outcome Framework (HSELOF)
- Pyramid Model
- Pyramid for Teachers
- Pyramid Social Emotional Competence in Infants
- Guidance of Young Children's Behavior
- Developmental & Social-Emotional Screenings
- DLL Screening
- DLL form for CDS
- DLL Teaching and Learning
- Transitions in Head Start
- PTC's and Home Visit's

- <u>Kindergarten Readiness</u>
- PTC's and Home Visit's
- TalkingPoints Expectations
- Toileting Plan

4.2 Active Supervision
- Active Supervision of Children & Zoning

4.3 Teacher Effectiveness
- Program Monitoring
- Curricula Implementation and Fidelity
- Coaching
- CLASS Dimension overview
- ITERS Summary
- ECERS Summary

4.5 Teaching Strategies Gold Assessment System
- Teaching Strategies Objectives for Development and Learning
- Teaching Strategies Quick "How to" Guide
- Teaching Strategies FAQ
- TSG Observations
- TSG Child File Upload
- Closing out child files

Roles and Responsibilities

TEACHER	TEACHER ASSISTANT
Home visits & Parent Teacher Conferences	Attendance in ChildPlus
45 Day Screening Mandates: Brigance & Brigance SE, ASQ & ASQ SE, *pre*LAS (if applicable) Assessments-TSG	Opening and closing prep
Planning & preparing curriculum	Material prep for curriculum and environment
Full curriculum implementation & written lesson plans I.D. components to be taught by Teacher/TA/Ed Tech	Material organization (cupboards, shelves, closets)
Coordinate nutrition activities	Material rotation with teacher input
Child observations for TSG	Child observations/input of observations in TSG
Supervisions with TA/Ed Tech	Maintain clutter free environments
Medication/ Allergy meetings/Medication Plans	Classroom sanitization schedule
Referrals for special services	8 on 8 Safety Check
Monitor health & special services	Playground Safety Checklist
IEP/ IFSP reports & meetings	Medication box list/Medication log check Maintain & order Health supplies
CDS Contact	Meal prep & clean up
ALL ChildPlus documentation/ reports	Order diapers/ wipes/ or pull-ups Change diapers
Training hours/ Professional development	Order classroom/ office supplies
Parent meetings & trainings	Assist in delegated teaching components: circle, story, etc.
Parent communication (verbal / written), including TalkingPoints	Prepare Home-School folders
Family Advocate contact	Parent information board
Weekly team meetings	Bulletin boards with child work/writing
Point for all practicum, intern students and volunteers	Professional development/ training hours
Communication with community partners	Laundry

	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
EDUCATION	Summer Screens Initial HV In-service days for PY All Agency In-service Open House 100% of PY Home Visits complete Family Partnership Agreements begun	First Parent Committee Mtg Elect parents to Policy Council 4th week Policy Council seated 100% Enrolled Immunizations on file Ways to Stay Safe- including pedestrian & fire safety education- Second Step Bus Safety @ Public PreK Health & Safety Observation & Checklist OHS Safety Check	45 day Dev/Sensory Screens CLASS Observations All Agency In-service Day 1st Lockdown Mental Health Observations MATH & SCIENCE Night	1st Parent Conf/Home Visit TSG Checkpoint 1	90 day plans (health - development – vision-hearing) follow-up identified or established The Always Ask First Rule education- Second Step	Self-Assessment begins All Agency In-service	2nd Home Visit/PTC TSG Check point 2 Safe and Unsafe Touches education - Second Step	In-service CLASS Observations 2nd Lockdown The Touching Rule education - Second Step	K Transition Mtgs LITERACY Night Practicing Staying Safe Education- Second Step	TSG Check point 3 2nd Parent Conf K Transition Form completed K Readiness meetings with public school End of PY Celebrations Reviewing Safety Skills education- Second Step	PY Program Year ends End of Year Celebrations	

Daily: Attendance Monitoring, Playground Check, Classroom Cleaning (8 on 8) and Sanitization Checklist.

Monthly: Fire Drill, Medication Log Check, Parent Committee Meetings, Supervision, Staff Center Meetings, Policy Council Meetings, Safety Checklist.

Bi-annual: Health and Safety Screener, Lockdown drill.

Ongoing: MH Reflective Consultation, Parent Trainings, revisit FPA w/ families as needed, recruitment, CoP's.

Title of Procedure or Process:	Attendance
Program Area(s):	Health, Nutrition, Education, Special Services, Family Services, ERSEA, etc.
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	Lead Teachers and Family Advocate
Timeline for completion:	Daily
Submitted to:	Full Day attendance records are sent to Fiscal and Part Year attendance records are given to Site Supervisors
ChildPlus Documentation:	Entry Express-Attendance on tablet or laptop
Uploaded to ChildPlus:	NA
Specific Directions:	See Below

Procedure:

Teachers will build a positive expectation for attending school and building a relationship with the parent, child and school by communicating directly with families, especially those children who have a history of at-risk or chronic absenteeism.

Every day:
- Say hello to each and every child when they arrive.
- If a child arrives after an absence, make sure to make a 1:1 connection to say how glad you are to see them back at school.
- Remind children that "School is your first and most important job."

Recording Attendance
1. The teacher assistant will print the most current attendance sheet each Friday for use the following week.
2. Parents sign children when arriving in the classroom or if arriving by bus, teaching staff will document attendance on the attendance sheet in the classroom as children arrive.

    Attendance will be entered in ChildPlus by 9:30am every day.

3. If parent has made contact that their child will be absent, write the reason for a child's absence in the "Absence Reasons" area of ChildPlus.
4. If the absence is due to child illness, also document in the Health Communication Log the symptoms (cough, runny nose, rash, fever, etc.) or diagnosis.
5. When staff is made aware of reasons for absence after attendance has been recorded in the system, TA will update the absence reason in attendance. This step is critical in ensuring that we are able to conduct an effective analysis of the class' absence reasons.
6. When a child arrives late, or leaves early, document the child as Tardy or Left Early in ChildPlus.

Child Absences and required follow up:

1. **Phone Call for "no call/no show":**
    If the parent has made no contact ("no call/no show") regarding the child's absence that day the family is texted as soon as possible that day- within an hour of class time using a Family Advocate if feasible. The first call is to establish the reasons for absence, offer support, explain the benefits of regular preschool

attendance, and problem-solve any attendance barriers. Note the results of the call under Absentee Reasons in ChildPlus.

If the parent is not reached, log in CP+ that a call was made / message was left.

Follow-up call made if needed:

HS teacher/Family Advocate will call/text all families that were not reached by "First Call".

The educator will establish the reason for the absence, offer support, explain the benefits of regular preschool attendance, and problem-solve any attendance barriers. Note the results of the call on the attendance in ChildPlus.

- We missed your child here at school
- We care about your child
- Mention a positive comment about the child
- Inquire *about* their health--- Is she/ he feeling OK??
- Some of the activities/ work your child missed involved….*(using a preferred communication method)*

2. Home Visit after two consecutive days of NO CALL/NO SHOW:

If a child has been absent for two consecutive days with No call/No show Family Advocates MUST conduct a home visit no later than the morning of the third day. Document the outcome of the home visit in an attendance follow up case note.

ATTENDANCE MONITORING:

Use ChildPlus Report: #2305

1. **Attendance Conversation:**
   The first month a child falls below 90% (missing 2 or more days) staff enter as event in Family Services as Attendance Conversation with summary of absence reasons and supports offered.

2. **Initial Attendance Goal:**
   Goal is set with family upon enrollment on the initial home visit.

3. **Attendance Goal for Moderate/Chronic Attendance** MUST be established and documented under Family Services:
   The second consecutive month where the child falls below 90%, staff will engage the family in a conversation regarding the importance of attendance; determine the reasons for absences and brainstorm with parents how to improve attendance will be documented as an Initial Attendance Goal under Family Services.

If chronic absence for two consecutive months is the result of illness, consult Health Services staff.

If the child is on an IFSP, notify both the CDS Case Manager and the Special Services Coordinator, and consult with them while addressing chronic poor attendance.

Title of Procedure or Process:	Classroom Environments
Program Area(s):	Education
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	Lead Teachers
Timeline for completion:	NA
Submitted to:	NA
ChildPlus Documentation:	NA
Uploaded to ChildPlus:	NA
Specific Directions:	See Below

PROCEDURE:
1. Ensure indoor and outdoor spaces are safe, clean, spacious and attractive at all times.
2. Classroom doors are locked for both safety and the social-emotional health of children.
3. Teaching related materials such as staplers, teacher scissors, etc. must be stored out of child reach and not on a teacher desk or cubby top.
4. Activity areas are clearly defined while allowing children to work individually or together in small or large groups and are clearly labeled as dramatic play, blocks, etc.
5. Space is arranged to provide clear pathways for children to move from one area to another and to minimize distractions.
6. Developmentally appropriate materials and equipment are displayed on low, open shelves to promote accessibility and independent use by children. Sufficient quantity of durable materials and equipment is available.
7. Materials on shelves should be stored in an orderly fashion and shelving should not be left bare or sparse. Materials are displayed in such a way that it is clear to children "how much" material is needed for one person to play successfully.
8. Certain centers such as blocks, dramatic play, sensory tables or libraries will have limits posted in individual centers to indicate the number of children who can play there # of children will be determined based on center size and quantity of materials available for all to play.
9. Classroom labels are affixed to shelving using contact paper or small amounts of Velcro. Do not use clear tape.
10. Classroom labels and displays included the home languages of children in the classroom.
11. No tape of any kind should be placed on rugs or floors.
12. Posters and signs should be hung on bulletin boards. Do not use any type of tape or Velcro to attach posters to walls. If necessary to hang something on a wall, use 3M hooks or hangers only.
13. Napping mats/cots are stored in a sanitary manner with napping surfaces not touching and blankets stored in plastic totes.
14. As needed, classrooms will adapt and modify space for special needs (wheelchairs, other individual adaptive equipment/materials).
15. Classrooms will utilize *Turns Lists* daily in all areas where children may be waiting for a turn (see Turns List Guidance for more guidance).
16. Classroom environmental changes need to involve a coach.
17. Learning centers should be set up in the following manner:
   Block Area
   ✓ The block area should be one of the two biggest centers in the room along with the dramatic play area

✓ Should be enclosed on 3 sides so that there is only one way into the center in order to minimize outside interruptions and foot traffic
✓ The block area should have a flat, solid surface for building while also giving the children a comfortable place to sit on the floor such as a thin rug
✓ There must be enough wooden unit blocks for at least 3-4 children to build independent structures
✓ There should be different kinds of blocks in the center
✓ Should have some accessories (people, road signs, cars, animals, small buildings, etc.) that can be used to enhance block play as related to curriculum. "Extra" block props that are not tied to theme or curriculum are stored outside of the block area and not on the shelf.
✓ Blocks must be separated by type (wooden vs foam) and stored in an organized manner.
✓ Writing materials should be available for labeling, sign making, etc.

Art Area
✓ There should be an art easel, open art shelf and table within the area
✓ Should be located close to the water supply to ease with clean up.
✓ The center must provide a variety of materials to children such as crayons, markers, paint, play dough, yarn, scissors (as appropriate), glue, beautiful junk from the Share Center, etc.
✓ Materials should be arranged so that children can use them with minimal assistance from adults
✓ Smocks should be available for children to wear while they are creating, especially when using paint. There should be at least as many smocks as there are children allowed to play in the center at the same time

Fine Motor/Manipulatives Area
✓ Should be several different types of fine motor materials in this center including those that snap, connect, stack, etc.
✓ The materials should vary in difficulty to address the needs of all children. Some examples are regular and knobbed puzzles, larger and smaller interlocking blocks, smaller and larger stringing beads, etc.
✓ Most fine motor materials should be stored in bins (without lids) and should be labeled with pictures and words to help the children with organizational skills, clean-up, and literacy skills. Materials can also be displayed on trays in appropriate amounts for one child to use and tray can be used to help define play space
✓ A table should be in or near the fine motor area so children can play with the materials comfortably

Math Materials
✓ A variety of math related manipulatives such as counters, unifix cubes, pattern blocks, numbered manipulatives, # or shape puzzles, magnetic numerals, sorting containers, scale, etc.
✓ Counting games
✓ Building Blocks activities
✓ Math related literature to be located/displayed in the center or incorporated in the classroom library.

Library Area
✓ Must be enclosed on 3 sides so that there is only one way into the center in order to minimize outside interruptions and foot traffic
✓ Should be a quiet, comfortable area with soft furnishings for children to relax. Soft furnishings should include a couch and or chair, small carpet
✓ The library area should have at least 35 books in a variety of genres (wordless, fiction, non-fiction, board, etc.) accessible for children with many of them facing forward so the cover can be seen
✓ Books in the library area should be age appropriate, in good condition, and cover a variety of topics such as differing abilities, cultures, health, jobs/work, math, people, nature/science, etc.
✓ There should be at least 5 books displayed in the room (doesn't have to be in the library area) that relate to current classroom activities or themes

Dramatic Play Area
✓ The dramatic play area should be one of the two biggest centers in the room along with the block area
✓ There should be a variety of dramatic play materials accessible such as dolls, child-sized furniture, play foods, cooking utensils, and dress-up clothes for boys and girls. Additional dramatic play props such as a mailbox, restaurant menus, doctor tools, or play money, etc. are added as it relates to the

unit of study and removed when the theme changes i.e. restaurant materials are replaced with doctor tools…

- ✓ The dramatic play area can be altered to address the interests of the children and does not have to just be a "kitchen" area
- ✓ There should be at least 4 examples to represent diversity in the dramatic play area such as dolls of different races, foods of different cultures, equipment used by people with disabilities, etc. and include examples of home language in signs, labels or displays.

Sensory Table

- ✓ A sand/water table must be accessible for children every day.
- ✓ Number of tools and toys added still allows space to use sensory materials and do not crowd the table.
- ✓ Sand substitutes can be used in the table but <u>cannot</u> include food products such as rice or beans.

Science Area

There should be a variety of science materials accessible from 4 specific categories:

- ✓ *Living Things:* plants, window bird feeder, butterflies, etc.
    - ✓ It is encouraged, but not required, that each classroom have a living thing such as a plant so the children have the opportunity to help take care of it. If there is a plant in the classroom, it must be labeled with the name of the plant and must be found on the Safe Plants list
- ✓ *Natural Objects:* seeds, leaves, pine cones, rocks, seashells, etc.
- ✓ *Science related literature:* fiction and non-fiction texts.
- ✓ *Nature exploration/Science Tools:* color paddles, magnets, magnifying glasses, prisms, mirrors, tornado tubes, etc.

Writing Area

- ✓ This area should be a permanent interest area in the classroom with a writing table and shelf with writing materials
- ✓ There should be various types of writing materials in this area such as markers, crayons, pencils, lined paper, blank paper, construction paper, journals, envelopes, etc.
- ✓ The area should contain items that encourage the child's interest in learning to write alphabet letters such as a book with names of the children, alphabet strip/poster in plain view, Picture Dictionary/ABC book, etc.

18. Classroom space should include soft elements such as rugs, cushions, or soft seating.
19. Classroom will have a cozy/safe area created with the wooden cube that will allow children to COMPLETELY escape the business of the room where a child can be mad, sad or just alone. This should not be in your Library/Reading area to ensure that upset children do not cause a disruption to the reading in the library.
20. Check that the environment reflects non-stereotyping and cultural diversity and reflects the backgrounds and interests of families and children. Cultural diversity is represented in the classroom in pictures, photographs and materials displayed and used in activities.
21. The "*Required Classroom Display*" document identifies several items that must be posted inside or outside the classroom. In addition to those required items, the display should be used to enhance the child's environment and promote learning such as literacy and math skills.
22. The weekly theme/topic should be evident in the classroom display and materials offered in the classroom.
23. Photos and names of the enrolled children should be found in multiple places throughout the room. Examples would be: Their cubbies, tables, charts, child identifiers for center selection (i.e. pictures on ice cream sticks), bulletin boards, birthday displays, writing center, etc).
24. Classroom displays should be limited to bulletin boards and about 1/3 of the display materials should be children's individualized artwork.
25. Arrange a parent bulletin board/message center that is regularly updated with attractive displays, interesting articles and announcements of activities and events of the program, center and community. *Refer to "Required Classroom Display" document for guidance.*
26. Use signs/labels and pictures in each interest area of the classroom to help everyone where materials belong.
27. Add Language Facilitation Guides to centers to help teachers, practicum students or volunteers know what skills children can learn and how to facilitate activities or language interactions in each area.

28. Separate the location of the learning centers that are "quiet" from the ones that are "noisy" and separate wet/messy play from dry play areas. This can be done by having them on opposite sides of the classroom or by placing a "buffer" center between them. Centers should be viewed as quiet, noisy, messy or a buffer based on the information below:
    Quiet Centers: Library, Writing, Puzzles, **Buffer Centers:** Manipulatives, Science, Math,
    Messy Centers: Art, Sensory table(s), **Noisy Centers:** Dramatic Play, Blocks,
29. There are individual spaces provided for children to hang their clothing and store their personal belongings. Children's belongings should not be touching while stored in their individual areas. Spare clothes are stored in Ziploc bags in a cubby or kept in a child's backpack.
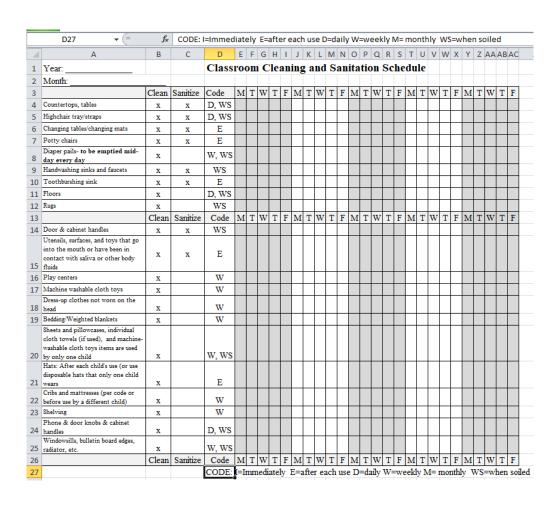
Title of Form:	**Daily Classroom Cleaning Expectations**
Related Policy:	Health Safety Practices
Program Area(s):	Education
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Procedures	
Form Completed By:	Teacher Assistant/Ed Tech
Timeline for completion:	Daily
Specific Directions:	Complete cleaning & sanitization tasks as described within the form
Submitted to:	NA Daily Cleaning form laminated and re-used daily
ChildPlus Documentation:	NA
Uploaded to ChildPlus:	NA

Daily Classroom Cleaning Expectations * laminate and use dry erase marker daily

OPENING	Unlock playground gate	
	Complete and sign Playground Safety Checklist	
	Complete cleaning and sanitization of scheduled items (see schedule)	
	Complete 8 on 8 checklist	
	Put laundry in washer and/or dryer if needed	
	Stock diapers, wipes, gloves, etc.	
	Wipe down tables and chairs	
	Children's personal belongings neatly in cubbies	
	Floor is free from papers, toys, food, spills, etc.	
	Trash taken out if more than ½ full; top and sides of wastebasket wiped down	
	Tables used for breakfast cleaned using soapy water, chairs wiped down	
AFTER LUNCH		
	All trash thrown in wastebasket; food waste in slop bucket	
	Highchairs, tables & chairs cleaned	
	Floor swept & Swiffer around meal tables	
	All wastebaskets & diaper pails emptied & trash taken to dumpster	
	Dust pan rinsed off to remove food if needed & broom shaken to remove food	
	Turn off lights in classroom and center if applicable	
	Close and lock windows	
	All children's personal belongings in cubbies	
	All toys, materials, equipment returned to assigned areas	
	All shelves tidy (be sure items are stored according to labels)	

OPENING	Unlock playground gate	
	Complete and sign Playground Safety Checklist	
	Complete cleaning and sanitization of scheduled items (see schedule)	
	Complete 8 on 8 checklist	
	Put laundry in washer and/or dryer if needed	
	Stock diapers, wipes, gloves, etc.	
	Wipe down tables and chairs	
	Children's personal belongings neatly in cubbies	
	Floor is free from papers, toys, food, spills, etc.	
	Trash taken out if more than ½ full; top and sides of wastebasket wiped down	
	Tables used for breakfast cleaned using soapy water, chairs wiped down	
AFTER LUNCH		
	All trash thrown in wastebasket; food waste in slop bucket	
	Highchairs, tables & chairs cleaned	
	Floor swept & Swiffer around meal tables	
	All wastebaskets & diaper pails emptied & trash taken to dumpster	
	Dust pan rinsed off to remove food if needed & broom shaken to remove food	
CLOSING		
	Turn off lights in classroom and center if applicable	
	Close and lock windows	
	All children's personal belongings in cubbies	
	All toys, materials, equipment returned to assigned areas	
	All shelves tidy (be sure items are stored according to labels)	
	Floor free of toys, paper, debris, etc.	
	Sweep floor if needed	
	All items from other classrooms returned	
	All teacher materials & supplies stored in classroom closet/cabinets	
	Lock playground gate	
	Empty water tables	
	Disinfect tables after every use or after contact with bodily fluids	
	Disinfect any toys	
	Make sure there is no laundry left in washer overnight	
	Empty drinking water coolers (for playground) and allow to air dry overnight	
	Set alarm @ Coburn Center	
	Fridays: no wet items left (towels, mittens, clothing, etc.) in classroom over the weekend	

Title of Form:	Cleaning and Sanitization Form
Related Policy:	Health Safety Practices
Program Area(s):	Education
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Procedures	
Form Completed By:	Teacher Assistant/Ed Tech
Timeline for completion:	Daily
Specific Directions:	Complete cleaning & sanitization tasks as described within the form
Submitted to:	NA Cleaning and Sanitization form-place completed form in Yellow Book
ChildPlus Documentation:	NA
Uploaded to ChildPlus:	NA

	D27		f_x	CODE: I=Immediately E=after each use D=daily W=weekly M= monthly WS=when soiled																								
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC
1	Year: _____			**Classroom Cleaning and Sanitation Schedule**																									
2	Month: _____																												
3		Clean	Sanitize	Code	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
4	Countertops, tables	x	x	D, WS																									
5	Highchair tray/straps	x	x	D, WS																									
6	Changing tables/changing mats	x	x	E																									
7	Potty chairs	x	x	E																									
8	Diaper pails- **to be emptied mid-day every day**	x		W, WS																									
9	Handwashing sinks and faucets	x	x	WS																									
10	Toothbrushing sink	x	x	E																									
11	Floors	x		D, WS																									
12	Rugs	x		WS																									
13		Clean	Sanitize	Code	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
14	Door & cabinet handles	x	x	WS																									
15	Utensils, surfaces, and toys that go into the mouth or have been in contact with saliva or other body fluids	x	x	E																									
16	Play centers	x		W																									
17	Machine washable cloth toys	x		W																									
18	Dress-up clothes not worn on the head	x		W																									
19	Bedding/Weighted blankets	x		W																									
20	Sheets and pillowcases, individual cloth towels (if used), and machine-washable cloth toys items are used by only one child	x		W, WS																									
21	Hats: After each child's use (or use disposable hats that only one child wears	x		E																									
22	Cribs and mattresses (per code or before use by a different child)	x		W																									
23	Shelving	x		W																									
24	Phone & door knobs & cabinet handles	x		D, WS																									
25	Windowsills, bulletin board edges, radiator, etc.	x		W, WS																									
26		Clean	Sanitize	Code	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
27				CODE: I=Immediately E=after each use D=daily W=weekly M= monthly WS=when soiled																									

Year: _____

Classroom Cleaning and Sanitation Schedule

Month: _____

	Clean	Sanitize	Code	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
Countertops, tables	x	x	D, WS																									
Highchair tray/straps	x	x	D, WS																									
Changing tables/changing mats	x	x	E																									
Potty chairs	x	x	E																									
Diaper pails- **to be emptied mid-day every day**	x		W, WS																									
Handwashing sinks and faucets	x	x	WS																									
Toothbursing sink	x	x	E																									
Floors	x		D, WS																									
Rugs	x		WS																									
	Clean	Sanitize	Code	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F
Door & cabinet handles	x	x	WS																									
Utensils, surfaces, and toys that go into the mouth or have been in contact with saliva or other body fluids	x	x	E																									
Play centers	x		W																									
Machine washable cloth toys	x		W																									
Dress-up clothes not worn on the head	x		W																									
Bedding/Weighted blankets	x		W																									
Sheets and pillowcases, individual cloth towels (if used), and machine-washable cloth toys items are used by only one child	x		W, WS																									
Hats: After each child's use (or use disposable hats that only one child wears	x		E																									
Cribs and mattresses (per code or before use by a different child)	x		W																									
Shelving	x		W																									
Phone & door knobs & cabinet handles	x		D, WS																									
Windowsills, bulletin board edges, radiator, etc.	x		W, WS																									
	Clean	Sanitize	Code	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F

CODE: I=Immediately E=after each use D=daily W=weekly M= monthly WS=when soiled

Weekly Lesson Plan	A printed lesson plan from CC3 or OWL/BB	Must be posted	Teacher Created
Classroom Schedule for Adults	A typed, detailed schedule of the day with times listed	Near teacher area	Agency Provided
Picture Schedule for Children	Pictures and text on a large chart	Displayed at child height	Teacher Created
Cubby Labels	Include first name only (and photo at beginning of year)	Located on cubbies	Teacher Created
Helpers/Job Chart (HS)	A chart that identifies responsibilities for a small number of children during the day	Near large group area	Teacher Created
Classroom Rules	A short list of rules (that includes visuals) for children written to tell them what they "can do" not what they "can't"	At child level in classroom	Staff Forms Website
Center Labels	A label or sign that identifies each center	On center shelf or bulletin board	Dropbox
Limit Signs (HS)	Signs that indicate the # of children who can play in a center using numerals and visuals	Center areas/shelves	Dropbox
Language Guides or Instructional Support Guides (HS)	A document that prompts language interactions between children and adults		Dropbox
Alphabet or Number Charts/Signs		Posted at child's eye level	Agency provided or teacher created
"Welcome" Sign in multiple languages		On front door	Agency provided or teacher created
5210 Poster		Within the classroom	Agency provided
Family Services Community Board			
WIC			Agency provided
Internal Job Postings			Agency provided
Area Parenting Resources/Activities			Agency provided
Curriculum Information			Agency provided

Title of Procedure or Process:	**Bulletin Board & Resource Shelf Guidance**
Program Area(s):	Education, Health, Nutrition & Family Services
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	Teacher Assistants or Ed Techs
Timeline for completion:	Updated as needed
Submitted to:	NA
ChildPlus Documentation:	NA
Uploaded to ChildPlus:	NA
Specific Directions:	See below

Procedure:

CURRICULUM BOARD – Post information and pictures/child samples about current curriculum. HS classrooms can find OWL parent board information in Dropbox.

EMERGENCY BOARD- Provided by Health Coordinator (including allergy info)

CHILD / CLASSROOM DISPLAY BOARDS
Allow displays to show the wide range of activities occurring in your room
    Label displays with child's first name
Use rolled paper or fabric on your bulletin boards- DO NOT use construction paper
    Any board using fabric needs to be flame retarded
Staple use on bulletin boards:
    Cover exposed staples with piece of tape
    Remove "old" staples from board when swapping-out child work
    No thumb tacks ANYWHERE

PARENT INFORMATION BOARD: Information must be kept current

Menu	Head Start Happenings	Next policy council meeting
Licensing information	Job postings	Classroom info / FYI's –i.e. appropriate classroom clothing for the season, upcoming visitors etc.
Lesson Plan/Information about curricula	Next parent committee meeting date/time	Community info- i.e. farmer markets, Advocates for Children, library story times, etc.
Parent training opportunities	Seasonal safety information- i.e. sun safety, bike safety, etc.	WIC

RESOURCE SHELF

OWL/Building Blocks/Creative Curriculum teacher manuals	Licensing book	Agency teacher resource books
Operations manual, Parent handbook Personnel Policies	Purple (health) book	Asthma resources
Color me healthy curriculum 5210 resources	Personal safety curriculum I am Moving I am Learning resources	Hanen: Learning Language & Loving It book

Title of Procedure or Process:	Classroom Schedules
Program Area(s):	Education
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	All classroom staff
Timeline for completion:	Daily in classrooms
Submitted to:	NA
ChildPlus Documentation:	NA
Uploaded to ChildPlus:	NA
Specific Directions:	See below

Procedure:
1. Teachers will implement a classroom schedule that will provide a balanced program and guide children and adults into a consistent and orderly day. Classroom schedules will be followed with fidelity.
2. Teachers will post both a picture schedule for children at child height and an 8x11 copy of a daily schedule for adults with times attached to the components of the day
3. The daily schedule provides for alternating periods of quiet and active play.
4. Indoor free choice periods allow the children to choose the materials they play with and which learning centers they want to spend time in. Children are allowed to play in a center or with classroom materials until they are finished or it is time for the next transition. Children waiting for a turn should use the *Turns List (See Turns List* guidance for more information).
5. Outdoor/gross motor play should be scheduled as follows:
   - Full day programs (6 hours or more) must have 60 minutes of outdoor/gross motor play daily: 30 minutes in the am and 30 minutes in the pm.
   - Part day programs (less than 6 hours) must have 30 minutes of outdoor/gross motor play daily
   - If classrooms are unable to go outside, physical activity is provided in the classroom for 30 minutes.
6. A 60-90 minute rest/quiet period is scheduled for classes in session for 4 hours or more each day (*See Nap Guidance* for more information).
7. Routine tasks are integrated into the program as a means of furthering children's learning, self-help and social skills. Routines such as toileting, hand washing, and tooth brushing should be relaxed, reassuring, and individualized based on developmental needs.
8. Changes to planned or routine activities (according to the needs or interests of the children, and/or to cope with changes in weather or other situations that affect routines) are conducted without unduly alarming or unsettling the children.
9. Transitions are conducted smoothly between activities.
   - Children should not always be required to move from one activity to another as a group. Use transitions as a vehicle for learning. **Wait time/down time should be less than 3 minutes.**
10. A copy of the daily schedule is provided by Education Services Manager or Coaches at the start of every school year. Coaches are <u>always</u> involved in changes to classroom schedules after the start of the year.

Title of Procedure or Process:	Arrival and Departure of children
Program Area(s):	Education
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	All classroom staff
Timeline for completion:	Daily in classrooms
Submitted to:	NA
ChildPlus Documentation:	NA
Uploaded to ChildPlus:	NA
Specific Directions:	See below

Procedure:

All necessary precautions are taken to ensure that children arrive safely to their classroom before class and are released from the classroom or bus only to an authorized parent/guardian after class. For this reason, we will only release a child to his/her parent or legal guardian, or to an adult or responsible person (14 years of age or older) authorized in writing by the parents or legal guardian to receive the child on the Emergency Card.

Arrival:

1. **Upon arrival, the person bringing the child to the center shall:**
   - Sign the child into the center and note arrival time.
   - Participate in child's daily health check and hand washing.
   - EHS: Change the child's diapers according to the posted diapering procedure.
   - Remain with the child until the child is accepted by staff.
   - Say good-bye to the child prior to departure.

2. **Upon arrival, the teacher will:**
   - Greet each and every parent/caregiver and child.
   - Ensure sign in is complete.
   - Complete a quick visual health check.
   - Encourage adult to assist with hand washing.

Departure:

1. **The parent/guardian picking up the child shall:**
   - Check their child's cubby for clothes/papers that need to go home.
   - Sign the child out *(See Release of a Child below)*.
   - Discuss with staff member about how the child's day went before leaving.
   - In EHS classroom Infant/Toddler Communication sheets are provided to parents.
   - If a person other than the parent/guardian picks up the child, information cannot be shared concerning the child's day unless the parent/guardian has given written permission. Refer to *Confidentiality Guidelines for Sharing Information*.

2. **Upon dismissal the teacher will:**
   - ID the adult picking child up if unknown or within the first 4 weeks of school and compare with e-card information.
   - Briefly share with parent/guardian about child's day. Use "Oreo Cookie" approach if needed.
   - EHS provide copy of I/T Communication Sheet.

Release of Child

For the safety of the children, an authorized individual must accompany a child to and from school each day. Parents/Guardians will be required to provide names of individuals who are authorized to pick up their child from the center to be listed on the emergency card. Individuals authorized to pick up children must be at least 14 years of age and have a photo I.D or be willing to allow PEEC staff to create a photo I.D. card. These procedures will be followed in each classroom.

1. Parents/Guardians or designated individuals are expected to drop off and pick up their child at the designated time
2. In the event of an emergency that will cause parents/guardians to be delayed, they are to contact the center staff immediately. Contact information is included in the handbook.

3. If the dismissal time passes with no contact from parents/guardians, staff will follow these procedures:
   ▪ Efforts will be made to contact parents/guardians
   ▪ If unsuccessful, individuals listed on the emergency card will be contacted.
   ▪ If unsuccessful, Head Start Staff will contact law enforcement.
4. If a staff member determines that the adult picking up the child is unable to safely provide care for the child, the procedure is as follows:
   ▪ The staff member calmly approaches the individual and asks to speak with them privately.
   ▪ The staff member states their concern for the safety of the child.
   ▪ The staff member offers to contact another person to pick up the child.
   ▪ The staff member will notify local authorities if unable to contact an authorized individual.

5. In addition, Promise has established a safeguard to the children enrolled in the program. If anyone who comes to pick up a child seems to be under the influence of drugs or alcohol, the child will not be released to that individual/parent and another individual from the emergency card will be contacted. Promise will contact law enforcement and DHHS.
6. Staff member will notify supervisor if these instances occur.
7. Child custody issues will be handled according to the regulations set forth by the State of Maine. If you have a court order that limits the rights of one parent in the matters such as custody or visitation, please bring that order to your Family Advocate or your child's teacher, so that a copy can be placed in your file.

All parents and guardians will be asked for identification for the first 4-6 weeks of school to ensure the safety of children. Head Start and Early Head Start staff shall always verify the identification of any person, other than the parent or legal guardian who picks up the child.

Title of Procedure or Process:	Rest Time Expectations
Program Area(s):	Education
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Person Responsible for implementation:	All classroom staff
Timeline for completion:	Daily in classrooms with rest time
Submitted to:	NA
ChildPlus Documentation:	NA
Uploaded to ChildPlus:	NA
Specific Directions:	See below

Procedure:

Agency Guidelines:
1) All classroom schedules will allow for a daily rest period of at least 60-90 minutes within their daily routines if operating for four or more hours.
2) Naptime should not exceed 2 hours in HS and ALL children will be up from rest by 2:30 pm everyday regardless of when they fell asleep.
3) Staff will inform children of the daily schedule and will prepare children for the rest period by setting boundaries around the expectations and why rest time is important.
4) Staff will implement a system for routines-i.e.: bathrooming, hand washing, etc. to be completed before children settle down for their rest period.
5) Staff will be consistent with their expectations and support one another around the implementation of rest time.
6) Staff will establish a classroom climate that encourages children to rest with dim lighting (not dark), soft music, etc.
7) Staff will zone appropriately during rest time to ensure adequate supervision of all children and will maintain enough light in a classroom during rest to ensure adequate visual supervision of all children (example: teachers need to be able to see if a child's lips turn blue during sleep).
    a. **Every 15 minutes**, a staff person physically walks around the classroom and checks on resting children.
8) Children in our classrooms shall be provided with an individual space in which to rest. All cots or mats will be spaced at least 2ft. apart.
9) Children will be provided with quiet materials to explore while rest time is occurring (books, puzzles, paper and pencil, small manipulatives).
10) Children will be actively supported by staff to maintain their individual space.
11) Children who choose not to sleep will be offered quiet activities at a table monitored by staff.
12) EHS staff will refer to *Safe Sleep Practices* when napping infants and toddlers.

Title of Procedure or Process:	Screen Time
Program Area(s):	Education
Related Standards or Regulations:	☐Head Start Program Performance Standards ☐Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☒Other: American Academy of Pediatrics
Person Responsible for implementation:	All classroom staff
Timeline for completion:	Daily in classrooms
Submitted to:	NA
ChildPlus Documentation:	NA
Uploaded to ChildPlus:	NA
Specific Directions:	See below

Procedure:

INSTRUCTIONAL APPROACH:

Promise follows the NAEYC and the Fred Rogers Center recommendations for Screen Time in Early Childhood Programs which supports the selection of technology that is developmentally appropriate, has quality content and has opportunities for co-engagement.

Any use of technology tools in Promise classrooms will related to instructional goals, integrated into projects and used intentionally with children to extend and support active, hands-on, creative, and authentic engagement.

Assistive technology is used to support children as indicated on their IFSP/IEP. Technology and media should be used to support learning, not an isolated activity, and to expand young children's access to new content by complementing and supplementing current activities such as creative play, physical activity, outdoor experiences, conversation, or social interactions.

Technology tools can be effective for dual language learners by providing access to a family's home language and culture while supporting English language learning.

Passive and non-interactive use of technology or screen media is an inappropriate replacement for active play, engagement with other children, and interactions with adults.

MANAGEMENT

- Use agency created username & password for logging on tablets. DO NOT create your own login.
- Tablets and laptops should not be available during drop-off or pick-up times
- Tablets and laptops should only be used in the classroom and should not be used outside or during playground time.
- Tablets or laptops should not be set up and used as a third teacher i.e. children watching/moving with a movement video while teacher does something else unrelated to activity
- Screen time is limited to no more 20 minutes/day (total time spent in front of any screen) for preschoolers and no screen time for children under 2 years old.

Screen Time Guidance*	
Infants and Toddlers	**Examples of effective classroom technology practices**
During the earliest years, infants and toddlers interact primarily with people. Their interactions with toys are usually in the context of human interaction as well. They need to freely explore, manipulate, and test everything in the environment. If technology is used, it must be in the context of conversation and interactions with an adult.	- Any use of technology tools (co-viewing eBooks, viewing digital photos) should be used only as a way to strengthen adult-child relationships. This may include access to images of their families and friends, animals and objects in the environment, and a wide range of diverse images of people and things they might not otherwise - Incorporate assistive technologies as appropriate for children with special needs and/or developmental delays. - Make digital audio or video files to document children's progress.
Preschoolers	**Examples of effective classroom technology practices**
During the preschool years, young children are developing a sense of initiative and creativity. They are curious about the world around them and about learning. Technology features will be deliberately chosen to meet instructional goals of the children, including distinct cognitive abilities, motor skills, social-emotional needs, and interests of the child.	- Capture photos of block buildings or artwork that children have created - Record child produced puppet show to replay for children - Record children's stories about their drawings or their play - Co-create digital books with photos of the children's play or work; encourage children to be the photographer or narrator - Locating a familiar classroom song in another language

* National Association for the Education of Young Children and the Fred Rogers Center for Early Learning and Children's Media at Saint Vincent College.

Title of Procedure or Process:	Substitute Teacher Roles and Responsibilities
Program Area(s):	Health, Nutrition, Education, Special Services, Family Services, ERSEA, etc.
Related Standards or Regulations:	☐Head Start Program Performance Standards ☐Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Person Responsible for implementation:	Classroom staff
Timeline for completion:	NA
Submitted to:	NA
ChildPlus Documentation:	NA
Uploaded to ChildPlus:	NA
Specific Directions:	NA

Expectations:

When the Lead Teacher is absent, the Teacher Assistant or Ed Tech is expected to fulfill the lead teacher role and the substitute will fulfill the TA role.

When a substitute is present, the classroom lead (Classroom Lead Teacher or TA/Ed Tech) is responsible for:
- Ensuring the substitute has reviewed daily schedule, emergency information including evacuation map, allergies and any other important information about children or programming.
- All caretaking tasks such as diapering and bottle feeding babies or medication administration and delegates other classroom or custodial tasks to the substitute teacher.
- Taking the lead in handling all behavior management concerns in the classroom and will step in for the substitute teacher regarding behavior management issues
- Releasing children to authorized adults and engaging with parents at drop off or pick up, phone calls, etc.

*If a substitute will be in one classroom for an extended period of time such as covering a leave of absence, classroom staff will work with their supervisor to determine additional roles and responsibilities appropriate for the substitute to take on.

Title of Procedure or Process:	Classroom Nutrition Activities
Program Area(s):	Health, Nutrition, Education
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☒Other 5210
Person Responsible for implementation:	Lead Teacher
Timeline for completion:	Monthly
Submitted to:	NA
ChildPlus Documentation:	NA
Uploaded to ChildPlus:	NA
Specific Directions:	See below

Procedure:

Nutrition Activities are opportunities for learning about nutrition and are present every day in the preschool classroom. In fact, every time a meal is served in the classroom an opportunity exists for learning. Taking advantage of these incidental learning opportunities is vital because our children need to learn early what foods are good for them and, if given a choice, they should eat food that will keep them healthy. This is a lesson that will serve them well beyond their preschool years. Additionally, staff will follow the nutrition activity guidance provided by the nutrition department including the introduction of *new foods found on the menu (see Nutrition Activity calendar below).

Below are some additional ways to integrate these activities into your curriculum.
- Talk, talk, and talk about the food children are eating during mealtimes. Ask questions to stimulate awareness of color, texture, size and quality.
- Read books about food.
- Sing songs and do finger-plays about foods.
- Display posters of different foods from a variety of cultures.
- Display *My Plate or 5210* chart. Introduce it during a group activity and reinforce the concepts during small group times. Refer to it frequently during mealtimes.
- Have children cut pictures of food from magazines to create their own *My Plate* chart.
- Do graphing/charting activities that involve favorite foods and the various attributes of food.
- Conduct taste comparison activities.
- Provide food props in the playhouse areas, including foods from various cultures.
- Have parents send in empty cans, cartons, and bottles for children to play with in the playhouse.
- Read the ingredient label on empty cans, cartons, and bottles to the children. Talk about the merits of the various ingredients.
- Set up a grocery store, farmers market or restaurant in the classroom.
- Invite *Eat Smart, Play Hard, Healthy Androscoggin* or *Cooperative Extension* to your classroom for a nutrition activity with children. See your site supervisor for contact information.

Nutrition Activities EHS & HS

Month	Activity	Needed from kitchen per classroom Date: **Third week of the month** (except Feb/May will change yearly)	Classrooms
September		No activity-transition time	All EHS & HS classrooms
October	Apple tasting/ comparing/graphing or making apple sauce	3 kinds of apples (red, green, yellow), 3 each	
November **(HS OWL activity)** Grocery store in dramatic Play area – children will learn about different food groups and will be sorting groceries	Exploring pumpkins / toasting and tasting seeds	2 large pumpkins per classroom	
December		*Item from the Menu	
January		*Item from the Menu	
February **(HS OWL activity)**	Tinting yogurt with blueberries	2 large containers of Greek yogurt 32 oz., 32 oz. basket of blueberries, 18 cups	
March		*Item from the Menu	
April		*Item from the Menu	
May **(HS OWL activity)**	Making vegetable soup- HS Classroom	1 celery, handful of spinach, 1 large carrot, handful of green beans, 2 tomatoes, vegetable broth 32 oz. (2 containers), small package of noodles	HS only
	Vegetable w/Dip-EHS Classroom	Vegetable Dip-Zucchini or Cucumber	BST Web EHS Cob 3
June		*Item from the Menu	Coburn FD Webster BST
July		*Item from the Menu	
August		*Item from the Menu	

*Pick up by supervisors at Webster 3rd week of every month (unless otherwise specified below)

Title of Procedure or Process:	Classroom/Playground Rules
Program Area(s):	Education
Related Standards or Regulations:	☐Head Start Program Performance Standards ☐Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	All teaching staff
Timeline for completion:	Introduce at start of year and ongoing at least once a month
Submitted to:	NA
ChildPlus Documentation:	NA
Uploaded to ChildPlus:	NA
Specific Directions:	Classroom rules must: 1. include visuals for each part of the day 2. be accessible to children in the classroom 3. be short (# of words in a statement is appropriate to the age of child) and manageable (number of rules i.e. 3-5) 4. Rules are clear (describes the behavior you want to see) 5. Rules are stated in positive terms

Procedure:

Post classroom rules in the classroom and ensure that on agency playgrounds rules are posted.

Share classroom and playground rules with families at initial home visit.

At the start of the program year (and with newly enrolled children) all classroom rules and playground rules are reviewed daily and at least once a month or as needed.

Playground rules should be reviewed in context, on the playground.

Title of Procedure or Process:	Playground Expectations
Program Area(s):	Health, Education, Special Services
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Person Responsible for implementation:	Classroom staff
Timeline for completion:	NA
Submitted to:	NA
ChildPlus Documentation:	NA
Uploaded to ChildPlus:	NA
Specific Directions:	NA

Expectations:

1. All EHS and HS children shall play outside every day.
2. Playground Safety Checks are completed prior to children having access to the playground.
3. Playground rules should be reviewed every day at the start of the school year and revisited frequently thereafter.
4. Staff must use a walking rope to transition children from classroom to playground and back from playground.
5. Outdoor/gross motor play should be scheduled as follows:
   - Full day programs (6 hours or more) must have 60 minutes of outdoor/gross motor play daily: 30 minutes in the am and 30 minutes in the pm.
   - Part day programs (less than 6 hours) must have 30 minutes of outdoor/gross motor play daily
   - If classrooms are unable to go outside, physical activity is provided in the classroom for 30 minutes.
6. Classroom staff will engage in Active Supervision and Zoning while on the playground (*see Active Supervision guidance*). Ratios must be maintained at all times on the playground.
7. Each classroom should bring their First Aid, Emergency Card information, necessary medications, and laminated class list (see below):
   Wipe off boards/laminated class list on the playground:
   The daily count of children is written on the classroom wipe off board/list each day in the classroom. If a child leaves early or arrives late, the number is changed to reflect the total number of children in attendance upon arrival or dismissal. The total number of children present for class that day must always be on the board/list.
   The wipe off board/list must reflect the number of children in attendance for the day and must also account for children present but not on the playground. To account for children who leave playground for a short period of time (such as for the bathroom, screening, or therapy) this must be reflected at the bottom of the wipe off board (below the total count). If a single child, or multiple children leave the playground (such as when one staff takes a group to the bathroom) this must be reflected on the wipe off board/list; classroom staff members must also communicate with each other that they are taking children off the playground. Once the child or group returns, the wipe off board/list must be updated immediately to reflect the number of children on the playground.
8. Gates will be locked while children are on the playground.
9. During the warmer season, children will wear sunscreen- See *Sun Safety* for more information.
10. Drinking water will be available to children every day on the playground.
11. No play activities should be located in fall zones of playground structures and equipment.
12. Limit the number of children on climbing or play equipment where having too many children could increase risk of pushing and falling.
13. All wheeled toys powered by pedaling require a helmet to be ridden by child- *See Bike Helmet Guidance*.

Promise
Early Education Center

The Head Start Program of Androscoggin County

269 Bates Street, Lewiston, ME 04240
P: (207) 795-4040 F: (207) 795-4044

Name: _____

Date: ___ / ___ / ___

Medication Yes ☐ No ☐

Things I did today:

Art	Outside
Music/Dance	Water/Sand Play
Books	Math table toys
Block area	Puzzles
Dramatic Play	Science

Other: _____

Diapering			
Time	D	W	BM

Toilet Use		
Sat	U	BM

Breakfast	
Lunch	
Snack	

Naps:

_____ to _____
_____ to _____
_____ to _____

Title of Procedure or Process:	Classroom Materials Inventory- EHS/HS
Program Area(s):	Education
Related Standards or Regulations:	☐Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	Teacher with assistance from Coach
Timeline for completion:	May/June
Submitted to:	Education Manager
ChildPlus Documentation:	NA
Uploaded to ChildPlus:	NA
Specific Directions:	See below

Procedure:

At year-end each classroom teacher will work with his/her Coach to complete an inventory of classroom materials and equipment (NOT consumables). Inventory information will be used to inform purchasing for following school year.

Title of Procedure or Process:	Classroom Consumable Orders- EHS/HS
Program Area(s):	Education
Related Standards or Regulations:	☐Head Start Program Performance Standards ☐Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	Teacher with assistance from Coach
Timeline for completion:	June submission for Fall, December submission for Spring
Submitted to:	Education Manager & Program Specialist
ChildPlus Documentation:	NA
Uploaded to ChildPlus:	NA
Specific Directions:	See below

Procedure:

At year-end each classroom teacher will work with his/her Coach to complete an inventory of classroom consumables.

Title of Procedure or Process:	Photos
Program Area(s):	Education, Family Services
Related Standards or Regulations:	☐Head Start Program Performance Standards ☒Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	Lead Teacher or Teacher Assistant/Ed Tech
Timeline for completion:	See below
Submitted to:	Within 1 week of enrollment or July 1 (for extended day programs) Child photos for emergency cards emailed to Administrative Asst. for printing
ChildPlus Documentation:	NA
Uploaded to ChildPlus:	Child photo uploaded to child file in CP+ within 1 week of enrollment or July 1 (for extended day programs)
Specific Directions:	See below

Procedure:

Child's Photo for Classroom Use
1. Each class may send 40 pictures 4x a year to Administrative Asst.

   - Photos need to be sent by:
     - September 30th
       - *Child photo should be uploaded to ChildPlus (see instruction below)*
     - November 30th
     - February 15th
     - May 15th
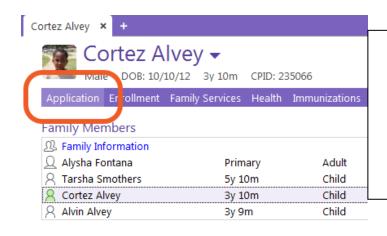
     *Please send the photos in one email, in a zip file
     How to create a zip file:
     - Right click on your desk top
     - Select "new" -> compressed "zip" file
     - Add your photos to your file.
     - Open an email and attach the zip file
     - Please label the zip file with your classroom name/number
2. Roberta will complete a Purchase Order and will send photos to be printed
3. Roberta will distribute photos in mailboxes when received in the mail

Uploading a Child's Photo to ChildPlus

Photo should be uploaded to CP+ within first week of enrollment or July 1 (for extended day programs).

1. Open the **Application** module.
2. Choose enrolled child
3. Click Photo (in blue text)
4. Click Add Picture.
5. Select the picture that you want
6. Click Open.

Child's Photo for Emergency Card

- Take photo of child <u>within first week of enrollment</u>
- Upload photo from IPad to desktop
- Copy photo onto blank word document (photo should be ~wallet-sized)
- Email document to Roberta and photo(s) will be printed on color printer
- Printed photos will be placed in mailboxes for pick-up
  *This process is ONLY for emergency cards photos *

Title of Procedure or Process:	Laminating
Program Area(s):	Education
Related Standards or Regulations:	☐Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☒Other
Person Responsible for implementation:	All classroom staff
Timeline for completion:	NA
Submitted to:	NA
ChildPlus Documentation:	NA
Uploaded to ChildPlus:	NA
Specific Directions:	See below

Procedure:

Each classroom will receive 150 sheets of laminating film for the entire school year. Laminating film will not be re-ordered mid-year. Please plan according by minimizing the use of laminating film and using contact paper whenever possible. Lamination film should only be used for items/projects that will require wipe-off capability, longevity or curricula specific materials as directed by coaches.

Laminate	Do Not Laminate- Use Contact Paper or Sheet Protectors if necessary
• Lunch tags • Cubby tags if used all year • Parent board/curriculum board labels • Writing center alphabet strips • Name cards for writing center • Classroom labels or signs to be used all year • Teacher created materials that support OWL, CC3, Building Blocks or Second Step only (to be kept and used year to year)	• Child art for displays or bulletin boards • Cubby tags that are changed frequently • One time use items • Activities for children • Attendance wipe-off list

End of Year Procedures for Part Year Staff

Protocol for Closing Child Files

Directions for Children Transitioning to Kindergarten or Moving internally from one classroom to another:
1. Remove the entire contents of the file from the binder and place it in a manila file folder. *Save the binders and file dividers!*

2. On the tab of the file folder clearly label the child's information with
Last name, First name   DOB
Site/Teacher or HV   Program year

3. Attach an **Enrollment Activity Sheet** on the front of the file with a rubber band indicating the last class day. Please make sure to e-mail a copy of the EAS to all addresses listed on form.

Directions for Returning Children
1. Leave the file intact in the binder for those children who will be returning to your classroom. Keep them in the locked file cabinet at your site. Make sure the Administrative Assistant has a copy of your file cabinet key at Coburn and notify your supervisor where your file cabinet key is stored in case she/he needs to get to it during the summer.
2. If a family is requesting a transfer to another room return the child's file to Enrollment with a transfer request attached.
3. Fill out an **Enrollment Activity Sheet** for all children stating if they are repeating or requesting a transfer and e-mail a copy to all e-mail addresses listed on the form.

Please dispose of binders that are broken and worn. If additional blue binders and/or colored file dividers are needed, contact Administrative Assistant with the number needed and they will be available when files are distributed in the fall.

Other End of Year Procedures

1. **Answering Machine:** Please change the answering machine message to include the following information: your classroom is closed for the summer and that if they are interested in enrolling their child for the fall they need to contact the Enrollment Department at 795-4040 ext. 325. Please clarify that messages left at your site for enrollment will not be received due to no staff being on site during the summer.
2. **Closed for Summer sign:** Please post a sign (located on staff website) that states center is closed and who they can call for information or questions.
3. **ChildPlus Reporting and PIR:** Information should all be up to date and accurate in CHILDPLUS in the areas of Health, Family Services, and Disabilities. Over the summer, all information will be "rolled over" and you will not be able to change it. *Enrollment Coordinator will visit each site to ensure CHILDPLUS reporting is accurate.
4. **Health EPSDT:**
   A. **Closing out Childs CP+ Health Files**
      a. If past due or needs to be scheduled during the summer-SCHEDULE THE APPOINTMENT NOW OR DOCUMENT "THE WHY" IT WON'T BE COMPLETED IN ADD ACTIONS.

b. Close out all Health Communication Logs. Add closed date and change status to COMPLETED.
   B. **Completing Health Passport for Parent/Guardian before last day of school.**
   a. If past due or needs to be scheduled during the summer- SCHEDULE, THE APPOINTMENT NOW and write in the appointments date. If parent has barriers to scheduling the appointment, please write "appointment needed".
   b. Present health passport at/before last day of school and make the outreach positive. Add smiley faces or prize for what parent was successful in completing.
   - WCC-
   - Immunizations-
   - Hearing
   - Vision
   - Lead
   - Dental Home
   - Dental Exam
   - Dental Treatment
   - Health Specialist/Chronic Health Condition

Guidelines for packing and closing classrooms

For all classrooms:
- Clean all surfaces, tables, cubbies, shelving, toys, and clothing
- Discard left over food items such as birdseed, flour, etc. <mark>**No** food items are to be stored for next year.</mark>
- Clean and organize cabinets and storage areas.
- Do not pack up shelves and materials unless requested.
- Discard items in disrepair; Send list of discarded items to Supervisor. Please check with supervisor if you are unsure if item should/not be discarded
- Ensure all outdoor toys and equipment is stored properly.

Health:
- Return all **OPEN health supplies** to Health Coordinator this Includes:
  - Gloves
  - Toothpaste
  - Lice Kits (only if broken)
  - All medications that were not returned to parents.
  - Cleaning Products
  - Sunscreen
  - Steam Cleaner (only if broken)
- Return **Emergency Backpacks** to Health dept.
  - First Aid Supply
  - Fanny Pack(s)
  - Spill Kit
  - Medication bags
- Complete Health Supply List; write Center/Classroom.
  - Document all <u>unopened</u> supplies and email the form to Health Coordinator.
  - Do not return unopened supplies to Health.
  - Include in email, items you will need at startup (i.e., lice comb supplies, steam cleaner supplies)

Technology:
- Laptops returned should be labeled and returned to Main Office.
- iPads should be clearly labeled with the Site and returned to Main Office
  - Please "Bag-up" and return all iPad items:
    - iPads- Teachers' and Students'

- - Protective covers/keyboards
    - Chargers and cords
    - ihome wireless speaker and charger cords
    - Headsets
  - iPad will be cleaned, updated, and unnecessary photos and videos removed! Be sure to print off any items you wish to keep.
  - Other items will be tested and examined for wear and tear and updated where possible.
  - If there have been issues of **ANY** kind, please attach a sticky note describing the issue and I will try to resolve them.
- Please unplug all power strips. Phones should remain plugged in.
- Desktop computers should be unplugged and stored on a desk (**<u>NOT</u>** the floor) and covered with a trash bag to protect from dust.

Art Materials:
- Discard broken crayons & materials.
- Consumable supplies will be restocked as classrooms reopen in the fall. Education will send consumable and material lists to classrooms to complete prior to leaving in June.
- Left over paint and glue from Part Year classrooms should be sent to Full Day classrooms. Talk to your supervisor about which center will receive your art supplies.

Bulletin Boards:
- Do not take down Emergency boards unless materials are worn and need replacement. If replacement is needed, please contact health department.
- Leave bulletins boards if materials in good shape or re-paper boards before leaving for the year.

MISC
- Take home personal all items
- Ask another classroom to take care of plants for summer
- Stack chairs in corners with no more than 6 high
- Return all Adaptive Equipment to Special Services Manager at Coburn
- Keys- Turn in <u>ALL</u> building and classroom keys to Supervisor
  - Add filing cabinet key to key-ring with building and classroom keys. Please label 'filing cabinet'.

Head Start defines School Readiness as children possessing the skills, knowledge, and attitudes needed to succeed in school and life. School readiness occurs when children are developmentally, families are prepared to support their child's learning, and schools are ready to receive children.

PROMISE EARLY EDUCATION CENTER's school readiness goals represent the five domains in the inner wheel of the Head Start Early Learning Outcomes Framework: language and literacy development; cognition; approaches to learning; perceptual, motor and physical development; social and emotional development.

In addition to alignment with the Head Start Early Learning Outcomes Framework, our school readiness goals are been aligned with the Maine Early Learning Development Standards, Maine's Infants and Toddlers Guidelines for Learning and Development, and Teaching Strategies Gold Assessment. Parents participated in the development of school readiness goals through Policy Council and information gathered during initial home visits, parent surveys and family conferences. We also collected information from public and Child Development Services to identify key indicators of school readiness.

Each school readiness goal is indicative of how children's skills and knowledge progress. Each of our goals is defined by age to demonstrate the progression of skills. Younger infants are defined as 0- 8 months, older infants are defined as 8-12 months, toddlers are defined as 18-36 months and preschoolers are defined as children 3-5.

School readiness goals are measured using birth to five using Teaching Strategies Assessment tool. Teaching Strategies Gold Assessments are completed on each child three times in the program year. Assessments are reviewed at the individual child, classroom and agency.

School Readiness data guides programming for children at the individual and classroom level.

Social and Emotional Development	Younger Infants will….	Older Infants will….	Toddlers will….	Preschoolers will….
Goal One: Children will demonstrate increasing ability in recognizing the emotions of themselves and others	- Respond to changes in voice and expression	-Seek adults for comfort -Calm themselves when rocked, touched or held	-Seek out special toy or object to comfort themselves(such as a thumb or blanket)	-Verbally identify emotions of themselves and others
Goal Two: Children will actively engage in cooperative play	-Notice, relate and become attached to people around them -Watch others with interest	-Continue to develop personal relationships with others -Begin to play near other children using similar objects	-Continue to play -beside other children using similar materials or actions -Begin taking turns with others in play, with adult support	-Initiate and join in play with others -Take turns with small groups of children -Initiate play with small groups of children
Goal Three: Children will demonstrate the ability to follow classroom rules, routines and behavior	-Begin to recognize and anticipate routines such as showing excitement when given a bottle, falling asleep when tired, or expect an adult to come when they cry out after nap.	- Begin to anticipate and participate in routine parts of their day (such as gesture when hungry, go get their blanket when they are sleepy or lift their arms to help when being dressed or undressed)	-Begin to anticipate routines and follow routines when prompted (such as helping to pick up toys, getting their jacket when it is time to go outside)	-Respond to adult requests and feedback; transitioning through daily routine with few to no reminders.

Perceptual, Motor & Physical Development	Younger Infants will….	Older Infants will….	Toddlers will….	Preschoolers will….
Goal One: Children will demonstrate gross motor manipulative skills for movement and balance	- Use large muscles to lift head and to support themselves on elbows and roll over - Use arms and legs to clasps items, pound on things and kick at objects	- Use large muscle control to sit up, crawl, stand, begin to walk and climb simple structures - Use arms and hands to throw, carry, push or pull objects	- Show increased control over large body movements by walking, running, climbing stairs holding onto a handrail and pedaling a tricycle - Uses arms and hands to throw and catch balls with control	- Walk and run smoothly - Walk on a balance beam - Hop on one foot, kick a ball, gallop, skip
Goal Two: Children will demonstrate fine motor strength and coordination	- Reach for items, grasping and releasing them, - Bring items to their mouth - Stare at objects and follow slow moving objects with their eyes.	- Scoop, pick up or move objects with their hands - Begin to feed themselves by using fingers to pick up food - Begin to undress themselves	- Begin to purposely hold / use objects (such as using utensils to self - feed or hold a crayon to make marks on paper) - Move items from one container to another	- Demonstrate increased control over wrist and finger movement (such as buttoning, lacing and zipping) - Use tools with control and purpose (such as pencils, scissors, tweezers and squirt toys)
Goal Three: Children will identify and practice healthy and safe habits	- This responsibility belongs to parents and care givers	- Anticipate routines such as washing of the face and hands and/or tooth brushing (opens mouth for gum wiping, turns face towards washcloth)	- Participate in practicing healthy habits such as hand washing and tooth brushing with adult support - Begin to show an interest in toilet learning	- Use toilet independently - Washes hands independently before meals & after toileting, tissue use and messy activities - Be able to identify healthy food choices and be willing to try new foods.

Approaches to Learning	Younger Infants will….	Older Infants will….	Toddlers will….	Preschoolers will….
Goal One: Attend and engage in classroom activities	- Pay attention to sights and sounds in their environment - Use sight, hearing and touch to explore and engage with materials - Turn their head to listen to a caregiver's voice or noise in the environment	- Explore the environment using sight, taste, touch and hearing - Take time to investigate classroom objects or activities; protesting if interrupted - Begin to imitate things they see in the environment	- Demonstrate curiosity over new things in the environment - Use prior experience in their play; expand the number of props used in combination during pretend play - Sustain interest in a task with adult guidance	- Approach tasks with increasing flexibility, imagination and inventiveness - Observe and actively participate in play; offer ideas to extend and elaborate play - Sustain work on age-appropriate and interesting tasks -ignoring most distractions
Goal Two: Persists and follow activities through to completion	- Show awareness of simple routine and rituals and seek anticipated interaction (may cry upon waking in anticipation of being picked up by caregiver)	- Remember location of favorite objects; will ask for objects out of sight and persist in finding objects that are hidden - concentrate while engaged in play, either alone or parallel to others	- Independently explore their immediate environment - Engage and pay attention to experiences that interest them - Practice an activity many times until successful	- Participate with increasing interest in classroom activities - Set goals, develop plans, complete tasks
Goal Three: Use creativity and imagination during play and routine task	- Imitates sounds and gestures - Begins to move to varying rhythms and tempos	- Begin to explore expression with art; scribbling with large crayons, create markings with finger paint - Begin to use simple role play such as pretending to use phone	- Uses artistic tools for creative expression - Acts out dramatic play role-play with others; engages in make-believe play	- Use a variety of materials for creative expression (crayons, glue, play dough) - Participate in music activities such as singing and dancing - Use props for role playing in dramatic play

Language and Literacy	Younger Infants will….	Older Infants will….	Toddlers will….	Preschoolers will….
Goal One: Develop increasing abilities to understand and use language to communicate	- Signal verbally/ non-verbally for help or attention (cries, coos, holds arms up to be held) - Imitate simple facial expressions	- Understand simple one-step requests ("pick up your blanket") - Begin to use identifiable words	- Ask and answers simple questions using simple sentences - Understand names for familiar objects, people and actions	- Use language to communicate information, experiences, ideas, feeling, and opinions - Begin to take turns in conversations and follow rules for discussions
Goal Two: Use an increasingly complex and varied spoken vocabulary	- Imitate tones or inflections of voice -Begin to pair consonants and vowels with repetition (ba, da, ma)	-Move toward expression of identifiable words -Express self by using gestures, movement, intonation or facial expressions	-Use words or actions to request assistance from adults -Use every day experiences to build vocabulary	-Begin to ask and answer questions about the meanings of new words and phrases -Begin to use words and phrases acquired through conversations, listening to books, read aloud, activities and play
Goal Three: Recognize matching sounds and rhymes in familiar words, games, songs, stories and poems	-Recognize familiar voices from other sounds -Participate when books are read (touch pages, hold book) -Show interest in varying tones of voice	- Participate when books are read aloud -Enjoy listening to short stories, rhymes, finger plays and song -Participate in imitation games such as "peek-a-boo" or "pat-a-cake"	-Show increased attention span when being read to -Continue to enjoy listening to rhymes, finger plays, and songs	-Demonstrate understanding of spoken words, syllables and sounds -Begins to recognize rhyming words

Cognition	Younger Infants will….	Older Infants will….	Toddlers will….	Preschoolers will….
Goal One: Use mathematical skills to count, compare, relate, identify patterns and problem solve	- Use sensorimotor exploration to experience different patterns, various textures, sounds and smells	- Use number words - Demonstrate understanding of simple number concepts such as one, two and more -Group a few objects by shape, color and size	- Verbally count up to 10 - Counts 1-5 objects accurately using one number for each item - Classify, label and sort objects by characteristics (hard/soft, large/small)	- Count to 10 with 1:1 correspondence - States how many items in a set - -Identify math concepts of more, less and equal - Uses math strategies to solve problems (counting objects, using fingers)
Goal Two: Recognize and recall past experience and apply knowledge to new experiences	-Continue a pleasing sight, sound or motion by repeating the action -Look for or orient toward a dropped object	-Remember games and toys from the previous day -Anticipate a person's return within the context of daily routines	- Recall familiar people places and object s and actions from the past month - Recall 1-2 items when removed from view	- Talk about prior experiences with details - Remember 4 items when removed from view
Goal Three: Uses scientific inquiry skills (investigate, observe, predict and draw conclusions)	- Display reflexes that set the stage for sensory exploration (such as turning head toward nipple or grasping an object when placed in palm) - Use sight, hearing and touch, to explore and engage with materials	- Manipulate objects to understand their properties - Show awareness of basic cause and effect (by opening and closing items or pushing buttons to make sounds)	- Identify an object by physical properties or attributes (big, red) - Begin to solve simple problems (such as how to get a toy that is out of reach)	- Use simple tools to measure and observe differences similarities and changes - Use previous knowledge to complete a task/solve a problem - Recognize and solves problems independently through trial and error by interacting with peers and adults

Getting Started with the Head Start Early Learning Outcomes Framework

Ages Birth to Five

I. THE HEAD START EARLY LEARNING OUTCOMES FRAMEWORK

The Head Start Early Learning Outcomes Framework: Ages Birth to Five (HSELOF, 2015) replaces the *Head Start Child Development and Early Learning Framework* (HSCDELF, 2010). The HSELOF presents five broad areas of early learning, referred to as central domains (See Figure 1 on page 2). These domains reflect research-based expectations for learning and development. The HSELOF emphasizes the key skills, behaviors, and knowledge that programs must foster in children ages birth to 5 to help them be successful in school and life.

The role of the HSELOF in program planning and practice is mandated by the Head Start Act and by the Head Start Program Performance Standards. The Performance Standards describe required teaching practices, learning environments, curricula, assessments and professional development. The HSELOF identifies what young children should know and be able to do. Fully implementing the Performance Standards and the HSELOF will promote high quality services and practice for teaching and learning so that all children can succeed.

What is the HSELOF?

The HSELOF is a guide for programs to plan and implement a comprehensive, yet focused, learning program. The HSELOF:

- Is organized into elements that are research-based, comprehensive, inclusive of all children, manageable, and measurable

- Supports developmentally appropriate curriculum, high-quality learning experiences, and opportunities for play and exploration.

- Acknowledges the importance of caring, nurturing, and emotionally-responsive interactions and relationships for children's learning and development

- Informs intentional teaching practices

- Acknowledges that each child is unique and can be a successful learner

- Identifies learning goals that are important for all children, including children with disabilities

- Acknowledges that children with disabilities may need more individualized or intensive instruction to develop and learn

- Recognizes that children's cultural backgrounds influence the process of their learning and development

- Recognizes that children who speak languages other than English at home bring their language as an asset and have the capacity to learn two or more languages well

- Encourages ongoing, intentional support of a child's home language as well as support for English acquisition

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What the HSELOF is not:

- Not a curriculum but guides the selection of research-based curriculum

- Not an assessment tool but guides the selection of valid, reliable, and useful assessments of children's progress

- Not a developmental checklist but describes skills, behaviors, and knowledge that indicate children are developing and learning

II. THE HSELOF BUILDS ON EARLIER FRAMEWORKS

It is important to help staff and families understand how the HSELOF builds on and continues the important work accomplished using earlier frameworks.

How is the HSELOF similar to earlier frameworks?

- Used by programs to guide choices in curriculum and learning materials, plan daily activities and experiences, and inform quality interactions and intentional teaching practices

- Created using the most up-to-date research as identified by experts in the early childhood field

- Applied to all program options, including centers, family child care, and home visiting programs

How is the HSELOF different from earlier frameworks?

- Focuses on key domains that are essential for school and long-term success

- Begins with infants and toddlers to build a strong foundation for learning and to strengthen continuity in programming from birth to 5

Figure 1. Domain Organization

	CENTRAL DOMAINS				
	APPROACHES TO LEARNING	**SOCIAL AND EMOTIONAL DEVELOPMENT**	**LANGUAGE AND LITERACY**	**COGNITION**	**PERCEPTUAL, MOTOR, AND PHYSICAL DEVELOPMENT**
▲ INFANT/ TODDLER DOMAINS	Approaches to Learning	Social and Emotional Development	Language and Communication	Cognition	Perceptual, Motor, and Physical Development
● PRESCHOOLER DOMAINS	Approaches to Learning	Social and Emotional Development	Language and Communication	Mathematics Development	Perceptual, Motor, and Physical Development
			Literacy	Scientific Reasoning	

- Increases specificity of goals and indicators based on an expanding research base about development in the first five years of life

- Emphasizes behavioral indicators that children demonstrate in everyday situations

- Includes information and examples of cultural and linguistic differences that may influence how children demonstrate their skills, behaviors, and knowledge

- Provides information and examples of how children with disabilities may demonstrate what they know and can do and the kinds of support they may need

- Emphasizes the importance of program planning and intentional teaching practices

- Is a helpful tool for effective engagement with families

III. WHO IS THE HSELOF FOR AND HOW IS IT USED?

Everyone who cares for children has a role in using the HSELOF, and everyone in the program has a role in implementing and learning how to use it. Here are some of the recommended ways to use the HSELOF in your program with key staff and families. Include directors, managers, teachers, transportation staff, health and nutrition specialists, mental health consultants, disability coordinators, and human relations personnel in this important work.

Directors and managers use the HSELOF to:

- Guide everyday practice in selecting and using curriculum along with teaching and assessment practices that promote the goals for children's development and learning

- Identify staff training needs and plan for staff training and development

- Identify program priorities and focus attention and resources on meeting the goals for children's development and learning

- Communicate about program planning, implementation, and impact with staff, families, advisory board, and the community

Teachers, home visitors, and family child care providers use the HSELOF to:

- Support the development of strong relationships

- Prepare the environment and plan learning experiences to support progress toward the goals

- Engage consistently in meaningful interactions and conversations with children to support their learning in all the domains

- Inform effective, intentional, and responsive teaching practices to help children make progress toward the goals

- Engage parents and family members in understanding and supporting their child's learning

- Complement information gathered from ongoing assessments

Parents and family members use the HSELOF to:

- Increase their understanding of developmentally appropriate expectations for young children, including the importance of reciprocal interactions and conversations starting in infancy

- Guide focused communication and discussion with teachers about early learning and development and expected outcomes for children

- Work together with program staff to promote their child's development and learning through positive interactions and effective learning experiences

IV. GETTING STARTED: USING THE HSELOF AS A HEAD START LEADER

You can begin to:

- Study the entire document

- Use the introduction to understand the purpose, organization, and changes from previous frameworks

- Carefully read each domain introduction, the sub-domains, goals, developmental progressions, and indicators

- Note your questions and think about how to address them, if necessary, before you meet with staff

- Introduce the HSELOF to the staff, families, and advisory council members

- Emphasize its evolution, the growth in the research base, and continuity with your program's prior work

- Develop a timeline for transitioning your program in using and implementing the HSELOF in staff development, program planning, and operation

You can plan the next steps:

- Determine your program's needs for understanding the HSELOF and identify priorities

- Review the domain alignment across the birth to 5 continuum

- Learn more about the goals and indicators, specifically focusing on examples provided at the indicator level

- Determine how much your program understands the goals and expectations outlined in the HSELOF

- Provide additional professional development to support use of effective practices that are consistent with the HSELOF

- Consider ways to align curriculum goals and assessment tools with the HSELOF.

> TIP: Help staff and families get comfortable with the HSELOF through a variety of hands-on learning activities. For example, put charts on the wall for each domain or display photos of classrooms or home visits where children are engaged in learning experiences that represent the domains.

Practical Strategies for Teachers

Tools that Encourage Young Children's Social-Emotional Development

All of the materials listed here, in addition to many others, are available for FREE from the CSEFEL website at www.vanderbilt.edu/csefel/

Scripted Stories for Social Situations

are short Power-Point presentations consisting of a mixture of words and pictures that provide specific information to a child about social situations such as going to preschool, sitting in circle time, staying safe and using words. When children are given information that helps them understand expectations, their problem behavior within that situation is reduced or minimized. These stories can help children to understand social interactions, situations, expectations, social cues, the script of unfamiliar activities, and social rules. Parents, teachers and caregivers can use these simple stories as a tool to prepare the child for a new situation, to address challenging behavior within a setting or situation, or to teach new skills.

Children's Book List : *Using Books to Support Social Emotional Development*

This extensive compilation of books that can help young children understand their emotions is organized under multiple topics such as "Being a Friend" or "Sad Feelings" .

Teaching Social Emotional Skills

These tools include a variety of activities and materials to help children promote self-regulation or problem solving. Examples are handouts that feature emotion faces, the "turtle technique" and feeling charts as well as solution kits to help children come up with solutions around problems such as learning how to share, trade, and ask nicely.

Book Nooks

These easy-to-use guides were created especially for teachers to provide hands-on ways to embed social emotional skill building activities into everyday routines such as art, singing and circle time. Each Book Nook is comprised of ideas and activities designed around a popular children's book such as *Big Al, Glad Monster Sad Monster, Hands Are Not for Hitting,* and *On Monday When it Rained.* Examples of suggested activities include using rhymes to talk about being friends, making masks to help children talk about and identify different feelings, playing a game of what to with hands instead of hitting, and creating art and music using a concept of the day such as sharing.

THE PYRAMID MODEL FOR SUPPORTING SOCIAL EMOTIONAL COMPETENCE IN INFANTS AND YOUNG CHILDREN FACT SHEET
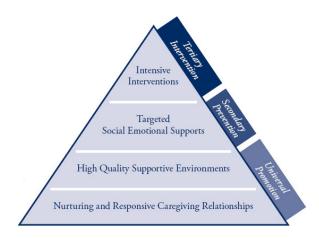
THE TIERED FRAMEWORK OF THE PYRAMID MODEL

The Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children provides a tiered intervention framework of evidence-based interventions for promoting the social, emotional, and behavioral development of young children (Fox et al., 2003; Hemmeter, Ostrosky, & Fox, 2006). The model describes three tiers of intervention practice: universal promotion for all children; secondary preventions to address the intervention needs for children at risk of social emotional delays, and tertiary interventions needed for children with persistent challenges. The Pyramid Model was initially described as an intervention framework for children 2-5 years old within early childhood settings. However, newer iterations of the model provide guidance for the implementation of the framework with infants, toddlers and preschoolers, and include interventions needed to support children who are typically developing and who have or are at risk for developmental delays or disabilities (Hunter & Hemmeter, 2009).

TIER 1: UNIVERSAL PROMOTION

The first tier of the Pyramid Model involves two levels of practices that are critical to promoting the social development of young children. The first level of practices is the provision of nurturing and responsive caregiving relationships to the child. This includes the family or primary caregiver and the caregiver or teacher

within an early childhood program. In addition to a focus on the relationship to the child, this level of the pyramid also describes the need for developing partnerships with families and collaborative relationships among intervention or classroom team members.

There is ample evidence that the provision of a responsive and nurturing relationship is pivotal to a child's development (National Research Council, 2001; Shonkoff & Phillips, 2000). In their early years, children exist within a web of relationships with parents, teachers, other caring adults in their lives and eventually, peers. This web supplies the context within which healthy social emotional growth and the capacity to form strong positive relationships with adults and peers develop. The relationships level of the pyramid model includes practices such as: actively supporting children's engagement; embedding instruction within children's routine, planned, and play activities; responding to children's conversations; promoting the communicative attempts of children with language

delays and disabilities; and providing encouragement to promote skill learning and development.

The second level of universal promotion is the provision of supportive environments. Within home and community settings, this level of the pyramid refers to the provision of predictable and supportive environments and family interactions that will promote the child's social and emotional development. Universal practices for children with or at risk for delays or disabilities include receiving instruction and support within inclusive environments that offer the rich social context that is essential to the development of social skills and peer relationships.

In early care and education programs, this level of the pyramid refers to the design of classrooms and programs that meet the standards of high quality early education. This includes the implementation of a curriculum that fosters all areas of child development, the use of developmentally and culturally appropriate and effective teaching approaches, the design of safe physical environments that promote active learning and appropriate behavior, the provision of positive and explicit guidance to children on rules and expectations, and the design of schedules and activities that maximize child engagement and learning. At this level of the pyramid, families who receive early intervention services might be provided with information and support on establishing predictable routines; implementing specialized health care and treatment procedures; teaching social, emotional, and other skills within play and routine activities; promoting language and communication development; and fostering the development of play and social interaction skills.

TIER 2: SECONDARY PREVENTION

The secondary or prevention level of the Pyramid includes the provision of explicit instruction in social skills and emotional regulation. In early childhood programs, all young children will require adult guidance and instruction to learn how to express their emotions appropriately, play cooperatively with peers, and use social problem solving strategies. However, for some children it will be necessary to provide more systematic and focused instruction to teach children social emotional skills. Children might need more focused instruction on skills such as: identifying and expressing

emotions; self-regulation; social problem solving; initiating and maintaining interactions; cooperative responding; strategies for handling disappointment and anger; and friendship skills (Denham et al., 2003; Strain & Joseph, 2006). Families in early intervention programs might need guidance and coaching from their early intervention provider on how to promote their child's development of targeted social and emotional skills. Families of infants and young toddlers might need guidance and support for helping the very young child regulate emotions or stress and understand the emotions of others.

TIER 3: TERTIARY INTERVENTIONS

When children have persistent challenging behavior that is not responsive to interventions at the previous levels, comprehensive interventions are developed to resolve problem behavior and support the development of new skills. At this level of the Pyramid Model, Positive Behavior Support (PBS) is used to develop and implement a plan of intensive, individualized intervention. PBS provides an approach to addressing problem behavior that is individually designed, can be applied within all natural environments by the child's everyday caregivers, and is focused on supporting the child in developing new skills (Dunlap & Fox, 2009; Lucyshyn, Dunlap, & Albin, 2002). The process begins with convening the team that will develop and implement the child's support plan. At the center of the team is the family and child's teacher or other primary caregivers. The PBS process begins with functional assessment to gain a better understanding of the factors that are related to the child's challenging behavior. Functional assessment ends with the development of hypotheses about the functions of the child's challenging behavior by the team. These hypotheses are used to develop a behavior support plan. The behavior support plan includes prevention strategies to address the triggers of challenging behavior; replacement skills that are alternatives to the challenging behavior; and strategies that ensure challenging behavior is not reinforced or maintained. The behavior support plan is designed to address home, community, and classroom routines where challenging behavior is occurring. In this process, the team also considers supports to the family and

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strategies to address broader ecological factors that affect the family and their support of the child.

KEY ASSUMPTIONS OF THE PYRAMID MODEL

The Pyramid Model was designed for implementation by early educators within child care, preschool, early intervention, Head Start, and early childhood special education programs. In the delivery of tier 2 and 3 interventions, it is assumed that programs will need to provide practitioners with support from a consulting teacher or specialist in the identification of individualized instructional goals and the design of systematic instructional approaches or behavior support plans. The Pyramid Model provides a comprehensive model for the support of all children. A child receiving services through special education might be served at any of the intervention tiers. The model was designed with the following assumptions related to implementation:

1. INCLUSIVE SOCIAL SETTINGS ARE THE CONTEXT FOR INTERVENTION

The focus of the Pyramid Model is to foster social emotional development. This requires a rich social milieu as the context of intervention and instruction. Thus, the model is designed for implementation within natural environments, interactions with the child's natural caregivers and peers, and classroom settings that offer opportunities for interactions with socially competent peers. Interventions do not involve pull out from those settings; rather, they are dependent on a rich social context where the number of opportunities to learn and practice social skills can be optimized.

2. PYRAMID MODEL TIERS HAVE ADDITIVE INTERVENTION VALUE

Each tier of intervention builds upon the previous tier. Tier 2 and 3 interventions are reliant on the provision of practices in the lower tiers to promote optimal child outcomes.

3. INSTRUCTIONAL PRECISION AND DOSAGE INCREASES AS YOU MOVE UP THE PYRAMID TIERS

The intervention practices and foci in tier 2 and 3 are not uniquely different teaching targets or approaches than the universal practices used to foster all children's social development. The differences between tiers are evident in the specificity of the instructional target, the precision of the instructional approach, the frequency of monitoring children's responsiveness to intervention efforts, and the number of instructional opportunities delivered to children at each level.

4. EFFICIENCY AND EFFECTIVENESS OF INTERVENTION IS OF PRIMARY IMPORTANCE

When children have challenging behavior or social-emotional risks, it is imperative that intervention is delivered quickly and effectively. There is ample research evidence that when children's challenging behavior persists, the problems are likely to worsen and become compounded by related problems including peer and adult rejection and coercive relationships (Dodge, Coie, & Lynham, 2006; Moreland & Dumas, 2008). Thus, the Pyramid model has been provided to early educators so that practitioners and programs can provide the most effective intervention needed to immediately support the child and result in desired child outcomes. Children in need of tier 2 or tier 3 approaches should have immediate access to those interventions.

5. FAMILIES ARE ESSENTIAL PARTNERS

The interventions involved in the Pyramid Model are reliant on the participation of families. All families are provided with information on how to promote their child's social development. When children are in need of tier 2 or 3 interventions, families are involved in the provision of systematic intervention by providing increased opportunities for the child to learn and practice new skills in the context of everyday activities and routines in the home and community. When children have persistent challenges, families and other persons involved with the child form a collaborative

team to develop and implement comprehensive interventions and supports that are applied in all of the child's routines and activities.

The Pyramid Model and related resources have been widely disseminated by two federally-funded research and training centers (i.e., Center on the Social Emotional Foundations for Early Learning {www.vanderbilt.edu/csefel} and the Technical Assistance Center on Social Emotional Interventions for Young Children {www.challengingbehavior.org}).

6. ADMINISTRATIVE SUPPORT IS ESSENTIAL

Implementing the Pyramid Model with fidelity and achieving positive outcomes for children and their families requires that administrators understand their roles in the implementation process. Every administrative decision impacts program quality and sustainability. Of particular importance are the facilitative administrative practices that provide sustained commitment, timely training, competent coaching, the use of process and outcome data for decision-making, and the development of policies and procedures that are aligned with high fidelity implementation (Mincic, Smith & Strain, 2009).

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Title of Procedure or Process:	**Guidance of Young Children's Behavior**
Program Area(s):	Education
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☒Other Safety Care
Person Responsible for implementation:	All classroom staff
Timeline for completion:	Daily in classrooms
Submitted to:	NA
ChildPlus Documentation:	NA
Uploaded to ChildPlus:	NA
Specific Directions:	See below

Procedure:

Promise Early Education Center is committed to the social-emotional well-being of individual children and their families. Supporting children's social-emotional development is an ongoing partnership between program staff and families. The Child Guidance Procedures outlines our commitment to provide and promote positive guidance and supportive interactions, and to create a social-emotional environment in which children gain the skills to control their own behaviors, resolve conflicts with others, and understand the impact of their choices.

Site staff working with children will use positive guidance techniques. These include:

- Building, nurturing, and maintaining positive relationships with children
- Adapting the environment, routine, and activities to the needs of individual children
- Establishing consistent, reasonable expectations
- Involving children in defining simple, clear classroom limits
- Observing, facilitating and actively supervising children's activities
- Establishing a predictable classroom schedule
- Reminding children with environmental and verbal cues what will happen next and allowing time for transitions
- Modeling and teaching social skills, such as turn-taking, cooperation, waiting, treating others respectfully, and conflict resolution;
- Acknowledge children's feelings.
- Modeling and teaching emotional skills, such as identifying and recognizing feelings.
- Giving directions and instructions and offering replacement behaviors that tell children what they can do;
- Anticipating problems and developing plans to avoid them
- Remembering that behavior that gets noticed is repeated
- Staff is expected to use positive guidance techniques to support classroom limits and maintain safety, such as:
  - Recognizing and respecting each child's energy level; learning style, temperament, developmental ability including stage of play and capacity
  - Redirecting children to appropriate activities that match the child's needs and preferences
  - Assisting children to solve interpersonal difficulties through peaceful negotiation
  - Looking for causes and patterns in behaviors
- Communicating and working with parents to better understand and resolve challenges with the early outreach and involvement of parents when a concern arises in the classroom. Outreach should be done by phone or in person at a parent-teacher conference or home visit.

Title of Procedure or Process:	Developmental & Social-Emotional Screenings
Program Area(s):	Health, Nutrition, Education, Special Services, Family Services
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	Lead Teacher/Family Educator
Timeline for completion:	• Within 45 days of enrollment (30 days for Public PreK) • Screening data to be entered in online management system within 1 week of screening
Submitted to:	https://asqonline.com/home http://oms.brigance.com/Login.aspx
ChildPlus Documentation:	Education Event: ASQ or ASQ SE/ Brigance or Brigance SE
Uploaded to ChildPlus:	Upload copies of digital reports from online management system • ASQ /ASQ SE Reports • Brigance Data Sheet, Brigance SE Scale Report and Summary report
Specific Directions:	See below

Procedure:

- Parents will provide consent to screen their child by signing the Permission for Services form during enrollment.
- Lead Teachers/Family Educators will screen within 45 days of first classroom day or initial home-based home visit:
    - All newly enrolled EHS/HS children.
    - All children transitioning from EHS to HS.
    - Any repeating Head Start child for whom we have new or emerging developmental concerns.
    - Dual Language Learners: *See DLL Screening process*
- Staff will complete developmental **ASQ** or **Brigance** screenings using tablet or with paper screening form. All paper screenings need to be entered into online management system and summary sheets from screening uploaded.
    - **ASQ-3/ASQ SE-2** should be completed in conjunction with parents whenever possible. ASQ screenings are ongoing and will be completed as prescribed by the tool.
    - **Brigance SE** Parent report **MUST** be completed by parent at initial home-visit and **Brigance SE Teacher** report should be completed by teacher if there is a SE concern. Only the parent reported SE screening is logged in the online management system.
- Parents will receive written notification of screening results using Summary reports from online management systems and any recommendations.
- Required actions based on child's overall screening score:
    - **Pass** - no further action is required. Share results with parent.
    - **Rescreen** - Child will be rescreened within 90 days. Enter Rescreen date in ChildPlus and Outlook calendar. If the child has an IEP, no rescreen is needed.
        - Any child determined to have a *result of Below Average, Fail or Cannot Test* on the initial screening will be rescreened within 30 calendar days.
        - If screening was done during summer screening, then 2nd attempt will take place as soon as the child feels comfortable in the classroom and no longer than 30 days after enrollment. If child is still scored *Below Average, Fail, or CNT,* Head Start staff will follow agency referral procedures. (See *Referral procedure in Special Services)*
    - **Refer** – Contact Special Services for guidance before initiating a referral.Obtain CDS Release of Information for permission to have the program facilitate a CDS Referral for further evaluation.

- The Lead Teacher will complete and submit a "CDS Child Referral Form" with the required information to Special Services.
- If child is DLL, CDS DLL form is also completed with language facilitator.

Title of Procedure or Process:	Dual Language Learners: Developmental & Social-Emotional Screenings
Program Area(s):	Health, Nutrition, Education, Special Services, Family Services
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☒DOE
Person Responsible for implementation:	Lead Teacher/Family Educator Language Facilitator
Timeline for completion:	• Within 45 days of enrollment (30 days for Public PreK) • Screening data to be entered in online management system within 1 week of screening
Submitted to:	https://asqonline.com/home http://oms.brigance.com/Login.aspx
ChildPlus Documentation:	Education Event: ASQ or ASQ SE/ Brigance or Brigance SE Education Event: *pre*LAS including score and proficiency level
Uploaded to ChildPlus:	Upload copies of digital reports from online management system • ASQ /ASQ SE Reports • Brigance Data Sheet, Brigance SE Scale Report and Summary report
Specific Directions:	The Office of Head Start defines English Language Learners as children who: **-acquire two or more languages simultaneously (i.e., from birth)** **-or learn a second language while continuing to develop their first language**

Procedure:

1. Decide whether the child's language experiences require language facilitator to jointly administer screening:
   a. Use information documented on Home Language Survey in Head Start OR Language Use Survey in public school PreK classrooms.
   b. Use parent information/interview to gather information about the child's exposure to languages in the home as well as the child's knowledge, skills, and abilities.
2. A child who has grown up hearing equal amounts of two or more languages every day since birth should be screened in both languages.
3. For children who have had brief or sporadic experiences with English as a second language, a language facilitator (or Language Line) will be utilized throughout the developmental screening process.
4. Prior to jointly administering the screening, we ensure that language facilitators/interpreters understand the purpose of the screening process and are familiar with the screening tool, especially the terms and concepts used in the tool.
5. DLL screening process:
   a. Lead teacher or Family Educator will sit with child and language facilitator at the same table.
   b. During screening, the language facilitators will speak one language at a time and only use levels of prompting allowed by the screening tool.
   c. Language facilitators will collaborate with the trained staff person to accurately report the child's responses to each item and will note the child's non-verbal behaviors and unusual responses, vocalizations, and verbalizations including errors in sounds, word order, and word choice in the home language.
6. When a screening indicates a referral is needed and parents agree to the referral, the Language Facilitator will spend at least one hour with the child in the classroom to establish native language proficiency and complete the ELL form for CDS to be sent with initial CDS referral paperwork.

Title of Form:	DLL form for CDS
Related Policy:	Education &Special Services
Program Area(s):	Education
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Procedures	
Form Completed By:	Lead Teacher
Timeline for completion:	At time of referral
Specific Directions:	Contact language facilitator to come and spend at least 1 hour in the classroom with DLL child to answer the questions listed on the form
Submitted to:	Sent with CDS referral to Special Services
ChildPlus Documentation:	If child failed screening, indicate referral as the result of screening under Education tab and in the notes state DLL form for CDS was completed.
Uploaded to ChildPlus:	Special Services will upload DLL form for CDS with initial referral paperwork.

Promise Early Education Center

DLL Form for CDS

Parental Information
Child's home language ?
Does parent have difficulty understanding child at home in native language?
Parental concerns?

Health
Health issues to be considered:

Lead level if concerning:

Title of Procedure or Process:	Home Visits and Parent Teacher Conference Guidance for Teachers
Program Area(s):	Health, Education, Special Services, Family Services
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	Lead Teacher
Timeline for completion:	See below
Submitted to:	NA
ChildPlus Documentation:	Education Tab- Add event: Educational Home Visits* and Parent Teacher Conferences*, Child Education Goal. *Note if virtual or in-person interpretation was used.
Uploaded to ChildPlus:	Parent Teacher Conference Forms for each PTC
Specific Directions:	**Teachers MUST complete 2 Home Visits and 2 Parent Teacher Conferences each year for each child.** **Language Facilitators or Language Line/Insight MUST be used for families of DLL children.**

Procedure:

Initial Home Visit/ 1st Home Visit (following initial enrollment or re-enrollment/roll-over). **Language Facilitators or Language Line/Insight MUST be used for families of DLL children.**

   Full Day- July 1 is the start of a new school year and starts the clock over for visits and conferences.

- **Initial Home Visit** for newly enrolled children should occur prior to child starting in the classroom. If HV is not completed prior to starting, it should be completed within 2 weeks of starting in the classroom.
- **1st Home Visit** should be completed between July and August 31st for children "rolling over" in full-day programming. An educational child goal should be set with parental input.
- **2nd Home Visit** should be completed in February/March and should also include a PTC for Winter TSG checkpoint using TSG Child Report Card. An educational child goal should be set or continued with parental input.
  *For children who enroll mid-year, try to move to July/August & Feb/March schedule

   Part Year- August start-up is the beginning of the new school year. **Language Facilitators or Language Line/Insight MUST be used for families of DLL children.**

- **Initial/1st Home Visit** should be completed during August start-up and 100% complete by the first day of school. An educational child goal should be set with parental input.
  - Children who enroll after the first day of school should receive their initial/1st home-visit prior to starting in the classroom. If HV is not completed prior to starting, it should be completed within 2 weeks of starting in the classroom.
- **2nd Home Visit** should be completed in January & February as a Parent Teacher Conference. An educational child goal should be set or continued with parental input.

Parent-Teacher Conferences

- **Language Facilitators or Language Line/Insight MUST be used for families of DLL children.**
- **1st PTC** should be completed in October/November after TSG closes for Fall TSG checkpoint using TSG Child Report Card (See *TSG Quick Guide* for more information on printing Report Card).
- **2nd PTC** should happen at 2nd Home visit following Winter TSG checkpoint using TSG Child Report Card.
- **3rd PTC**: using TSG Child Report Card
    - **Full Year:**
        - For children leaving by June 30th PTC should be complete by the end of May/beginning of June children
        - For children "rolling over" PTC should be complete by July 30th- combine with 1st HV
    - **Part Year:** PTC should be completed by the end of May/beginning of June following the 3rd TSG checkpoint

Visit Type/When	What to do
Initial Home Visit/1st Home Visits Visits must be done in the family's home before a child can start. If there is a barrier to doing the initial home visit please contact the Family Services Manager to review options.	Complete initial paperwork (see Initial Home Visit Checklist)- FA Review Parent Handbook- FA Discuss the importance of attendance- FA Review classroom schedule- Teacher Discuss classroom expectations- Teacher Drop off/pick-up expectations-Teacher Health Passport- Teacher
1st Parent Teacher Conference November- December	Review TSG Report Card- Teacher Set educational goal for child- Teacher Attendance- Teacher Health Passport- Teacher Children going to K: Transition Discussion & search for child care- FA
2nd Parent Teacher Conference/ 2nd Home Visit February- March	Review TSG Report Card- Teacher Review, update and/or change educational goal set for child- Teacher Attendance-Teacher Health Passport-Teacher
Parent Teacher Conference- Late May-June	Review TSG Report Card- Teacher Health Passport-Teacher

DLL Form for CDS

Parental Information
Child's home language
Does parent have difficulty understanding child at home in native language?
Parental concerns?

Health
Health issues to be considered:
Lead level if concerning:

Behaviors observed by language facilitator
Does language facilitator have difficulty understanding child?
Does child respond to one step directions?   2 step directions?
Does child initiate interactions with peers appropriately?
Does child answer yes/no questions?
Does child attend to adult directed activities?
Does child follow classroom routine?
Does child interact with peers?
Does child display aggressive behaviors?

Classroom Information
Was a language facilitator used for screening?
Does the language facilitator recommend future assessments or evaluations with an interpreter?
Has language facilitator spent time with child?
How much time has language facilitator spent with child?

Title of Procedure or Process:	Dual Language Learners: Teaching and the Learning Environment
Program Area(s):	Health, Nutrition, Education, Special Services, Family Services, ERSEA, etc.
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other ☒DOE
Person Responsible for implementation:	All teaching staff
Timeline for completion:	NA
Submitted to:	NA
ChildPlus Documentation:	NA
Uploaded to ChildPlus:	NA
Specific Directions:	NA

Expectations:

- Ensure learning experiences such as music, math, science reflect the cultures and languages of the children in the class.
- Include reading to children in English and in their home languages whenever possible.
- Incorporate key words and phrases in the home languages of the children in learning experiences and everyday routines.
- Promote children's positive self-correct by using the correct pronunciation of children's names.
- Promote, when possible, pairing of English speaking children with children whose home language is not English to encourage child-child interactions in English.
- Accept code-switching/translanguaging as a natural communication strategy for children who are DLLs.
- Plan and use dialogic reading and oral language strategies in order to promote English language development.
- Use a range of verbal and non-verbal methods to promote adult-child interactions with DLL children.
- Reflect an understanding of the stages of first and second language acquisition. Use information from the *pre*LAS to determine English language proficiency (4's only).
- Use intentional strategies to help children who are DLLs comprehend what is happening in the learning environment, including demonstrations, videos, visuals, gestures, and props.
- Build children's vocabulary by making explicit the connections between familiar words in a child's home language and new words in English.
- Display photographs of our children who are DLLs and their families that teachers refer to as part of planned teaching strategies.
- Use materials, visuals, and other items that reflect the families' cultures that teachers and home visitors include as part of planned teaching strategies
- Include environmental print in children's home languages, including labels, posters, and signs, which help the children make connections between their home language and English.
- Share screening (Brigance, ASQ or *pre*LAS) and assessment results with our families in culturally and linguistically sensitive ways and in their preferred language, if possible.
- Share strategies and activities with our families that promote the child's use of the home language
- Work with our families to adopt a long-term commitment to supporting their child's home language development.
- Help our families feel welcome by greeting them in their home languages and displaying images and items from their home cultures.
- Support children's transition into and within our program by discussing classroom materials, the daily schedule, and basic rules of the classroom so that families may communicate this information with their child in their home language.

Title of Procedure or Process:	Transitions in Head Start
Program Area(s):	Health, Nutrition, Education, Special Services, Family Services, ERSEA, etc.
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	Lead Teachers and Family Advocate
Timeline for completion:	May/June
Submitted to:	
ChildPlus Documentation:	Education Tab: *K Readiness Activities* (visit to K classroom, by a K teacher, etc.) entered as event *K Readiness form* completion is entered as an event.
Uploaded to ChildPlus:	*K Readiness form* is attached under Education
Specific Directions:	See Below

Procedure:

A) Annual Staff Training:
1. EHS and HS education staff will be trained annually in supporting healthy transitions for children and families.
2. EHS and HS education staff will visit each other's programs to support staff communication and a shared understanding of our 0-5 program services. Staff visits will take place in February/March each year.

B) Child and Family Transitions- Home or Childcare into EHS:
1. Enrollment will gather information on formula choice, bottle & nipple preference, and diaper size.
2. EHS Teachers will plan individualized supportive transitions in partnership with parents at the initial home visit.
3. For children on IFSPs, the IFSP goals will be reviewed and incorporated in the transition process.
4. Parents will be offered the opportunity to visit the center/classroom or view a video created by classroom teachers before child's first day to support a healthy transition.

C) Child and Family Transitions- EHS to HS:
1. Every EHS child will have a transition plan in place by age 30 months developed in partnership with parents.
   Sixth Month:
   - Primary Caregiver and parent discuss transition process.
   - Primary Caregiver / FE informs parent that updated income verification will be required before the child transitions to Head Start.
   - *For **children in a childcare slot** Family Advocate and parent will discuss transition with FA supporting parent in accessing referrals to outside programs. Before communicating with parent FA will outreach to ERSEA Supervisor regarding possible CC slot availability in Promise full day rooms. Please note that the small number of CC slots available in a HS full day room are prioritized for EHS-eligible children who when transitioning to HS are found non-eligible due to increased family income. (Income is not needed verified for CC slot families.)*

   Within the First Three Months of the transition process:
   - Site is determined by Selection Committee.

- Early Head Start Primary Caregiver / FE will offer the parent the opportunity to visit the selected Head Start site(s)
- Primary Caregiver/ FE notifies Special Service Coordinator, if needed, of targeted transition date and notifies the case manager at Child Development Services.

Two Months prior to transition:
- Transfer Request completed and sent to Site Supervisor with updated family income. Site Supervisor will sign and forward to Enrollment Coordinator. EC will verify that the child is still eligible based on new income.

Month Prior to transition:
- EHS staff /FE will contact Head Start family service staff in person or by phone to plan smooth transition of child to new program and document contact in case notes.
- Primary Caregiver FE will arrange for meeting with staff, Health & Nutrition staff and parents to discuss any medical needs or plans of care - when applicable.
- EHS Primary Caregiver/ FE will make arrangements for the Head Start teacher to come to EHS to visit the child's classroom and observe the child. The Primary Caregiver/FE and Head Teacher will meet to discuss the observation.

Transition Month:
- EHS primary caregiver will offer to meet the parent and the child at the placement site. The number and frequency of the visits will be decided individually for each family. Whenever possible visits will take place at various times of the day to give the child a better idea of the routines of the new site.
- Head Start family service staff will contact the parent to arrange a home visit to complete enrollment paperwork. EHS Primary Caregiver/ FE may attend this home visit at the parent's request.
- If needed, a new Food Allergy and Dietary Needs report will be filled out and distributed by the receiving site
- EHS Primary Caregiver will provide placement site with their own original copy of the child's emergency card to be kept at the placement site.

Transition Day:
- After the child's last day at EHS Primary Caregiver will pass along the child's main file to the placement site teacher.
- Head Start Family Service FE staff at <u>each site</u> will complete and distribute an Enrollment Activity Sheet (EAS).

2. If parents are interested in their child applying to Head Start, staff will facilitate scheduling of the enrollment interview. All EHS children must be re-determined income eligible at the time of application to HS.
3. Income eligibility will be determined by HS and EHS applicants selected according to the Selection Criteria Policy.
4. The transitioning children selected into HS will participate in class visits to the HS center they will attend. EHS centers will coordinate class visits for children who will be transitioning, and the HS center will arrange for both a teacher and family advocate to be present to speak to parents whenever possible.
5. EHS transitioning children with diagnosed disabilities will have placement determined at their scheduled IFSP team meeting. The EHS Specialist will accompany the parent whenever possible to this meeting. EHS staff will support parents in advocating for their child's needs.
6. EHS staff will assist with transition as indicated on the IFSP Family Outcomes and Transition from Early Intervention section of the child's IFSP. HS staff will attend the meetings whenever possible.

7. If the HS center placement for an EHS transition child changes an individual visit will be scheduled whenever possible.
8. EHS transitioning children will visit HS center play yards during June and July.
9. EHS/HS transition child staffing will be scheduled, and a transitioning child summary completed, prior to EHS children attending HS services.
10. Head Start teachers will complete an initial home visit with the family and transitioning child prior to the child's first school day. Teachers will complete an initial Home Visit Form, which supports the development of their partnership.

EHS Transition Parent Meeting:
EHS Centers will schedule a transition parent meeting in May/June of each year for families of EHS children who will transition into Head Start over the summer or early fall. A Head Start Teacher and Family Advocate will attend. An agenda will be developed by EHS and HS staff with the goal of providing information about the transition process and what to expect in the Head Start program. EHS and HS staff will convey a strong positive team approach.

The agenda for this parent meeting will include:
• How to support healthy transitions and the family's role in that process.
• The logistics of the HS day for children and how EHS routines reflect what children will experience in the HS classroom routine. Staff share a copy of *A Day in Head Start* social story.
• The Family Advocate's role in HS and the opportunities for involvement in the HS center.
• Answering any questions or addressing any concerns that families may have about the transition.

D) Child and Family Transitions- <u>Home, Childcare or Pre-School into Head Start:</u>
1. Staff will recognize families as the child's forever teacher. This can happen in all interactions, especially at enrollment, center visit and the Initial Home Visit.
2. They will encourage families to share photographs, portfolios, screening, assessment data and any other information about a previous setting the child has been in, including childcare or preschool.
3. Staff may request that the family sign an ROI if the family thinks the previous teacher has some valuable information to share about the child in the previous setting.
4. Families will participate in an initial home visit prior to the child attending class. This will include information about supporting healthy transitions.

E) Child and Family Transitions- <u>From HS to another HS Center or Pre-School Program:</u>
1. Families will receive the child's TSG Report Card, copies of conference forms to share with the new teacher and any other student record information the family requests for in writing.
2. Families whose children are transferring to another head start center will be notified that all information is transferred to the staff at the new center.
3. When possible, a transition booklet will be created to help the child and family with the transition.
4. Staff will support the child as they say goodbye to their class.
5. We will facilitate visits to the new center when possible.

F) Child and Family Transitions- <u>From HS to Public PreK:</u>
1. Families will receive the child's TSG Report Card, copies of conference forms to share with the new teacher and any other student record information the family requests for in writing.
2. Families whose children are transferring to another head start center will be notified that all information is transferred to the staff at the new center.
3. When possible, a transition booklet will be created to help the child and family with the transition.
4. Staff will support the child as they say goodbye to their class.
5. We will facilitate visits to the new center when possible.

G) Child Concurrently Enrolled in Head Start and another Program

When a child is enrolled in Head Start and another program, the Head Start staff will talk with the family about how that is working for the child, if the child needs any transitional objects or routines, and if they would like any curriculum ideas or strategies to be shared between the programs. If so, the parent can sign a release of information and specify what information and/or materials could be shared. Our focus will be on supporting the child and family and encouraging partnerships among the family and all programs involved.

H) Child and Family Transitions- <u>Head Start to Public School:</u>
1. K Readiness forms created in partnership with local LEA's are completed and child assessment data shared, summarizing the child's development in each of the following areas: SE, Cognitive, Phys., Language, Social Studies, Art, Science and Technology, as well as considerations for Dual Language Learners and children on IEPs.
2. Assessment information will become a part of the Student Education Record. A copy of the Family Conference Form and a summary form of the child's developmental screening will be forwarded to the appropriate kindergarten.
5. Family Advocates will give parents their child's certificate of immunization form (CIS) at the end of the HS program year to assist them in kindergarten enrollment.

Kindergarten Readiness Form

Child's Name: _____ Male ☐ Female ☐

Date of Birth: _____

Center: _____ Teacher: _____ Attendance: ____%

Would it be helpful for the school to do an observation of the child in current classroom?   Yes ☐   No ☐

Health Issues/Allergies   Yes ☐ No ☐
- If yes, please explain.

Was a CDS referral made? Yes ☐ No ☐   If yes, date of referral: _____

Outcome of referral:

Diagnosis:

Presently receiving services?   Yes ☐ No ☐   IEP Date: _____
    - If not receiving services, please explain why.

Is this child receiving mental health services of family counseling?   Yes ☐ No ☐
    - If yes, please note providers.

°°

Social-Emotional, Emotion Expression and Regulation Strategies
- How does this child enter into new situations?

- How does this child relate to peers and adults?

- How does this child cope with frustration, sadness, anger, anxiety?

- How does this child handle transitions?

Self-Help
- Toilet trained   Yes ☐ No ☐

Engagement and Persistence
- Child has the attention span to be engaged in activities for ____ minutes.
- Can play independently for ____ minutes.

Cognitive Development
Literacy
- Able to distinguish separate sounds in words?   Yes ☐   Some ☐   No ☐
- Associating sounds with letters?   Yes ☐   Some ☐   No ☐
- Writing letters?   Yes ☐   Some ☐   No ☐
- Writing name?   Yes ☐   Some ☐   No ☐

- Does the child enjoy being read to?   Yes ☐   Some ☐   No ☐
- Does the child look at books independently?   Yes ☐   Some ☐   No ☐

Math
- Rote counts to ____.
- Writing numbers?   Yes ☐   Some ☐   No ☐
- Able to count using 1:1 correspondence?   Yes ☐   Some ☐   No ☐

Motor Skills
Fine Motor
- Pencil grip
  - Fisted grip ☐
  - Palmar grasp ☐
  - Pincer/tripod grip ☐

- Use of scissors
  - Whole arm movement ☐
  - Whole arm movement, increased stability from shoulder ☐
  - Refined wrist/finger movement; transfer movement from shoulder to elbow ☐
  - Minimal elbow movement; primary control from wrist and fingers ☐

Gross Motor
    Is the child able to:
- Run   Yes ☐ No ☐
- Jump   Yes ☐ No ☐
- Galloping   Yes ☐ No ☐
- Catch a ball   Yes ☐ No ☐

Other Comments:

Title of Procedure or Process:	Home Visits and Parent Teacher Conference Guidance for Teachers
Program Area(s):	Health, Education, Special Services, Family Services
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	Lead Teacher
Timeline for completion:	See below
Submitted to:	NA
ChildPlus Documentation:	Education Tab- Add event: Educational Home Visits and Parent Teacher Conferences, Child Education Goal
Uploaded to ChildPlus:	Parent Teacher Conference Forms for each PTC
Specific Directions:	**Teachers MUST complete 2 Home Visits and 2 Parent Teacher Conferences each year for each child.**

Procedure:

Initial Home Visit/ 1st Home Visit (following initial enrollment or re-enrollment/roll-over)

Full Day- July 1 is the start of a new school year and starts the clock over for visits and conferences.

- **Initial Home Visit** for newly enrolled children should occur prior to child starting in the classroom. If HV is not completed prior to starting, it should be completed within 2 weeks of starting in the classroom.
- **1st Home Visit** should be completed between July and August 31st for children "rolling over" in full-day programming. An educational child goal should be set with parental input.
- **2nd Home Visit** should be completed in February/March and should also include a PTC for Winter TSG checkpoint using TSG Child Report Card. An educational child goal should be set or continued with parental input.
  *For children who enroll mid-year, try to move to July/August & Feb/March schedule

Part Year- August start-up is the beginning of the new school year

- **Initial/1st Home Visit** should be completed during August start-up and 100% complete by the first day of school. An educational child goal should be set with parental input.
  - o Children who enroll after the first day of school should receive their initial/1st home-visit prior to starting in the classroom. If HV is not completed prior to starting, it should be completed within 2 weeks of starting in the classroom.
- **2nd Home Visit** should be completed in January & February as a Parent Teacher Conference. An educational child goal should be set or continued with parental input.

Parent-Teacher Conferences

- **1st PTC** should be completed in October/November after TSG closes for Fall TSG checkpoint using TSG Child Report Card (See *TSG Quick Guide* for more information on printing Report Card).
- **2nd PTC** should happen at 2nd Home visit following Winter TSG checkpoint using TSG Child Report Card.
- **3rd PTC**: using TSG Child Report Card

Full Year:

- For children leaving by June 30th PTC should be complete by the end of May/beginning of June children
- For children "rolling over" PTC should be complete by July 30th- combine with 1st HV

Part Year: PTC should be completed by the end of May/beginning of June following the 3rd TSG checkpoint

Visit Type/When	What to do
Initial Home Visit/1st Home Visits Visits must be done in the family's home before a child can start. If there is a barrier to doing the initial home visit please contact the Family Services Manager to review options.	Complete initial paperwork (see Initial Home Visit Checklist)- FA Review Parent Handbook- FA Discuss the importance of attendance- FA Review classroom schedule- Teacher Discuss classroom expectations- Teacher Drop off/pick-up expectations-Teacher Health Passport- Teacher
1st Parent Teacher Conference November- December	Review TSG Report Card- Teacher Set educational goal for child- Teacher Attendance- Teacher Health Passport- Teacher Children going to K: Transition Discussion & search for child care- FA
2nd Parent Teacher Conference/ 2nd Home Visit February- March	Review TSG Report Card- Teacher Review, update and/or change educational goal set for child- Teacher Attendance-Teacher Health Passport-Teacher
Parent Teacher Conference- Late May-June	Review TSG Report Card- Teacher Health Passport-Teacher

Title of Procedure or Process:	TalkingPoints Expectations
Program Area(s):	Education, Family Services
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	Lead Teacher
Timeline for completion:	Families are enrolled within the first 2 days of a teacher receiving a file
Submitted to:	NA
ChildPlus Documentation:	NA
Uploaded to ChildPlus:	NA
Specific Directions:	See below

Procedure:

1. Every week the Lead Teacher will send classroom information to families in digital form using TalkingPoints. All messages sent to families are limited to 320 characters.
2. Teachers are expected to use the TalkingPoints CLASS assigned by Education Manager and may not create their own class within TalkingPoints or create a TalkingPoints account outside of Promise.
3. At Enrollment, when families are asked for their cell phone number they are told we will use an app called TalkingPoints to communicate and they should expect the classroom teacher to communicate using this program.
4. Teachers enter newly enrolled families in TalkingPoints within the first 2 days of receiving a file.
5. At the first center visit or home visit, teachers will ensure that families are successfully receiving TalkingPoints messages and announcements.

Classroom information- weekly information to include:
- o **Attendance data**
- o **Upcoming Events:** Policy council meeting date and time, Parent Committee info, community activities like Touch a Truck, etc.
- o **Classroom news/what children are learning**: books read, concepts taught (sink/float, shadows or reflections), science experiments, nutrition activities, songs sang- including lyrics, new classroom areas (grocery store in dramatic play) or materials that can be collected by parents for the classroom
- o **Reminders:** extra clothes, outdoor gear, book orders, closures/holidays/in-service days
- Photos- only send de-identified photos of classroom activities or experiences to the whole class
- Individual child photos can be shared with student families only.

Parent contact- as needed
- To communicate about home visits, parent-teacher conferences, parent meetings, special events
- To communicate about a child.

Announcements are best for whole class information
- Only de-identified photos should be sent
- Send announcements with the same flyers you print/post (make sure your attachment is a PDF). Attachments are not translated.
- Be aware of frequency & message length

One on one texting conversations are best for individualized reminders & 2-way communication
- Should be more frequent and sent as needed

Use voice calls to reach out about sensitive information

Title of Form:	**TOILET TRAINING PLAN FORM**
Related Policy:	Toilet Training Procedure
Program Area(s):	Health, Education or Special Services- IEP
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Procedures	1. Retrieve form from Promise website. 2. Read & follow the Toilet Training Plan Protocol before completing the form. 3. Review with parent and assist in filling out the plan before child's first day. 4. Discuss with parent that the plan will help their child be more successful with toilet training when both Home and School agree upon and have the same plan. 5. When the written plan is completed, send it to the Education Manager for review and approval. 6. Place approved plan in the Emergency Card Binder. 7. If child has toilet training in IEP, the IEP can be used in place of plan. 8. When child no longer needs plan in place, you can remove from Emergency Card binder and shred paper form (only if uploaded to CP+). 9. In Child Plus, change event status to Completed.
Form Completed By:	Staff with Family Service Responsibility
Timeline for completion:	Before child first day of school/childcare
Specific Directions:	Complete at first Home Visit
Submitted to:	Education Manager
ChildPlus Documentation:	Yes, in the Education Tab-Add Event-Toilet Plan Developed Event
Uploaded to ChildPlus:	Yes, in the Education Tab-Attachments

Toilet Training Plan

CHILD'S NAME: _____   CENTER: _____

The child listed above is not toilet-trained and will need assistance during the school day. This plan identifies activities to be conducted by both classroom teacher and parent/guardian that will assist the child in meeting his/her toileting needs.

Toileting routines at home: (Check all that apply)

__Wears diapers all day and night   __Wears diapers only at night

__Wears pull-ups all day and night   __Wears pull-ups only at night

                                           __Wears pull-up only at naptime

__Able to use toilet independently   __Needs assistance to use toilet

__Able to vocalize need to use toilet   __Unaware of need to use toilet

__Able to pull down clothing on own   __Needs help with clothing

__Has the willingness to cooperate   __ Does not have the willingness

Words child uses to indicate toileting needs: _____

_____

Frequency of urination: _____

_____

Frequency of bowel movement: _____

_____

Parent Responsibility: check off if agree

Provide 2-4 changes of clothes and underwear during school

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CHILD'S NAME: _____   CENTER: _____

The child listed above is not toilet-trained and will need assistance during the school day. This plan identifies activities to be conducted by both classroom teacher and parent/guardian that will assist the child in meeting his/her toileting needs.

Toileting routines at home: (Check all that apply)

__Wears diapers all day and night	__Wears diapers only at night
__Wears pull-ups all day and night	__Wears pull-ups only at night
	__Wears pull-up only at naptime
__Able to use toilet independently	__Needs assistance to use toilet
__Able to vocalize need to use toilet	__Unaware of need to use toilet
__Able to pull down clothing on own	__Needs help with clothing
__Has the willingness to cooperate	__ Does not have the willingness

Words child uses to indicate toileting needs: _____

_____

Frequency of urination: _____

_____

Frequency of bowel movement: _____

_____

Parent Responsibility: check off if agree

_____Provide 2-4 changes of clothes and underwear during school.

_____Dress the child in clothing that is easy to remove in a hurry.

_____Agree to provide regular toilet breaks at home.

_____I will encourage toilet-training, if my child demonstrates toileting readiness at home.

_____I will keep the teacher informed of toileting progress so that the teacher will plan classroom experiences
    that will support home toilet- training efforts.

_____I will do my part and cooperate with staff as described in this plan and toileting protocol.

Parent disagrees or can't complete a responsibility; Why? _____

_____

Staff Responsibility:

____Will change the child, or assign other staff to change the child, when wet or soiled.

____Will change the child in a location that allows for privacy.

____Will provide plastic bags to send home soiled clothing.

____ I will encourage regularly planned visits to the bathroom, if the child demonstrates toileting readiness.

____ I will use positive reinforcement techniques to encourage independent toilet use.

____The teacher will keep the parent/guardian informed of the child's toileting progress.

____ Provide disposable diapers or pull-ups and wipes.

____Will share updates with the parents via notes, phone calls, texts and home visits to reinforce positive
  outcomes.

____ I will follow-up on activities required of the parents, if problems in parent follow-through are observed,

Challenging Situations:

a. If no progress in toilet training is noted after **four weeks** of using the Individualized Toilet Training Plan, the Education Manager must be notified and a staff meeting or parent meeting will be held to determine the next steps.

b. There are times when difficult situations may arise with families. Based on the circumstances involved, Promise may adjust or modify these procedures to best meet the needs of individual child and family.

*Each site has varying bathroom accommodations. The parent/guardian is encouraged to visit the site and discuss the site accommodations with the classroom teacher. All teachers follow diapering and toilet-training guidelines that have been approved by the program and meet health standards.

Parent/Guardian Signature: _____ **Date:** _____

Teacher Signature: _____ **Date:** _____

Education Manager: _____ **Date:** _____

Date of Follow-up Meeting: _____ (agreed upon by parent/guardian and teacher)

Date Toileting Goals Met: _____   **Initials: Teacher_____   Parent_____**

	Active Supervision
Title of Procedure or Process:	
Program Area(s):	Education
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	All classroom staff
Timeline for completion:	Daily in classrooms
Submitted to:	NA
ChildPlus Documentation:	NA
Uploaded to ChildPlus:	NA
Specific Directions:	See below

What is Active Supervision?

Active supervision requires focused attention and intentional observation at all times. Educators (all Head Start staff who care for children) position themselves so that they can observe all the children: watching, counting, and listening at all times.

A. General requirements:

1. Staff to child ratios: A minimum ratio of 1 staff per 10 children for Head Start and 1 staff per 4 children for Early Head Start will be maintained at all times as required by both Head Start and Child Care Licensing.
2. As a team, direct management staff and center staff, will review active supervision roles and ensure that procedures are followed for their center.
3. Classroom staff will teach and review classroom rules with children.
4. Personal cell phones and other electronic devices (i.e. smart watch) must not be accessible to staff while children are present.

B. Procedures for transitions:

1. **Arrival and Departure Procedure.** Refer to this (separate) specific procedure for children's arrival to and departure from the center.
2. **Redundant Checks.** These are completed to ensure that no child remains alone in any setting (such as a classroom, bathroom, playground, etc). Redundant checks will be used when the group leaves one area to go to another (such as transitioning from the classroom to the playground.) All children transitioning from classroom to another part of the building or playground must use a walking rope.
   - 1ˢᵗ check- one staff member counts the children and roll call from sign-in/sign-out sheet before leaving classroom.
   - 2ⁿᵈ check- one staff does a final sweep of the space the group is leaving and scans to ensure no child is left behind (including checking in the bathroom) and confirms verbally with other staff that the check is complete.
   - 3ʳᵈ check- recount children once on the playground or the space the group is arriving to.
3. **Wipe off boards/laminated class list in the classrooms and on the playground:**
   Classroom Staff:
   - The daily count of children is written on the classroom wipe off board/list each day. If a child leaves early or arrives late, the number is changed to reflect the total number of children in

attendance upon arrival or dismissal. The total number of children present for class that day <u>must always</u> be on the board.

- Names and number of staff present in the classroom are also noted on wipe off board and are adjusted as staff enter or exit classroom.
- The wipe off board/list must reflect the number of children in attendance for the day and must also account for children present but not in the classroom. To account for children who leave the class for a short period of time (such as for the bathroom, screening, or therapy) this must be reflected at the bottom of the wipe off board (below the total count). If a single child, or multiple children leave the classroom (such as when one staff takes a group to the bathroom) this must be reflected on the wipe off board/list; classroom staff members must also communicate with each other that they are taking children out of the classroom. Once the child or group returns the wipe off board/list must be updated immediately to reflect the number of children in the classroom. The classroom staff shall count the children when they re-enter the classroom, playground or space.

<u>Non-classroom staff:</u>

- When a non-classroom staff person removes a child from the classroom (such as a health screener or therapist) that person will write the child's name and their name on the wipe off board/list. They must also communicate directly with classroom staff that they are removing a child. Once the child is returned to the classroom the non-classroom staff will update the wipe off board/list and directly communicate to classroom staff that the child has been returned. The classroom staff shall count the children when they re-enter the classroom, playground or space.

C. Zone Supervision

Zoning Supervision must be used in the classroom, on the playground, during nap time, during transitions or during toileting/bathroom activities. Staff must supervise the outdoor and indoor play areas in such a way that children's safety can be easily monitored and ensured. One or more staff are assigned a specific area – a "zone" – for which each are responsible for maintaining line-of-sight supervision of each child within his/her assigned zone while that supervision strategy is being used.

Set Up the Environment

Educators set up the environment so that they can supervise children at all times. Small spaces are kept clutter free and big spaces are set up so that children have clear play spaces that educators can observe. Teachers sit with backs to walls not with back to children.

Create a chart

Specify which teacher is in charge of which area/activity, as well as what individual duties are during the transitions before and after the activity. Zoning allows every member of the team to be accountable and informed.

Position/Zone Staff

Educators carefully plan where they will position themselves in the environment to prevent children from harm. They place themselves so that they can see and hear all of the children in their care. Educators stay close to children who may need additional support.

Scan and Count

Educators are always able to account for the children in their care. They continually scan the entire environment to know where everyone is and what they are doing. They count the children frequently. This is especially important during transitions in the classroom or on the playground. During a transition staff use redundant systems: roll call from attendance list <u>and</u> count children.

Listen

Educators who are listening closely to children immediately identify signs of potential danger. For example, bells added to doors help alert educators when a child leaves or enters the room.

Anticipate Children's Behavior

Educators use what they know about each child's individual interests and skills to predict what he/she will do, they anticipate children's behavior. Educators who know what to expect are better able to protect children from harm.

Talk to the other staff members

Talk to one another in the classroom throughout the day. Be sure to highlight positive behaviors you see the children engaging in, "Wow, look at these children trading toys so nicely," as well as address any issues that may arise, "Miss Teri, I need to help Oscar wash his hands, can you cover my area?" or to share information or expectations such as "Semir is going to hang up his smock before joining you at the art table Miss Monica" or "Jabril is going to put away the sand toys before he comes to the swings."

Title of Procedure or Process:	Program Monitoring: Formal and Informal Observations
Program Area(s):	Education, Health & Nutrition, Family Services, Special Services
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☐Other
Person Responsible for implementation:	All classroom staff
Timeline for completion:	NA
Submitted to:	NA
ChildPlus Documentation:	NA
Uploaded to ChildPlus:	NA
Specific Directions:	See below

Procedure:

Head Start and Early Head Start programs use ongoing monitoring to continually assess progress toward meeting program goals and objectives, as well as compliance with regulatory requirements.

The following practices and processes will be part of ongoing monitoring:
1. Classroom environments/organization/materials display
2. Inclusive and equitable practices
3. Teacher effectiveness
4. Arrival and departure of children
5. Active supervision
6. Teacher talk: teacher to teacher communication in the classroom
7. Daily health check
8. Transitions in the classroom and to other areas such as the playground
9. Behavior management and Pyramid practices
10. Safety Care practices
11. Curriculum fidelity
12. Curriculum implementation
13. Group times
14. Small groups
15. Playground
16. Tooth brushing
17. Diapering and toileting
18. Nap Time
19. Annually: home visit and parent-teacher conference
20. Supervision between Teachers and TA's
21. Meetings with Family Advocate
22. Parent Groups
23. Child Plus Documentation and attachments
24. TSG documentation
25. Monthly safety checks
26. Medication management
27. Administering medication
28. Cleaning and sanitization practices
29. Fire drills and lockdown drills
30. Use of Outlook calendar

Title of Procedure or Process:	Curriculum Implementation & Fidelity
Program Area(s):	Education
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	All EHS/HS teaching staff
Timeline for completion:	• Daily for core curriculum • Pedestrian Safety within 30 days of enrollment • Flu prevention in first week of October • Personal Safety starts in November and continues for 6 weeks (HS only)
Submitted to:	NA
ChildPlus Documentation:	Pedestrian and Personal Safety entered under Entry Express within 1 week of teaching
Uploaded to ChildPlus:	NA
Specific Directions:	See below

Procedure:

- The Education Manager is responsible for ensuring that staff training and professional development takes place to ensure the curriculum is implemented with fidelity program wide for children from birth to age 5.
- All instructional staff will receive necessary training for the adopted curriculum with regard to implementation and fidelity within one year of employment.

EHS
- The instructional staff will utilize the evidence-based, age appropriate *Creative Curriculum 3rd ed.* & *Toddler Units of Study* as the core curriculum in EHS.
- Each EHS teacher develops individualized daily lesson plans based on the curriculum guide book. The plans are developmentally appropriate, align with HSELOF and ME Infant-Toddler Guidelines, and meet developmental needs in all domains of development. The teacher plans for children's individual levels according to the recommended accommodations suggested in the curriculum guide book.
- The instructional staff takes anecdotal records throughout the day based on student level of performance. The anecdotal records are recorded in the TSG Assessment system and monitored by the education management staff.
- The EHS staff include parents/guardians, as the child's first teacher, in the learning process by utilizing the Learning Games component of the curriculum. The family activities correlate to the learning content and the activities are geared to enhance both child and family outcomes.
- Coaching staff will support instructional staff to effectively implement curriculum. Curriculum fidelity will be monitored using the CC3 fidelity tool, formal and informal observation, and review of the weekly lesson plans. Support, feedback and coaching for continuous improvement will be provided for instructional staff as needed. Professional development opportunities will be offered in areas of need.
- Supplemental Curriculum: *I am Moving, I am Learning (IMIL)* is a proactive approach for addressing childhood obesity. The teaching staff will implement curriculum to increase daily moderate to vigorous physical activity, improve the quality of movement activities intentionally planned and facilitated by adults, and promote healthy food choices every day.
- Staff can support appropriate hand washing, coughing/sneezing etiquette with toddlers on an ongoing basis as the precursor to Flu Prevention lessons in HS.

HS
- The teaching staff will utilize the evidence-based, age appropriate *Opening the World of Learning (OWL)* and *Building Blocks Mathematics (BB)* as the core curricula in HS.

- Each HS teacher uses the OWL/BB daily lesson plans based on the implementation schedule determined by Coaches. The plans are developmentally appropriate, align with HSELOF and ME Early Learning and Development Standards, and meet developmental needs in all domains of development.
- All components of the OWL/BB curricula are implemented with fidelity including: Morning Meeting/Introduction to Centers, Centers, Multiple Story Readings, Let's Find Out About It (LFOAI) , Small Groups and Songs, Word Play and Letters (SWPL)
- The HS staff take anecdotal records and collect work samples throughout the day and observations, child work, video or photos are recorded/uploaded in the TSG Assessment system and monitored by the education management staff.
- The HS staff include parents/guardians, as the child's first teacher, in the learning process by utilizing the Take Home Activities from Building Blocks or from OWL newsletters. The activities correlate to the learning content and the activities are geared to enhance both child and family outcomes.
- Coaching staff will support instructional staff to effectively implement curriculum. Curriculum fidelity will be monitored using OWL fidelity tool, formal and informal observation, Sibme video submission and review of the weekly lesson plans. Support, feedback and coaching for continuous improvement will be provided for instructional staff as needed. Professional development opportunities will be offered in areas of need.
- Staff will write-in Second Step lessons, gross motor activities, and health or nutritional activities on printed roll out grids.
- Supplemental Curricula:
  - *I am Moving, I am Learning (IMIL)* is a proactive approach for addressing childhood obesity. The teaching staff will implement curriculum to increase daily moderate to vigorous physical activity, improve the quality of movement activities intentionally planned and facilitated by adults, and promote healthy food choices every day.
  - *Flu Prevention* contains two lessons for children to learn about the flu, hand washing and coughing/sneezing etiquette. This is taught right before flu season in the first week of October.
  - *Second Step:*
    - *Social Emotional Curricula* is a program that promotes self-regulation and executive-function skills that help children pay attention, remember directions, and control their behavior. Teaching staff will implement Second Step: Social and Emotional Skills with children daily for the first 4-6 weeks of school and within Let's Talk About It throughout the school year and as skills need to be readdressed.
    - *Child Protective Unit* gives teachers the tools to recognize and respond to abuse and the confidence to comfortably teach students about this sensitive subject.
      - Pedestrian Safety is taught in the first 30 days of school or enrollment.
      - Personal Safety should start in November and continue with a lesson a week for 6 weeks of content.

Title of Procedure or Process:	Coaching
Program Area(s):	Education
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	Instructional Coaches
Timeline for completion:	NA
Submitted to:	Coaches: joint plans sent to Site Supervisor
ChildPlus Documentation:	NA
Uploaded to ChildPlus:	NA
Specific Directions:	NA

Practice Based Coaching (PBC) Overview

In Promise Early Education Center's program, ongoing professional development is an individualized expectation and is supported for each education staff member to promote growth and effective teaching practices. Coaching promotes continuous self-assessment through a cycle of planning, observing, taking action, and reflecting.

What is Coaching?

Coaching is a relationship based process designed to build capacity for specific professional dispositions, skills, and evidence based practices. It is focused on goal setting and achievement for an individual or group. Coaching support will be determined by the Professional Development Assessment Process. Head Start's Practice-Based Coaching guides the coaching strategy.

"Coaching promotes learner use of desired practices, including, but not limited to, the adoption of new instructional innovations, increased use of effective teaching practices and decreased use of ineffective practices, and promotion of sustained behavioral change."

Practice-Based Coaching Cycle

Expectations in a Coaching Relationship

A Coachee will…
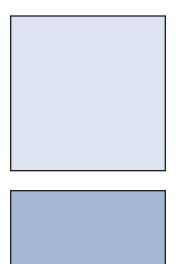
- Embrace reflective practice.
- Commit to co-creating meaningful Joint Plans that are relevant in the practice setting.
- Participate in ongoing discussions with coach and colleagues.
- Use a variety of tools and strategies to support practice development, including: submitting videos, watching your own videotaped work and coach feedback, watching exemplars, and 1:1 or group coaching.

A Coach will…

- Embrace reflective practice and support the reflective practices of the practitioner.
- Commit to co-creating Joint Plans that are meaningful and align with effective teaching practices.
- Maximize the use of tools to offer reflective opportunities and offer meaningful feedback.
- Engage in support for their own professional development.
- Assure content expertise to best support each Coachee.
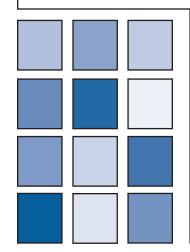
Title of Form:	Education Observation Tools: CLASS
Related Policy:	NA
Program Area(s):	Education
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Procedures	
Form Completed By:	External Evaluator, Program Specialist or Coach
Timeline for completion:	Full CLASS observations occur 1x a year Domain or Dimension specific observations are conducted throughout the year
Specific Directions:	None
Submitted to:	NA
ChildPlus Documentation:	Education Manager enters CLASS scores in CP+ for each individual classroom. Report #5620 can be pulled for CLASS scores in CP+.
Uploaded to ChildPlus:	NA

CLASSROOM ASSESSMENT SCORING SYSTEM™

DIMENSIONS OVERVIEW

CLASSR(

Positive Climate

	Low (1, 2)	Middle (3, 4, 5)	High (6, 7)
Relationships • Physical proximity • Shared activities • Peer assistance • Matched affect • Social conversation	There are few, if any, indications that the teacher and students enjoy warm, supportive relationships with one another.	There are some indications that the teacher and students enjoy warm, supportive relationships with one another.	There are many indications that the teacher and students enjoy warm, supportive relationships with one another.
Positive Affect • Smiling • Laughter • Enthusiasm	There are no or few displays of positive affect by the teacher and/or students.	There are sometimes displays of positive affect by the teacher and/or students.	There are frequent displays of positive affect by the teacher and/or students.
Positive Communication • Verbal affection • Physical affection • Positive expectations	There are rarely positive communications, verbal or physical, among teachers and students.	There are sometimes positive communications, verbal or physical, among teachers and students.	There are frequently positive communications, verbal or physical, among teachers and students.
Respect • Eye contact • Warm, calm voice • Respectful language • Cooperation and/or sharing	The teacher and students rarely, if ever, demonstrate respect for one another.	The teacher and students sometimes demonstrate respect for one another.	The teacher and students consistently demonstrate respect for one another.

Negative Climate

	Low (1, 2)	Middle (3, 4, 5)	High (6, 7)
Negative Affect • Irritability • Anger • Harsh voice • Peer aggression • Disconnected or escalating negativity	The teacher and students do not display strong negative affect and only rarely, if ever, display mild negativity.	The classroom is characterized by mild displays of irritability, anger, or other negative affect by the teacher and/or the students.	The classroom is characterized by consistent irritability, anger, or other negative affect by the teacher and/or the students.
Punitive Control • Yelling • Threats • Physical control • Harsh punishment	The teacher does not yell or make threats to establish control.	The teacher occasionally uses expressed negativity such as threats or yelling to establish control.	The teacher repeatedly yells at students or makes threats to establish control.
Sarcasm/Disrespect • Sarcastic voice/statement • Teasing • Humiliation	The teacher and students are not sarcastic or disrespectful.	The teacher and/or students are occasionally sarcastic or disrespectful.	The teacher and/or students are repeatedly sarcastic or disrespectful.
Severe Negativity • Victimization • Bullying • Physical punishment	There are no instances of severe negativity between the teacher and students.	There are no instances of severe negativity between the teacher and students.	There are instances of severe negativity between the teacher and students or among the students.

Teacher Sensitivity

	Low (1, 2)	Middle (3, 4, 5)	High (6, 7)
Awareness • Anticipates problems and plans appropriately • Notices lack of understanding and/or difficulties	The teacher consistently fails to be aware of students who need extra support, assistance, or attention.	The teacher is sometimes aware of students who need extra support, assistance, or attention.	The teacher is consistently aware of students who need extra support, assistance, or attention.
Responsiveness • Acknowledges emotions • Provides comfort and assistance • Provides individualized support	The teacher is unresponsive to or dismissive of students and provides the same level of assistance to all students, regardless of their individual needs.	The teacher is responsive to students sometimes but at other times is more dismissive or unresponsive, matching her support to the needs and abilities of some students but not others.	The teacher is consistently responsive to students and matches her support to their needs and abilities.
Addresses Problems • Helps in an effective and timely manner • Helps resolve problems	The teacher is ineffective at addressing students' problems and concerns.	The teacher is sometimes effective at addressing students' problems and concerns.	The teacher is consistently effective at addressing students' problems and concerns.
Student Comfort • Seeks support and guidance • Freely participates • Takes risks	The students rarely seek support, share their ideas with, or respond to questions from the teacher.	The students sometimes seek support from, share their ideas with, or respond to questions from the teacher.	The students appear comfortable seeking support from, sharing their ideas with, and responding freely to the teacher.

Regard for Student Perspectives

	Low (1, 2)	Middle (3, 4, 5)	High (6, 7)
Flexibility and Student Focus • Shows flexibility • Incorporates student's ideas • Follows lead	The teacher is rigid, inflexible, and controlling in his plans and/or rarely goes along with students' ideas; most classroom activities are teacher-driven.	The teacher may follow the students' lead during some periods and be more controlling during others.	The teacher is flexible in his plans, goes along with students' ideas, and organizes instruction around students' interests.
Support for Autonomy and Leadership • Allows choice • Allows students to lead lessons • Gives students responsibilities	The teacher does not support student autonomy and leadership.	The teacher sometimes provides support for student autonomy and leadership but at other times fails to do so.	The teacher provides consistent support for student autonomy and leadership.
Student Expression • Encourages student talk • Elicits ideas and/or perspectives	There are few opportunities for student talk and expression.	There are periods during which there is a lot of student talk and expression but other times when teacher talk predominates.	There are many opportunities for student talk and expression.
Restriction of Movement • Allows movement • Is not rigid	The teacher is highly controlling of students' movement and placement during activities.	The teacher is somewhat controlling of students' movement and placement during activities.	Students have freedom of movement and placement during activities.

Behavior Management

	Low (1, 2)	Middle (3, 4, 5)	High (6, 7)
Clear Behavior Expectations • Clear expectations • Consistency • Clarity of rules	Rules and expectations are absent, unclear, or inconsistently enforced.	Rules and expectations may be stated clearly but are inconsistently enforced.	Rules and expectations for behavior are clear and consistently enforced.
Proactive • Anticipates of problem behavior or escalation • Low reactivity • Monitors	The teacher is reactive, and monitoring is absent or ineffective.	The teacher uses a mix of proactive and reactive responses; sometimes she monitors and reacts to early indicators of behavior problems but other times misses or ignores them.	The teacher is consistently proactive and monitors the classroom effectively to prevent problems from developing.
Redirection of Misbehavior • Effective reduction of misbehavior • Attention to the positive • Uses subtle cues to redirect • Efficient redirection	Attempts to redirect misbehavior are ineffective; the teacher rarely focuses on positives or uses subtle cues. As a result, misbehavior continues and/or escalates and takes time away from learning.	Some of the teacher's attempts to redirect misbehavior are effective, particularly when he or she focuses on positives and uses subtle cues. As a result, misbehavior rarely continues, escalates, or takes time away from learning.	The teacher effectively redirects misbehavior by focusing on positives and making use of subtle cues. Behavior management does not take time away from learning.
Student Behavior • Frequent compliance • Little aggression and defiance	There are frequent instances of misbehavior in the classroom.	There are periodic episodes of misbehavior in the classroom.	There are few, if any, instances of student misbehavior in the classroom.

Productivity

	Low (1, 2)	Middle (3, 4, 5)	High (6, 7)
Maximizing Learning Time • Provision of activities • Choice when finished • Few disruptions • Effective completion of managerial tasks • Pacing	Few, if any, activities are provided for students, and an excessive amount of time is spent addressing disruptions and completing managerial tasks.	The teacher provides activities for the students most of the time, but some learning time is lost in dealing with disruptions and the completion of managerial tasks.	The teacher provides activities for the students and deals efficiently with disruptions and managerial tasks.
Routines • Students know what to do • Clear instructions • Little wandering	The classroom routines are unclear; most students do not know what is expected of them.	There is some evidence of classroom routines that allow everyone to know what is expected of them.	The classroom resembles a "well-oiled machine"; everybody knows what is expected of them and how to go about doing it.
Transitions • Brief • Explicit follow-through • Learning opportunities within	Transitions are too long, too frequent, and/or inefficient.	Transitions sometimes take too long or are too frequent and inefficient.	Transitions are quick and efficient.
Preparation • Materials ready and accessible • Knows lessons	The teacher does not have activities prepared and ready for the students.	The teacher is mostly prepared for activities but takes some time away from instruction to take care of last-minute preparations.	The teacher is fully prepared for activities and lessons.

Instructional Learning Formats

	Low (1, 2)	Middle (3, 4, 5)	High (6, 7)
Effective Facilitation • Teacher involvement • Effective questioning • Expanding children's involvement	The teacher does not actively facilitate activities and lessons to encourage students' interest and expanded involvement.	At times, the teacher actively facilitates activities and lessons to encourage interest and expanded involvement, but at other times she merely provides activities for the students.	The teacher actively facilitates students' engagement in activities and lessons to encourage participation and expanded involvement.
Variety of Modalities and Materials • Range of auditory, visual, and movement opportunities • Interesting and creative materials • Hands-on opportunities	The teacher does not use a variety of modalities or materials to gain students' interest and participation during activities and lessons.	The teacher is inconsistent in her use of a variety of modalities and materials to gain students' interest and participation during activities and lessons.	The teacher uses a variety of modalities including auditory, visual, and movement and uses a variety of materials to effectively interest students and gain their participation during activities and lessons.
Student Interest • Active participation • Listening • Focused attention	The students do not appear interested and/or involved in the lesson or activities.	Students may be engaged and/or interested for periods of time, but at other times their interest wanes and they are not involved the activity or lesson.	Students are consistently interested and involved in activities and lessons.
Clarity of Learning Objectives • Advanced organizers • Summaries • Reorientation statements	The teacher makes no attempt to or is unsuccessful at orienting and guiding students toward learning objectives.	The teacher orients students somewhat to learning objectives, or the learning objectives may be clear during some periods but less so during others.	The teacher effectively focuses students' attention toward learning objectives and/or the purpose of the lesson.

Concept Development

	Low (1, 2)	Middle (3, 4, 5)	High (6, 7)
Analysis and Reasoning • Why and/or how questions • Problem solving • Prediction/experimentation • Classification/comparison • Evaluation	The teacher rarely uses discussions and activities that encourage analysis and reasoning.	The teacher occasionally uses discussions and activities that encourage analysis and reasoning.	The teacher often uses discussions and activities that encourage analysis and reasoning.
Creating • Brainstorming • Planning • Producing	The teacher rarely provides opportunities for students to be creative and/or generate their own ideas and products.	The teacher sometimes provides opportunities for students to be creative and/or generate their own ideas and products.	The teacher often provides opportunities for students to be creative and/or generate their own ideas and products.
Integration • Connect concepts • Integrates with previous knowledge	Concepts and activities are presented independent of one another, and students are not asked to apply previous learning.	The teacher sometimes links concepts and activities to one another and to previous learning.	The teacher consistently links concepts and activities to one another and to previous learning.
Connections to the Real World • Real-world applications • Related to students' lives	The teacher does not relate concepts to the students' actual lives.	The teacher makes some attempts to relate concepts to the students' actual lives.	The teacher consistently relates concepts to the students' actual lives.

Quality of Feedback

	Low (1, 2)	Middle (3, 4, 5)	High (6, 7)
Scaffolding • Hints • Assistance	The teacher rarely provides scaffolding to students but rather dismisses responses or actions as incorrect or ignores problems in understanding.	The teacher occasionally provides scaffolding to students but at other times simply dismisses responses as incorrect or ignores problems in students' understanding.	The teacher often scaffolds for students who are having a hard time understanding a concept, answering a question, or completing an activity.
Feedback Loops • Back-and-forth exchanges • Persistence by teacher • Follow-up questions	The teacher gives only perfunctory feedback to students.	There are occasional feedback loops—back-and-forth exchanges—between the teacher and students; other times, however, feedback is more perfunctory.	There are frequent feedback loops—back-and-forth exchanges—between the teacher and students.
Prompting Thought Processes • Asks students to explain thinking • Queries responses and actions	The teacher rarely queries the students or prompts students to explain their thinking and rationale for responses and actions.	The teacher occasionally queries the students or prompts students to explain their thinking and rationale for responses and actions.	The teacher often queries the students or prompts students to explain their thinking and rationale for responses and actions.
Providing Information • Expansion • Clarification • Specific feedback	The teacher rarely provides additional information to expand on the students' understanding or actions.	The teacher occasionally provides additional information to expand on the students' understanding or actions.	The teacher often provides additional information to expand on students' understanding or actions.
Encouragement and Affirmation • Recognition • Reinforcement • Student persistence	The teacher rarely offers encouragement of students' efforts that increases students' involvement and persistence.	The teacher occasionally offers encouragement of students' efforts that increases students' involvement and persistence.	The teacher often offers encouragement of students' efforts that increases students' involvement and persistence.

Language Modeling

	Low (1, 2)	Middle (3, 4, 5)	High (6, 7)
Frequent Conversations • Back-and-forth exchanges • Contingent responding • Peer conversations	There are few if any conversations in the classroom.	There are limited conversations in the classroom..	There are frequent conversations in the classroom.
Open-Ended Questions • Questions require more than a one-word response • Students respond	The majority of the teacher's questions are closed-ended.	The teacher asks a mix of closed-ended and open-ended questions.	The teacher asks many open-ended questions.
Repetition and Extension • Repeats • Extends/elaborates	The teacher rarely, if ever, repeats or extends the students' responses.	The teacher sometimes repeats or extends the students' responses.	The teacher often repeats or extends the students' responses.
Self- and Parallel Talk • Maps own actions with language • Maps student action with language	The teacher rarely maps his or her own actions and the students' actions through language and description.	The teacher occasionally maps his or her own actions and the students' actions through language and description.	The teacher consistently maps his or her own actions and the students' actions through language and description.
Advanced Language • Variety of words • Connected to familiar words and/or ideas	The teacher does not use advanced language with students.	The teacher sometimes uses advanced language with students.	The teacher often uses advanced language with students.

- Intentions (wants to, needs to, doesn't want to)
- Evaluations and judgments (good job, beautiful, sloppy, didn't try)
- Negative (didn't, can't, won't)

Monitoring your documentation:
Use documentation status report to help you determine areas that you need to gather more information on.
- Click on Report
- Select Documentation Status
- Review per child/ per objective

Title of Form:	Education Observation Tools: ITERS/ECERS
Related Policy:	NA
Program Area(s):	Education
Related Standards or Regulations:	☐Head Start Program Performance Standards ☐Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☐Caring for Children
Procedures	
Form Completed By:	Program Specialist or Coach
Timeline for completion:	Domain or Dimension specific observations are conducted throughout the year
Specific Directions:	None
Submitted to:	NA
ChildPlus Documentation:	NA
Uploaded to ChildPlus:	NA

ITERS-R Summary

Classroom: Date observed: Staff Present: Children Present:

The Early Childhood Environment Rating Scale- Revised (ECERS-R) Is widely used program quality assessment instrument designed for preschool, kindergarten, and child care classrooms serving children 2 1/2 through 5 years of age.

The Infant Toddler Environment Rating Scale-Revised (ITERS-R) – is an assessment instrument used to assess the quality of infant and toddler programs serving children birth to 2 ½ years of age.

Androscoggin Head Start utilizes the results of the ECERS-R and ITERS-R to assess classroom environments. Data in this report will be used to ensure quality classrooms and guide program Improvement.

ECERS/ ITERS Scoring: 1-Inadequate   3-Minimal   5-Good   7-Excellent

Space and Furnishings (/   )

	Score	Comments:
1. Indoor space	/ 7	
2. Furniture for routine care, play and learning	/ 7	
3. Provision for relaxation and comfort	/ 7	
4. Room arrangement	/ 7	
5. Display for children	/ 7	

Personal Care Routines (/   )

	Score	Comments:
6. Greeting/ departing	/ 7	
7. Meals/snacks	/ 7	
8. Nap	/ 7	
9. Diapering / Toileting	/ 7	
10. Health practices	/ 7	
11. Safety Practices	/ 7	

Listening and Talking (/   )

	Score	Comments:
12. Helping children understand language	/ 7	
13. Helping children understand language	/ 7	
14. Using books	/ 7	

Activities (/   )

	Score	Comments:
15. Fine Motor	/ 7	
16. Active Physical Play	/ 7	
17. Art	/ 7	
18. Music and Movement	/ 7	
19. Blocks	/ 7	
20. Dramatic Play	/ 7	
21. Sand and water play	/ 7	
22. Nature / Science	/ 7	
23. Use of TV, Video and /or computer	NA	
24. Promoting Acceptance of Diversity	/ 7	

Program Structure (/   )

	Score	Comments:
29. Schedule		
30. Free play	/ 7	
31. Group play activities	/ 7	
32. Provisions for children with disabilities	/ 7	

Parents & Staff (/   )

	Score	Comments:
33. Provisions for parents	/ 7	
34. Provisions for personal needs of staff -	/ 7	
35. Provisions for professional needs of staff	/ 7	
36. Staff interaction and cooperation	/ 7	
37. Staff Continuity	/ 7	
39. Opportunities for professional growth	/ 7	

Classroom Needs

Maintenance	Materials	Training

ECERS-R Summary

The Early Childhood Environment Rating Scale- Revised (ECERS-R) Is widely used program quality assessment instrument designed for preschool, kindergarten, and child care classrooms serving children 2 1/2 through 5 years of age.

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Androscoggin Head Start utilizes the results of the ECERS-R and ITERS-R to assess classroom environments. Data in this report will be used to ensure quality classrooms and guide program Improvement.

ECERS/ ITERS Scoring:	1-Inadequate	3-Minimal	5-Good	7-Excellent

Space and Furnishings
1. Indoor space--
2. Furniture for routine care, play and learning-
3. Furnishings for relaxation and comfort-
4. Room arrangement for play-
5. Space for privacy-
6. Child-related display -
7. Space for gross motor play-
8. Gross motor equipment-

Personal Care Routines
9. Greeting/ departing -
10. Meals/snacks -
11. Nap/rest -
12. Toileting/ diapering-
13. Health practices -
14. Safety practices -

Language-Reasoning-
15. Books and pictures-
16. Encouraging children to communicate-
17. Using language to develop reasoning skills-
18. Informal use of language-

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Activities
19. Fine motor -
20. Art -
21. Music/movement -
22. Blocks -
23. Sand/water-
24. Dramatic play-
25. Nature/ science -
26. Math/ number-
27. Use of TV, video, and/or computers -
28. Promoting acceptance of diversity -

Interaction
29. Supervision of gross motor activities -
30. General supervision of children
(Other than gross motor) -
31. Discipline -
32. Staff-child interactions -
33. Interactions among children -

Program Structure

34. Schedule -
35. Free play -
36. Group time -
37. Provisions for children with disabilities -

Parents and Staff
38. Provisions for parents-
39. Provisions for personal needs of staff -

40. Provisions for professional needs of staff -
41. Staff interaction and cooperation -
42. Supervision and evaluation of staff-
43. Opportunities for professional growth-

Title of Procedure or Process:	TSG Observation Guidance
Program Area(s):	Education
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☒Other
Person Responsible for implementation:	All Teaching staff
Timeline for completion:	NA
Submitted to:	NA
ChildPlus Documentation:	NA
Uploaded to ChildPlus:	NA
Specific Directions:	See below

Procedure:

Observation Quantity, Content and Quality:

- There must be a minimum of 1 observation per indicator per child per Checkpoint. Your goal should be to meet 85% of the observations required.
- Observations can include photos and samples of the child and the child's work.
    - Photos and samples do not need to be annotated.
- Use of the On-the-Spot observation tools for literacy, math and physical development is encouraged
- Notes should be short and to the point- try to keep to one sentence.
    - **Just right:** *IC identified square and triangle only.*
    - **Too much:** *R. demonstrated his ability to identify shapes by visual representation during center time with a teacher. R. was able to identify and name the shapes, square, and triangle. He was unable to name circle, rectangle or oval.*

TSG Observations should:

Provide a snapshot in time which allows the reader to envision exactly what happened at that specific moment
- This should dictate for you how much to include in one observation. It should be of a specific moment or activity.
- This also supports clarity of which dimensions to tag, setting preliminary, and finalizing your levels.

Be Clear, Concise, Complete, and Correct
Clear: Child's Name, What Happened, Where and When
Concise: Only write what is relevant to the observation
Complete: Provide enough detail to ensure the reader can understand what happened and how it relates to a learning goal
Correct: Only write what you see or hear. Avoid assumptions, generalizations, or assigning emotion or meaning

Be objective and factual.
- **Objective and factual notes are:**
    - Descriptions of an action (J. caught ball 3 out of 4 times)
    - Quotations of language ("Me like lunch.")
    - Descriptions of a gesture (shrugged, nodded)
    - Descriptions of a facial expression (smiled, frowned)
    - Descriptions of a creation (best to use a photo here)
- **Objective and factual notes are not:**
    - Labels (shy, mad, sad)

Objectives for Development & Learning

Social–Emotional

1. Regulates own emotions and behaviors
   a. Manages feelings
   b. Follows limits and expectations
   c. Takes care of own needs appropriately

2. Establishes and sustains positive relationships
   a. Forms relationships with adults
   b. Responds to emotional cues
   c. Interacts with peers
   d. Makes friends

3. Participates cooperatively and constructively in group situations
   a. Balances needs and rights of self and others
   b. Solves social problems

Physical

4. Demonstrates traveling skills

5. Demonstrates balancing skills

6. Demonstrates gross-motor manipulative skills

7. Demonstrates fine-motor strength and coordination
   a. Uses fingers and hands
   b. Uses writing and drawing tools

Language

8. Listens to and understands increasingly complex language
   a. Comprehends language
   b. Follows directions

9. Uses language to express thoughts and needs
   a. Uses an expanding expressive vocabulary
   b. Speaks clearly
   c. Uses conventional grammar
   d. Tells about another time or place

10. Uses appropriate conversational and other communication skills
    a. Engages in conversations
    b. Uses social rules of language

Cognitive

11. Demonstrates positive approaches to learning
    a. Attends and engages
    b. Persists
    c. Solves problems
    d. Shows curiosity and motivation
    e. Shows flexibility and inventiveness in thinking

12. Remembers and connects experiences
    a. Recognizes and recalls
    b. Makes connections

13. Uses classification skills

14. Uses symbols and images to represent something not present
    a. Thinks symbolically
    b. Engages in sociodramatic play

Literacy

15. Demonstrates phonological awareness
    a. Notices and discriminates rhyme
    b. Notices and discriminates alliteration
    c. Notices and discriminates smaller and smaller units of sound

16. Demonstrates knowledge of the alphabet
    a. Identifies and names letters
    b. Uses letter–sound knowledge

17. Demonstrates knowledge of print and its uses
    a. Uses and appreciates books
    b. Uses print concepts

18. Comprehends and responds to books and other texts
    a. Interacts during read-alouds and book conversations
    b. Uses emergent reading skills
    c. Retells stories

19. Demonstrates emergent writing skills
    a. Writes name
    b. Writes to convey meaning

Objectives for Development & Learning, continued

Mathematics

20. Uses number concepts and operations
    a. Counts
    b. Quantifies
    c. Connects numerals with their quantities

21. Explores and describes spatial relationships and shapes
    a. Understands spatial relationships
    b. Understands shapes

22. Compares and measures

23. Demonstrates knowledge of patterns

Science and Technology

24. Uses scientific inquiry skills

25. Demonstrates knowledge of the characteristics of living things

26. Demonstrates knowledge of the physical properties of objects and materials

27. Demonstrates knowledge of Earth's environment

28. Uses tools and other technology to perform tasks

Social Studies

29. Demonstrates knowledge about self

30. Shows basic understanding of people and how they live

31. Explores change related to familiar people or places

32. Demonstrates simple geographic knowledge

The Arts

33. Explores the visual arts

34. Explores musical concepts and expression

35. Explores dance and movement concepts

36. Explores drama through actions and language

English Language Acquisition

37. Demonstrates progress in listening to and understanding English

38. Demonstrates progress in speaking English

Title of Form:	**Classroom Profile Analysis**
Related Policy:	Teaching Strategies Gold Assessment
Program Area(s):	Education
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Procedures	
Form Completed By:	Lead Teacher
Timeline for completion:	Within 2 weeks of Fall and Winter checkpoints
Specific Directions:	Complete form using TSG Classroom Profile Analysis
Submitted to:	Google Form- link provided by Education Manager
ChildPlus Documentation:	NA
Uploaded to ChildPlus:	NA

Section 1 of 3

Classroom Profile Analysis 2020-2021

Form description

Teacher *

Short answer text

Date *

Month, day, year

Classroom *

Short answer text

Section 2 of 3

Whole Class Analysis

When you review the TSG Classroom Profile Report, what are the:

Classroom Strengths: *

Long answer text

Areas for growth for the whole class: *

Long answer text

How to Change Age Class / Grade in TSG
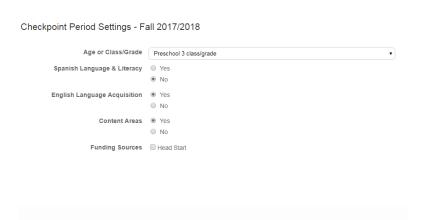
*Note: Age Class/Grade is the Childs PIR age (The child's age at October 15th of that year. This age grade should remain the same for the entire program year

1. Click on your class name in the upper right hand corner
2. Select "Manage Class" from the drop down menu
3. Click on child's name
4. Under Class Details, select appropriate Age / Class Grade
5. Scroll down to the bottom of the screen and click checkpoint settings

To adjust transferred children's checkpoint settings, please ensure the current teacher has entered in checkpoint ratings for the desired period.

Checkpoint Period Settings -

Checkpoint Period	Age or Class/Grade	Spanish Language & Literacy	English Language Acquisition	Content Areas	Funding Sources	
Fall 2017/2018	Preschool 3 class/grade	No	Yes	Yes		Update
Winter 2017/2018	Preschool 3 class/grade	No	No	Yes	Head Start	Update
Spring 2017/2018	Preschool 3 class/grade	No	No	Yes	Head Start	Update

6. Click update next to the checkpoint you wish to change age/grade for

Checkpoint Period Settings - Fall 2017/2018

Age or Class/Grade	Preschool 3 class/grade
Spanish Language & Literacy	○ Yes ● No
English Language Acquisition	● Yes ○ No
Content Areas	● Yes ○ No
Funding Sources	☐ Head Start

7. Change age or Class/Grade and click save

Objectives for Development & Learning

Social–Emotional

1. Regulates own emotions and behaviors
   a. Manages feelings
   b. Follows limits and expectations
   c. Takes care of own needs appropriately

2. Establishes and sustains positive relationships
   a. Forms relationships with adults
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38. Demonstrates progress in speaking English

Objective 1 Regulates own emotions and behaviors

a. Manages feelings

Not Yet	1	2	3	4	5	6	7	8	9
		Uses adult support to calm self • Calms self when touched gently, patted, massaged, rocked, or hears a soothing voice • Turns away from source of overstimulation and cries, but is soothed by being picked up		**Comforts self by seeking out special object or person** • Gets teddy bear from cubby when upset • Sits next to favorite adult when sad		**Is able to look at a situation differently or delay gratification** • When the block area is full, looks to see what other areas are available • Scowls, "I didn't get to paint this morning." Pauses and adds, "I have an idea. I can paint after snack."		**Controls strong emotions in an appropriate manner most of the time** • Asserts, "I'm mad. You're not sharing the blocks! I'm going to play with the ramps." • Says, "I'm so excited! We're going to the zoo today!" while jumping up and down	

Red
Orange
Yellow
Green
Blue
Purple

b. Follows limits and expectations

Not Yet	1	2	3	4	5	6	7	8	9
		Responds to changes in an adult's tone of voice and expression • Looks when adult speaks in a soothing voice • Appears anxious if voices are loud or unfamiliar • Touches the puddle of water when adult smiles encouragingly		**Accepts redirection from adults** • Moves to the sand table at suggestion of adult when there are too many at the art table • Initially refuses to go inside, but complies when the teacher restates the request		**Manages classroom rules, routines, and transitions with occasional reminders** • Indicates that only four people may play at the water table • Cleans up when music is played • Goes to rest area when lights are dimmed		**Applies rules in new but similar situations** • Walks and uses a quiet voice in the library • Runs and shouts when on a field trip to the park • Listens attentively to a guest speaker	

Red
Orange
Yellow
Green
Blue
Purple

Objective 1 Regulates own emotions and behaviors

c. Takes care of own needs appropriately

	Not Yet	1	2	3	4	5	6	7	8	9
			Indicates needs and wants; participates as adult attends to needs • Cries to show discomfort, hunger, or tiredness • Opens mouth when food is offered • Raises knees to chest when on back for diaper changing • Pulls off own socks • Raises arms while being lifted out of buggy		**Seeks to do things for self** • Asserts own needs by pointing, gesturing, or talking • Holds hands under faucet and waits for adult to turn on water • Tries to zip jacket, but throws to ground in frustration • Attempts to clean up toys		**Demonstrates confidence in meeting own needs** • Washes hands and uses towel to dry • Stays involved in activity of choice • Uses materials, utensils, and brushes appropriately • Takes off coat and hangs it up • Puts away toys • Volunteers to feed the fish		**Takes responsibility for own well-being** • Completes chosen task • Waits for turn to go down slide • Creates a "Do not touch" sign for construction • Tells why some foods are good for you • Takes care of personal belongings	

Red
Orange
Yellow
Green
Blue
Purple

TeachingStrategies®

Objective 2 Establishes and sustains positive relationships

a. Forms relationships with adults

Not Yet	1	2	3	4	5	6	7	8	9
		Demonstrates a secure attachment to one or more adults		**Uses trusted adult as a secure base from which to explore the world**		**Manages separations without distress and engages with trusted adults**		**Engages with trusted adults as resources and to share mutual interests**	

Demonstrates a secure attachment to one or more adults
- Appears uneasy when held by a stranger but smiles broadly when mom enters room
- Calms when a familiar adult offers appropriate comfort
- Responds to teacher during caregiving routines

Uses trusted adult as a secure base from which to explore the world
- Moves away from a trusted adult to play with a new toy but returns before venturing into a new area
- Looks to a trusted adult for encouragement when exploring a new material or physical space

Manages separations without distress and engages with trusted adults
- Waves good-bye to mom and joins speech therapist in a board game
- Accepts teacher's explanation of why she is leaving the room and continues playing

Engages with trusted adults as resources and to share mutual interests
- Talks with teacher every day about their pets
- Brings in photos of home garden to share with teacher who also has a garden

Red
Orange
Yellow
Green
Blue
Purple

b. Responds to emotional cues

Not Yet	1	2	3	4	5	6	7	8	9
		Reacts to others' emotional expressions		**Demonstrates concern about the feelings of others**		**Identifies basic emotional reactions of others and their causes accurately**		**Recognizes that others' feelings about a situation might be different from his or her own**	

Reacts to others' emotional expressions
- Cries when hears an adult use an angry tone of voice
- Smiles and turns head to look at person laughing
- Moves to adult while watching another child have a tantrum

Demonstrates concern about the feelings of others
- Brings a crying child's blanket to him
- Hugs a child who fell down
- Gets an adult to assist a child who needs help

Identifies basic emotional reactions of others and their causes accurately
- Says, "She's happy because her brother is here." "He's sad because his toy broke."
- Matches a picture of a happy face with a child getting a present or a sad face with a picture of a child dropping the banana she was eating

Recognizes that others' feelings about a situation might be different from his or her own
- Says, "I like riding fast on the trike, but Tim doesn't."
- Shows Meir a picture of a dinosaur but doesn't show it to Lucy because he remembers that she's afraid of dinosaurs

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Orange
Yellow
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Blue
Purple

Objective 2 Establishes and sustains positive relationships

c. Interacts with peers

Not Yet	1	2	3	4	5	6	7	8	9
		Plays near other children; uses similar materials or actions • Sits next to child playing an instrument • Imitates other children building with blocks • Looks at other child's painting and chooses the same color		**Uses successful strategies for entering groups** • Watches what other children are doing for a few minutes and then contributes an idea • Asks, "Can I run with you?"		**Initiates, joins in, and sustains positive interactions with a small group of two to three children** • Sees group pretending to ride a bus and says, "Let's go to the zoo on the bus." • Enters easily into ongoing group play and plays cooperatively		**Interacts cooperatively in groups of four or five children** • Works on tasks with others toward a common goal • Plays and works together for extended periods of time	

Red
Orange
Yellow
Green
Blue
Purple

d. Makes friends

Not Yet	1	2	3	4	5	6	7	8	9
		Seeks a preferred playmate; shows pleasure when seeing a friend • Leaves library area to greet another child upon his arrival • Seeks preferred child to sit next to at group time		**Plays with one or two preferred playmates** • Builds block tower with another child during choice time and then looks at books with same child later in the day • Joins same two friends for several days to play a running game outside		**Establishes a special friendship with one other child, but the friendship might only last a short while** • Talks about having friends and what friends do together • Seeks out particular friend for selected activities on a regular basis		**Maintains friendships for several months or more** • Finds her friend's favorite purple marker and gives it to her • Works through a conflict and remains friends after a disagreement	

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Orange
Yellow
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Purple

Objective 3 Participates cooperatively and constructively in group situations

a. Balances needs and rights of self and others

Not Yet	1	2	3	4	5	6	7	8	9
		Responds appropriately to others' expressions of wants • Gives another child a ball when asked • Makes room on the sofa for a child who wants to look at the book with him		**Takes turns** • Waits behind another child at the water fountain • Says, "It's your turn now; the timer is up."		**Initiates the sharing of materials in the classroom and outdoors** • Gives another child the gold marker to use but asks to use it again when the other is done • Invites another child to pull the wagon with her		**Cooperates and shares ideas and materials in socially acceptable ways** • Leaves enough space for someone else to work at the table • Pays attention to group discussions, values the ideas of others, and contributes own ideas in a respectful manner	

Red
Orange
Yellow
Green
Blue
Purple

b. Solves social problems

Not Yet	1	2	3	4	5	6	7	8	9
		Expresses feelings during a conflict • Screams when another child touches his crackers • Gets quiet and looks down when another child pushes her		**Seeks adult help to resolve social problems** • Goes to adult, crying, when someone takes the princess dress she wanted to wear • Calls for the teacher when another child grabs the play dough at the same time he does		**Suggests solutions to social problems** • Says, "You ride around the track one time; then I'll take a turn." • Says, "Let's make a sign to keep people from kicking our sand castle like we did in the block area." • Asks teacher to make a waiting list to use the new toy		**Resolves social problems through negotiation and compromise** • Says, "If I let you use the ruler, will you let me use the hole punch?" • Responds, "Hey, I know! You two can be the drivers to deliver the pizza."	

Red
Orange
Yellow
Green
Blue
Purple

Objective 4 Demonstrates traveling skills

Not Yet	1	2	3	4	5	6	7	8	9

Moves to explore immediate environment
- Rolls over several times to get toy
- Crawls
- Cruises
- Takes a few steps
- Takes steps, pushing a push-toy or chair
- Moves from crawling to sitting and back again

Experiments with different ways of moving
- Walks across room
- Uses a hurried walk
- Walks backwards
- Pushes riding toy with feet while steering
- Uses a walker to get to the table
- Marches around room

Moves purposefully from place to place with control
- Runs
- Avoids obstacles and people while moving
- Starts and stops using wheelchair
- Walks up and down stairs alternating feet
- Climbs up and down on playground equipment
- Rides tricycle using pedals
- Gallops, but not smoothly

Coordinates complex movements in play and games
- Runs smoothly and quickly, changes directions, stops and starts quickly
- Steers wheelchair into small playground spaces
- Jumps and spins
- Moves through obstacle course
- Gallops and skips with ease
- Plays "Follow the Leader," using a variety of traveling movements

Red

Orange

Yellow

Green

Blue

Purple

Objective 5 Demonstrates balancing skills

Not Yet	1	2	3	4	5	6	7	8	9
		Balances while exploring immediate environment • Sits propped up • Rocks back and forth on hands and knees • Sits a while and plays with toys • Sits and reaches for toys without falling		**Experiments with different ways of balancing** • Squats to pick up toys • Stands on tiptoes to reach something • Gets in and out of a chair • Kneels while playing • Straddles a taped line on the floor • Sidesteps across beam or sandbox edge		**Sustains balance during simple movement experiences** • Walks forward along sandbox edge, watching feet • Jumps off low step, landing on two feet • Jumps over small objects • Holds body upright while moving wheelchair forward		**Sustains balance during complex movement experiences** • Hops across the playground • Hops on one foot and then the other • Walks across beam or sandbox edge, forward and backwards • Attempts to jump rope	

Red

Orange

Yellow

Green

Blue

Purple

Objective 6 Demonstrates gross-motor manipulative skills
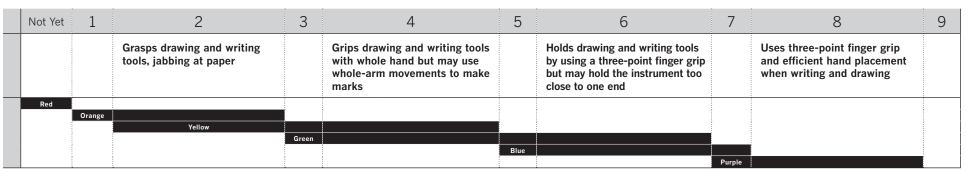
Not Yet	1	2	3	4	5	6	7	8	9
		Reaches, grasps, and releases objects • Reaches for object • Pushes ball • Drops objects • Grasps a rolled ball or other object with two hands • Bats or swipes at a toy		**Manipulates balls or similar objects with stiff body movements** • Carries a large ball while moving • Flings a beanbag • Throws a ball or other object by pushing it with both hands • Catches a large, bounced ball against body with straight arms • Kicks a stationary ball		**Manipulates balls or similar objects with flexible body movements** • Throws a ball or other object • Traps thrown ball against body • Tosses beanbag into basket • Strikes a balloon with large paddle • Kicks ball forward by stepping or running up to it		**Manipulates balls or similar objects with a full range of motion** • Steps forward to throw ball and follows through • Catches large ball with both hands • Strikes stationary ball • Bounces and catches ball • Kicks moving ball while running	

Red
Orange
Yellow
Green
Blue
Purple

Objective 7 Demonstrates fine-motor strength and coordination

a. Uses fingers and hands

Not Yet	1	2	3	4	5	6	7	8	9
		Reaches for, touches, and holds objects purposefully • Bats or swipes at a toy • Transfers objects from one hand to another • Releases objects voluntarily • Rakes or scoops objects to pick them up • Picks up food with fingers and puts in mouth • Bangs two blocks together • Crumbles paper		**Uses fingers and whole-arm movements to manipulate and explore objects** • Places shape in shape sorter • Points at objects and pokes bubbles • Releases objects into containers • Uses spoon and sometimes fork to feed self • Dumps sand into containers • Unbuttons large buttons • Rotates knobs • Tears paper		**Uses refined wrist and finger movements** • Squeezes and releases tongs, turkey baster, squirt toy • Snips with scissors, then later cuts along straight line • Strings large beads • Pours water into containers • Pounds, pokes, squeezes, rolls clay • Buttons, zips, buckles, laces • Uses hand motions for "Itsy Bitsy Spider" • Turns knobs to open doors • Uses eating utensils • Sews lacing cards		**Uses small, precise finger and hand movements** • Uses correct scissors grip • Attempts to tie shoes • Pushes specific keys on a keyboard • Arranges small pegs in pegboard • Strings small beads • Cuts out simple pictures and shapes, using other hand to move paper • Cuts food • Builds a structure using small LEGO® pieces	

Color bands: Red (1–2), Orange (3–4), Yellow (3–5), Green (5–6), Blue (6–8), Purple (7–8)

b. Uses writing and drawing tools

Not Yet	1	2	3	4	5	6	7	8	9
		Grasps drawing and writing tools, jabbing at paper		**Grips drawing and writing tools with whole hand but may use whole-arm movements to make marks**		**Holds drawing and writing tools by using a three-point finger grip but may hold the instrument too close to one end**		**Uses three-point finger grip and efficient hand placement when writing and drawing**	

Color bands: Red (Not Yet–1), Orange (1–3), Yellow (2–3), Green (3–5), Blue (5–7), Purple (7–8)

Objective 8 Listens to and understands increasingly complex language

a. Comprehends language

Not Yet	1	2	3	4	5	6	7	8	9
		Shows an interest in the speech of others • Turns head toward people who are talking • Recognizes familiar voice before the adult enters the room • Looks at favorite toy when adult labels and points to it • Responds to own name		**Identifies familiar people, animals, and objects when prompted** • Picks up cup when asked, "Where's your cup?" • Goes to sink when told to wash hands • Touches body parts while singing "Head, Shoulders, Knees, and Toes."		**Responds appropriately to specific vocabulary and simple statements, questions, and stories** • Finds his favorite illustration in a storybook when asked • Listens to friend tell about cut finger and then goes to the dramatic play area to get a Band-Aid® • Responds using gestures to compare the sizes of the three leaves		**Responds appropriately to complex statements, questions, vocabulary, and stories** • Answers appropriately when asked, "How do you think the car would move if it had square wheels?" • Builds on ideas about how to fix the broken wagon • Acts out the life cycle of a butterfly after the teacher reads a story about it	

Red (1–2)
Orange (2–3)
Yellow (3–5)
Green (5–6)
Blue (6–8)
Purple (7–9)

b. Follows directions

Not Yet	1	2	3	4	5	6	7	8	9
		Responds to simple verbal requests accompanied by gestures or tone of voice • Waves when mother says, "Wave bye-bye," as she waves her hand • Covers eyes when adult prompts, "Wheeeere's Lucy?" • Drops toy when teacher extends hand and says, "Please give it to me."		**Follows simple requests not accompanied by gestures** • Throws trash in can when asked, "Will you please throw this away?" • Puts the balls in the basket when told, "Put all the balls in the basket, please." • Goes to cubby when teacher says, "It's time to put coats on to go outside."		**Follows directions of two or more steps that relate to familiar objects and experiences** • Washes and dries hands after being reminded about the hand-washing sequence • Completes a sequence of tasks, "Get the book bin and put it on the table. Then bring the paper and crayons."		**Follows detailed, instructional, multistep directions** • Follows instructions for navigating a new computer program • Follows teacher's guidance: "To feed the fish, first get the fish flakes. Open the jar and sprinkle a pinch of food on the water. Finally, put the lid on the jar and put it back on the shelf."	

Red (1)
Orange (2–3)
Yellow (3–4)
Green (4–6)
Blue (5–7)
Purple (7–9)

Objective 9 Uses language to express thoughts and needs

a. Uses an expanding expressive vocabulary

Not Yet	1	2	3	4	5	6	7	8	9
		Vocalizes and gestures to communicate • Coos and squeals when happy • Cries after trying several times to get toy just out of reach • Waves hands in front of face to push away spoon during a feeding • Uses hand gestures to sign or indicate "more"		**Names familiar people, animals, and objects** • Says, "Nana," when grandmother comes into the room • Names the cow, horse, chicken, pig, sheep, and goat as she sees them on the trip to the farm		**Describes and tells the use of many familiar items** • When making pancakes, says, "Here is the beater. Let me beat the egg with it." • Responds, "We used the big, red umbrella so we both could get under it."		**Incorporates new, less familiar or technical words in everyday conversations** • Uses a communication device to say, "My bird went to the vet. He has a disease. He's losing his feathers." • Says, "I'm not sure I can put it together. It's complicated."	

Red — Orange — Yellow — Green — Blue — Purple

b. Speaks clearly

Not Yet	1	2	3	4	5	6	7	8	9
		Babbles strings of single consonant sounds and combines sounds • Says, "M-m-m;" "D-d-d" • Says, "Ba-ba-ba" • Babbles with sentence-like intonation		**Uses some words and word-like sounds and is understood by most familiar people** • Refers to grandma as "Gum-gum" • Asks, "Where bankit?" and a friend brings his blanket to him • Says, "No go!" to indicate she doesn't want to go inside		**Is understood by most people; may mispronounce new, long, or unusual words** • Says, "I saw ants and a hoppergrass" (grasshopper) • Speaks so is understood by the school visitor		**Pronounces multisyllabic or unusual words correctly** • Says, "Oh, that one has layers, it's a *sedimentary* rock." • Says, "What does *ostracize* mean?" after hearing the word read in *Abiyoyo*	

Red — Orange — Yellow — Green — Blue — Purple

Objective 9 Uses language to express thoughts and needs

c. Uses conventional grammar

Not Yet	1	2	3	4	5	6	7	8	9
		Uses one- or two-word sentences or phrases • Asks, "More?" • Says, "Daddy go." • Uses one word, "Juice," to mean, "I want some juice."		**Uses three- to four-word sentences; may omit some words or use some words incorrectly** • Says, "Bed no go." • Says, "Daddy goed to work." • Responds, "I want banana," when asked what she wants for snack		**Uses complete, four- to six-word sentences** • Says, "I chose two books." • Says, "We are going to the zoo." • Says, "Momma came and we went home."		**Uses long, complex sentences and follows most grammatical rules** • Says, "We are going to the zoo to see the animals. We'll learn where they live and what they eat." • Notices when sentences do not make sense; tries to correct them	

Red
Orange
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Green
Blue
Purple

d. Tells about another time or place

Not Yet	1	2	3	4	5	6	7	8	9
		Makes simple statements about recent events and familiar people and objects that are not present • Says, "Got shoes." • Hears helicopter, stops and says, "'copter." • Tells, "Gran lives far away."		**Tells simple stories about objects, events, and people not present; lacks many details and a conventional beginning, middle, and end** • Dictates a simple story with few connections between characters and events • Says, "I've got new shoes. I went to the shoe store."		**Tells stories about other times and places that have a logical order and that include major details** • Tells about past experiences, reporting the major events in a logical sequence • Says, "I went to the shoe store with Gran. I got two pairs of new shoes."		**Tells elaborate stories that refer to other times and places** • Dictates an elaborate story of her recent visit to the bakery, including details of who, what, when, why, and how • Tells many details as he acts out his recent trip to the shoe store	

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Blue
Purple

Objective 10 Uses appropriate conversational and other communication skills

a. Engages in conversations

Not Yet	1	2	3	4	5	6	7	8	9
		Engages in simple back-and-forth exchanges with others • Coos at adult who says, "Sweet Jeremy is talking." He coos again, and adult imitates the sounds • Shakes head for *no*; waves bye-bye • Joins in games such as pat-a-cake and peekaboo		**Initiates and attends to brief conversations** • Says, "Doggy." Teacher responds, "You see a doggy." Child says, "Doggy woof." • Asks teacher, "Home now?" Teacher responds, "Yes, I'm leaving to go home." • Looks at teacher and points to picture of car. Teacher responds, "No, I'm going to walk home."		**Engages in conversations of at least three exchanges** • Stays on topic during conversations • Maintains the conversation by repeating what the other person says or by asking questions		**Engages in complex, lengthy conversations (five or more exchanges)** • Offers interesting comments with communication device • Extends conversation by moving gradually from one topic to a related topic	

Red
Orange
Yellow
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Purple

b. Uses social rules of language

Not Yet	1	2	3	4	5	6	7	8	9
		Responds to speech by looking toward the speaker; watches for signs of being understood when communicating • Hears siren and goes to adult pointing, "Fire tuck." • Looks at adult and says, "Ball," repeatedly until adult says, "Ball. You want the ball?"		**Uses appropriate eye contact, pauses, and simple verbal prompts when communicating** • Pays attention to speaker during conversation • Pauses after asking a question to wait for a response • Says "please" and "thank you" with occasional prompting		**Uses acceptable language and social rules while communicating with others; may need reminders** • Takes turns in conversations but may interrupt or direct talk back to self • Regulates volume of voice when reminded		**Uses acceptable language and social rules during communication with others** • Uses a softer voice when talking with peers in the library and a louder voice on the playground • Says, "Hello," back to the museum curator on a trip	

Red
Orange
Yellow
Green
Blue
Purple

Objective 11 Demonstrates positive approaches to learning

a. Attends and engages

Not Yet	1	2	3	4	5	6	7	8	9
		Pays attention to sights and sounds • Watches the teacher walk across the room • Turns head toward sound of mother's voice		**Sustains interest in working on a task, especially when adults offer suggestions, questions, and comments** • Takes small blocks from adult and continues to drop them into a container • Continues ring stacking when the teacher says, "You're putting the biggest ones on first." • Continues the play about going to a restaurant after the teacher offers a menu		**Sustains work on age-appropriate, interesting tasks; can ignore most distractions and interruptions** • Makes relevant contributions to group discussion about class pet • Focuses on making a sign for a building while others are rolling cars down a ramp nearby		**Sustains attention to tasks or projects over time (days to weeks); can return to activities after interruptions** • Returns to LEGO® construction over several days, adding new features each time • Pauses to join in problem-solving discussion at adult's request, then returns to art project	

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Orange
Yellow
Green
Blue
Purple

b. Persists

Not Yet	1	2	3	4	5	6	7	8	9
		Repeats actions to obtain similar results • Repeatedly shakes a rattle to produce noise • Hits a toy on a play gym accidentally; then waves arms to hit it again • Puts objects in a wagon and then dumps them out over and over again		**Practices an activity many times until successful** • Stacks blocks again and again until tower no longer falls • Uses shovel in many ways to fill small bucket with sand • Chooses the same puzzle every day until he can insert each piece quickly and easily		**Plans and pursues a variety of appropriately challenging tasks** • Keeps looking through all of the magnetic letters for those that are in her name • Works with others to learn how to use a new software program		**Plans and pursues own goal until it is reached** • Keeps building a sand structure, trying multiple ways to get the bridge to hold • Returns from lunch with a different idea about what to add to his story	

Red
Orange
Yellow
Green
Blue
Purple

TeachingStrategies®

Objective 11 Demonstrates positive approaches to learning

c. Solves problems

Not Yet	1	2	3	4	5	6	7	8	9
		Reacts to a problem; seeks to achieve a specific goal • Grunts when cube gets stuck in shape sorter • Reaches for a toy that is just out of reach • Blows on warm cereal after seeing someone blow on cereal		**Observes and imitates how other people solve problems; asks for a solution and uses it** • Seeks help opening a stuck cap; pulls one end as teacher pulls the other • Asks another child to hold his cup while he pours milk		**Solves problems without having to try every possibility** • Looks at an assortment of pegs and selects the size that will fit in the hole • Tells another child, "Put the big block down first, or the tower will fall down."		**Thinks problems through, considering several possibilities and analyzing results** • Considers new information before trying a strategy: "If I put this box on top, I can see if they are the same size." • Thinks about a book character's problem and suggests solutions	

Red
Orange
Yellow
Green
Blue
Purple

d. Shows curiosity and motivation

Not Yet	1	2	3	4	5	6	7	8	9
		Uses senses to explore the immediate environment • Turns in direction of a sound • Moves closer to touch an object • Shakes or bangs a toy to make it work		**Explores and investigates ways to make something happen** • Enjoys taking things apart • Turns faucet on and off • Tilts a ramp to find out if a car will go down faster		**Shows eagerness to learn about a variety of topics and ideas** • Seeks answers to questions about the storm • Shows interest in learning how the firefighter's clothes protect him		**Uses a variety of resources to find answers to questions** • Locates informational book on insects to identify the butterfly seen outside • Asks visiting musician questions about her instrument	

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Orange
Yellow
Green
Blue
Purple

Objective 11 Demonstrates positive approaches to learning

e. Shows flexibility and inventiveness in thinking

	Not Yet	1	2	3	4	5	6	7	8	9
			Imitates others in using objects in new and/or unanticipated ways • Notices another child reach a toy with the broom handle; then tries • Imitates a friend, putting a basket on head to use as a hat		**Uses creativity and imagination during play and routine tasks** • Strings wooden beads into a necklace as part of dramatic play • Uses a table, sheets, and towels to build a tent		**Changes plans if a better idea is thought of or proposed** • Accepts idea to use tape instead of glue to fix the tear • Suggests building on a hard surface when structure keeps falling down		**Thinks through possible long-term solutions and takes on more abstract challenges** • Offers ideas on how to make the block area larger for building • Creates board game; thinks of how to play it from start to finish	

Red
Orange
Yellow
Green
Blue
Purple

Objective 12 Remembers and connects experiences

a. Recognizes and recalls

Not Yet	1	2	3	4	5	6	7	8	9
		Recognizes familiar people, places, and objects; looks for hidden object where it was last seen • Looks for food dropped from high chair • Uncovers bear after adult covers it with a blanket • Says or signs names of common objects when sees them		**Recalls familiar people, places, objects, and actions from the past (a few months before); recalls 1 or 2 items removed from view** • Looks for horse used a few months ago in bin of toy animals • Identifies one or two objects taken away while playing "What's Missing?" • Shows fear of a bee after having been stung		**Tells about experiences in order, provides details, and evaluates the experience; recalls 3 or 4 items removed from view** • Identifies four objects taken away while playing "What's Missing?" • Says, "We went to the baseball game. We sat way up high. We ate peanuts and drank lemonade. I really liked it a lot but my sister didn't."		**Uses a few deliberate strategies to remember information** • Creates an observational drawing of a firetruck and then refers to it later while building with blocks • Tells the teacher, "I'm putting my book in my backpack so I'll remember to take it home."	

Color bands: Red, Orange, Yellow, Green, Blue, Purple

b. Makes connections

Not Yet	1	2	3	4	5	6	7	8	9
		Looks for familiar persons when they are named; relates objects to events • Turns head toward door when her teacher says, "Bethany, Mommy is here." • Throws paper away when teacher says, "Please put this in the trash."		**Remembers the sequence of personal routines and experiences with teacher support** • Goes to attendance chart with parent upon arrival • Gets a paper towel after teacher says, "What do we do next, after we wash our hands?"		**Draws on everyday experiences and applies this knowledge to a similar situation** • After hearing *A Chair for My Mother* read aloud says, "My Nana has a chair like the one Rosa and her family bought." • Uses traffic-directing signals on the bike track after seeing a police officer demonstrate them • Divides crayons into "fair share" groups after watching a teacher do it the day before		**Generates a rule, strategy, or idea from one learning experience and applies it in a new context** • Proposes a one-way sign for entering and exiting the cubby area after a neighborhood walk where children discussed one-way street signs • Tallies friends' favorite ice cream flavors after learning how to make tally marks to count how many people wear shoes with buckles	

Color bands: Red, Orange, Yellow, Green, Blue, Purple

Objective 13 Uses classification skills

Not Yet	1	2	3	4	5	6	7	8	9
		Matches similar objects • Puts one sock with another sock • Gathers all the vehicles from a shelf • Picks out and eats only the animal crackers • Puts only blue pegs in pegboard; leaves red and yellow pegs to the side		**Places objects in two or more groups based on differences in a single characteristic, e.g., color, size, or shape** • Puts all the red beads together and all the blue beads together • Pulls out all the trucks from the vehicle bin • Identifies fabric pieces of scratchy and soft • Puts pictures into piles of babies, older children, and grown-ups		**Groups objects by one characteristic; then regroups them using a different characteristic and indicates the reason** • Says, "These buttons are blue, and these are red"; then resorts buttons into big and little • Points to groups of animals and says, "These are zoo animals and these are farm animals"; then sorts the zoo animals into those with stripes and those without stripes		**Groups objects by more than one characteristic at the same time; switches sorting rules when asked, and explains the reasons** • Organizes a sticker collection into groups and subgroups and explains why and how; then creates a new grouping when the teacher makes a suggestion • Creates four piles of shapes: big red triangles, small red triangles, big blue triangles, small blue triangles. Switches when asked to form two groups of all the big and small triangles	

Red
Orange
Yellow
Green
Blue
Purple

Objective 13 Uses classification skills

Not Yet	1	2	3	4	5	6	7	8	9
		Matches similar objects • Puts one sock with another sock • Gathers all the vehicles from a shelf • Picks out and eats only the animal crackers • Puts only blue pegs in pegboard; leaves red and yellow pegs to the side		**Places objects in two or more groups based on differences in a single characteristic, e.g., color, size, or shape** • Puts all the red beads together and all the blue beads together • Pulls out all the trucks from the vehicle bin • Identifies fabric pieces of scratchy and soft • Puts pictures into piles of babies, older children, and grown-ups		**Groups objects by one characteristic; then regroups them using a different characteristic and indicates the reason** • Says, "These buttons are blue, and these are red"; then resorts buttons into big and little • Points to groups of animals and says, "These are zoo animals and these are farm animals"; then sorts the zoo animals into those with stripes and those without stripes		**Groups objects by more than one characteristic at the same time; switches sorting rules when asked, and explains the reasons** • Organizes a sticker collection into groups and subgroups and explains why and how; then creates a new grouping when the teacher makes a suggestion • Creates four piles of shapes: big red triangles, small red triangles, big blue triangles, small blue triangles. Switches when asked to form two groups of all the big and small triangles	

Red
Orange
Yellow
Green
Blue
Purple

Objective 14 Uses symbols and images to represent something not present

a. Thinks symbolically

Not Yet	1	2	3	4	5	6	7	8	9
		Recognizes people, objects, and animals in pictures or photographs • Touches the cow in the illustration when an adult reads, "And the cow jumped…." • Points to photograph and says, "Mommy" • Identifies a duck in a variety of different photos and illustrations		**Draws or constructs, and then identifies what it is** • Draws various shapes and says, "This is my house." • Glues red yarn on paper and says, "I made spaghetti."		**Plans and then uses drawings, constructions, movements, and dramatizations to represent ideas** • Sees a dump truck outside and plans how to draw it • Says, "Let's pretend to be seeds growing like in the book."		**Represents objects, places, and ideas with increasingly abstract symbols** • Makes tally marks • Makes and interprets graphs with teacher's help • Attempts to write words to label a picture	

Color band progression: Red · Orange · Yellow · Green · Blue · Purple

b. Engages in sociodramatic play

Not Yet	1	2	3	4	5	6	7	8	9
		Imitates actions of others during play; uses real objects as props • Holds a toy phone to ear • Wraps a blanket around a doll then rocks it		**Acts out familiar or imaginary scenarios; may use props to stand for something else** • Puts beads in a muffin tin, places tin in oven, and asks, "Who wants some cupcakes?" • Uses a short rope as a fire hose • Pretends to be the birthday boy at the party and blows out the candles on the pegboard 'cake' after others sing "Happy Birthday"		**Interacts with two or more children during pretend play, assigning and/or assuming roles and discussing actions; sustains play scenario for up to 10 minutes** • Pretends to be the bus driver. Tells the other children, "You can be the passengers. Give me your tickets, and I will give you change."		**Plans and negotiates complex role play; joins in detailed conversation about roles and actions; play may extend over several days** • Joins in elaborate play about taking a dog to the veterinarian, assigning roles, switching roles, creating props, and returning to the play day after day	

Color band progression: Red · Orange · Yellow · Green · Blue · Purple

Objective 15 Demonstrates phonological awareness

a. Notices and discriminates rhyme

Not Yet	1	2	3	4	5	6	7	8	9
		Joins in rhyming songs and games • Hums along and joins in random words in rhyme • Sings with a group, "One, two, buckle my shoe…"		**Fills in the missing rhyming word; generates rhyming words spontaneously** • Completes the rhyme in the phrase, "The fat cat sat on the ____ (mat)." • Chants spontaneously, "Me, fee, kee, tee, lee, bee."		**Decides whether two words rhyme** • "Do bear and chair rhyme? What about bear and goat?" • Matches rhyming picture cards		**Generates a group of rhyming words when given a word** • Says, "bat, sat, lat," when asked, "What words rhyme with cat?"	

Red
Orange
Yellow
Green
Blue
Purple

b. Notices and discriminates alliteration

Not Yet	1	2	3	4	5	6	7	8	9
		Sings songs and recites rhymes and refrains with repeating initial sounds • Sings, "I'm bringing home a baby bumble bee…"		**Shows awareness that some words begin the same way** • Says, "Max and Maya…our names start the same!"		**Matches beginning sounds of some words** • Groups objects or pictures that begin with the same sound • Picks up a toy bear when asked, "What begins the same way as box, baby, and bike?"		**Isolates and identifies the beginning sound of a word** • Says /m-m-m/ when asked "What is the first sound of the word milk?" • Responds /t/ after being asked, "What's the beginning sound of toy, toe, teeth?"	

Red
Orange
Yellow
Green
Blue
Purple

Objective 15 Demonstrates phonological awareness

c. Notices and discriminates smaller and smaller units of sound

Not Yet	1	2	3	4	5	6	7	8	9
		Hears and shows awareness of separate words in sentences • Joins in clapping each word while chanting, "I like ice cream." • Jumps upon hearing a specified word in a story		**Hears and shows awareness of separate syllables in words** • Claps each syllable of name, *Tri-na* • Puts together *pen* and *cil* to say *pencil* • Puts together *foot* and *ball* to say *football*		**Verbally separates and blends onset and rime** • Says, *hat* after hearing /h/…/at/ • Points to Jonathan when teacher plays game and asks, "Where's _onathan?"		**Verbally separates and blends individual phonemes in words** • Claps each phoneme of the word hat — /h/ /a/ /t/ • Says "hat" after hearing /h/ /a/ /t/	

Red
Orange
Yellow
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Blue
Purple

Objective 16 Demonstrates knowledge of the alphabet

a. Identifies and names letters

Not Yet	1	2	3	4	5	6	7	8	9
		Recognizes and names a few letters in own name		Recognizes as many as 10 letters, especially those in own name		Identifies and names 11–20 upper- and 11–20 lowercase letters when presented in random order		Identifies and names all upper- and lowercase letters when presented in random order	

Color bands:
- Red
- Orange
- Yellow
- Green
- Blue
- Purple

b. Uses letter–sound knowledge

Not Yet	1	2	3	4	5	6	7	8	9
		Identifies the sounds of a few letters		Produces the correct sounds for 10–20 letters		Shows understanding that a sequence of letters represents a sequence of spoken sounds • Asks when writing, "How do you spell *cough*?"		Applies letter–sound correspondence when attempting to read and write • Sees the word *cat*; begins to sound out the word: /k/ /a/ /t/ • Makes an *open* sign for the doctor's office by writing "opn"	

Color bands:
- Red
- Orange
- Yellow
- Green
- Blue
- Purple

Objective 17 Demonstrates knowledge of print and its uses

a. Uses and appreciates books

Not Yet	1	2	3	4	5	6	7	8	9
		Shows interest in books • Gazes at the pages of a book • Brings book to adult to read		**Orients book correctly; turns pages from the front of the book to the back; recognizes familiar books by their covers** • Hands teacher book and says, "Let's read *Corduroy!*"		**Knows some features of a book (title, author, illustrator); connects specific books to authors** • Says, "I want to read this Dr. Suess book today." • Says, "Eric Carle wrote this book. He is the author."		**Uses various types of books for their intended purposes** • Selects the book about insects to identify the butterfly seen on the playground	

Red
Orange
Yellow
Green
Blue
Purple

b. Uses print concepts

Not Yet	1	2	3	4	5	6	7	8	9
		Shows understanding that text is meaningful and can be read • Points to the words on the sign by the fish bowl and says, "Just one pinch!"		**Indicates where to start reading and the direction to follow** • Points to beginning of text on the page when pretending to read and moves finger left to right as she continues down the page		**Shows awareness of various features of print: letters, words, spaces, upper- and lowercase letters, some punctuation** • Points to the word *hippopotamus* and says, "That's a long word." • Says, "That means stop reading," as he points to a period at the end of a sentence.		**Matches a written word with a spoken word but it may not be the actual written word; tracks print from the end of a line of text to the beginning of the next line** • Touches each word on the page while reciting the words from *Brown Bear, Brown Bear, What Do You See?* • Picks up finger and returns it to the beginning of the next line when pretend reading	

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Orange
Yellow
Green
Blue
Purple

Objective 18 Comprehends and responds to books and other texts

a. Interacts during read-alouds and book conversations

	Not Yet	1	2	3	4	5	6	7	8	9
			Contributes particular language from the book at the appropriate time • Says, "You're not big enough" when teacher pauses in *The Grouchy Ladybug*		**Asks and answers questions about the text; refers to pictures** • Responds, "He was mad. He threw his hat down."		**Identifies story-related problems, events, and resolutions during conversations with an adult** • When prompted says, "George got put in jail. He ran out the open door and got out."		**Reconstructs story, using pictures, text, and props; begins to make inferences and draw conclusions** • Joins in story discussion then says, "I think Max was upset that he was sent to bed without his supper."	

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Orange
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Green
Blue
Purple

b. Uses emergent reading skills

	Not Yet	1	2	3	4	5	6	7	8	9
			Pretends to read a familiar book, treating each page as a separate unit; names and describes what is on each page, using pictures as cues		**Pretends to read, using some of the language from the text; describes the action across pages, using pictures to order the events; may need prompts from adult**		**Pretends to read, reciting language that closely matches the text on each page and using reading-like intonation**		**Tries to match oral language to words on page; points to words as reads; uses different strategies (e.g., sounding out words, known words, and patterns in text) to make meaning from print**	

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Objective 18 Comprehends and responds to books and other texts

c. Retells stories

Not Yet	1	2	3	4	5	6	7	8	9
		Retells some events from a familiar story with close adult prompting • Says, "The pig builds a house from it" when the teacher asks, "What does the first little pig do with the straw?" Then says, "The wolf blows it down," when the teacher asks, "What does the wolf do to the house?"		**Retells familiar stories, using pictures or props as prompts** • Retells the basic events of *The Three Little Pigs*, using felt pieces on a felt board		**Retells a familiar story in proper sequence, including major events and characters** • Retells *The Three Little Pigs*, starting with the pigs saying goodbye to their mother, remembering the correct order in which the pigs build their houses, and ending with the wolf climbing down the chimney and falling into the pot of hot water		**Retells stories with many details about characters, events, and storylines** • Retells *The Three Little Pigs*, and includes details about how the mother felt about her children leaving home, the pigs' personalities, and why building a house from bricks is better than building a house from straw or sticks	

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Purple

Objective 19 Demonstrates emergent writing skills

a. Writes name

Not Yet	1	2	3	4	5	6	7
	Scribbles or marks • Scribble writes deliberately • Makes marks that appear to adults to be in random order	**Controlled linear scribbles** • Scribbles lines, circles, or zigzags in rows • Often repeats action and forms	**Mock letters or letter-like forms** • Writes segments of letter forms, e.g., lines, curves • May use too many segments to create a letter, e.g., five horizontal lines on the letter E • May not orient letter segments correctly	**Letter strings** • Writes some letters correctly • Writes letters in unconventional order	**Partially accurate name** • Writes all the letters of own name, although some may not be sequenced correctly • Writes all the letters of own name, but some of the letters are not formed or oriented correctly	**Accurate name** • Writes all the letters of own name in the correct sequence, form, and orientation • Uses uppercase or lowercase letters (or a combination of both) when writing name	
	Carolyn	Lilly	Paula	Emma	Vicky	Brooke	

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Objective 19 Demonstrates emergent writing skills

b. Writes to convey meaning

Not Yet	1	2	3	4	5	6	7
	Scribbles or marks • Scribble writes deliberately • Makes marks that appear to adults to be in random order	**Controlled linear scribbles** • Scribbles lines, circles, or zigzags in rows • Often repeats action and forms	**Mock letters or letter-like forms** • Writes segments of letter forms, e.g., lines, curves • May use too many segments to create a letter, e.g., five horizontal lines on the letter E • May not orient letter segments correctly	**Letter strings** • Writes strings of letters • Writes some letters correctly • Writes letters in unconventional order • Begins to separate groups of letters with spaces • May copy environmental print	**Early invented spelling** • Uses first letter of word to represent whole word • Writes initial and/or final sounds of a word to represent the whole word *Note: In Spanish, early invented spelling may consist primarily of vowels.*	**Late invented spelling** • Begins to include beginning, middle, and ending sounds in words • Represents most of the sounds heard in words in the correct order	
	Maya said, "Here Mommy. Read this."	Carolyn said, "That's my phone number. You can call me."	Erica said, "I'm writing my ABCs just like my sister."	Jordan said, "Here's a ticket! You're under arrest!"	Meir wrote, "Uncle Clay, I love you."	Jenna said, "I need to buy some blackberries and grapes at the store."	

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Objective 20 Uses number concepts and operations

a. Counts

	Not Yet	1	2	3	4	5	6	7	8	9
			Verbally counts (not always in the correct order) • Says, "One, two, ten" as she pretends to count		**Verbally counts to 10; counts up to five objects accurately, using one number name for each object** • Counts to ten when playing "Hide and Seek" • Counts out four scissors and puts them at the table		**Verbally counts to 20; counts 10–20 objects accurately; knows the last number states how many in all; tells what number (1–10) comes next in order by counting** • Counts to twenty while walking across room • Counts ten plastic worms and says, "I have ten worms." • When asked, "What comes after six?" says, "One, two, three, four, five, six, seven…seven."		**Uses number names while counting to 100; counts 30 objects accurately; tells what number comes before and after a specified number up to 20** • Counts twenty-eight steps to the cafeteria • When asked what comes after fifteen, says "Sixteen."	

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Purple

b. Quantifies

	Not Yet	1	2	3	4	5	6	7	8	9
			Demonstrates understanding of the concepts of *one*, *two*, and *more* • Says, "More apple," to indicate he wants more pieces than given • Takes two crackers when prompted, "Take two crackers."		**Recognizes and names the number of items in a small set (up to five) instantly; combines and separates up to five objects and describes the parts** • Looks at the sand table and says instantly, without counting, "There are three children at the table." • Says, "I have four cubes. Two are red, and two are blue." • Puts three bunnies in the box with the two bears. Counts and says, "Now I have five."		**Makes sets of 6–10 objects and then describes the parts; identifies which part has more, less, or the same (equal); counts all or counts on to find out how many** • Says, "I have eight big buttons, and you have eight little buttons. We have the same." • Tosses ten puff balls at the hoop. When three land outside she says, "More went inside." • Puts two dominoes together, says, "Five dots," and counts on "Six, seven, eight. Eight dots all together."		**Uses a variety of strategies (counting objects or fingers, counting on, or counting back) to solve problems with more than 10 objects** • Uses ladybug counters to solve the problem, "You had eight ladybugs. Two flew away. How many ladybugs are left?" • Says, "I have ten cars. I left two at Grandma's, so now I have ten, nine, *eight* left." • Uses two-sided counters to determine different number combinations for fourteen	

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Orange
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Purple

Objective 20 Uses number concepts and operations

c. Connects numerals with their quantities

	Not Yet	1	2	3	4	5	6	7	8	9
			Recognizes and names a few numerals • Points to the *1* when the teacher says, "Where is the numeral *1*?" • Notices numerals around the room and calls some of them by name		**Identifies numerals to *5* by name and connects each to counted objects** • Says, "Five" as she attaches five clothespins to the *5* card • Tells her friend, "That's a *3*, and there are three puppies on this page."		**Identifies numerals to *10* by name and connects each to counted objects** • Shouts, "Seven," and jumps seven times when the teacher holds up the number *7* card • Says, "I put nine buttons in the *9* box."		**Identifies numerals to *20* by name and connects each to counted objects** • Says, "Kaufee put the *12* card and twelve beads on his necklace." • Says, "I drew fifteen flowers to go on page 15 of our number book."	

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Purple

Objective 21 Explores and describes spatial relationships and shapes

a. Understands spatial relationships

Not Yet	1	2	3	4	5	6	7	8	9
		Follows simple directions related to position (*in, on, under, up, down*) • Follows teacher's directions to put the trash *in* the can • Raises hands *up* and *down* as the song directs		**Follows simple directions related to proximity** (*beside, between, next to*) • Follows teacher's direction to put the cup *next to* the plate • Sits *beside* her friend when he says, "Sit *between* me and Laura."		**Uses and responds appropriately to positional words indicating location, direction, and distance** • Says, "Look for the surprise *behind* the tree." • Moves game piece *backward* when playmate gives directions		**Uses and makes simple sketches, models, or pictorial maps to locate objects** • Constructs a map of the play yard using landscape toys • Uses a map of the classroom to find the hidden treasure	

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Orange
Yellow
Green
Blue
Purple

b. Understands shapes

Not Yet	1	2	3	4	5	6	7	8	9
		Matches two identical shapes • Puts a circular puzzle piece in the circular space • Places shapes in a shape-sorting box		**Identifies a few basic shapes** (circle, square, triangle) • Looks at a wheel and says, "A circle." • Names shape pieces as he puts them on a shape lotto card		**Describes basic two- and three-dimensional shapes by using own words; recognizes basic shapes when they are presented in a new orientation** • Says, "It's a ball 'cause it rolls." • Puts hand in feely box and says, "It has three sides and three points. It's a triangle."		**Shows that shapes remain the same when they are turned, flipped, or slid; breaks apart or combines shapes to create different shapes and sizes** • Says, "It's still a triangle no matter how you turn it." • Cuts apart a rectangle to make two squares	

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Orange
Yellow
Green
Blue
Purple

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Objective 22 Compares and measures

Not Yet	1	2	3	4	5	6	7	8	9
		Makes simple comparisons between two objects • Pours sand or water from one container to another • Indicates which ball is bigger when shown a tennis ball and a beach ball		**Compares and orders a small set of objects as appropriate according to size, length, weight, area, or volume; knows usual sequence of basic daily events and a few ordinal numbers** • Puts blocks side by side in order of length • Says, "We go outside after lunch." • Lays two short blocks on top of a long block to see if it's the same length • Responds, "You're second to use the computer."		**Uses multiples of the same unit to measure; uses numbers to compare; knows the purpose of standard measuring tools** • Measures by using paper clips, cubes, string, hands, feet or other objects • Measures block tower with linking cubes and says, "I made mine fifteen cubes high!!" • Stands on scale while pretending to be in a doctor's office		**Uses measurement words and some standard measurement tools accurately; uses ordinal numbers from *first* to *tenth*** • Says, "We need two cups of flour and one cup of salt to make dough." • Says, "If I add three more tiles to this side of the scale, they'll be the same." • Looks at the clock and says, "It's 12 o'clock. It's time for lunch."	

Red
Orange
Yellow
Green
Blue
Purple

Objective 23 Demonstrates knowledge of patterns

Not Yet	1	2	3	4	5	6	7	8	9
		Shows interest in simple patterns in everyday life • Notices that a special song is played whenever it is time to clean up • Points to the tiles in the bathroom and says, "They go this way, that way, this way, that way."		**Copies simple repeating patterns** • Beats a drum as the teacher does, e.g., loud, soft; loud, soft; loud, soft; etc. • Strings beads as her friend does, e.g., red, blue, blue; red, blue, blue; red, blue, blue; etc.		**Extends and creates simple repeating patterns** • Makes a repeating movement pattern, e.g., stomp, stomp, clap, clap; stomp, stomp, clap, clap; stomp, stomp, clap, clap; etc. • When shown pattern of cubes, e.g., red, blue, blue, red; red, blue, blue, red; etc., adds to it correctly		**Recognizes, creates, and explains more complex repeating and simple growing patterns** • Describes even numbers, e.g., 2, 4, 6, 8, etc., as "skipping" every other number on a 100's chart • Says, "If I add one to three, it's the next number: four. If I add one to four, it's the next number: five." • Extends a growing pattern by adding one cube like a staircase, e.g., 1 cube, 2 cubes, 3 cubes, 4 cubes, etc.	

Red

Orange
Yellow

Green
Blue

Purple

Objective 37 Demonstrates progress in listening to and understanding English

1	2 Beginning	3	4 Progressing	5	6 Increasing	7	8 Advancing	9
	Observes others as they converse in English during play or other small-group experiences; may engage in similar activities by imitating behavior; attends to oral use of English • Moves closer to the dramatic play area to watch a small group of children • Sits across from two children who are stringing beads and talking, and begins stringing beads, too • Watches another child hold up a cup to request milk and does the same • Participates by doing hand movements while other children and the teacher sing in the new language		**Responds to common English words and phrases when they are accompanied by gestures or other visual aids** • Joins a group in the block area when one child motions with a hand to come, and says, "Come play." • Goes to the sink when the teacher says it is time to brush teeth and pantomimes toothbrushing • Nods when classmate says, "Hello." • Sits by the teacher when she holds up a book and asks, "Would you like to read a book?"		**Responds to words and phrases in English when they are not accompanied by gestures or other visual aids** • Goes to table when teacher says, "It's lunchtime. Take your seats at the tables." • Puts the caps on the markers and then puts the markers on the shelf when reminded • Points to ear when asked, "Where's your ear?" • Picks up a car from a group of toys when asked, "Where's the car?" • Picks up the puzzle with the puppy on it when another child says, "Let's do the puppy puzzle together."		**Understands increasingly complex English phrases used by adults and children** • Responds by putting the correct block where directed when another child says, "Hey, put that square block over there by the horse to make the fence." • Points to the correct piece when the teacher asks, "Which circle is the biggest?" • Touches the car at the top of the tallest ramp when the teacher asks, "Which car do you think will roll the fastest?"	

See page 56 of *Child Assessment Portfolio.*

Objective 38 Demonstrates progress in speaking English

1	2 Beginning	3	4 Progressing	5	6 Increasing	7	8 Advancing	9
	Repeats sounds and words in English, sometimes very quietly • Mouths the words of a song during circle time • Echoes a word or phrase, e.g., says, "Monkey," while group chants "Five Little Monkeys Jumping on the Bed"* • After teacher says, "Up," child repeats, "Up." • Repeats, "Mil, mil, mil," after the teacher asks, "Would you like more milk?"		**Uses a few socially interactive terms in English appropriately; uses one or two words in English to represent a whole idea** • Says , "Hi"; "Lookit"; "My turn"; and "Stopit." • Hears someone nearby say, "Be careful!" and repeats phrase as a warning in a similar situation later • Points at snack basket and says, "More crackers." • Looks out the window and says, "Go outside." • Says, "No, mine," when another child takes her toy truck		**Develops multiword phrases by using socially interactive terms in English; adds new words to the phrase** • Says, "I do a ice cream"; "I want my mommy"; and "Lookit this, Teacher." • Says, "How you do this flower?" • Says, "Big. I gotta big." • Says, "How do you gonna make dese?"		**Uses increasingly complex grammar in English; makes some mistakes typical of young children** • Develops entire sentences, e.g., "The door is a square," and "The house has a lot of windows." • Uses questions and negatives, e.g., "Your name is what?" and "You no my mommy." • Uses past and future tenses, e.g., "I goed to the park," and "I'll get it." • Interacts in elaborate play schemes, "I be the mommy and you be the baby. Here's your bottle, Baby."	

See page 57 of *Child Assessment Portfolio.*

Optional Dimensions

Objective 1. Regulates own emotions and behaviors

   c. Takes care of own needs appropiately

      Feeding

      Toileting and Personal Hygiene

      Dressing

Objective 1 Regulates own emotions and behaviors

c. Takes care of own needs appropriately

Feeding

Not Yet	1	2	3	4	5	6	7	8	9
	Begins to participate in feeding tasks • Opens mouth when food is offered • Swallows with increasing efficiency • Explores food with hands • Drinks from a training cup or bottle held by adult	**Attempts basic feeding tasks** • Grasps food and moves to mouth, dropping occasionally • Holds training cup • Brings spoon to mouth • Drinks from cup held by adult		**Performs simple feeding tasks with increasing independence** • Uses fingers to bring a variety of foods to mouth • Uses spoon independently for eating, occasionally spilling • Drinks from partially filled glass or cup held independently		**Feeds self with increasing independence and adherence to social conventions** • Serves self using serving spoon with little spilling • Uses fork for spearing food • Sometimes uses knife for spreading • Uses napkin • Pours liquid into cups, rarely spilling		**Follows health and safety rules while assuming responsibility for complex feeding tasks** • Helps with food preparation and/or set-up • Cuts soft food with appropriate knife • Handles spoon, fork, and knife safely and efficiently	

Objective 1 Regulates own emotions and behaviors

c. Takes care of own needs appropriately

Toileting and Personal Hygiene

	Not Yet	1	2	3	4	5	6	7	8	9
		Begins to participate in meeting personal hygiene needs • Raises knees to chest on changing table	**Attempts to care for basic personal hygiene needs and diapering** • Indicates that diaper needs changed • Holds onto toothbrush as adult brushes teeth • Puts hands under running water after adult turns it on		**Performs simple toileting and personal hygiene tasks and attempts more complex tasks** • Lets adult know of need to toilet • Pulls pants down and up to help with toileting • Sneezes into elbow • Lathers hands with soap		**Follows simple health and safety rules while performing complex toileting and personal hygiene tasks** • Uses toilet independently but may need to be reminded • Flushes toilet • Gets tissue and wipes own nose • Washes and dries hands independently		**Follows health and safety rules while assuming responsibility for personal health needs** • Uses toilet independently, without being reminded • Remembers to wash hands independently before a self-serve snack • Wipes self thoroughly after toileting	

Objective 1 Regulates own emotions and behaviors

c. Takes care of own needs appropriately

Dressing

Not Yet	1	2	3	4	5	6	7	8	9
	Begins to participate in dressing tasks • Lifts chin as shirt is pulled over head	**Attempts basic dressing tasks** • Unfastens Velcro® on shoes • Pushes foot into shoe when adult positions it on foot • Takes off jacket • Takes off hat • Takes off socks and shoes when loosened		**Performs simple dressing tasks and attempts more complex dressing tasks** • Pulls up pants • Unfastens large zippers, buttons, and snaps • Puts on socks and shoes, although not always on the correct feet		**Follows simple health and safety rules while performing complex dressing tasks** • Dresses and undresses with little assistance • Laces shoes; zips threaded zippers, fastens buttons and snaps • Distinguishes between clothing fronts and backs • Asks for hat and gloves		**Follows health and safety rules while assuming responsibility for dressing tasks** • Dresses independently • Attempts to tie shoes • Initiates clothing changes to match the weather	

Optional Dimensions for Physical Objectives 4–6

Objective 4. Demonstrates traveling skills

    a. Walks

    b. Runs

    c. Gallops and skips

Objective 5. Demonstrates balancing skills

    a. Sits and stands

    b. Walks on beam

    c. Jumps and hops

Objective 6. Demonstrates gross-motor manipulative skills

    a. Throws

    b. Catches

    c. Kicks

Objective 4 Demonstrates traveling skills

Optional Dimensions:

a. Walks

Not Yet	1	2	3	4	5	6	7	8	9
		Rolls from front (stomach) to back and back to front (stomach)		Crawls and/or begins to cruise		Walks steadily without support		Walks up and down stairs, alternating feet	

Red
Orange
Yellow
Green
Blue

b. Runs

Not Yet	1	2	3	4	5	6	7	8	9
		Uses a hurried walk		Runs, but may fall sometimes		Runs smoothly		Runs smoothly and quickly, avoids obstacles, changes directions, stops and starts easily	

Red
Orange
Yellow
Green
Blue
Purple

c. Gallops and skips

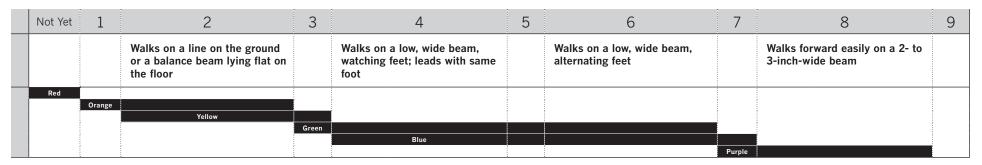| Not Yet	1	2	3	4	5	6	7	8	9
		Gallops, but not smoothly		Gallops smoothly, always leading with the same foot		Uses a one-footed skip (not alternating feet)		Skips smoothly (alternating leading feet)	

Red
Orange
Yellow
Green
Blue
Purple

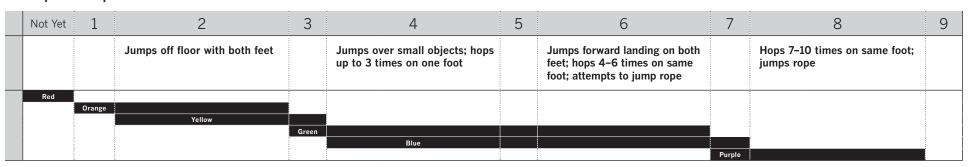# Objective 5 Demonstrates balancing skills

Optional Dimensions:

a. Sits and stands

Not Yet	1	2	3	4	5	6	7	8	9
		Sits unsupported; pulls to a standing position		Reaches for a toy without falling over while sitting; stands unsupported		Stands on one foot briefly while holding on		Stands on one foot for 5–10 seconds without support	

Color bands:
- Red: Not Yet–1
- Orange: 2–3
- Yellow: 5–6
- Green: 7
- Blue: 8
- Purple: 8

b. Walks on beam

Not Yet	1	2	3	4	5	6	7	8	9
		Walks on a line on the ground or a balance beam lying flat on the floor		Walks on a low, wide beam, watching feet; leads with same foot		Walks on a low, wide beam, alternating feet		Walks forward easily on a 2- to 3-inch-wide beam	

Color bands:
- Red: Not Yet
- Orange: 1
- Yellow: 2–3
- Green: 3
- Blue: 4–7
- Purple: 7–9

c. Jumps and hops

Not Yet	1	2	3	4	5	6	7	8	9
		Jumps off floor with both feet		Jumps over small objects; hops up to 3 times on one foot		Jumps forward landing on both feet; hops 4–6 times on same foot; attempts to jump rope		Hops 7–10 times on same foot; jumps rope	

Color bands:
- Red: Not Yet
- Orange: 1
- Yellow: 2–3
- Green: 3
- Blue: 4–7
- Purple: 7–9

Objective 6 Demonstrates gross-motor manipulative skills

Optional Dimensions:

a. Throws

Not Yet	1	2	3	4	5	6	7	8	9
		Reaches, grasps, and releases balls or other objects		Throws a ball or other object by pushing it with both hands or by flinging it		Throws a ball or other object overhand or underhand toward a person or large target several feet away		Steps forward to throw ball or other object overhand toward a target (6 feet–10 feet away) and follows through	

Red
Orange
Yellow
Green
Blue
Purple

b. Catches

Not Yet	1	2	3	4	5	6	7	8	9
		Grasps a rolled ball or other object using two hands		Catches large, bounced ball against body with straight arms		Catches a large ball with two hands; traps ball against body if not successful with hands alone		Catches a large ball with both hands and with bent elbows	

Red
Orange
Yellow
Green
Blue
Purple

c. Kicks

Not Yet	1	2	3	4	5	6	7	8	9
		Pushes against ball with foot		Kicks a ball with a straight leg, not bending knee, and with stiff body movement		Kicks stationary ball forward, stepping or running up to it, bending the kicking leg at the knee		Kicks moving ball by stepping forward, swinging leg back, and using full range of motion	

Red
Orange
Yellow
Green
Blue
Purple

Title of Procedure or Process:	TSG Quick Guide
Program Area(s):	Education
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☒Other
Person Responsible for implementation:	All Teaching staff
Timeline for completion:	NA
Submitted to:	NA
ChildPlus Documentation:	NA
Uploaded to ChildPlus:	NA
Specific Directions:	See below

Procedure:

Adding Children
- Click **Children** drop down menu
- Click **Manage Children**
- Click **Add New Child**
  - Complete name
  - Do not complete identifier
  - Complete class, gender, DOB
  - Complete first day in program, Primary language, Ethnicity, & Race
  - For age/class grade, for a child 3-4 click Preschool 3
  - For a child 4-5 click Pre-K 4
    *The child will remain in this age grade for the program year
- Under funding sources select **Head Start** or **Head Start and Child Care**
- Click **Yes/No** to indicate if a child has an IEP
- Skip free and reduced lunch
- Click **Yes/No** if child speaks Spanish

Home Language Survey
- Complete at the home visit for any child speaking a language other than English. When the child is entered into TSG you will be prompted to enter the form online. Use the information gathered from the home visit to complete the form. Click, not applicable if the child does not speak any languages other than English.

Checkpoionts by Multiple Children
- How to enter checkpoints by multiple children
  - Click **Checkpoints** tab
  - Click by M**ultiple Children** then click **Domain**
  - Click **Objective**- this allows you to see all of your children on one screen for this objective. Information entered here is considered preliminary until it is finalized.
  - Once complete, click **Next Dimension** or **Save** and close at bottom of the screen

How to Finalize TSG Assessments
- Go to Checkpoint tab
- Click by area -Developmental (1-14)

- Once all areas of the assessment are complete, click finalize
- Go back to checkpoint tab
- Click by area, Content
- Once all areas of the assessment are complete, click finalize
- Go back to checkpoint tab
- Click by area, English Language Acquisition
- Once all areas of the assessment are complete, click finalize.
- **Checkpoints are to be finalized F / W / S in accordance to dates set on agency calendar.

Assessment Status Report
- Make sure all assessments are complete.
- Click **Checkpoint**
- Click **Assessment Status Report**
- Click your C**lass Name**
- Click **Period** you are checking on
- Click **Show Finalized Checkpoints**
- Click **PDF**
- Click **Generate Report**
- *If areas are listed under 100% go back and see if you missed a question or area.*

Class Profile Report
- Click on the **Reports** tab, then click **Class Profile**
- Select your **Class Name**
- Click your **Class**
- Under **Age/Cass/Grade,** click all
- Click **Current Last Checkpoint** complete and include all levels
- Click **PDF** and **Color**
- Click **Generate Report**

How to Read Class Profile Report
- On the classroom profile report you will see a grid with each dimension on the left. The number progressions of each indicator are listed along the top. The colored blocks indicate the range of skill where a typically developing child should be placing for that objective/dimension by the end of the program year.
- Scroll down through the list and note the number of the children in the colored areas, as well as to the left and right of the boxes. Look for trends in the data.

Child TSG Report Card
- Go to **Reports**
- Go to **Report Card**
- Under **Checkpoint Period,** click Fall, Winter or Spring box.
- Click **Child's Name**
- **Select ALL** objectives and dimensions
- Click **English**
- Scroll to bottom of Report Card and enter in any **Teacher Comments** for the checkpoint and click **SAVE Comments**
- **Print**
- To save: click **Print** and choose **PDF**
  - In upper right-hand corner choose the arrow for download and save to your desktop
  - Upload saved Report Card to CP+

Child Profile Report

- Go to **Reports**
- Go to **Individual Child** and click **Child's Name**
- Under **Period,** click all boxes.
- Click each **Domain** and check all. (*Note: English Language Acquisition only applies to ELL students, Spanish Literacy and Spanish Language only applies to children who speak Spanish),
- Click **Include All Levels**
- Click **English**
- Click **PDF**
- Click **Generate Report** and **Print**

Child Portfolio Report

- Go To **Documentation Tab**
- Click **View Profile**
- Select **Child's Name**
- Click **Change View** in upper right
- Check **All Documentation** types
- Check **All Supporting Files**
- Click **Child's Name**
- Check **Display Associated Dimensions & Levels**
- Click **PDF** in upper right corner
- Click all boxes but attachments
- Click **Generate PDF** and click **Print**

Assessments

Assessments are completed 3 times per year (fall, winter, spring) for all children, regardless of start dates. Finalized data will be collected at F/W/S checkpoints

Passwords

If you enter the wrong password three times, TSG will lock your account. Supervisors can assist with unlocking accounts.

Individualization

- TSG assessment data must inform the make-up of individual and small group activities and material selection for the classroom.
- TSG documentation must include observations related to goals set with parents and areas of learning below age-grade expectations.
- IEP goals should be referenced in the child's plan for development portion on the family conference form (customize then add (IEP-speech) (IEP-OT)

Family Conference Form

- Completed 3 times per year
- Must show parent participation in goal setting (identify as child goal)
- Printed copies are signed and uploaded to ChildPlus
- IEP goals should be referenced in the 'child's plan for development' portion on the family conference form (customize then add (IEP-speech) (IEP-OT)

Title of Procedure or Process:	TSG Frequently Asked Questions
Program Area(s):	Education
Related Standards or Regulations:	☐Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☒Other
Person Responsible for implementation:	Lead Teachers
Timeline for completion:	NA
Submitted to:	NA
ChildPlus Documentation:	NA
Uploaded to ChildPlus:	NA
Specific Directions:	See below

Procedure:

TSG Training & Certification
- All teaching staff are required to complete the teaching strategies tutorial (Professional Development Course).
- Lead teachers are required to complete/maintain Teaching Strategies Interrater Reliability Certification prior to 1st checkpoint closing. This certification is valid for three years.

Entering/Exiting Children from TSG
- Teachers will enter children into TSG
- Previously enrolled children: alert Program Specialist to assist with the transfer of information and help avoid duplication of files. A new file should not be created for a transferred child.
- Children's age/grade should reflect child's PIR age (child's age on Oct. 15th). Age grades need to be updated yearly.
- When a child transfers or leaves the program attach TSG Assessment & Portfolio to ChildPlus prior to sending an EAS.
- Other assessments, such as Brigance and ASQ, can also be used as observational data

ELL Children
- The Home Language Survey needs to be completed and entered into TSG for all children who speak more than one language. If this does apply, or for children under 3, click not applicable

Child with IFSP/IEP
- Child's IFSP/IEP status (box checked / unchecked) can be updated throughout the year as needed.

Assessments
- Assessments are completed 3 times per year (fall, winter, spring) for all children, regardless of start dates. Finalized data will be collected at F/W/S checkpoints
- Assessments are uploaded to a child's ChildPlus file at year end or when child leaves programming. This is true for both part day and full day children.

Passwords
- If a child is enrolled after a checkpoint closes. Their first assessment may show as due or past due, even if they were not enrolled at the time the assessment was due. In this case,

Individualization
- TSG assessment data must inform the make-up of individual and small group activities and material selection for the classroom.
- TSG documentation must include observations related to indviidualized activities, goals set with parents and areas of learning below age-grade expectations and tagged as "Goal related observation".
- IEP goals should be referenced in the child's plan for development portion on the family conference form (customize then add (IEP-speech) (IEP-OT)

Family Conference Form
- Completed 3 times per year
- Must show parent participation in goal setting (identify as child goal)
- Printed copies are signed and are uploaded to ChildPlus
- IEP goals should be referenced in the 'child's plan for development' portion on the family conference form (customize then add (IEP-speech) IEP-OT)

Child Arrives after Checkpoint Closes
- If a child is enrolled after a checkpoint closes. Their first assessment may show as due or past due, even if they were not enrolled at the time the assessment was due. In this case,
    - Click the assessment **Date** for the child. In the upper right drop down box click **N/A**, late enrollment
    - In the lower left, click **Mark All** and **N/A,** late enrollment
    - Enter the **Date** assessments were due to be finalized
    - Click **Complete**
      Please do not delete/ transfer any children from TSG!

Passwords
- If you enter the wrong password three times, TSG will lock your account. Supervisors can assist with unlocking accounts.

Title of Procedure or Process:	Saving Uploading TSG Files Changing Age Grades in TSG
Program Area(s):	Education
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	Lead Teachers
Timeline for completion:	Uploading TSG- year-end or when child transitions out of programming Age Grade changes- at beginning of year
Submitted to:	NA
ChildPlus Documentation:	NA
Uploaded to ChildPlus:	NA
Specific Directions:	See below

Procedure:

Saving and uploading Children's Assessments, Documentation Reports and Family Conference Forms to Child Plus

Note: These instructions were written based on use with a Chrome Browser. If you receive error message during this process, try another browser, such as Firefox or Explorer

1. **Produce and save Child Assessment to your desktop**
   - Go to Reports →Individual Child
   - Select child
   - Select boxes fall, winter and spring checkpoints for current year
   - Click generate report, then click print.
   - Choose PDF
   - In the upper right click on the download arrow. Save the file to your desktop using the child's name and assessment
2. **Produce and save the Documentation Report to your desktop**
   - Go to the Assess tab → view documentation
   - Check the "select all documentation for print" box
   - Click "Print Documentation" tab in upper left
   - Check the following boxes; display notes, display attachments, display date/time & display author
   - Select the "Gold" button in the upper right and scroll down to click "manage my files"
   - Select the red PDF to pull up document
   - Download, rename the file with the Child's name and documentation, save to desk top
3. *Produce and save Family Conference Forms to your desk top*
   - Click family tab, then Family Conference Form
   - Click view → print → PDF
   - Click download arrow in upper right, save file with child's name and FCF to your desk top
4. **Upload all files to Child Plus under Education:** Teaching Strategies Gold Assessment, TSG Child Observations or TSG Family Conference Form
5. **Delete children's files off your desk top after uploading**

Objective 14 Uses symbols and images to represent something not present

a. Thinks symbolically

Not Yet	1	2	3	4	5	6	7	8	9
		Recognizes people, objects, and animals in pictures or photographs • Touches the cow in the illustration when an adult reads, "And the cow jumped…." • Points to photograph and says, "Mommy" • Identifies a duck in a variety of different photos and illustrations		**Draws or constructs, and then identifies what it is** • Draws various shapes and says, "This is my house." • Glues red yarn on paper and says, "I made spaghetti."		**Plans and then uses drawings, constructions, movements, and dramatizations to represent ideas** • Sees a dump truck outside and plans how to draw it • Says, "Let's pretend to be seeds growing like in the book."		**Represents objects, places, and ideas with increasingly abstract symbols** • Makes tally marks • Makes and interprets graphs with teacher's help • Attempts to write words to label a picture	

Red
Orange
Yellow
Green
Blue
Purple

b. Engages in sociodramatic play

Not Yet	1	2	3	4	5	6	7	8	9
		Imitates actions of others during play; uses real objects as props • Holds a toy phone to ear • Wraps a blanket around a doll then rocks it		**Acts out familiar or imaginary scenarios; may use props to stand for something else** • Puts beads in a muffin tin, places tin in oven, and asks, "Who wants some cupcakes?" • Uses a short rope as a fire hose • Pretends to be the birthday boy at the party and blows out the candles on the pegboard 'cake' after others sing "Happy Birthday"		**Interacts with two or more children during pretend play, assigning and/or assuming roles and discussing actions; sustains play scenario for up to 10 minutes** • Pretends to be the bus driver. Tells the other children, "You can be the passengers. Give me your tickets, and I will give you change."		**Plans and negotiates complex role play; joins in detailed conversation about roles and actions; play may extend over several days** • Joins in elaborate play about taking a dog to the veterinarian, assigning roles, switching roles, creating props, and returning to the play day after day	

Red
Orange
Yellow
Green
Blue
Purple

Objective 15 Demonstrates phonological awareness

a. Notices and discriminates rhyme

Not Yet	1	2	3	4	5	6	7	8	9
		Joins in rhyming songs and games • Hums along and joins in random words in rhyme • Sings with a group, "One, two, buckle my shoe…"		**Fills in the missing rhyming word; generates rhyming words spontaneously** • Completes the rhyme in the phrase, "The fat cat sat on the ____ (mat)." • Chants spontaneously, "Me, fee, kee, tee, lee, bee."		**Decides whether two words rhyme** • "Do *bear* and *chair* rhyme? What about *bear* and *goat*?" • Matches rhyming picture cards		**Generates a group of rhyming words when given a word** • Says, "bat, sat, lat," when asked, "What words rhyme with *cat*?"	

Red (Not Yet)
Orange (1–2)
Yellow (2–3)
Green (3)
Blue (4–5)
Purple (6–9)

b. Notices and discriminates alliteration

Not Yet	1	2	3	4	5	6	7	8	9
		Sings songs and recites rhymes and refrains with repeating initial sounds • Sings, "I'm bringing home a baby bumble bee…"		**Shows awareness that some words begin the same way** • Says, "*Max* and *Maya*…our names start the same!"		**Matches beginning sounds of some words** • Groups objects or pictures that begin with the same sound • Picks up a toy bear when asked, "What begins the same way as *box*, *baby*, and *bike*?"		**Isolates and identifies the beginning sound of a word** • Says /m-m-m/ when asked "What is the first sound of the word *milk*?" • Responds /t/ after being asked, "What's the beginning sound of *toy*, *toe*, *teeth*?"	

Red (Not Yet)
Orange (1)
Yellow (1)
Green (2–3)
Blue (3)
Purple (4–9)

Objective 15 Demonstrates phonological awareness

c. Notices and discriminates smaller and smaller units of sound

Not Yet	1	2	3	4	5	6	7	8	9
		Hears and shows awareness of separate words in sentences • Joins in clapping each word while chanting, "I like ice cream." • Jumps upon hearing a specified word in a story		**Hears and shows awareness of separate syllables in words** • Claps each syllable of name, *Tri-na* • Puts together *pen* and *cil* to say *pencil* • Puts together *foot* and *ball* to say *football*		**Verbally separates and blends onset and rime** • Says, *hat* after hearing /h/…/at/ • Points to Jonathan when teacher plays game and asks, "Where's _onathan?"		**Verbally separates and blends individual phonemes in words** • Claps each phoneme of the word hat — /h/ /a/ /t/ • Says "hat" after hearing /h/ /a/ /t/	

Red

Orange

Yellow

Green

Blue

Purple

Objective 16 Demonstrates knowledge of the alphabet

a. Identifies and names letters

Not Yet	1	2	3	4	5	6	7	8	9
		Recognizes and names a few letters in own name		Recognizes as many as 10 letters, especially those in own name		Identifies and names 11–20 upper- and 11–20 lowercase letters when presented in random order		Identifies and names all upper- and lowercase letters when presented in random order	

Red
Orange
Yellow
Green
Blue
Purple

b. Uses letter–sound knowledge

Not Yet	1	2	3	4	5	6	7	8	9
		Identifies the sounds of a few letters		Produces the correct sounds for 10–20 letters		Shows understanding that a sequence of letters represents a sequence of spoken sounds • Asks when writing, "How do you spell cough?"		Applies letter–sound correspondence when attempting to read and write • Sees the word cat; begins to sound out the word: /k/ /a/ /t/ • Makes an open sign for the doctor's office by writing "opn"	

Red
Orange
Yellow
Green
Blue
Purple

Objective 17 Demonstrates knowledge of print and its uses

a. Uses and appreciates books

Not Yet	1	2	3	4	5	6	7	8	9
		Shows interest in books • Gazes at the pages of a book • Brings book to adult to read		**Orients book correctly; turns pages from the front of the book to the back; recognizes familiar books by their covers** • Hands teacher book and says, "Let's read *Corduroy!*"		**Knows some features of a book (title, author, illustrator); connects specific books to authors** • Says, "I want to read this Dr. Suess book today." • Says, "Eric Carle wrote this book. He is the author."		**Uses various types of books for their intended purposes** • Selects the book about insects to identify the butterfly seen on the playground	

Color bands:
- Red: Not Yet–1
- Orange: 2–3
- Yellow: 2–3
- Green: 3–5
- Blue: 4–7
- Purple: 6–9

b. Uses print concepts

Not Yet	1	2	3	4	5	6	7	8	9
		Shows understanding that text is meaningful and can be read • Points to the words on the sign by the fish bowl and says, "Just one pinch!"		**Indicates where to start reading and the direction to follow** • Points to beginning of text on the page when pretending to read and moves finger left to right as she continues down the page		**Shows awareness of various features of print: letters, words, spaces, upper- and lowercase letters, some punctuation** • Points to the word *hippopotamus* and says, "That's a long word." • Says, "That means stop reading," as he points to a period at the end of a sentence.		**Matches a written word with a spoken word but it may not be the actual written word; tracks print from the end of a line of text to the beginning of the next line** • Touches each word on the page while reciting the words from *Brown Bear, Brown Bear, What Do You See?* • Picks up finger and returns it to the beginning of the next line when pretend reading	

Color bands:
- Red: Not Yet–1
- Orange: Not Yet–1
- Yellow: 1–3
- Green: 2–3
- Blue: 3–6
- Purple: 3–9

Objective 18 Comprehends and responds to books and other texts

a. Interacts during read-alouds and book conversations

	Not Yet	1	2	3	4	5	6	7	8	9
			Contributes particular language from the book at the appropriate time • Says, "You're not big enough" when teacher pauses in *The Grouchy Ladybug*		**Asks and answers questions about the text; refers to pictures** • Responds, "He was mad. He threw his hat down."		**Identifies story-related problems, events, and resolutions during conversations with an adult** • When prompted says, "George got put in jail. He ran out the open door and got out."		**Reconstructs story, using pictures, text, and props; begins to make inferences and draw conclusions** • Joins in story discussion then says, "I think Max was upset that he was sent to bed without his supper."	

Red
Orange
Yellow
Green
Blue
Purple

b. Uses emergent reading skills

	Not Yet	1	2	3	4	5	6	7	8	9
			Pretends to read a familiar book, treating each page as a separate unit; names and describes what is on each page, using pictures as cues		**Pretends to read, using some of the language from the text; describes the action across pages, using pictures to order the events; may need prompts from adult**		**Pretends to read, reciting language that closely matches the text on each page and using reading-like intonation**		**Tries to match oral language to words on page; points to words as reads; uses different strategies (e.g., sounding out words, known words, and patterns in text) to make meaning from print**	

Red
Orange
Yellow
Green
Blue
Purple

Objective 18 Comprehends and responds to books and other texts

c. Retells stories

Not Yet	1	2	3	4	5	6	7	8	9
		Retells some events from a familiar story with close adult prompting • Says, "The pig builds a house from it" when the teacher asks, "What does the first little pig do with the straw?" Then says, "The wolf blows it down," when the teacher asks, "What does the wolf do to the house?"		**Retells familiar stories, using pictures or props as prompts** • Retells the basic events of *The Three Little Pigs*, using felt pieces on a felt board		**Retells a familiar story in proper sequence, including major events and characters** • Retells *The Three Little Pigs*, starting with the pigs saying goodbye to their mother, remembering the correct order in which the pigs build their houses, and ending with the wolf climbing down the chimney and falling into the pot of hot water		**Retells stories with many details about characters, events, and storylines** • Retells *The Three Little Pigs*, and includes details about how the mother felt about her children leaving home, the pigs' personalities, and why building a house from bricks is better than building a house from straw or sticks	

Red
Orange
Yellow
Green
Blue
Purple

Objective 19 Demonstrates emergent writing skills

a. Writes name

Not Yet	1	2	3	4	5	6	7
	Scribbles or marks • Scribble writes deliberately • Makes marks that appear to adults to be in random order	**Controlled linear scribbles** • Scribbles lines, circles, or zigzags in rows • Often repeats action and forms	**Mock letters or letter-like forms** • Writes segments of letter forms, e.g., lines, curves • May use too many segments to create a letter, e.g., five horizontal lines on the letter E • May not orient letter segments correctly	**Letter strings** • Writes some letters correctly • Writes letters in unconventional order	**Partially accurate name** • Writes all the letters of own name, although some may not be sequenced correctly • Writes all the letters of own name, but some of the letters are not formed or oriented correctly	**Accurate name** • Writes all the letters of own name in the correct sequence, form, and orientation • Uses uppercase or lowercase letters (or a combination of both) when writing name	
	Carolyn	Lilly	Paula	Emma	Vicky	Brooke	

Color progression bars:
- Red
- Orange
- Yellow
- Green
- Blue
- Purple

Objective 19 Demonstrates emergent writing skills

b. Writes to convey meaning

Not Yet	1	2	3	4	5	6	7
	Scribbles or marks • Scribble writes deliberately • Makes marks that appear to adults to be in random order	**Controlled linear scribbles** • Scribbles lines, circles, or zigzags in rows • Often repeats action and forms	**Mock letters or letter-like forms** • Writes segments of letter forms, e.g., lines, curves • May use too many segments to create a letter, e.g., five horizontal lines on the letter E • May not orient letter segments correctly	**Letter strings** • Writes strings of letters • Writes some letters correctly • Writes letters in unconventional order • Begins to separate groups of letters with spaces • May copy environmental print	**Early invented spelling** • Uses first letter of word to represent whole word • Writes initial and/or final sounds of a word to represent the whole word *Note: In Spanish, early invented spelling may consist primarily of vowels.*	**Late invented spelling** • Begins to include beginning, middle, and ending sounds in words • Represents most of the sounds heard in words in the correct order	
	Maya said, "Here Mommy. Read this."	Carolyn said, "That's my phone number. You can call me."	Erica said, "I'm writing my ABCs just like my sister."	Jordan said, "Here's a ticket! You're under arrest!"	Meir wrote, "Uncle Clay, I love you."	Jenna said, "I need to buy some blackberries and grapes at the store."	

Red
Orange
Yellow
Green
Blue
Purple

Objective 20 Uses number concepts and operations

a. Counts

	Not Yet	1	2	3	4	5	6	7	8	9
			Verbally counts (not always in the correct order) • Says, "One, two, ten" as she pretends to count		**Verbally counts to 10; counts up to five objects accurately, using one number name for each object** • Counts to ten when playing "Hide and Seek" • Counts out four scissors and puts them at the table		**Verbally counts to 20; counts 10–20 objects accurately; knows the last number states how many in all; tells what number (1–10) comes next in order by counting** • Counts to twenty while walking across room • Counts ten plastic worms and says, "I have ten worms." • When asked, "What comes after six?" says, "One, two, three, four, five, six, seven…seven."		**Uses number names while counting to 100; counts 30 objects accurately; tells what number comes before and after a specified number up to 20** • Counts twenty-eight steps to the cafeteria • When asked what comes after fifteen, says "Sixteen."	

Red
Orange
Yellow
Green
Blue
Purple

b. Quantifies

	Not Yet	1	2	3	4	5	6	7	8	9
			Demonstrates understanding of the concepts of *one, two,* and *more* • Says, "More apple," to indicate he wants more pieces than given • Takes two crackers when prompted, "Take two crackers."		**Recognizes and names the number of items in a small set (up to five) instantly; combines and separates up to five objects and describes the parts** • Looks at the sand table and says instantly, without counting, "There are three children at the table." • Says, "I have four cubes. Two are red, and two are blue." • Puts three bunnies in the box with the two bears. Counts and says, "Now I have five."		**Makes sets of 6–10 objects and then describes the parts; identifies which part has more, less, or the same (equal); counts all or counts on to find out how many** • Says, "I have eight big buttons, and you have eight little buttons. We have the same." • Tosses ten puff balls at the hoop. When three land outside she says, "More went inside." • Puts two dominoes together, says, "Five dots," and counts on "Six, seven, eight. Eight dots all together."		**Uses a variety of strategies (counting objects or fingers, counting on, or counting back) to solve problems with more than 10 objects** • Uses ladybug counters to solve the problem, "You had eight ladybugs. Two flew away. How many ladybugs are left?" • Says, "I have ten cars. I left two at Grandma's, so now I have ten, nine, *eight* left." • Uses two-sided counters to determine different number combinations for fourteen	

Red
Orange
Yellow
Green
Blue
Purple

Objective 20 Uses number concepts and operations

c. Connects numerals with their quantities

Not Yet	1	2	3	4	5	6	7	8	9
		Recognizes and names a few numerals • Points to the *1* when the teacher says, "Where is the numeral *1*?" • Notices numerals around the room and calls some of them by name		**Identifies numerals to *5* by name and connects each to counted objects** • Says, "Five" as she attaches five clothespins to the *5* card • Tells her friend, "That's a *3*, and there are three puppies on this page."		**Identifies numerals to *10* by name and connects each to counted objects** • Shouts, "Seven," and jumps seven times when the teacher holds up the number *7* card • Says, "I put nine buttons in the *9* box."		**Identifies numerals to *20* by name and connects each to counted objects** • Says, "Kaufee put the *12* card and twelve beads on his necklace." • Says, "I drew fifteen flowers to go on page 15 of our number book."	

Red
Orange
Yellow
Green
Blue
Purple

Objective 21 Explores and describes spatial relationships and shapes

a. Understands spatial relationships

Not Yet	1	2	3	4	5	6	7	8	9
		Follows simple directions related to position (*in, on, under, up, down*) • Follows teacher's directions to put the trash *in* the can • Raises hands *up* and *down* as the song directs		**Follows simple directions related to proximity** (*beside, between, next to*) • Follows teacher's direction to put the cup *next to* the plate • Sits beside her friend when he says, "Sit *between* me and Laura."		**Uses and responds appropriately to positional words indicating location, direction, and distance** • Says, "Look for the surprise *behind* the tree." • Moves game piece *backward* when playmate gives directions		**Uses and makes simple sketches, models, or pictorial maps to locate objects** • Constructs a map of the play yard using landscape toys • Uses a map of the classroom to find the hidden treasure	

Red
Orange
Yellow
Green
Blue
Purple

b. Understands shapes

Not Yet	1	2	3	4	5	6	7	8	9
		Matches two identical shapes • Puts a circular puzzle piece in the circular space • Places shapes in a shape-sorting box		**Identifies a few basic shapes (circle, square, triangle)** • Looks at a wheel and says, "A circle." • Names shape pieces as he puts them on a shape lotto card		**Describes basic two- and three-dimensional shapes by using own words; recognizes basic shapes when they are presented in a new orientation** • Says, "It's a ball 'cause it rolls." • Puts hand in feely box and says, "It has three sides and three points. It's a triangle."		**Shows that shapes remain the same when they are turned, flipped, or slid; breaks apart or combines shapes to create different shapes and sizes** • Says, "It's still a triangle no matter how you turn it." • Cuts apart a rectangle to make two squares	

Red
Orange
Yellow
Green
Blue
Purple

Objective 22 Compares and measures

Not Yet	1	2	3	4	5	6	7	8	9
		Makes simple comparisons between two objects • Pours sand or water from one container to another • Indicates which ball is bigger when shown a tennis ball and a beach ball		**Compares and orders a small set of objects as appropriate according to size, length, weight, area, or volume; knows usual sequence of basic daily events and a few ordinal numbers** • Puts blocks side by side in order of length • Says, "We go outside after lunch." • Lays two short blocks on top of a long block to see if it's the same length • Responds, "You're second to use the computer."		**Uses multiples of the same unit to measure; uses numbers to compare; knows the purpose of standard measuring tools** • Measures by using paper clips, cubes, string, hands, feet or other objects • Measures block tower with linking cubes and says, "I made mine fifteen cubes high!!" • Stands on scale while pretending to be in a doctor's office		**Uses measurement words and some standard measurement tools accurately; uses ordinal numbers from *first* to *tenth*** • Says, "We need two cups of flour and one cup of salt to make dough." • Says, "If I add three more tiles to this side of the scale, they'll be the same." • Looks at the clock and says, "It's 12 o'clock. It's time for lunch."	

Red

Orange

Yellow

Green

Blue

Purple

Objective 23 Demonstrates knowledge of patterns

Not Yet	1	2	3	4	5	6	7	8	9
		Shows interest in simple patterns in everyday life • Notices that a special song is played whenever it is time to clean up • Points to the tiles in the bathroom and says, "They go this way, that way, this way, that way."		**Copies simple repeating patterns** • Beats a drum as the teacher does, e.g., loud, soft; loud, soft; loud, soft; etc. • Strings beads as her friend does, e.g., red, blue, blue; red, blue, blue; red, blue, blue; etc.		**Extends and creates simple repeating patterns** • Makes a repeating movement pattern, e.g., stomp, stomp, clap, clap; stomp, stomp, clap, clap; stomp, stomp, clap, clap; etc. • When shown pattern of cubes, e.g., red, blue, blue, red; red, blue, blue, red; etc., adds to it correctly		**Recognizes, creates, and explains more complex repeating and simple growing patterns** • Describes even numbers, e.g., 2, 4, 6, 8, etc., as "skipping" every other number on a 100's chart • Says, "If I add one to three, it's the next number: four. If I add one to four, it's the next number: five." • Extends a growing pattern by adding one cube like a staircase, e.g., 1 cube, 2 cubes, 3 cubes, 4 cubes, etc.	

Red

Orange

Yellow

Green

Blue

Purple

Objective 37 Demonstrates progress in listening to and understanding English

1	2 Beginning	3	4 Progressing	5	6 Increasing	7	8 Advancing	9
	Observes others as they converse in English during play or other small-group experiences; may engage in similar activities by imitating behavior; attends to oral use of English • Moves closer to the dramatic play area to watch a small group of children • Sits across from two children who are stringing beads and talking, and begins stringing beads, too • Watches another child hold up a cup to request milk and does the same • Participates by doing hand movements while other children and the teacher sing in the new language		**Responds to common English words and phrases when they are accompanied by gestures or other visual aids** • Joins a group in the block area when one child motions with a hand to come, and says, "Come play." • Goes to the sink when the teacher says it is time to brush teeth and pantomimes toothbrushing • Nods when classmate says, "Hello." • Sits by the teacher when she holds up a book and asks, "Would you like to read a book?"		**Responds to words and phrases in English when they are not accompanied by gestures or other visual aids** • Goes to table when teacher says, "It's lunchtime. Take your seats at the tables." • Puts the caps on the markers and then puts the markers on the shelf when reminded • Points to ear when asked, "Where's your ear?" • Picks up a car from a group of toys when asked, "Where's the car?" • Picks up the puzzle with the puppy on it when another child says, "Let's do the puppy puzzle together."		**Understands increasingly complex English phrases used by adults and children** • Responds by putting the correct block where directed when another child says, "Hey, put that square block over there by the horse to make the fence." • Points to the correct piece when the teacher asks, "Which circle is the biggest?" • Touches the car at the top of the tallest ramp when the teacher asks, "Which car do you think will roll the fastest?"	

See page 56 of *Child Assessment Portfolio.*

Objective 38 Demonstrates progress in speaking English

1	2 Beginning	3	4 Progressing	5	6 Increasing	7	8 Advancing	9
	Repeats sounds and words in English, sometimes very quietly • Mouths the words of a song during circle time • Echoes a word or phrase, e.g., says, "Monkey," while group chants "Five Little Monkeys Jumping on the Bed"* • After teacher says, "Up," child repeats, "Up." • Repeats, "Mil, mil, mil," after the teacher asks, "Would you like more milk?"		**Uses a few socially interactive terms in English appropriately; uses one or two words in English to represent a whole idea** • Says , "Hi"; "Lookit"; "My turn"; and "Stopit." • Hears someone nearby say, "Be careful!" and repeats phrase as a warning in a similar situation later • Points at snack basket and says, "More crackers." • Looks out the window and says, "Go outside." • Says, "No, mine," when another child takes her toy truck		**Develops multiword phrases by using socially interactive terms in English; adds new words to the phrase** • Says, "I do a ice cream"; "I want my mommy"; and "Lookit this, Teacher." • Says, "How you do this flower?" • Says, "Big. I gotta big." • Says, "How do you gonna make dese?"		**Uses increasingly complex grammar in English; makes some mistakes typical of young children** • Develops entire sentences, e.g., "The door is a square," and "The house has a lot of windows." • Uses questions and negatives, e.g., "Your name is what?" and "You no my mommy." • Uses past and future tenses, e.g., "I goed to the park," and "I'll get it." • Interacts in elaborate play schemes, "I be the mommy and you be the baby. Here's your bottle, Baby."	

See page 57 of *Child Assessment Portfolio.*

Optional Dimensions

Objective 1. Regulates own emotions and behaviors

    c. Takes care of own needs appropiately

        Feeding

        Toileting and Personal Hygiene

        Dressing

Objective 1 Regulates own emotions and behaviors

c. Takes care of own needs appropriately

Feeding

Not Yet	1	2	3	4	5	6	7	8	9
	Begins to participate in feeding tasks • Opens mouth when food is offered • Swallows with increasing efficiency • Explores food with hands • Drinks from a training cup or bottle held by adult	**Attempts basic feeding tasks** • Grasps food and moves to mouth, dropping occasionally • Holds training cup • Brings spoon to mouth • Drinks from cup held by adult		**Performs simple feeding tasks with increasing independence** • Uses fingers to bring a variety of foods to mouth • Uses spoon independently for eating, occasionally spilling • Drinks from partially filled glass or cup held independently		**Feeds self with increasing independence and adherence to social conventions** • Serves self using serving spoon with little spilling • Uses fork for spearing food • Sometimes uses knife for spreading • Uses napkin • Pours liquid into cups, rarely spilling		**Follows health and safety rules while assuming responsibility for complex feeding tasks** • Helps with food preparation and/or set-up • Cuts soft food with appropriate knife • Handles spoon, fork, and knife safely and efficiently	

Objective 1 Regulates own emotions and behaviors

c. Takes care of own needs appropriately

Toileting and Personal Hygiene

	Not Yet	1	2	3	4	5	6	7	8	9
		Begins to participate in meeting personal hygiene needs • Raises knees to chest on changing table	**Attempts to care for basic personal hygiene needs and diapering** • Indicates that diaper needs changed • Holds onto toothbrush as adult brushes teeth • Puts hands under running water after adult turns it on		**Performs simple toileting and personal hygiene tasks and attempts more complex tasks** • Lets adult know of need to toilet • Pulls pants down and up to help with toileting • Sneezes into elbow • Lathers hands with soap		**Follows simple health and safety rules while performing complex toileting and personal hygiene tasks** • Uses toilet independently but may need to be reminded • Flushes toilet • Gets tissue and wipes own nose • Washes and dries hands independently		**Follows health and safety rules while assuming responsibility for personal health needs** • Uses toilet independently, without being reminded • Remembers to wash hands independently before a self-serve snack • Wipes self thoroughly after toileting	

Objective 1 Regulates own emotions and behaviors

c. Takes care of own needs appropriately

Dressing

	Not Yet	1	2	3	4	5	6	7	8	9
		Begins to participate in dressing tasks • Lifts chin as shirt is pulled over head	**Attempts basic dressing tasks** • Unfastens Velcro® on shoes • Pushes foot into shoe when adult positions it on foot • Takes off jacket • Takes off hat • Takes off socks and shoes when loosened		**Performs simple dressing tasks and attempts more complex dressing tasks** • Pulls up pants • Unfastens large zippers, buttons, and snaps • Puts on socks and shoes, although not always on the correct feet		**Follows simple health and safety rules while performing complex dressing tasks** • Dresses and undresses with little assistance • Laces shoes; zips threaded zippers, fastens buttons and snaps • Distinguishes between clothing fronts and backs • Asks for hat and gloves		**Follows health and safety rules while assuming responsibility for dressing tasks** • Dresses independently • Attempts to tie shoes • Initiates clothing changes to match the weather	

Optional Dimensions for Physical Objectives 4–6

Objective 4. Demonstrates traveling skills

    a. Walks

    b. Runs

    c. Gallops and skips

Objective 5. Demonstrates balancing skills

    a. Sits and stands

    b. Walks on beam

    c. Jumps and hops

Objective 6. Demonstrates gross-motor manipulative skills

    a. Throws

    b. Catches

    c. Kicks

Objective 4 Demonstrates traveling skills

Optional Dimensions:

a. Walks

Not Yet	1	2	3	4	5	6	7	8	9
		Rolls from front (stomach) to back and back to front (stomach)		Crawls and/or begins to cruise		Walks steadily without support		Walks up and down stairs, alternating feet	

Red / Orange / Yellow / Green / Blue

b. Runs

Not Yet	1	2	3	4	5	6	7	8	9
		Uses a hurried walk		Runs, but may fall sometimes		Runs smoothly		Runs smoothly and quickly, avoids obstacles, changes directions, stops and starts easily	

Red / Orange / Yellow / Green / Blue / Purple

c. Gallops and skips

Not Yet	1	2	3	4	5	6	7	8	9
		Gallops, but not smoothly		Gallops smoothly, always leading with the same foot		Uses a one-footed skip (not alternating feet)		Skips smoothly (alternating leading feet)	

Red / Orange / Yellow / Green / Blue / Purple

Objective 5 Demonstrates balancing skills

Optional Dimensions:

a. Sits and stands

Not Yet	1	2	3	4	5	6	7	8	9
		Sits unsupported; pulls to a standing position		Reaches for a toy without falling over while sitting; stands unsupported		Stands on one foot briefly while holding on		Stands on one foot for 5–10 seconds without support	

Red
Orange
Yellow
Green
Blue
Purple

b. Walks on beam

Not Yet	1	2	3	4	5	6	7	8	9
		Walks on a line on the ground or a balance beam lying flat on the floor		Walks on a low, wide beam, watching feet; leads with same foot		Walks on a low, wide beam, alternating feet		Walks forward easily on a 2- to 3-inch-wide beam	

Red
Orange
Yellow
Green
Blue
Purple

c. Jumps and hops

Not Yet	1	2	3	4	5	6	7	8	9
		Jumps off floor with both feet		Jumps over small objects; hops up to 3 times on one foot		Jumps forward landing on both feet; hops 4–6 times on same foot; attempts to jump rope		Hops 7–10 times on same foot; jumps rope	

Red
Orange
Yellow
Green
Blue
Purple

Objective 6 Demonstrates gross-motor manipulative skills

Optional Dimensions:

a. Throws

Not Yet	1	2	3	4	5	6	7	8	9
		Reaches, grasps, and releases balls or other objects		Throws a ball or other object by pushing it with both hands or by flinging it		Throws a ball or other object overhand or underhand toward a person or large target several feet away		Steps forward to throw ball or other object overhand toward a target (6 feet–10 feet away) and follows through	

Color bands: Red, Orange, Yellow, Green, Blue, Purple

b. Catches

Not Yet	1	2	3	4	5	6	7	8	9
		Grasps a rolled ball or other object using two hands		Catches large, bounced ball against body with straight arms		Catches a large ball with two hands; traps ball against body if not successful with hands alone		Catches a large ball with both hands and with bent elbows	

Color bands: Red, Orange, Yellow, Green, Blue, Purple

c. Kicks

Not Yet	1	2	3	4	5	6	7	8	9
		Pushes against ball with foot		Kicks a ball with a straight leg, not bending knee, and with stiff body movement		Kicks stationary ball forward, stepping or running up to it, bending the kicking leg at the knee		Kicks moving ball by stepping forward, swinging leg back, and using full range of motion	

Color bands: Red, Orange, Yellow, Green, Blue, Purple

Objective 19 Demonstrates emergent writing skills

b. Writes to convey meaning

Not Yet	1	2	3	4	5	6	7
	Scribbles or marks • Scribble writes deliberately • Makes marks that appear to adults to be in random order	**Controlled linear scribbles** • Scribbles lines, circles, or zigzags in rows • Often repeats action and forms	**Mock letters or letter-like forms** • Writes segments of letter forms, e.g., lines, curves • May use too many segments to create a letter, e.g., five horizontal lines on the letter E • May not orient letter segments correctly	**Letter strings** • Writes strings of letters • Writes some letters correctly • Writes letters in unconventional order • Begins to separate groups of letters with spaces • May copy environmental print	**Early invented spelling** • Uses first letter of word to represent whole word • Writes initial and/or final sounds of a word to represent the whole word *Note: In Spanish, early invented spelling may consist primarily of vowels.*	**Late invented spelling** • Begins to include beginning, middle, and ending sounds in words • Represents most of the sounds heard in words in the correct order	
	Maya said, "Here Mommy. Read this."	Carolyn said, "That's my phone number. You can call me."	Erica said, "I'm writing my ABCs just like my sister."	Jordan said, "Here's a ticket! You're under arrest!"	Meir wrote, "Uncle Clay, I love you."	Jenna said, "I need to buy some blackberries and grapes at the store."	

Red
Orange
Yellow
Green
Blue
Purple

Objective 20 Uses number concepts and operations

a. Counts

	Not Yet	1	2	3	4	5	6	7	8	9
			Verbally counts (not always in the correct order) • Says, "One, two, ten" as she pretends to count		**Verbally counts to 10; counts up to five objects accurately, using one number name for each object** • Counts to ten when playing "Hide and Seek" • Counts out four scissors and puts them at the table		**Verbally counts to 20; counts 10–20 objects accurately; knows the last number states how many in all; tells what number (1–10) comes next in order by counting** • Counts to twenty while walking across room • Counts ten plastic worms and says, "I have ten worms." • When asked, "What comes after six?" says, "One, two, three, four, five, six, seven…seven."		**Uses number names while counting to 100; counts 30 objects accurately; tells what number comes before and after a specified number up to 20** • Counts twenty-eight steps to the cafeteria • When asked what comes after fifteen, says "Sixteen."	

Red
Orange
Yellow
Green
Blue
Purple

b. Quantifies

	Not Yet	1	2	3	4	5	6	7	8	9
			Demonstrates understanding of the concepts of *one, two,* and *more* • Says, "More apple," to indicate he wants more pieces than given • Takes two crackers when prompted, "Take two crackers."		**Recognizes and names the number of items in a small set (up to five) instantly; combines and separates up to five objects and describes the parts** • Looks at the sand table and says instantly, without counting, "There are three children at the table." • Says, "I have four cubes. Two are red, and two are blue." • Puts three bunnies in the box with the two bears. Counts and says, "Now I have five."		**Makes sets of 6–10 objects and then describes the parts; identifies which part has more, less, or the same (equal); counts all or counts on to find out how many** • Says, "I have eight big buttons, and you have eight little buttons. We have the same." • Tosses ten puff balls at the hoop. When three land outside she says, "More went inside." • Puts two dominoes together, says, "Five dots," and counts on "Six, seven, eight. Eight dots all together."		**Uses a variety of strategies (counting objects or fingers, counting on, or counting back) to solve problems with more than 10 objects** • Uses ladybug counters to solve the problem, "You had eight ladybugs. Two flew away. How many ladybugs are left?" • Says, "I have ten cars. I left two at Grandma's, so now I have ten, nine, *eight* left." • Uses two-sided counters to determine different number combinations for fourteen	

Red
Orange
Yellow
Green
Blue
Purple

Objective 20 Uses number concepts and operations

c. Connects numerals with their quantities

	Not Yet	1	2	3	4	5	6	7	8	9
			Recognizes and names a few numerals • Points to the *1* when the teacher says, "Where is the numeral *1*?" • Notices numerals around the room and calls some of them by name		**Identifies numerals to *5* by name and connects each to counted objects** • Says, "Five" as she attaches five clothespins to the *5* card • Tells her friend, "That's a *3*, and there are three puppies on this page."		**Identifies numerals to *10* by name and connects each to counted objects** • Shouts, "Seven," and jumps seven times when the teacher holds up the number *7* card • Says, "I put nine buttons in the *9* box."		**Identifies numerals to *20* by name and connects each to counted objects** • Says, "Kaufee put the *12* card and twelve beads on his necklace." • Says, "I drew fifteen flowers to go on page 15 of our number book."	

Red
Orange
Yellow
Green
Blue
Purple

Objective 21 Explores and describes spatial relationships and shapes

a. Understands spatial relationships

Not Yet	1	2	3	4	5	6	7	8	9
		Follows simple directions related to position (in, on, under, up, down) • Follows teacher's directions to put the trash *in* the can • Raises hands *up* and *down* as the song directs		**Follows simple directions related to proximity (beside, between, next to)** • Follows teacher's direction to put the cup *next to* the plate • Sits *beside* her friend when he says, "Sit *between* me and Laura."		**Uses and responds appropriately to positional words indicating location, direction, and distance** • Says, "Look for the surprise *behind* the tree." • Moves game piece *backward* when playmate gives directions		**Uses and makes simple sketches, models, or pictorial maps to locate objects** • Constructs a map of the play yard using landscape toys • Uses a map of the classroom to find the hidden treasure	

Color bands (a):
- **Red**: Not Yet
- **Orange**: 1
- **Yellow**: 2–3
- **Green**: 3–5
- **Blue**: 5
- **Purple**: 6–8/9

b. Understands shapes

Not Yet	1	2	3	4	5	6	7	8	9
		Matches two identical shapes • Puts a circular puzzle piece in the circular space • Places shapes in a shape-sorting box		**Identifies a few basic shapes (circle, square, triangle)** • Looks at a wheel and says, "A circle." • Names shape pieces as he puts them on a shape lotto card		**Describes basic two- and three-dimensional shapes by using own words; recognizes basic shapes when they are presented in a new orientation** • Says, "It's a ball 'cause it rolls." • Puts hand in feely box and says, "It has three sides and three points. It's a triangle."		**Shows that shapes remain the same when they are turned, flipped, or slid; breaks apart or combines shapes to create different shapes and sizes** • Says, "It's still a triangle no matter how you turn it." • Cuts apart a rectangle to make two squares	

Color bands (b):
- **Red**: Not Yet
- **Orange**: 1
- **Yellow**: 2–3
- **Green**: 3–4
- **Blue**: 5
- **Purple**: 6–8/9

Objective 22 Compares and measures

Not Yet	1	2	3	4	5	6	7	8	9
		Makes simple comparisons between two objects • Pours sand or water from one container to another • Indicates which ball is bigger when shown a tennis ball and a beach ball		**Compares and orders a small set of objects as appropriate according to size, length, weight, area, or volume; knows usual sequence of basic daily events and a few ordinal numbers** • Puts blocks side by side in order of length • Says, "We go outside after lunch." • Lays two short blocks on top of a long block to see if it's the same length • Responds, "You're second to use the computer."		**Uses multiples of the same unit to measure; uses numbers to compare; knows the purpose of standard measuring tools** • Measures by using paper clips, cubes, string, hands, feet or other objects • Measures block tower with linking cubes and says, "I made mine fifteen cubes high!!" • Stands on scale while pretending to be in a doctor's office		**Uses measurement words and some standard measurement tools accurately; uses ordinal numbers from *first* to *tenth*** • Says, "We need two cups of flour and one cup of salt to make dough." • Says, "If I add three more tiles to this side of the scale, they'll be the same." • Looks at the clock and says, "It's 12 o'clock. It's time for lunch."	

Red

Orange

Yellow

Green

Blue

Purple

Objective 23 Demonstrates knowledge of patterns

Not Yet	1	2	3	4	5	6	7	8	9
		Shows interest in simple patterns in everyday life • Notices that a special song is played whenever it is time to clean up • Points to the tiles in the bathroom and says, "They go this way, that way, this way, that way."		**Copies simple repeating patterns** • Beats a drum as the teacher does, e.g., loud, soft; loud, soft; loud, soft; etc. • Strings beads as her friend does, e.g., red, blue, blue; red, blue, blue; red, blue, blue; etc.		**Extends and creates simple repeating patterns** • Makes a repeating movement pattern, e.g., stomp, stomp, clap, clap; stomp, stomp, clap, clap; stomp, stomp, clap, clap; etc. • When shown pattern of cubes, e.g., red, blue, blue, red; red, blue, blue, red; etc., adds to it correctly		**Recognizes, creates, and explains more complex repeating and simple growing patterns** • Describes even numbers, e.g., 2, 4, 6, 8, etc., as "skipping" every other number on a 100's chart • Says, "If I add one to three, it's the next number: four. If I add one to four, it's the next number: five." • Extends a growing pattern by adding one cube like a staircase, e.g., 1 cube, 2 cubes, 3 cubes, 4 cubes, etc.	

Color bands:
- Red
- Orange
- Yellow
- Green
- Blue
- Purple

Objective 37 Demonstrates progress in listening to and understanding English

1	2 Beginning	3	4 Progressing	5	6 Increasing	7	8 Advancing	9
	Observes others as they converse in English during play or other small-group experiences; may engage in similar activities by imitating behavior; attends to oral use of English • Moves closer to the dramatic play area to watch a small group of children • Sits across from two children who are stringing beads and talking, and begins stringing beads, too • Watches another child hold up a cup to request milk and does the same • Participates by doing hand movements while other children and the teacher sing in the new language		**Responds to common English words and phrases when they are accompanied by gestures or other visual aids** • Joins a group in the block area when one child motions with a hand to come, and says, "Come play." • Goes to the sink when the teacher says it is time to brush teeth and pantomimes toothbrushing • Nods when classmate says, "Hello." • Sits by the teacher when she holds up a book and asks, "Would you like to read a book?"		**Responds to words and phrases in English when they are not accompanied by gestures or other visual aids** • Goes to table when teacher says, "It's lunchtime. Take your seats at the tables." • Puts the caps on the markers and then puts the markers on the shelf when reminded • Points to ear when asked, "Where's your ear?" • Picks up a car from a group of toys when asked, "Where's the car?" • Picks up the puzzle with the puppy on it when another child says, "Let's do the puppy puzzle together."		**Understands increasingly complex English phrases used by adults and children** • Responds by putting the correct block where directed when another child says, "Hey, put that square block over there by the horse to make the fence." • Points to the correct piece when the teacher asks, "Which circle is the biggest?" • Touches the car at the top of the tallest ramp when the teacher asks, "Which car do you think will roll the fastest?"	

See page 56 of *Child Assessment Portfolio.*

Objective 38 Demonstrates progress in speaking English

1	2 Beginning	3	4 Progressing	5	6 Increasing	7	8 Advancing	9
	Repeats sounds and words in English, sometimes very quietly • Mouths the words of a song during circle time • Echoes a word or phrase, e.g., says, "Monkey," while group chants "Five Little Monkeys Jumping on the Bed"* • After teacher says, "Up," child repeats, "Up." • Repeats, "Mil, mil, mil," after the teacher asks, "Would you like more milk?"		**Uses a few socially interactive terms in English appropriately; uses one or two words in English to represent a whole idea** • Says , "Hi"; "Lookit"; "My turn"; and "Stopit." • Hears someone nearby say, "Be careful!" and repeats phrase as a warning in a similar situation later • Points at snack basket and says, "More crackers." • Looks out the window and says, "Go outside." • Says, "No, mine," when another child takes her toy truck		**Develops multiword phrases by using socially interactive terms in English; adds new words to the phrase** • Says, "I do a ice cream"; "I want my mommy"; and "Lookit this, Teacher." • Says, "How you do this flower?" • Says, "Big. I gotta big." • Says, "How do you gonna make dese?"		**Uses increasingly complex grammar in English; makes some mistakes typical of young children** • Develops entire sentences, e.g., "The door is a square," and "The house has a lot of windows." • Uses questions and negatives, e.g., "Your name is what?" and "You no my mommy." • Uses past and future tenses, e.g., "I goed to the park," and "I'll get it." • Interacts in elaborate play schemes, "I be the mommy and you be the baby. Here's your bottle, Baby."	

See page 57 of *Child Assessment Portfolio.*

Optional Dimensions

Objective 1. Regulates own emotions and behaviors

    c. Takes care of own needs appropiately

        Feeding

        Toileting and Personal Hygiene

        Dressing

Objective 1 Regulates own emotions and behaviors

c. Takes care of own needs appropriately

Feeding

Not Yet	1	2	3	4	5	6	7	8	9
	Begins to participate in feeding tasks • Opens mouth when food is offered • Swallows with increasing efficiency • Explores food with hands • Drinks from a training cup or bottle held by adult	**Attempts basic feeding tasks** • Grasps food and moves to mouth, dropping occasionally • Holds training cup • Brings spoon to mouth • Drinks from cup held by adult		**Performs simple feeding tasks with increasing independence** • Uses fingers to bring a variety of foods to mouth • Uses spoon independently for eating, occasionally spilling • Drinks from partially filled glass or cup held independently		**Feeds self with increasing independence and adherence to social conventions** • Serves self using serving spoon with little spilling • Uses fork for spearing food • Sometimes uses knife for spreading • Uses napkin • Pours liquid into cups, rarely spilling		**Follows health and safety rules while assuming responsibility for complex feeding tasks** • Helps with food preparation and/or set-up • Cuts soft food with appropriate knife • Handles spoon, fork, and knife safely and efficiently	

Objective 1 Regulates own emotions and behaviors

c. Takes care of own needs appropriately

Toileting and Personal Hygiene

	Not Yet	1	2	3	4	5	6	7	8	9
		Begins to participate in meeting personal hygiene needs • Raises knees to chest on changing table	**Attempts to care for basic personal hygiene needs and diapering** • Indicates that diaper needs changed • Holds onto toothbrush as adult brushes teeth • Puts hands under running water after adult turns it on		**Performs simple toileting and personal hygiene tasks and attempts more complex tasks** • Lets adult know of need to toilet • Pulls pants down and up to help with toileting • Sneezes into elbow • Lathers hands with soap		**Follows simple health and safety rules while performing complex toileting and personal hygiene tasks** • Uses toilet independently but may need to be reminded • Flushes toilet • Gets tissue and wipes own nose • Washes and dries hands independently		**Follows health and safety rules while assuming responsibility for personal health needs** • Uses toilet independently, without being reminded • Remembers to wash hands independently before a self-serve snack • Wipes self thoroughly after toileting	

Objective 1 Regulates own emotions and behaviors

c. Takes care of own needs appropriately

Dressing

Not Yet	1	2	3	4	5	6	7	8	9
	Begins to participate in dressing tasks • Lifts chin as shirt is pulled over head	**Attempts basic dressing tasks** • Unfastens Velcro® on shoes • Pushes foot into shoe when adult positions it on foot • Takes off jacket • Takes off hat • Takes off socks and shoes when loosened		**Performs simple dressing tasks and attempts more complex dressing tasks** • Pulls up pants • Unfastens large zippers, buttons, and snaps • Puts on socks and shoes, although not always on the correct feet		**Follows simple health and safety rules while performing complex dressing tasks** • Dresses and undresses with little assistance • Laces shoes; zips threaded zippers, fastens buttons and snaps • Distinguishes between clothing fronts and backs • Asks for hat and gloves		**Follows health and safety rules while assuming responsibility for dressing tasks** • Dresses independently • Attempts to tie shoes • Initiates clothing changes to match the weather	

Optional Dimensions for Physical Objectives 4–6

Objective 4. Demonstrates traveling skills

    a. Walks

    b. Runs

    c. Gallops and skips

Objective 5. Demonstrates balancing skills

    a. Sits and stands

    b. Walks on beam

    c. Jumps and hops

Objective 6. Demonstrates gross-motor manipulative skills
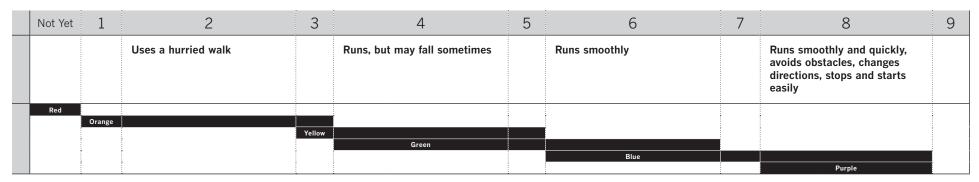
    a. Throws

    b. Catches

    c. Kicks

Objective 4 Demonstrates traveling skills

Optional Dimensions:

a. Walks

Not Yet	1	2	3	4	5	6	7	8	9
		Rolls from front (stomach) to back and back to front (stomach)		Crawls and/or begins to cruise		Walks steadily without support		Walks up and down stairs, alternating feet	

Red
Orange
Yellow
Green
Blue

b. Runs

Not Yet	1	2	3	4	5	6	7	8	9
		Uses a hurried walk		Runs, but may fall sometimes		Runs smoothly		Runs smoothly and quickly, avoids obstacles, changes directions, stops and starts easily	

Red
Orange
Yellow
Green
Blue
Purple

c. Gallops and skips

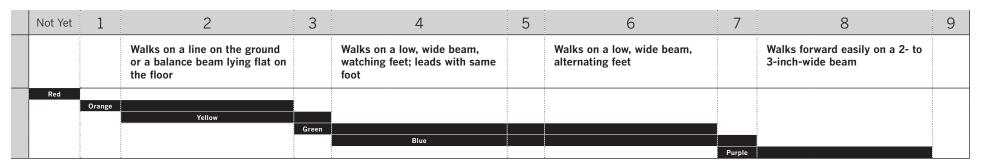| Not Yet	1	2	3	4	5	6	7	8	9
		Gallops, but not smoothly		Gallops smoothly, always leading with the same foot		Uses a one-footed skip (not alternating feet)		Skips smoothly (alternating leading feet)	

Red
Orange
Yellow
Green
Blue
Purple

Objective 5 Demonstrates balancing skills

Optional Dimensions:

a. Sits and stands

Not Yet	1	2	3	4	5	6	7	8	9
		Sits unsupported; pulls to a standing position		Reaches for a toy without falling over while sitting; stands unsupported		Stands on one foot briefly while holding on		Stands on one foot for 5–10 seconds without support	

Red
Orange
Yellow
Green
Blue
Purple

b. Walks on beam

Not Yet	1	2	3	4	5	6	7	8	9
		Walks on a line on the ground or a balance beam lying flat on the floor		Walks on a low, wide beam, watching feet; leads with same foot		Walks on a low, wide beam, alternating feet		Walks forward easily on a 2- to 3-inch-wide beam	

Red
Orange
Yellow
Green
Blue
Purple

c. Jumps and hops

Not Yet	1	2	3	4	5	6	7	8	9
		Jumps off floor with both feet		Jumps over small objects; hops up to 3 times on one foot		Jumps forward landing on both feet; hops 4–6 times on same foot; attempts to jump rope		Hops 7–10 times on same foot; jumps rope	

Red
Orange
Yellow
Green
Blue
Purple

Objective 6 Demonstrates gross-motor manipulative skills

Optional Dimensions:

a. Throws

Not Yet	1	2	3	4	5	6	7	8	9
		Reaches, grasps, and releases balls or other objects		Throws a ball or other object by pushing it with both hands or by flinging it		Throws a ball or other object overhand or underhand toward a person or large target several feet away		Steps forward to throw ball or other object overhand toward a target (6 feet–10 feet away) and follows through	

Red
Orange
Yellow
Green
Blue
Purple

b. Catches

Not Yet	1	2	3	4	5	6	7	8	9
		Grasps a rolled ball or other object using two hands		Catches large, bounced ball against body with straight arms		Catches a large ball with two hands; traps ball against body if not successful with hands alone		Catches a large ball with both hands and with bent elbows	

Red
Orange
Yellow
Green
Blue
Purple

c. Kicks

Not Yet	1	2	3	4	5	6	7	8	9
		Pushes against ball with foot		Kicks a ball with a straight leg, not bending knee, and with stiff body movement		Kicks stationary ball forward, stepping or running up to it, bending the kicking leg at the knee		Kicks moving ball by stepping forward, swinging leg back, and using full range of motion	

Red
Orange
Yellow
Green
Blue
Purple

Section 7 Special Services

- Behavior Incident Reports

- Behavior Documentation

- Referrals to CDS

- Referrals to mental Health Provider-Children Services

- Referrals to mental Health Provider-Community Based Services

- Requesting Special Services Support

- Help-Prompt- Wait- Using Behavior Management Techniques

- Special Education Process and Timeline

Title of Procedure or Process:	Behavior Incident Reports
Program Area(s):	Special Services, Education
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	Classroom Teachers, Special Services Staff
Timeline for completion:	Behavior Incident Report (BIR) should be completed within 24 hours of the incident.
Submitted to:	Special Services Coordinator, Site Supervisor, Education & Child Development Manager
ChildPlus Documentation:	A behavior incident should be documented under the Education tab
Uploaded to ChildPlus:	BIR forms should be uploaded to ChildPlus within X from the incident
Specific Directions:	The Behavior Incident Report (BIR) is completed in the classroom when a child's behavior is atypical for the situation, development and rises to a level that persists beyond typical intervention where it becomes interfering with the child's educational experience.

Procedure:

1. When a child is engaging in a significant behavior in the classroom the teacher should create documentation to identify details of the incident.   If a Tier I or Tier II Behavior has occurred documentation should be made to establish the timeline and details for this child.
2. The BIR Form should be completed within 24 hours of the incident occurring and sent to the Special Services Coordinator, Site Supervisor, Education & Child Development Manager.
3. The BIR Form should be documented and uploaded into ChildPlus by the classroom teacher.
4. The classroom teacher should contact the parent the day of the incident to notify them of the details of the incident and next steps the team is taking.

Note:
- When 1 of Tier II BIR's are submitted the following steps are taken. The Special Services team will connect with the classroom teacher within 2 business days to discuss the incident and debrief on next steps for the teacher.
- When 3 of Tier I BIR's are submitted the following steps are taken. The Special Services team will connect with the classroom teacher within 2 business days to discuss the behaviors and strategize on potential interventions and/or set up an observation.
- When 3 of Tier II BIR's are submitted the Special Services Team will initiate a classroom observation to collect additional information about next steps to support the child in the classroom.
- The Special Services Team is committed to providing consultation and support to our classrooms in the timeliest manner possible. This team will triage requests based on the significance of the need and will work to actively communicate expectations for turnaround and action with classroom staff.

Definitions:

The following behaviors are considered **Tier I Behaviors**. These are behaviors that may be typical for this age group, but may persist beyond typical classroom interventions. When the behaviors are persistent, complete this form and send to Special Services. The form will not be completed if the behavior has not occurred before or if the behavior may be developmentally-appropriate (e.g., 2- year olds who tussle over a toy).
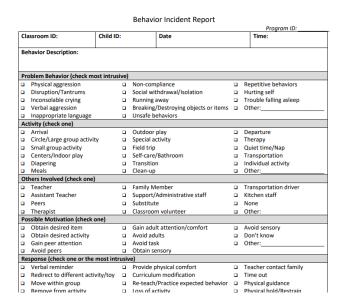
Tier I Behaviors may include;

- Tantrums
- Refusal
- Elopement
- Disruptive Behavior

The following behaviors are considered Tier II Behaviors. These are behaviors that may be atypical for this age group or may be persistent and non-responsive to classroom interventions. When these behaviors occur, the Behavior Incident Form should be completed and sent to Special Services.

- Aggression to another child or adult that results in physical pain or harm to that person (includes kicking, hitting, biting, scratching)
- Bolting-Running out of room, out of yard, or from group without responding to the calls of the adult
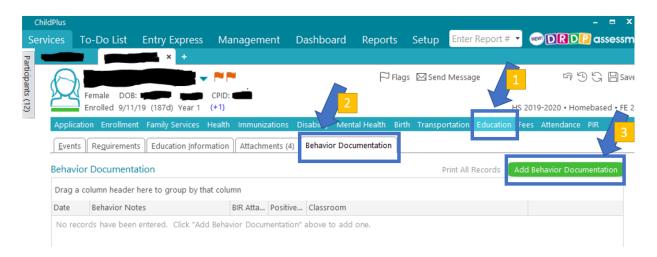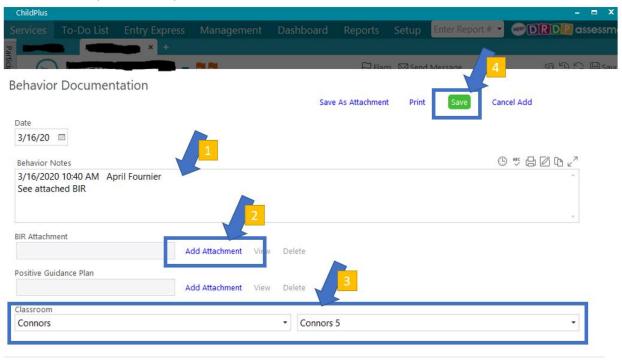- Self-Injury
- Property Destruction

Form Sample:

Behavior Incident Report

Program ID: _____

Classroom ID:	Child ID:	Date	Time:

Behavior Description:

Problem Behavior (check most intrusive)

❏ Physical aggression	❏ Non-compliance	❏ Repetitive behaviors
❏ Disruption/Tantrums	❏ Social withdrawal/Isolation	❏ Hurting self
❏ Inconsolable crying	❏ Running away	❏ Trouble falling asleep
❏ Verbal aggression	❏ Breaking/Destroying objects or items	❏ Other:_____
❏ Inappropriate language	❏ Unsafe behaviors	

Activity (check one)

❏ Arrival	❏ Outdoor play	❏ Departure
❏ Circle/Large group activity	❏ Special activity	❏ Therapy
❏ Small group activity	❏ Field trip	❏ Quiet time/Nap
❏ Centers/Indoor play	❏ Self-care/Bathroom	❏ Transportation
❏ Diapering	❏ Transition	❏ Individual activity
❏ Meals	❏ Clean-up	❏ Other:____

Others Involved (check one)

❏ Teacher	❏ Family Member	❏ Transportation driver
❏ Assistant Teacher	❏ Support/Administrative staff	❏ Kitchen staff
❏ Peers	❏ Substitute	❏ None
❏ Therapist	❏ Classroom volunteer	❏ Other:

Possible Motivation (check one)

❏ Obtain desired item	❏ Gain adult attention/comfort	❏ Avoid sensory
❏ Obtain desired activity	❏ Avoid adults	❏ Don't know
❏ Gain peer attention	❏ Avoid task	❏ Other:_____
❏ Avoid peers	❏ Obtain sensory	

Response (check one or the most intrusive)

❏ Verbal reminder	❏ Provide physical comfort	❏ Teacher contact family
❏ Redirect to different activity/toy	❏ Curriculum modification	❏ Time out
❏ Move within group	❏ Re-teach/Practice expected behavior	❏ Physical guidance
❏ Remove from activity	❏ Loss of activity	❏ Physical hold/Restrain

Title of Procedure or Process:	Behavior Documentation
Program Area(s):	Special Services, Education
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	Classroom Teachers, Special Services Staff
Timeline for completion:	Behavior Incident Report (BIR) should be completed within 24 hours of the incident. Behavior Documentation should be added as incidents happen.
Submitted to:	Special Services Supervisor, Site Supervisor, Operations & Special Services Manager
ChildPlus Documentation:	A behavior incident that resulted in a BIR should be documented under the Education tab; • Please see steps below
Uploaded to ChildPlus:	BIR forms should be uploaded to ChildPlus within 24 hours from the incident
Specific Directions:	The Behavior Incident Report (BIR) is completed in the classroom when a child's behavior is atypical for the situation, development and rises to a level that persists beyond typical intervention where it becomes interfering with the child's educational experience.

Procedure:

5. The BIR Form should be completed within 24 hours of the incident occurring and sent to the Special Services Supervisor, Site Supervisor and Operations Manager by email.
6. The BIR Form should be documented and uploaded into ChildPlus by the classroom teacher.
7. The classroom teacher should contact the parent the day of the incident to notify them of the details of the incident and next steps the team is taking.

I.   Locate the Behavior Documentation tab under the Education section of Child Plus

II.   Fill out the fields for the Behavior Documentation screen and then add the BIR file from your computer desktop:

Note:
- Regular non-BIR documentation should not be added in this section as it will impact the overall reporting of BIR's. Teaching staff should reach out to the Special Services Manager to discuss how to best document ongoing behaviors.
- The BIR should be added as an attachment and details of the BIR contained in the BIR form.
- When a BIR is added, a copy of it should also be sent to the Special Services Manager and Site Supervisor to ensure everyone is made aware of the incident.

Behavior Documentation Example

The Head Start Program of Androscoggin County
269 Bates Street, Lewiston, ME 04240
P: (207) 795-4040 F: (207) 795-4044

Behavior Incident Form

Instructions

Please complete this form when a child has met the criteria for a behavior incident. This form should be completed within 24 hours of the incident, uploaded and logged into ChildPlus. The family of the child should be notified as soon as possible within the day of the incident. A copy of this report should be sent to the Site Supervisor and the Special Services Manager for tracking.

Date:	3/16/2020	Student Name:	Student A
Classroom:	Classroom A	Teacher Name:	Teacher A

Tier I Behaviors-
Check all that apply:

Refusal x	Tantrum x	Elopement	Disruptive Behavior
Other:			

Brief Description of the Behavior Observed:

Student A became upset when he had to transition from centers to wash his hands and join the group at circle time. He verbally refused to clean up and the center and left and went to the library to sit and yell. He continued to yell and not respond to verbal and gestural prompts for approximately 3 minutes. The TA set a visual timer for him and asked him to help with a task after he washed his hands. He then complied and followed through with washing his hands.

Tier II Behaviors-
Check all that apply:

Physical Aggression	Self-Injury	Bolting	Property Destruction
Other:			

Brief Description of the Behavior Observed:

| | | | |

Title of Procedure or Process:	Referrals to Child Development Services
Program Area(s):	Education, Special Services
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	Classroom Staff, Special Services Coordinator, Site Supervisors
Timeline for completion:	Developmental screenings are conducted at PROMISE within <u>45 days</u> of enrollment (30 days for Public Pre-K). A child may be referred to CDS for a re-screen anytime during the year, if screening is Incomplete, if additional concerns are present or if there are any other reasons to believe that a child may be in need of Child Find.
Submitted to:	Special Services
ChildPlus Documentation:	Disability Tab When a concern is identified the classroom staff will open the concern under the disabilities tab with the relevant information about the concern. Alert SS Coordinator by email of upload.
Uploaded to ChildPlus:	Referral for Services, Release of Information, Behavior Documentation, Relevant Medical Records, Classroom Observations
Specific Directions:	When a classroom has identified concerns for a child that they are demonstrating delays in the domain(s) of; communication, adaptive skills, social emotional skills, motor skills, and/or cognitive skills, the classroom will share concerns with the child's family and contact special services as outlined in the Requesting Special Services Support procedure. **Child Development Services Contact Information** CDS First Step (Lewiston) Ph: 207-795-4022 Fax: 207-795-4082 CDS-PEDS (Waterville) Ph: 207-877-2498 CDS-Opportunities(Norway) Ph: 207-743-9701

Procedure:

Children may be identified through Developmental Screening, through Classroom Observation or through an outside source such as a parent, family physician or other treating provider. When there is information presented requiring a referral to Child Development Services the following steps should be completed;

- The classroom staff should discuss their concerns with their Site Supervisor to indicate there is a potential referral being made to Child Development Services.
- If child is DLL, a language facilitator must be involved in both the screening process and identification process. DLL form for CDS will be completed to accompany referral.

- The classroom staff will make contact with the family of the child to discuss the concerns and explain the referral process.
  - **No referrals are made without written informed consent of the parent(s).**
  - The PEEC Authorization to Release Information Form, CDS Release of Information and the CDS Child Find Intake Form are signed by the parent(s), giving consent to Child Development Services to evaluate in area(s) of concern.
- Special Services Staff will FAX Referral to CDS
  - Teacher/FA will submit to Special Services the completed copies of the PEEC Authorization to Release Information Form, CDS Child Find Intake Form & Release, and ChildPlus Health History, Developmental Screening Results Summary (latest ASQ or Brigance), TSG Assessment if complete and Behavior Incident Reports and/or 282 observations or Mental Health Provider clinical report if warranted to CDS.
- Special Services is expected to follow up with a phone call to CDS to ensure that referral was received.
- The Special Services Team will be responsible for entering the referral and documenting into ChildPlus. This includes initial and follow up actions.
- Special Services will follow up with CDS IFSP/ IEP Coordinator within 2 weeks to check on status of referral and update the classroom staff if any information is outstanding.

Title of Procedure or Process:	Referrals to Mental Health Provider for Community-Based Services
Program Area(s):	Health, Nutrition, Education, Special Services, Family Services, ERSEA, etc.
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	Lead Teacher, Site Supervisor, Special Services Supervisor
Timeline for completion:	
Submitted to:	Special Services Coordinator
ChildPlus Documentation:	In the Mental Health tab add a transaction using Referral in the drop down.
Uploaded to ChildPlus:	Mental Health Referral Form, Mental Health Observation
Specific Directions:	If the parent or guardian indicates the need for additional community or home-based services the team will provide support in completing the referral process.

Procedure:

1. If the classroom staff is notified by the parent or guardian that the family is in need of additional community based or home based services to support them (i.e. Counseling, Behavioral Health Home, Targeted or Community Case Management, Adult Services);
    a. Discuss and document the concerns with the Site Supervisor
    b. Log under Transaction, then choose option (meeting, phone call, etc)
    c. Explain the referral process to the parent or guardian and secure a written informed consent of the parent
        i. The PEEC Authorization to Release Information Form
        ii. Mental Health Provider Authorization Form
    d. The classroom staff will send the referral paperwork to the Special Services Team
2. The Special Services Coordinator will receive the referral packet from the classroom teacher;
    a. The Special Services Coordinator will fax the referral to the mental health provider
    b. The referral forms will be uploaded into ChildPlus
    c. The Special Services Coordinator will document the updates to the process in ChildPlus
3. The mental health provider will contact the family directly to schedule consultation or intake.
4. The classroom staff will follow up with the family within one week to check on the status of the referral or contact with the mental health provider.

Note: Children who are engaging in behaviors in the classroom may be eligible for Special Education Services. The Special Services Team will discuss the considerations for a referral for mental health services, special education services or both depending on the situation.

Title of Procedure or Process:	Referrals to Mental Health Provider for Classroom-Based Services (Play Therapy, Classroom Consultation, etc.)
Program Area(s):	Health, Nutrition, Education, Special Services, Family Services, ERSEA, etc.
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	Lead Teacher, Site Coordinator, Special Services Coordinator
Timeline for completion:	Staff is expected to 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.
Submitted to:	Special Services Team
ChildPlus Documentation:	Under the Mental Health tab, add a transaction using Referral in the drop-down
Uploaded to ChildPlus:	Mental Health Referral Form, Mental Health Observation
Specific Directions:	If the classroom has identified that a child is requiring mental health services the classroom should follow this procedure for requesting support for the family and for completing a referral to a community mental health service provider.

Procedure:

1. If the classroom staff have identified that a child in their classroom is demonstrating concerning behaviors that may indicate a potential mental health concern or condition the classroom should;
    a. Discuss and document the concerns with the child's parent and discuss what observations and actions have been happening in the classroom. This should be as specific and objective as possible and include the frequency in which the behavior is being observed.
    b. Discuss and document the concerns with the Site Supervisor
    c. Add a transaction, choose drop down option (meeting, phone call, etc)
    d. Send an Observation Request to the Special Services Coordinator
2. The Special Services Coordinator will schedule an observation for the classroom within the next 10 business days.   Once the observation is completed;
    a. The Special Services Coordinator will complete an observation summary and contact the classroom teacher to discuss the observation and either recommend a formal mental health evaluation or recommend continued monitoring.
    b. The classroom teacher will reach out to the family and discuss the results of the internal observation and discuss obtaining written consent from the parent for an external referral if that is recommended.
    c. The classroom teacher will provide the signed consent forms and any referral/intake/questionnaire required for the mental health provider to the Special Services Coordinator.
3. The Special Services Coordinator will receive the referral packet from the classroom teacher;
    a. The Special Services Coordinator will fax the referral to the mental health provider
    b. The referral forms will be uploaded into ChildPlus
    c. The Special Services Coordinator will document the updates to the process in ChildPlus
4. The mental health provider will contact parent to complete an assessment at the mental health provider's office.

Note: Children who are engaging in behaviors in the classroom may be eligible for Special Education Services. The Special Services Team will discuss the considerations for a referral for mental health services, special education services or both depending on the situation.

Title of Procedure or Process:	Requesting Special Services Support
Program Area(s):	Education, Special Services
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	Classroom Staff, Special Services Staff, Site Supervisors
Timeline for completion:	Ongoing
Submitted to:	Special Services Team
ChildPlus Documentation:	Disability Tab
Uploaded to ChildPlus:	Referral forms, Behavior Documentation, Classroom Observations, Relevant Medical Records
Specific Directions:	As children settle into their classrooms and work on developing skills it may become clear to classroom staff that some children are having a more difficult time than others. This could be in one or more areas of development such as; • Communicating with peers and teachers (verbally, visually, physically) • Socialization with peers and teachers (play, engagement) • Social and Emotional Regulation (tolerating transitions, regulating behaviors) • Cognitive skills (early learning, academic, memory, awareness) • Adaptive skills (self-help, self-advocacy, self-care, toileting) • Motor skills (big muscle movements, fine motor activities, motor coordination) When a child is demonstrating difficulty it is important to use our individual toolboxes to gather as much information as we can and develop some strategies in how to best support a child. Some children just need a little more time and exposure to catch on. Others have more significant risk factors or needs that require more targeted intervention. This process document will highlight the recommended steps to take to work towards helping the child successfully access their classroom.

Procedure:

Step 1: Organize Your Information

Classrooms are a busy place and it can be difficult to remember all of the details you have observed when a child is having a difficult time. The details are very important to the process, so it is critical to have as much objective data as possible.

Here are some suggestions for objective data collection and documentation:

Action	Documentation
Sally can't ever sit at circle…	During a 5 minute greeting circle, Sally is unable to sit and attend to the activity unassisted and will leave the circle area within 1 minute of joining. She requires continued adult support to stay at the writing table until circle is over.
Jack makes a huge mess when he washes his hands and doesn't listen	During the hand washing routine, Jack is unable to complete any steps independently and requires up to 3 adult verbal and physical prompts to complete the hand washing routine.
I feel like Sally is unhappy	Sally is unable to communicate with peers and teachers to get her needs met and this often results in Sally crying and refusing to participate until teachers can determine what she is trying to ask for.
Jack is a sensory kid	Jack is demonstrating a high level of activity throughout his day often seeking sensory input by jumping off chairs, crashing into peers and furniture and putting non-food objects into his mouth and chewing on them.
Sally is very delayed	Sally is demonstrating delays with her learning milestones and is unable to sort, match, name colors, shapes and has difficulty recalling information.

In addition to having detailed documentation about what is being observed, collecting objective data such as frequency, intensity and duration of observed actions is very helpful for determining the significance of the need.

Action	Documentation
Jack runs around the classroom all the time	Jack will bolt from a structured learning activity at least 3 times per 3 hour session with adult support to redirect him.
Sally throws a tantrum during every transition	Sally will engage in refusal behavior when transitioning from circle to breakfast. Her refusal includes flopping on the floor and crying for approximately 2 minutes. She is able to be redirected with 1-2 verbal prompts.
Jack is aggressive with his peers	Jack has engaged in aggressive behavior with his peers during center time which included 3 incidents of hitting and 2 incidents of pushing during a 3 hour session.

If you have questions about documentation or need support in collecting data, please contact the Special Services Coordinator or Special Services Manager.

NOTE: Be sure that you are opening a concern in ChildPlus under the disability tab and including your initial concern and request there. If there are multiple concerns there is a category for Global Developmental Delay that may be used.

Step 2: Sending the Referral

Once your data has been collected and you have the information to request support from Special services you will complete the Special Services Observation document. Observation can happen in two ways:

- An individual child observation to observe and review RTI strategies as they are being attempted and/or;

- An individual child observation to observe and determine what next steps for support would be if RTI has already been attempted

Remember, one of the first questions the Special Services team will ask is "what strategies have you tried?" For more information about Response to Intervention please review the Intervention Strategies process. Next steps:

- Once you have completed your referral you will send it to the Special Services Team.

- The team will confirm receipt within 24 hours and will set up a time for your observation within 10 business days. If the team is unable to observe within 10 business days, the team will reach out to you and let you know.

- The Special Services Team will upload the document to ChildPlus and document their next steps in the open concern.

Note: The Observation Request Form may serve as the data collection form

Step 3: Observation

The Special Services team member will come to the classroom to observe the child. If you have indicated there is a specific time of day or activity that causes concern the Special Services team will attempt to schedule the observation during that time. Please be sure to notify the Special Services team if the child is going to be out on the planned observation day.

During the observation the Special Services team member will likely have limited interaction with the child and may move around the room to observe different transitions and activities. The Special Services team member will likely be taking notes and may ask you or the other classroom staff questions about what they are observing.

The Special Services team member will complete a Child Observation Summary and provide a copy to the classroom teacher. The form will also be uploaded into ChildPlus by the Special Services team. The Special Services team member will meet with the classroom teacher to discuss next steps and recommendations.

The classroom teacher will then follow up with the parent for a discussion about the observation and next steps.

Step 4: Referral for Services

Once the observation has been completed and the Special Services team has determined that additional supports are required there are a few options for how support will be pursued.

Support could potentially be one or more of the following;

- Consultation and direct support from Special Services team members;

- Referral to Child Development Services for Special Education Evaluation;

- Referral to Mental Health Providers for Mental Health Evaluations

Once the referrals are made to Special Services and/or a third party provider, the Special Services team will be responsible for follow up, documentation and ongoing support for the child's identified needs. For more information on the Special Education or Mental Health processes, please review the Special Education and Mental Health process documents.

Step 5: Implementation

Once services are implemented for a child the Special Services team will be providing ongoing communication and support to the classroom. This could be in the form of:

- Consultation to the classroom to ensure implementation of Special Education Services are being provided as agreed upon in the Individual Education Plan (IEP)

- Attendance at any formal provider meetings to discuss services being provided

- Consultation to Health & Nutrition, Family Services or Education on planned interventions

Additional observations for new or increasing concerns

Title of Procedure or Process:	Help-Prompt-Wait: Using Behavior Management Techniques
Program Area(s):	Education, Special Services
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	Classroom Staff, Special Services Team, Site Supervisors
Timeline for completion:	Ongoing
Submitted to:	Special Services
ChildPlus Documentation:	See BIR and IR Procedures
Uploaded to ChildPlus:	BIR and IR Forms
Specific Directions:	When a child is demonstrating signs of escalation staff should use approved and evidence-based behavior management techniques to support them in the de-escalation process. The following steps are a high-level reminder of how to support a child in this process.

Procedure:
Steps to Follow As Outlined By Safety-Care™

HELP: When child is beginning to show signs of agitation. Avoid this strategy when the child's behavior is highly escalated
1. Approach using safety stance
2. Ask the person to state what he or she wants:
    a. -Say "Tell me, 'I want X.'" (if you think you know what the child wants
    b. -Say "What do you want?" "Tell me what you want." Or "How can I help you?" (if you are unsure what the child wants)
3. Allow 5-10 seconds for the child to process request
4. Repeat prompt if necessary
5. If child makes appropriate request, then praise and comply.
6. If child becomes more agitated, consider switching strategy.

PROMPT: When HELP strategy has not been effective or is not appropriate to use or when you think the person is likely to comply with your request
1. Identify an incompatible or high probability behavior
2. Approach using safety stance or elbow check
3. Prompt the desired behavior in a calm, neutral tone
4. Allow 5-10 seconds for the child to process request
5. Repeat prompt if necessary
6. Praise any compliance. Begin again with another incompatible or high probability behavior
7. If non-compliant, then identify a different behavior and start over. If signs of agitation increase, then stop and consider switching to a different strategy.

WAIT: When HELPING or PROMPTING appear to make the situation worse, when you want to avoid all external reinforcement of crisis behaviors, when nothing else is working
1. Remove other children and make sure that no one will accidently intrude
2. Use safety stance. Position yourself to monitor the person without putting yourself at risk. Step back if necessary for safety
3. Avoid reinforcing the person's behavior (don't talk, give eye contact, respond to provocations, etc.)
4. When person behaves more calmly, switch to the HELP or PROMPT strategy.

Title of Procedure or Process:	Special Education Process and Timeline
Program Area(s):	Education, Special Services
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☒Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	Classroom Staff, Special Services, Site Supervisors
Timeline for completion:	See Procedure for specifics
Submitted to:	Special Services Team
ChildPlus Documentation:	Disability Tab
Uploaded to ChildPlus:	Referral Documents, Release of Information, Behavior Documentation, Observations, Relevant Medical Records
Specific Directions:	The Child Development Services (CDS) system is an Intermediate Educational Unit that provides both Early Intervention (birth through two years) and Free Appropriate Public Education (for ages three through five years) under the supervision of the Maine Department of Education. The CDS system ensures the provision of special education rules, federal and state regulations statewide, through a network of regional sites. We partner with CDS to complete the Child Find Process and to facilitate implementation of the Individual Education Program or Individual Family Service Plan when appropriate. More detailed information about Maine's Special Education Regulations can be found at https://www.maine.gov/doe/learning/cds/laws

Procedure:

Step 1 (Child Find)

- Child is identified as possibly needing special education and related services.
- Referral or request for evaluation made to CDS verbally or in writing by parent, physician, public Pre-K, Head Start and other professionals
- Information is gathered through screenings, parent interviews, etc., and brought to the intake team to further guide decisions regarding suspected disability and evaluations that may be needed.

Step 2 (Evaluation)

- Parental consent is needed before CDS may refer a child to be evaluated.
- Evaluations need to be completed within 60 calendar days after parent gives consent.
- The purpose of the evaluations are;
    - o Identify whether the child has a disability that requires the provision of special education and related services.
    - o Identify the child's specific educational needs.
- Evaluations must be individualized (focused on that child) and assess the child in all areas related to the child's suspected disability. Evaluations completed will include standardized assessments and an observation. When a standardized assessment cannot be used a specific informal assessment will be used. The results from these evaluations will be used to determine eligibility for special education

services. If parents disagree with the evaluation they have the right to request an Independent Educational Evaluation (IEE) and request it be paid for by CDS.

STEP 3 (Meeting)

- Meeting must be scheduled within 60 calendar days of the date parent(s) gave written consent to evaluate.
- CDS schedules and conducts the **Individual Education Plan (IEP) meeting**. CDS must:
    o Contact the participants, including parents
    o Notify the parents early enough to make sure they have an opportunity to attend
    o Inform parents of the purpose, time, and location of the meeting
    o Inform parents who is attending
    o Inform parents that they may invite people who have knowledge or special expertise about the child.

Step 4. (Eligibility is decided)

- A group of qualified professionals and the parents look at the child's evaluation results. Together, they decide if the child is a **"child with a disability"**, as defined by state and federal law. If the IEP team cannot reach consensus, the CDS IEP Administrator will make the final determination. If the parents do not agree with the eligibility decision, they may ask for a hearing to challenge the decision

Step 5 (Writing the Individual Education Plan- IEP)

- If the child is determined eligible for special education services then an IEP is written. The IEP team (parent and relevant professionals) has a discussion regarding development of the IEP. Parts of the IEP that will be discussed and determined during this discussion are:
    o **Placement** (the type of program that the child will receive his/ her special education and related services)
    o Goals and services necessary to address the goals, including frequency (how often) and duration (how much)
    o Child's strengths and needs and their present levels of educational performance.
    o **Parents must provide signed written consent before the IEP can be implemented and services provided.**
    o The IEP will be implemented as soon as possible after signed consent is received (within 30 calendar days) and all team members will receive a copy.

Step 6 (Progress is measured)

- The child's progress towards the annual goal(s) is measured, as stated in the IEP. His/ her parent(s) are regularly informed of their child's progress and whether that progress is enough for the child to achieve the goals by the end of the year. These **progress notes** must be given to parents at least as often as parents are informed of their nondisabled children's progress, which is usually once per quarter of the academic year.

Step 7 (IEP is reviewed and Child is reevaluated)

- The child's IEP is reviewed by the IEP team at least once a year, or more often if the parent(s) or school ask for a review. If necessary, the IEP is revised. Parents, as team members, must be invited to

participate in these meetings. Parents can make suggestions for changes can agree or disagree with the IEP, and agree or disagree with placement.

- At least every three years the child must be reevaluated. This reevaluation is sometimes called a "triennial". Its purpose is to find out if the child continues to be a child with a disability, as defined by IDEA, and what the child's educational needs are.

Step 8 (What if parents disagree with the child's placement, evaluations or a determination regarding the IEP)

If the parents do not agree with evaluations, the IEP and/or placement they may discuss their concerns with members of the IEP team and try to work out an agreement. There are several options available for consideration, including additional testing or an independent evaluation. If they still disagree, parents can ask for mediation, or the school may offer mediation. Parents may file a state complaint with the state education agency or a due process complaint, which is the first step in requesting a due process hearing, at which time mediation must be available.

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Section 6 : Family Services

6.1 Family Services Monitoring

- Family Services Monitoring Plan
- Family Advocate/Teacher Roles
- Family Advocate/Teacher Meetings
- Documentation
- Family Referrals
- Shared Families
- PIR

6.2 Family Engagement

- Framework
- Parent Group, Nurturing Parenting Program, Agency Wide Family Events, End of year Celebration, Agency Committees, In-Kind
- Policy Council
- Language Facilitator
- Insight LanuguagFacilitator Video Calls

6.3 Home Visits

- Scheduling Home Visits
- Home Visiting Safety
- Family Services Initial Home Visit
- Emergency Card
- Extended Care
- Parent Handbook
- Unattended Child On a Home Visit

6.4 Family Partnership Agreement Process

- Family Partnership Agreement
- Family Wellness Profile
- Family Circles Activity
- Family Development Plan
- Home Emergency and Safety Checklist

6.5 DHHS

- DHHS Involvement/Interviews
- DHHS Reporting

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Title of Procedure or Process:	Family Services Monitoring Plan
Program Area(s):	Family Services
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☒Other
Person Responsible for implementation:	Staff with family services responsibilities
Timeline for completion:	Ongoing
Submitted to:	N/A
ChildPlus Documentation:	N/A
Uploaded to ChildPlus:	N/A
Specific Directions:	To ensure the consistent delivery of Family Services please follow the time line below

Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July
Open House Initial Home Visits- Part Day Family Wellness Profile - Part Day, Continue for Full Day & Home Based Set family goal	Elect Policy Council Member at Parent Groups	Agency Wide Event	Update Family Goals Identify Seasonal Assistance Families *Parent Teacher Conferences (close of TSG) Update Emergency Cards Update Health Brochure	Seasonal Assistance pick up Snowsuits arrive sometime this month *Parent Teacher Conferences (if needed) Update Emergency Cards Update Health Brochure	Update Family Goals Start Family Services Information Section in ChildPlus	*Parent Teacher Conferences (close of TSG) Update Emergency Cards Update Health Brochure	Parent Survey *Parent Teacher Conferences (if needed) Update Emergency Cards Begin second round of Family Wellness Profiles Update Family Goals	Second round of Family Wellness Profiles Update Family Goals Update Health Brochure Meet with Health Manager to review end of year Health Information	Agency Wide Event *Parent Teacher Conferences (close of TSG) Complete PIR Complete second round of Family Wellness Profiles Update Health Brochure	*Parent Teacher Conferences Complete PIR	Initial Home Visits- Full Day & Home Based Family Wellness Profile - Full Day & Home Based Full Day- new releases, new permission for services, new emergency card, etc

*Public Pre K to follow school Parent Teacher Conference schedule, above listed dates follow TSG completion dates

Weekly: Maintain paper and electronic educational files, upload information into ChildPlus

Monthly: Monitor family services ChildPlus data, homeless reports, referral reporting, goal setting & PIR report

Monthly: Parent Groups, which include parent training are to be done each month - enter attendance data in to ChildPlus

Monthly: 2 times per month Family Advocate staff and Teaching Staff are to meet to review children and families

Ongoing: Family Partnership visits completed 2 times a year by staff with Family Services Responsibility in the home (includes initial home visit)

and 2 of the Parent Teacher Conference Visits completed in the home by teaching staff to monitor family/child progress towards goals and to

consider health services

Ongoing: Monitor child attendance, set attendance goals with families when the child is chronically absent, monitor/document progress on

goals

Ongoing: Monitor health (medical, dental, lead, immunizations) and update Health Brochure at checkpoints indicated above.

Title of Procedure or Process:	Family Advocate and Teacher Meetings
Program Area(s):	Family Services, Health, Education, Special Services
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☒Other
Person Responsible for implementation:	Staff with family services responsibilities and teaching staff
Timeline for completion:	Full day- Meetings are to take place twice per month at a scheduled time (once with each lead). Part year- once per month
Submitted to:	Site Supervisor
ChildPlus Documentation:	N/A
Uploaded to ChildPlus:	N/A
Specific Directions:	See Below

Procedure:

What to cover in these Family Advocate and Teacher Meetings?

- High Needs Families- pick top 3 (cover the next 3 in line at the second session)
- High Needs Children- pick top 3 (cover the next 3 in line at the second session)
- DHHS
- Fees (extended day classrooms only)
- Medical Needs (includes follow up treatment if needed)
- Dental Needs (includes follow up treatment if needed)
- Hearing and Vision Follow Ups (if needed)
- Medications/Health Plans
- Parent Group Meetings
- Home Visits
- Parent Teacher Conferences (Center visits)
- Shared Families
- Special Education Needs/Referrals/Services
- Mental Health Referrals/Services
- Other

If a teacher receives information such as a date for a WCC and dental appointments please email the Family Advocate by the end of the business day the information is received, the Family Advocate will enter the information into ChildPlus and/or do follow up with the family.

The meeting is an opportunity to determine what needs to be done in the areas that are covered during the Family Advocate and Teacher Meeting, who will do the follow up and when the follow up will take place.

Please keep your site supervisor up to date on what took place during the meetings, what were the outcomes and what follow up happened or is needed. If these meetings are not happening with consistency please inform the site supervisor the second time a meeting is missed. Your site supervisor can make suggestions or recommendations on how to get those meetings scheduled.

Please use sheet such as the example below to document the conversations, the family advocate will email the notes to the teaching staff & site supervisor within 24 hours of each meeting.

Family Advocate and Teacher Meeting		
Today's meeting Date/Time/Attendees: _____ Next Meeting Date/Time: _____		
Topic	**Who Will Complete**	**When**

Title of Procedure or Process:	Documentation Shortcuts and Examples
Program Area(s):	Health, Nutrition, Education, Special Services, Family Services, ERSEA, etc.
Related Standards or Regulations:	☐Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☒Other
Person Responsible for implementation:	All staff
Timeline for completion:	Ongoing
Submitted to:	N/A
ChildPlus Documentation:	All Areas
Uploaded to ChildPlus:	N/A
Specific Directions:	See Below

Procedure:

Use clear and concise language; documentation should be no longer than 2 lines in most situations. Be factual and objective, there are to be no opinions or room for subjectivity.   Remember educational records can be subpoenaed at any point in time, when writing and reviewing contact notes think "what would a judge or lawyer think of this statement, would he or she have an understanding of what happened on that day or in that moment?"

Documentation Shortcuts:

MOC	Mother of child
FOC	Father of child
IC	Identified child
PGM	Paternal Grandmother
PGF	Paternal Grandfather
MGM	Maternal Grandmother
MGF	Maternal Grandfather
SMOC	Stepmother of Child
SFOC	Stepfather of Child
FMOC	Foster Mother of Child
FFOC	Foster Father of Child
MH	Mental Health
DV	Domestic Violence
PA	Physical Abuse
SA	Sexual Abuse
EA	Emotional Abuse
CA	Child Abuse
PCP	Primary Care Physician
TSG	Teaching Strategies Gold
IHP	Individual Health Plan
IZ	Immunization
RX	Medication/Prescription
DX	Diagnosis
F/U	Follow Up

Some Documentation Examples:

Initial home visit and all necessary paperwork completed with MOC and FOC. Attendance Policy and subsidy/parent fee information reviewed.   IC's will visit classroom on… and is scheduled to start on Monday...

MOC slept through her alarm (works 3rd shift) and picked IC up around 2:00 today. MOC apologized, updated her emergency card

Teacher and I arrived for home visit at 9am, no one answered the door, but we could hear someone inside. Attempted to call, no answer.   Letter to be mailed and dropped off requesting contact.

Spoke with FOC regarding IC's attendance as IC has missed several days this year. FOC shared that he did not think that Pre K was mandatory so he didn't feel like he had to bring IC every day. Explained the importance of attending every day. FOC shared that when IC goes to K he will get him to school every day. The family currently only has one vehicle. In the end FOC said that he would try to get IC to school each day.

Title of Procedure or Process:	Family Referrals
Program Area(s):	Family Services
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☒Other: Defined by Maine Head Start Agencies
Person Responsible for implementation:	Staff with Family Services Responsibilities
Timeline for completion:	Ongoing
Submitted to:	N/A
ChildPlus Documentation:	Family Services Events- All event topics- create an Action that indicates Referral, select the referral agency (if they are not there please let the Family Services Manager know)
Uploaded to ChildPlus:	N/A
Specific Directions:	A referral is information that is shared with a family and the family acts upon that information on their own or with your support. Referral agencies can be found by accessing 211 or visiting 211maine.org

Procedure:

Category	
Emergency	Promise staff help connect a family to things like Alternative Aid, Emergency shelter assistance (Hope Haven for example)
Crisis Assistance	Promise staff help the family to outreach to things like the Crisis Hotline 1-888-568-1112, Red Cross, 911, etc.
Food	Promise staff helped a family obtain food items through food banks or pantries, Good Food Bus, etc.
Clothing	Promise staff helping a family to obtain clothing through clothing banks, Salvation Army (Coats for Kids)
Transportation	Promise staff helped a family get connected with transportation such as Logisticare and the family utilizing that ride, helping the family with getting a vehicle and them taking the steps to get that vehicle, this includes a driver's license, Purple Bus.
Housing Assistance	Promise staff helping the family to secure house or to obtain items to make their house safe (outlet covers, smoke detectors, etc), HEAP, Section 8, Community Concepts programs, legal assistance through Pine Tree Legal
Mental Health Services	Promise staff helping the family get connected to Mental Health Services such as counseling, Tri County Mental Health, etc. and the family accessing those services.
Literacy or Education	Family attended agency events (math night/literacy night), Promise staff helped the family obtain books for family literacy.
English as a Second Language	Promise staff helped the family get connected to ESL classes and the family accessing the services.

Adult Education	Promise staff helped a family to sign up for adult education classes, which could include GED/HiSet classes, college courses, adult education program, certificate programs, driver's license.
Job Training	Promise staff helped a family get connected to job training programs within our community such as the Career Center, FedCap
Substance Abuse Prevention	Promise staff helped a family get connected to a program or giving family information and then accessing that information before the "abuse" starts. May include alcohol, illegal drugs, legal drugs.
Substance Abuse Treatment	Promise staff helping a family get connected to and accessing a substance abuse treatment program. May include alcohol, illegal drugs, and legal drugs. St. Mary's Treatment Center, Tri-County Mental Health, The Comprehensive Substance Abuse Treatment and Rehabilitation Program (CSTAR), Drug Court, Facing Change, AA Meetings- 800-737-6237
Child Abuse and Neglect Services	Promise staff making a DHHS referrals and/or connections with DHHS Case Workers
Domestic Violence Services	Promise staff help connect a family to D.V. agency and the family accesses those services. Disclosure of DV is not enough. PFA's included as a domestic violence service. Safe Voices Hotline 1-800-559-2927.
Child Support Services	Promise staff helping a family to complete the paperwork and/or necessary steps to obtain child support. Support Enforcement
Health Education- Including Prenatal (All Families receive these services by being enrolled)	Every enrolled family receives health education. Health Education includes: hearing & vision, dental & medical, hand washing, tooth brushing, etc.
Assistance of families of incarcerated individuals	Promise staff helping family access services and or resources around incarceration, help transitioning individuals back into the family, Counseling services.
Parenting Education	All enrolled families receive parenting education. Parent Training topics: such as gun safety, pedestrian safety, nutrition, etc.
Marriage Education	Promise Staff helping a family get connected to marriage counseling services, healthy relationship information that the family implements into practice. Cornerstone Counseling, LLC in Auburn, Solid Roots Counseling, LLC in Lewiston.
Asset Building Services	Promise staff helping a family with budgeting, connecting a family to a financial literacy course and them attending that course or contact the provider to get more information.

Seasonal Adoption: Every year community partners and private individuals support our families by providing items during the winter holiday season. Information will be sent via email in October or November asking for staff to select families who have the greatest needs for assistance. We cannot guarantee that all families will receive assistance or the amount of assistance/items each family will receive during this process as we are honoring the requests of our donors. We ask that staff are gracious and professional when picking up items.   Please remember donors wish to remain anonymous. Items are usually ready for pick up and distribution in mid to late December.

Winter Gear: We are approached by various organizations to provide winter jackets, ski pants, hats, mittens or gloves and winter boots to children. We do not receive enough winter gear to outfit all children. In November an email will be sent to gather information such as the name of a child and their sizes. <u>Snowsuits do not arrive until mid-December</u>, once they arrive they need to be counted and sorted, you will be emailed once the snowsuits are ready to be picked up and delivered. We will want to help families get connected to the Salvation Army for winter gear as they can outfit the entire family and as agency can only support the children who are enrolled in our program.

Title of Procedure or Process:	Shared Families
Program Area(s):	Family Services
Related Standards or Regulations:	☐Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☒Other: Best Practice
Person Responsible for implementation:	Staff with family services responsibilities
Timeline for completion:	Ongoing
Submitted to:	N/A
ChildPlus Documentation:	Teaching staff and staff with family services responsibilities document in the Family Services Events. Identified point person enters in Family Wellness Profile aka Family Outcomes Assessment.
Uploaded to ChildPlus:	N/A
Specific Directions:	See Below

Procedure:

Working with a family who has children in multiple program options can be challenging as there are many individuals interfacing with that family on a regular basis.

Point Person:

Each shared family will have an assigned point person who will do the outreach and follow up about situations that impact the entire family (individual child information or situations will be shared at the classroom level). Examples include but are not limited to: unhealthy or unsafe living conditions, chronic head lice, DHHS involvement (reports will be made by all parties when and if needed), case management, subsidy, etc.

To determine who that point person will be please contact your site supervisor(s) who can provide some support to determine who will be that families point person. If the family is enrolled in Home Based or Early Home Based the Family Educator is automatically the point person for that family as they have weekly contact in the home.

Information that is to be shared on a regular basis consists of but is not limited to:

- Reviewing Goals- goal setting with each family should only be done once unless it is child specific
- Family strengths and concerns and coordination of any follow-up that may be needed
- DHHS Involvement and/or DHHS Reports
- Attendance concerns and attendance goals
- Transitions (EHS to HS, Home Based to Center Based, HS to K)
- Outside service providers (case management, daily living skills, etc)
- Subsidy- extended care classrooms only
- Custody/Protection Orders
- Other information that will help staff work effectively with the family as a team

If there is a change in the families situation or if a crisis arises staff need to immediately (before the end of day) contact the other site or classroom to inform them what is taking place, this contact should come via a phone call in an emergency and through an email for updates such as the family is moving. When sending an email please be sure to cc all site supervisors attached to the family, the Health and Nutrition Manager if there is a health related component and the Family Services Manager if there are things such as domestic violence, DHHS, subsidy, etc.

*If you are not the assigned point person to that family, please take the information from the family and outreach to the point person about how to best support the family and who will do follow up and outreach. If you need support to determine who does what please connect with your site supervisor (s).

Family Wellness Profile:

Only 1 Family Wellness Profile needs to be completed per family. The assigned point person is responsible for the data entry but should always include the other staff with family services responsibilities that are associated with this family to ensure accurate reporting and scoring.
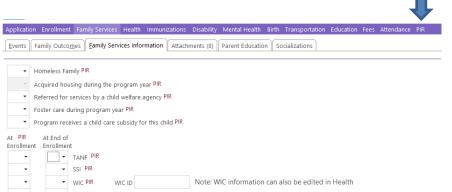
Home Visits:

Home visits that impact the family (social services) should be scheduled together whenever possible to allow a family to get to know both staff with family services responsibilities and ensures that the family knows that we are all working together with the family's best interest in mind. Anything child specific should only be discussed and reviewed by that individual child's teacher.

ChildPlus:

Family information is accessible by locations, sites or classrooms for shared families; however information about the children remains site and/or classroom specific per our data management protocol.

Title of Procedure or Process:	Program Information Report (PIR)
Program Area(s):	Family Services, Health, Education, Special Services
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	Staff with Family Services Responsibilities
Timeline for completion:	Ongoing but **must** be completed **before** a child leaves a classroom. All questions must be answered with a yes or no
Submitted to:	N/A
ChildPlus Documentation:	Click the PIR tab on the right hand side of ChildPlus
Uploaded to ChildPlus:	N/A
Specific Directions:	

Procedure:

This question is related to what happened during the current school year.

Activities a father/father figure engaged in during this program year:

At End of
Enrollment

▼	Family Assessment PIR
▼	Family goal setting PIR
▼	Involvement in child's Head Start development experiences (e.g. home visits, parent-teacher conferences, etc.) PIR
▼	Head Start program governance, such as participation in Policy Council or policy committees PIR
▼	Parenting education workshops PIR

Need PIR Identified	Services PIR Received		Need PIR Identified	Services PIR Received	
▼	▼	Emergency PIR	▼	▼	Job Training PIR
▼	▼	Crisis Assistance PIR	▼	▼	Substance Abuse Prevention PIR
▼	▼	Food PIR	▼	▼	Substance Abuse Treatment PIR
▼	▼	Clothing PIR	▼	▼	Child Abuse and Neglect Services PIR
▼	▼	Transportation	▼	▼	Domestic Violence Services PIR
▼	▼	Housing Assistance PIR	▼	▼	Child Support Assistance PIR
▼	▼	Mental Health Services PIR	Yes ▼	Yes ▼	Health Education (including Prenatal) PIR
▼	▼	Literacy or Education	▼	▼	Assistance to Families of Incarcerated PIR
▼	▼	English as a Second Language PIR	Yes ▼	Yes ▼	Parenting Education PIR
▼	▼	Adult Education PIR	▼	▼	Marriage Education PIR
			▼	▼	Asset Building Services PIR

> Health Education and Parenting Education are a Yes in both boxes; all other areas are based on services provided to the family.

❤ Health

	At Enrollment	At End of Enrollment
Primary Health Coverage PIR	▼	▼
Immunization Status PIR	▼	▼

Does the child:

At Enroll	At End of Enrollment	
▼	▼	Have a Medical Home (ongoing source of continuous, accessible health care) PIR
No ▼	No ▼	Receive medical services through the Indian Health Service? PIR
No ▼	No ▼	Receive medical services through a migrant community health center? PIR
▼	▼	Have a Dental Home (continuous, accessible dental care provided by a dentist) PIR

> The Health Questions are completed by the Health Department

How should this participant be counted for the following PIR questions?

Auto ▼	C.8(1) - Up-to-date on health care (at enrollment) PIR
Auto ▼	C.8 (2) - Up-to-date on health care (at end of enrollment) PIR
Auto ▼	C.8.a - Needs treatment for a chronic condition PIR
Auto ▼	C.8.a.1 - Received treatment for a chronic condition PIR
Auto ▼	C.9.a - Received treatment for Anemia PIR
Auto ▼	C.9.b - Received treatment for Asthma PIR
Auto ▼	C.9.c - Received treatment for Hearing Difficulties PIR
Auto ▼	C.9.d - Received treatment for Vision Problems PIR
Auto ▼	C.9.e - Received treatment for High Lead Levels PIR
Auto ▼	C.9.f - Received treatment for Diabetes PIR

❤ Mental Health

Did a Mental Health professional:

▼	Consult with program staff about the child's behavior/mental health? PIR
▼	Provide 3 or more consultations with staff during program year? PIR
▼	Consult with parent/guardian about the child's behavior/mental health? PIR
▼	Provide 3 or more consultations with parent/guardian during program year? PIR
▼	Provide an individual mental health assessment? PIR
▼	Facilitate a referral for mental health services? PIR

> The mental health questions refer to outside mental health providers such as Tri County.

Mental Health Referrals:

▼	Was the child referred for services outside of the program during the year? PIR
▼	If so, did the child receive mental health services during the program year? PIR

❤ Transportation

No ▼	Is transportation provided for this child? PIR

> Transportation question is always a no; children in a Pre K partnership classroom receive transportation from the public school.

Title of Procedure or Process:	**Family Engagement- Framework**
Program Area(s):	Family Services
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	Teachers, Teacher Assistants, Family Educators, Family Advocates
Timeline for completion:	Ongoing
Submitted to:	N/A
ChildPlus Documentation:	N/A
Uploaded to ChildPlus:	N/A
Specific Directions:	This is information about the PFCE framework that guides all the work that we do with families throughout all aspects of our agency.

Procedure:

Parent, Family, and Community Engagement (PFCE) Framework (2018)

Positive & Goal Oriented Relationships	Positive, goal-oriented relationships improve wellness by reducing isolation and stress for both families and staff. When they focus on shared goals for children, staff and families can experience the support that comes from knowing they all are on the same team. These relationships support the aims of equity, inclusiveness, and cultural and linguistic responsiveness.
Equality, Inclusiveness, Cultural and Linguistic Responsiveness	The PFCE Framework identifies important drivers for positive and goal-oriented relationships across the entire early childhood field. Equity, inclusiveness, and cultural and linguistic responsiveness are important to integrate throughout the system.
Program Leadership	Leaders set a clear vision and goals and make sure that program policies, operational procedures, and practices (e.g., hiring) actively promote PFCE. They monitor activities in all of the Program Foundations and Program Impact Areas and make changes when needed to ensure that they are mutually reinforcing. Leaders also advocate for the inclusion of diverse family voices at all levels of the

	program, including in formal decision-making groups, such as parent committees and Policy Councils.
Professional Development	PFCE professional development is important for all staff, regardless of their role. Professional development plans can be aligned with continuous learning and improvement data, as well as family and community feedback. These plans include training, ongoing supports and information about career options.
Continuous Learning and Quality Improvement	Head Start and Early Head Start program leadership, staff, and families are committed to using data to improve family engagement practices on a continuous basis. Leaders and managers build support and capacity for this work among staff, families, and community partners. Together, they can work on selecting indicators of PFCE progress, planning for continuous improvement, and interpreting data, including community strengths and needs assessments.
Program Environment	"Program environment" refers to the features and physical setting of the program. High-quality program environments help protect the health and safety of children, families, and staff. They make families feel welcomed, valued, and respected. They also promote children's well-being, learning, and development. High-quality environments facilitate cultural and linguistic responsiveness, promote open and regular communication, and provide a sense of support to families. These environments create opportunities for families to build relationships with other Head Start parents and community organizations.
Family Partnerships	In family partnerships, program staff and families build ongoing, reciprocal, and respectful relationships. Program staff value families' unique expertise about their children. Staffs engage in regular communication with families to understand their goals for their children and themselves and work toward those goals together.
Teaching and Learning	Through teaching and learning, families and staff work together to promote children's learning, development, and school readiness. As children's first and most important teachers, families are engaged as partners in their children's learning and development. Families share their knowledge about their child. Teachers and home visitors share information about the child's progress. Head Start and Early Head Start programs build connections with community partners to offer children and families access to other learning opportunities.
Community Partnerships	Through community partnerships, Head Start, Early Head Start, and child care programs build collaborative relationships with community organizations that support positive child and family outcomes. These organizations may include libraries, health centers, schools and school districts, sources of economic support, the workforce, higher education, human services agencies, faith-based organizations, businesses, and others.
Access and Continuity	Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) procedures are developed using community assessment data and engaging former and currently enrolled families, staff, and community members. These policies and procedures help Head Start and Early Head Start programs provide services for families most in need of them. The intention is to address specific challenges, such as family homelessness, that can interfere with consistent service access. Transitions practices can also ensure effective moves from Early Head Start to Head Start and on to other early childhood education programs or schools.

Family Well-Being	Families are safe and healthy. They also have opportunities for educational advancement and economic mobility. Programs also ensure families have access to physical and mental health services, housing and food assistance, and other support services.
Positive Parent-Child Relationships	Beginning with the transition to parenthood, parents and families develop warm relationships that nurture their child's health, development, and learning.
Families as Lifelong Educators	Parents and families observe, guide, promote, and participate in the everyday learning of their children at home, school, and in their communities.
Families as Learners	Parents and families learn about their child's personality, development, and learning style. They also advance their own learning interests through education, training, and other experiences that support their parenting, careers, and life goals.
Family Engagement in Transitions	Parents and families encourage and advocate for their child's learning and development as they transition to new learning environments within and between Early Head Start, Head Start, early childhood services, early elementary grades, and beyond.
Family Connections to Peers and Community	Parents and families form connections with peers, mentors, and other community members in formal and informal social networks. These networks are supportive and educational. They honor and are inclusive of families' home languages and cultures. They also enhance families' social well-being and community life.
Families as Advocates and Leaders	Parents and families advocate for their children and take on leadership roles in Head Start and Early Head Start. They participate in decision-making, policy development, and organizing activities in communities and states to improve children's safety, health, development, and learning experiences.

Title of Procedure or Process:	**Family Engagement- Parent Group, Nurturing Parenting Program, Agency Wide Family Events, End of year Celebration, Agency Committees, In-Kind**
Program Area(s):	Health, Nutrition, Education, Special Services, Family Services, ERSEA
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	Teachers, Family Advocates Agency Wide Family Events- Everyone
Timeline for completion:	Parent Groups- Monthly (snack/food orders 2 weeks prior to group) Agency Wide Family Events- twice per year
Submitted to:	N/A
ChildPlus Documentation:	Parent Groups: Entry Express- Parent Education Agency Wide Family Events: Family Services Events- Parent Involvement- Description Literacy Night and Math & Science Night (Fall and Spring need their own events)
Uploaded to ChildPlus:	N/A
Specific Directions:	See Below

Procedure:

Promise Early Education Center Staff:

- Recognize that parents/guardians/caregivers are their child's first and best teacher and they ensure that parents/guardians/caregivers know this to be true
- Work to ensure that parents are engaged in their child's learning and development and support positive parent-child relationships
- Develop relationships with parents/guardians/caregivers that are trusting, respectful, strengths based and foster ongoing communication
- Have an open door policy in all classrooms where families are feel welcome and are able to attend and participate in all aspects of a program day
  - If a parent/guardian/caregiver is interested in volunteering on a regular basis please connect them with Human Resources.
- Collaborate with families to identify strengths, interests and needs using the Family Wellness Profile and assisting families to set goals and getting connected to community resources as part of the Family Partnership Agreement Process
- Ensure the work we do with families is delivered in their Home Language through the use of Language Facilitators and when they are not available the use of the Language Line, Remind and/or Google Translate
- Teaching staff will complete no less than 2 Parent Teacher Conferences per program year to enhance the knowledge and understanding of both staff and parents of the child's education and developmental progress and activities in the program

Monthly Parent Group (Parent Committee Meeting):

- Each classroom or center has a Parent Group that is made up of all enrolled parents/guardians/caregivers
  - August- Open House, at this Parent Group complete the Parent Education Survey to determine topics and schedule

- Parent Groups meet once a month at a mutually agreed upon time. Please keep the same time each month, if you are not able to maintain that schedule please communicate with your site supervisor for assistance
  - Once a day and time have been secured please use a calendar invite to notify staff in that classroom or center, site supervisor, Language Facilitator
- There is a small amount of funds available for each parent group throughout the year, additional information on how to utilize those funds will be forthcoming upon approval of Policy Council, the information will be emailed in September.
- During the Parent Group parents/guardians/caregivers are updated on what is taking place in the classroom and/or center. Parents/guardians/caregivers are also updated on what is taking place Agency wide with updates from the identified Policy Council Representative and/or by using the monthly dashboard report.
- Parent Groups are also required to have a Parent Training component (see topics below). Parents are asked to complete a survey to determine the level of interest in topics that will drive what month topics are offered.
  - If you are requesting the presence of someone from the leadership team to cover a topic for your Parent Group you must send them a request at least 1 month in advance via email, once you have received confirmation that the member of leadership is able to attend then please send a calendar invite.
- It is the responsibility of the teachers and the family services staff to encourage and motivate parents to participate in parent groups and activities. This encouragement should include personal contacts when parents drop off or pick up children, phone calls, and personal messages sent home with children, Remind messages.
- Snacks are provided for each Parent Group (Full Day Centers will receive a meal each month), the Nutrition Department will determine the snack for each month.
  - A Food Request Form must be completed two (2) weeks prior to the meeting in order to ensure you have snack for your meeting. Should there be a change in the date or time of the event, such as a snow day, the kitchen must be informed by center personal or the site supervisor, a new food request form with the corrected date must be submitted.
  - Each part day center or classroom is allotted 1 meal per year in accordance with the schedule below. Meals are to be requested in the same manner as a snack, 2 weeks prior to the meeting on the Food Request Form.

Month	Full Day Meals	Part Day Meals
September	Webster, B Street, Coburn Full Day	No meals
October	Webster, B Street, Coburn Full Day	Coburn 2 (6 hour day)
November	Webster, B Street, Coburn Full Day	Hillview
December	Webster, B Street, Coburn Full Day	Spruce Mountain Primary
January	Webster, B Street, Coburn Full Day	FDC
February	Webster, B Street, Coburn Full Day	Connors
March	Webster, B Street, Coburn Full Day	Coburn EHS
April	Webster, B Street, Coburn Full Day	Coburn 4 (4 hour day)
May	Webster, B Street, Coburn Full Day	No meals
June	Webster, B Street, Coburn Full Day	No meals
July	Webster, B Street, Coburn Full Day	No meals
August	Webster, B Street, Coburn Full Day	No meals

Who plans Parent Groups?

Teacher	Plan and execute all Parent Groups, including Open House
	Notify Kitchen via food request form of the meeting date
	Vote for Policy Council Representative
	Document Attendance in ChildPlus-Entry Express- Parent Education
Family Advocate	Contact Community providers if you are requesting their presence
	Support Policy Council Representative as needed
	Attend all Parent Groups

What should Parent Groups Look like?

LEAVE IT UP TO THE PARENTS! ☺

- Complete the Promise Parent Education Survey (Promise website- staff forms) at the Open House to find out about what your families are interested in and when to host your Parent Groups. If parents are not present at your Open House please have surveys available for them to complete and a spot for them to leave the survey once completed.
- A language facilitator is required to be present if any family has limited English skills.
- Parent Group ideas:
  - o **Formal Meeting**: Seated at a table where one person facilitates and the others listen and supply information when asked or as needed.
  - o **Morning Mingle**: Can be done a couple times a month where one is facilitated by staff to deliver Policy Council information and delivering parent education opportunities via handout or guest speaker. The second mingle could just be parents connecting with each other.
  - o **Parent Café**: 2 or 3 tables for parents to visit each with a different "topic". For example, one table could be to deliver Policy Council information and the second table could be a place for a guest speaker to deliver the parent education portion of the meeting and the third table can be a place for parents to connect with each other.
  - o **Make-N-Take**: Pair a parent/child activity with your parent committee, items can be obtained from the share center and can be used in connection with curriculum… do not forget about the Share Center!!

The following are topics for Parent Education:

Topic	Community Partners or Promise Staff	PFCE Framework
Child Development	Promise Education Manager Promise Special Services Manager Promise Curriculum Coaches	Families as Lifelong Educators Families as Learners
Nurturing Parenting	Advocates for Children- this program will be offered annually	Positive Parent Child Relationship
Budgeting/Financial Literacy and/or Career Development	New Ventures Maine Promise Financial Director Career Center or FedCap	Family Well-Being
Family Nutrition	Promise Nutrition Staff Maine Cooperative Extension	Family Well-Being
Mental Health	Promise Special Services Manager Contracted Mental Health Consultant Tri County Mental Health	Family Well-Being
Safety	Promise Teaching or Family Services Staff (use home safety checklist) Pedestrian Safety, bike safety, etc. Law Enforcement Car Seat Safety- Health Coordinator is a Car Seat Technician	Family Well-Being
Stress Management	Contracted Mental Health Consultant Tri County Mental Health	Families as Lifelong Educators

	EHS Curriculum Coach	Families as Learners Family Well Being
Family Crafting Activity	Promise Teaching or Family Services Staff (materials from the share center)- **A crafting activity can be done as part of each parent group, but should not be a stand-alone meeting**	Positive Parent Child Relationships
Community Activities-	This should be a part of your newsletter and/or Send through Remind	Family Connections to Peers and the Community
Advocacy	Maine Equal Justice Partners Attend Head Start Goes to Augusta Promise Teaching or Family Services Staff	Families as Advocates and Leaders
Fire Safety	Local Fire Department	Family Well-Being
Transitions (EHS to HS; HS to K; Home Based to Classroom)	Transitions to K- Access a Kindergarten Teacher Transition to Pre K- Access a Promise Pre K Teacher Transition from EHS to HS- Access a Promise Head Start Teacher Transition from Home Based to Classroom- Access a Promise classroom teacher	Families Engaged in Transitions
Family Health	Promise Health and Nutrition Manager Promise Health Coordinator	Family Well-Being
First Aid	Promise Health and Nutrition Manager Promise Health Coordinator	Family Well-Being
Family Violence &/or Healthy Relationships	Safe Voices- these topics can be done together	Family Well-Being
Mandated Reporting	Promise Teaching or Family Services Staff (A deeper dive into our role as mandated reporters and how DHHS is a resource for families and not a punishment)	Family Well-Being Positive Parent Child Relationships
Substance Use, Abuse Treatment	Tri County Mental Health	Family Well-Being

Nurturing Parenting Program

The Community Based Nurturing Parenting Program (CBNPP) is offered at least once per year for parents to participate in the research-based parenting curriculum that builds on parents' knowledge and offers opportunities to practice those skills to promote children's learning and development. Information on session dates, times and locations will come out via email.

Agency Wide Family Events

Twice per year, once in the Fall and once in the Spring, the agency hosts Family Nights which are themed around Math and Science and Literacy at local libraries. Staffs from all classrooms are required to attend these events, part year and full year staff should speak with their supervisor about how to adjust hours to accommodate these events. (Spruce Mountain and Connors will follow a different event schedule based on the public school partnerships). The Family Nights are an opportunity for families to explore their local libraries, to have dinner and to engage with their child in different activities, most of which can be recreated at home. Staff are there to support and encourage children and families to work together to complete the activities. This event counts as a Socialization for Home Based. A Parent Group is still required during the months that the agency wide family events are scheduled.

End of Year Celebrations

Each classroom or center is responsible for planning their own End of the Year Celebration. Items will be purchased in bulk for all enrolled children and will be distributed to classrooms at the end of May. If you would like to have certificates for children please contact the Family Services Manager for printing, they will not be printed unless they are requested. Snacks for these events are already predetermined by Promise nutrition staff and need to be requested using the Food Request form, we will <u>not</u> supplement these events with additional food items. If you would like to bring in a guest speaker please consult with your site supervisor for approval <u>prior</u> to asking the individual to be present.

Agency Committees

Parents are welcome at all agency committee meetings; these committees include Health Advisory Committee (Health and Nutrition) and Program Advisory Committee (Education). Please contact Health and Nutrition manager for information on the Heath Advisory Committee and contact Educational Manager for Program Advisory Committee. Parent and staff attendance are strongly desired.

Volunteer In-Kind Information

We are required to document any time a parent, caregiver, or non-paid person volunteers their time to Head Start. Examples would include but are not limited to: volunteering in the center or for any function related to Head Start, attending a parent meeting and for any donation that someone may contribute to Head Start. In-Kind forms must be filled out and signed by parents. In-Kind forms are available on the agency website and must be turned in to our Fiscal Office monthly; an email reminder will go out.

Parent Meetings are considered in-kind but parent education is not in-kind. We as an agency blend parent meetings and parent education which can cause some confusion around in-kind.

So what does that mean…

- The time families are there and you are updating families on what is going on in the classroom, what is taking place with policy council, etc. are considered in-kind. If this takes 30 minutes to do the parent meeting portion you write 30 minutes in the # of hours.
- When a guest speaker is here talking about nutrition for example is not considered in-kind.

Title of Procedure or Process:	Family Engagement- Policy Council
Program Area(s):	Program Governance, Health, Nutrition, Education, Special Services, Family Services, ERSEA
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	Teaching staff and Family Advocate staff
Timeline for completion:	Open House- families vote for their representative; monthly support is required to update families on what is happening at the center and to ensure they attend the meetings
Submitted to:	Inform Family Services Manager of identified representative and the date they were voted in via email within 24 hours of the Open House taking place
ChildPlus Documentation:	Family Services Events- Strength Identified with the description being Policy Council Representative. Open an Action to share that the parent/guardian/caretaker was voted in and on what date.
Uploaded to ChildPlus:	N/A
Specific Directions:	At August Open House teaching staff and/or family advocate staff are responsible for identifying interested individuals and taking votes from each family to identify the Policy Council member that will represent that center or classroom

Procedure:

Policy Council

Policy Council is a parent and community partner board that works in partnership with key management staff and the agency board of directions to develop, implement, review, approve or disapprove the following:

- Budgets and work plans of programs including any major changes.
- Criteria for selecting children within applicable guidelines (ERSEA).
- Method for setting the composition of Policy Council.
- Review and create Policy Council By-Laws.
- Plans to use available community resources, community organizations and parents to meet identified needs.
- Review areas in which the program operates to accommodate community needs.
- Review Personnel Policies and approval of selection of Head Start staff.
- To participate in a self-assessment of the Head Start programs.
- To provide information prior to any decision requested by a funding source.
- To present suggestions for program improvements and review those that is feasible for possible implementation.

**Policy Council Representatives must be voted in at the start of each program year, existing representatives are not guaranteed a spot in the coming year.
**Policy Council Representatives have an opportunity to take an additional leadership role within the Executive Committee and serve as a Chair, Vice-Chair, Secretary and Treasurer. If a parent is voted in for a role on the Executive Committee they remain the representative for their site and/or classroom. An existing Executive Committee Member is not guaranteed their role in the coming year.

Families are responsible for attending all meetings; if they are not able to attend please encourage them to call prior to the meeting (795-4040 X 0). If a family has 3 unexcused absences a center or classroom will be required to identify a different representative.

About the meetings

- Policy Council meetings take place once a month
- Dinner and Child Care are provided at each meeting
- Policy Council Members who are voted in receive a stipend of $15 (For Spruce Mountain Families it is $15 and an additional $0.44 a mile for mileage as they are traveling a large distance)
- Policy Council members have the ability to participate in conferences during their time on Policy Council
- Policy Council Members are voted in each year and can participate for a total of 5 years as long as their child is enrolled in one of our programs
- Policy Council is a great way to meet other families and to grow leadership skills!

Policy Council Membership Policy Council must consist of 51% currently enrolled families as well as Community Representatives:

Coburn (EHS & HS)	3
Family Development Center (FDC)	1
Hillview	1
Spruce Mountain	1
Connors	3
Webster	1
Home Based	1
B Street	1
Community Representatives	7 maximum

 Policy Council members will report back at Parent Groups the discussions had at the Policy Council; a dashboard will be e-mailed to staff and the full minutes will be mailed to Policy Council members to prior to the next month's meeting.

Staff Responsibility

- Remind families each month about the meetings
- If able, provide child care during the meetings (staff are eligible to receive overtime for Policy Council Child Care and a meal is provided)
- Remind representatives about monthly parent groups and highly recommended their attendance
- Assist a family using the dashboard report to recap what happened at the Policy Council meetings

9008, you will be prompted to enter an 8 digit code and the code is 25273290. Speak the name of the desired language (example: French). If the language you requested is correct, press 1. You will wait on hold as they are connecting you will an interpreter. Tell the interpreter what you want to accomplish and give then any special instructions (remember these individuals do not have our forms or may not have an understanding of the services we provide so we will want to be specific). Provide the phone number if you need the interpreter to place an international or domestic call. Complete a Language Facilitator Log and email the log to the Family Services Manager.

Sample Contracted (not on staff) Language Facilitator Log for proper completion of a language facilitator log:

CONTRACTED LANGUAGE FACILITATOR LOG

Month/Year: __June 2019_____   CLASSROOM/ FAMILY ADVOCATE/ FAMILY EDUCATOR: _____Judy Smith _____

DATE	Language Facilitator	CHILD/FAMILY NAME	Service delivery: Start & End Time	
			IN CLASSROOM	HOME VISIT
6/1/2019	First and last name	First and Last Name		1:00-2:00

CONTRACTED LANGUAGE FACILITATOR LOG

Month/Year: __June 2019_____   CLASSROOM/ FAMILY ADVOCATE/ FAMILY EDUCATOR: _____Judy Smith _____

DATE	Language Facilitator	CHILD/FAMILY NAME	Service delivery: Start & End Time	
			IN CLASSROOM	HOME VISIT
6/1/2019	Language Line	First and Last Name		1:00-2:00

Title of Procedure or Process:	Scheduling Home Visits
Program Area(s):	Family Services, Health, Education, Special Services
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☒Other: Best Practice
Person Responsible for implementation:	Family Advocate is the point on scheduling Home Visits, teaching staff are responsible for scheduling center Parent Teacher Conferences. Please make all efforts to have the teaching staff present at all initial home visits, if that is not able to happen please consult with the site supervisor for approval to complete the teacher portion within 2 weeks of the child entering into the classroom.
Timeline for completion:	Initial Home Visit- Prior to a child attending a classroom or within 2 weeks of the child starting in a public pre k classroom setting with approval from the site supervisor. 2nd Home Visit- see the Family Services Monitoring Plan and the Education Monitoring Plan for a timeline.
Submitted to:	N/A
ChildPlus Documentation:	Initial Home Visits are documented in 2 areas. Family Advocates document in Family Services Events and Teachers Document in Education Events. 2nd Home Visits are documented in the Education Events by the teacher, Family Services Events are documented by the Family Advocates
Uploaded to ChildPlus:	N/A
Specific Directions:	See Below

Procedure:

- Share Outlook Calendars (Teachers and Family Advocates and Site Supervisors)
    - Make sure that your calendar is consistently up to date; Request Sub Calendar
- Family Advocates are the point on scheduling home visits (Parent Teacher Conferences at the center are to be scheduled by teachers)
- All efforts should be made to have teaching staff be present at initial home visits as they are required to complete an initial home visit. If teaching staff are not able to be present please seek out approval from the site supervisor for the teacher to complete their home visit within 2 weeks of the child being enrolled in the classroom.
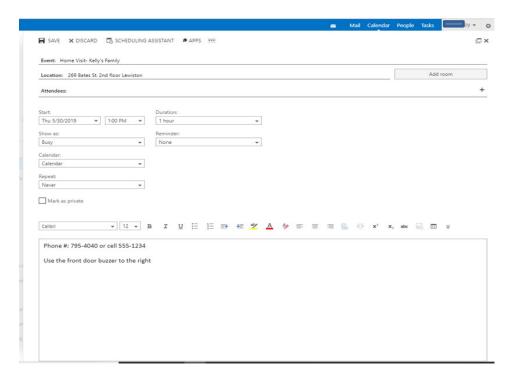
How to schedule home visits?

- Family Advocates will look at each calendar for those who are required to attend (including sub calendar)
- The Family Advocate will outreach to staff via email with a cc to the site supervisor to determine what days and times are the best for home visits. The Family Advocate will ask about what is happening on the week of scheduling (trainings, subbing, staffing coverage, etc.), if there are any trainings or subbing happening please connect with the site supervisor to see if there is any way to free a teacher up to do a visit.
    - If there is an urgent need for a Home Visit, such as to maintain/obtain a subsidy or if there is a need from an enrollment perspective, please access the site supervisor to help with scheduling if there is a concern.

- The Family Advocate will use their schedule and teachers schedules to outreach to a Language Facilitator if needed to see their availability prior to contacting the family.
- The Family Advocate will contact the family with the schedule of open times, if the family is not able to participate in a visit during the open time frames the Family Advocate will relook at schedules with the parent's availability.
- The Family Advocate will document the scheduling attempts in the Family Services Events and the Teachers will document the completion if the Home Visits in the Education Events. Scheduling attempts are logged under Family Services Events.

Title of Procedure or Process:	Home Visiting Safety
Program Area(s):	Health, Nutrition, Education, Special Services, Family Services, ERSEA, etc.
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☒Other: Best Practice
Person Responsible for implementation:	All Staff
Timeline for completion:	Ongoing
Submitted to:	N/A
ChildPlus Documentation:	N/A
Uploaded to ChildPlus:	N/A
Specific Directions:	Your safety on a home visit is of the upmost importance, please follow the guidance below to ensure your continued safety while participating on home visits

Procedure:

Always wear your agency or public school issued badge

Use your Outlook Calendar to inform co-workers & supervisor of your scheduled home visit/start and end time; please use the format below:

If your home visit takes place or ends after 4:30pm please notify your supervisor that you have safely completed the visit.

Limit the amount of items that you bring on home visits, for home based going bag-less (notebook or folder and a pen) and using what is in the home is the best way to go and if you are a teacher or a family advocate please bring only a notebook or folder and a pen. Please bring 2 blank releases.

If home visit presents significant safety risk consider have a co-worker call you 10-15 minutes into your visit on your agency cell phone, if you do not have an agency cell phone please work with your supervisor to create a plan. Another thing to consider is to work with your supervisor to identify an alternate location for visiting with the family or take along a coworker or arrange joint visits with staff from other agencies.
Be aware of the areas in the neighborhood where help could be obtained if an emergency arises.

Ensure that your vehicle is in good working order and has enough gas, park on the street whenever possible and if a driveway is the only option, consider backing in and asking the family where a good place to park would be so you are not blocked in (in the event of inclement weather or during mud season call ahead to ask the status of the driveway).

Take precaution around pets- ask the family in advance about pets by phone and ask them to secure the pets before arrival.

Do not enter the yard/home when there threats are present such as violence in progress, unsecured vicious animals, parent/others are intoxicated or under the influence of substances and there is no quick escape.

Limit valuables, credit cards or money on your person when visiting homes of the families. Leave valuables at home or place in the trunk of your car before leaving the office. Do not attempt to place valuable items in the trunk of your parked car for a visit.

Keep your vehicle locked at all times when you are on a home visit. Check around, inside and under your vehicle before entering it. Carry vehicle keys in your hand or close by for accessibility. *Do not linger to make phone calls or notes, leave immediately.*

Carefully consider your safety before entering a home, listen to your instincts and feelings. Be aware of smells associated with illegal substance use. While marijuana and tobacco are legal we will want to ensure families know the risk of smoking, second hand smoke and third hand smoke and how to properly store their smoking paraphernalia and marijuana edibles.

If you believe your safety is threatened, politely remove yourself immediately from the situation. Contact the main office and 911 if necessary.

If you anticipate crisis situations and practice sound listening and deescalating skills, you will be able to diffuse most crises and deliver services without jeopardizing your safety or that of the family.

Maintain appropriate appearance and grooming in order to project an image of a clean and neat professional. Keep jewelry to a minimum and wear comfortable shoes with low or no heels. Ask a family when you arrive if they would like you to take your shoes off, consider bringing socks if being barefoot is uncomfortable to you.

Know the physical layout of the place you are visiting, ask the family for a tour. Keep the door in sight during the visit. Identify locations where other people may be present, ask to be introduced to others who are in the home.
- Ask the family about weapons, if there are fire arms for example ask how they are secured

Set the tone for the professional relationship by clearly defining inter personal boundaries between you and family being visited. Limit how much personal information you share.

When you arrive at the home visit do not wait in your car, use a public parking lot or parking area.

Utilize the restroom in a public location, not in a family's home.

Wash your hands at the end of each home visit as soon as you are able, but always before the next home visit.

Title of Procedure or Process:	Family Services Initial Home Visits (See Education Section for Educational Home Visits)
Program Area(s):	Family Services, Health, Education, Special Services
Related Standards or Regulations:	☒Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	Staff with family services responsibilities
Timeline for completion:	Prior to the child attending or at the latest within 2 weeks of attending
Submitted to:	N/A
ChildPlus Documentation:	Family Services Events- Initial Home Visit (this is the event that you document each attempt you made to connect with a family to schedule the IHV)
Uploaded to ChildPlus:	See below. All items should be uploaded within 24 hours of visit completion, if the visit takes place on a Friday afternoon please upload first thing Monday morning
Specific Directions:	See below

Procedure:

Prior to the initial home visit:

- Review the child's files- paper and electronic
    - Pay careful attention to the Application Tab in ChildPlus, click on each Parent's Name and scroll down to see if their Highest Level of Education and Employment Status at Enrollment are complete, if they are not you MUST ask them for that information and enter it in to ChildPlus.
- Create an Initial Home Visit Event in Family Services- document all contacts with the family in the action steps that are related to the Initial Home Visit
- After review of the file contact the family to schedule the visit
    - If a family refuses to participate in the initial home visit process please consult with your site supervisor to create a plan for the completion of this visit
- Please make all attempts to schedule the visits with classroom teaching staff
- Add center information to the Parent Handbook
- Print out Initial Home Visits Forms from the Staff Forms Website- Initial Home Visit Folder
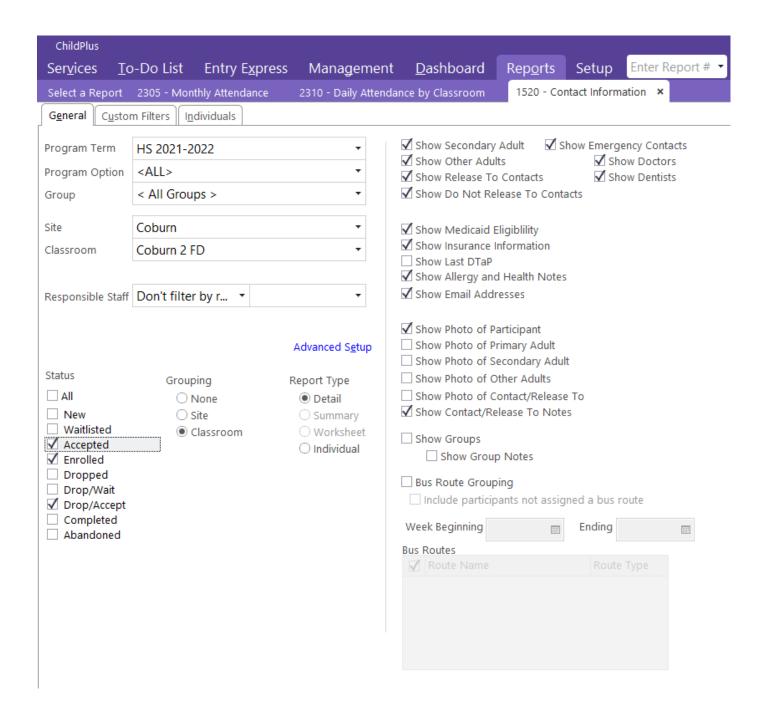- Extended Care Classrooms Only: Print off parent contract and CDBG forms

During the initial home visit (the order of completion does not matter):

- Review emergency card and permission for services with the family, make changes if needed
- Review and update all medical releases, dental releases, social service provider release, etc
    - Ask about what other service providers are working with the family, DHHS, Safe Voices, Case Manager, BHH, etc. obtain releases for these providers, upload all releases in the appropriate sections.
    - If the family is referred to us by a substance abuse program please ask the family about the types of supports they are receiving (medically assisted-Methadone, Suboxone, Subutex, Intensive Outpatient Program, Drug Court, etc.)
- Complete Health and Nutrition Questionnaire if not completed- enter the information into the Enrollment Section, this **must** be entered in to ChildPlus before a child attends any programming, if this is not able to happen please contact the Health Manger for guidance.

- If needed complete the dietary restriction form, please send to all at bottom of form and upload to health attachments
- Complete the CACFP enrollment form (Connors and Spruce Mountain complete public school paperwork), send the original to CACFP Coordinator and upload the form in the health attachments
- Review Parent Handbook, have family sign off that they have received the book, upload the signature page to the family services attachments
- Review Attendance Policies
- Have the families sign the Parent/Staff Agreement forms, upload to the family services attachments
- Review and have families sign the confidentiality agreement, upload to the family services attachments
- Complete the Family Wellness Profile using the Family Wellness Profile Discussion Guide, enter the information in the family outcomes assessment tab, upload discussion guide to family services attachments
- Use the Home Emergency and Safety Checklist as a conversational tool to obtain information not gathered throughout the Family Wellness Profile and Parent/Staff Agreements, complete the checklist after the Initial Home Visit and upload in the health attachments
- Complete Family Circles Activity, upload to family services attachments. If for some reason you are not able to complete the Family Circles Activity please schedule a time to complete with the family within 1 month of the child starting in one of our programs.
- Complete the Family Development Plan for goal setting with families (if this is an extended care family there should always be a goal to maintain their subsidy), upload completed plan sheet to family services attachments. If for some reason you are not able to complete the Family Development Plan please schedule a time to complete with the family within 1 month of the child starting in one of our programs.

Creating an Emergency Card in Child Plus

The new Emergency Card can be created with report 1520. Filter to your class using the field as shown below. This will print all e cards for your class. You can filter to one child by selecting their name under the individuals tab.

Once complete click preview to see your e card.

Title of Procedure or Process:	Requesting a Language Facilitator and Use of Language Line
Program Area(s):	Family Services, Child Development and Education, Special Services, Health and Nutrition, ERSEA
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☒Other: Best Practice
Person Responsible for implementation:	All Staff
Timeline for completion:	Ongoing
Submitted to:	Family Services Manager on the last business day of the month
ChildPlus Documentation:	N/A
Uploaded to ChildPlus:	N/A
Specific Directions:	See below for how to request. Language Facilitator Logs MUST be emailed to the Family Services, if you have completed a handwritten log please scan and email on the last business day of each month. Please see below for an example of how a log should be completed.

Procedure:

How to request an on staff Language Facilitator:

Email the Language Facilitator and CC the Family Services Manager. Within the email please include the family member's name, their phone number and the language that they speak. The email also must include the reason for your outreach. Example: family's name needs a home visit scheduled, child's name is not in today can you please contact family member's name at phone number.

The language facilitator will email you back within 24 hours with a response, information about the challenges and/or to get more information. If you do not hear within the next 24 hours please reply to the email asking for follow up.

Emergency communication with families will go through the Language Facilitators work cell phone (use the agency phone list to obtain that number), leave a message if she does not pick up or send a text.

How to request a Contracted Language Facilitator:

When using a contracted language facilitator please call, email or text them with the information that is needed along with the families contact information. When a contracted language facilitator is used a Language Facilitator Log (found on the Staff Forms Website under Family Services) must be completed and sent via email to the Family Services Manager on the last day of each month (handwritten logs must be scanned and emailed), the contracted language facilitator will not get compensated for their time without these logs.

How to access the Language Line:

Please contact the Family Services Manager prior to accessing the language line, if the Family Services Manager is not available please contact the Education and Child Development Manager. To access the language line call 1-888-808-

Title of Procedure or Process:	Insight- Video Translation
Program Area(s):	Education
Related Standards or Regulations:	☐Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☒Other
Person Responsible for implementation:	NA
Submitted to:	Site Supervisor, Family Service Manager, Program Supervisor and Denise Garant on the <u>last</u> Friday of each month
Specific Purpose:	Insight is a platform to be utilized to provide translation support to DLL families to ensure information is shared and understood. Insight will be utilized via video, or through specific contact number

Procedure:

1. **Each Family Advocate, Family Educator, and Center will have access to an 'Insight' tablet. Insight is a video conference platform that will allow you to access translation services with families at a touch of a button.**
2. **A monthly log will be posted at each center and with each individual Family Advocate and Family Educator. These logs will be completed monthly and submitted on the last Friday of every month.**

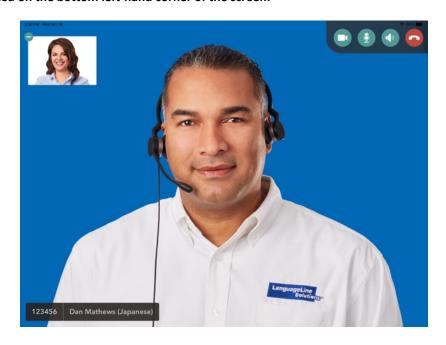| Date	Site/Center	Staff Making Call/Position	Interpreter Name & ID	Reason for Call	Time of Call	Time Call Ended	Total Time of Call
		_____ **Name** _____ **Position**					

Ensure you have documented the ID # of the Interpreter for Reference. Brief the Interpreter and give any special instructions before linking the call.

How to Start Video Chat

1. **Open Insight App on Tablet- Ensure you are connected to Wi-Fi** .
   a. **Family Advocates/Family Educators will utilize Hotspots on Agency Cellphones when not within center.**
2. **Search the language of the interpreter that you need**

3. **Once Connected with your Interpreter, On your Monthly Insight Access log reference his/her ID, Name and Time of Call. Located on the bottom left-hand corner of the screen.**

4. **Once Call is complete, 'Hang Up' and complete the survey for satisfaction and complete your Insight Log.**

A complete E Card should look like this:

7/8/2021
3:47 pm
Kwarddulac

Promise Early Education Center
1520 - Contact Information
Program Term: HS 2018-2019, Site: Webster, Classroom: Webster HS

Page 1
ChildPlus

Promise Early Education Center
Webster - Webster HS

Abus, Arial 11/21/2014	Abandoned (10/11/2018) HS 2018-2019 Part. Year: 0

90 Birch Street Apt 25
Lewiston, ME 04240
(C) (205) 211-0111(*)
(C) (207) 511-1111

Primary Adult: Gregory Abus
Biological/Adopted/Step   Custody: Yes

Secondary Adult
Marie Abus
Biological/Adopted/Step   Custody: Yes
90 Birch Street Apt 25
Lewiston, ME 04240

Contacts and Release To

Jerry Benner
Aunt/Uncle   Emergency Contact
231 Spring St
Auburn, ME
(C) (207) 333-1414

Kim Bisell
Grandmother   Emergency Contact, Release To
639 Bali St
Auburn, ME
(H) (203) 333-3245
 Speaks French/No english

MOC Work Dunkin Donuts
Emergency Contact
590 Main St
Lewiston, ME 04240
(207) 783-6941
 works 7-3 m-f

FOC Not Working At This Time
Emergency Contact
 See above contact information

Western ME Transportation
Release To
76 Merrow Rd
Auburn, ME
(800) 393-9335
 pick up drop off
 7am/5pm

Medicaid Eligibility : On Medicaid	Primary Coverage: Medicaid	Other Coverage:
Medicaid Number: AS349762		Insurance Number:

Allergies: allergic to tree nuts	Critical Notes:		
Dentist: Aspen Dental Topsham	Address: 11 Winners Circle	Topsham, ME 04086	Phone: (207) 725-1755
Doctor: Pediatric Associates	Address: 33 Mollison Way	Lewiston, ME 04240	Phone: (207) 784-5782

1 Webster - Webster HS
1 Promise Early Education Center

- **Specify Language & translator need in the notes section of each contact (if language is other than English)**
- **Parent Addresses / phone numbers can be edited under Application / Family Information (in blue)**
- **Contacts and Release to Information can be updated under Application / Emergency Contacts and Release Authorizations**
- **Insurance and doctor information can be added under the Health / Health Information tab.**

We are required by state licensing to have to have parent work / school addresses and work school hours on our Emergency Card. Work and school hours do not auto populate to the e card and must be added manually under contacts and release. If a parent is not working or going to school, they should be listed as not working. See examples below:

Contact - MOC Work Dunkin Donuts

Name: MOC Work Dunkin Donuts
Relationship: ☑ Emergency Contact ☐ Release To ☐ Do Not Release To

Address: 590 Main St
Address 2:
Zip: 04240
City: Lewiston
State: ME

	Phone Number	Phone Type	Note
Phone 1	(207) 783-6941		
Phone 2			
Phone 3			
Phone 4			

Notes: works 7-3 m-f

Contact - FOC Not Working At This Time

Name: FOC Not Working At This Time
Relationship: ☑ Emergency Contact ☐ Release To ☐ Do Not Release To

Address:
Address 2:
Zip:
City:
State:

	Phone Number	Phone Type	Note
Phone 1			
Phone 2			
Phone 3			
Phone 4			

Notes: See above contact information

Contact - Western ME Transportation

Name: Western ME Transportation
Relationship: ☐ Emergency Contact ☑ Release To ☐ Do Not Release To

Address: 76 Merrow Rd
Address 2:
Zip:
City: Auburn
State: ME

	Phone Number	Phone Type	Note
Phone 1	(800) 393-9335		
Phone 2			
Phone 3			
Phone 4			

Notes: pick up drop off
7am/5pm

Title of Procedure or Process:	Child Care Fees and Core Hours: Extended Care Classrooms ONLY
Program Area(s):	Family Services
Related Standards or Regulations:	☐Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☒Other: Subsidy Contracts
Person Responsible for implementation:	Staff with Family Services Responsibilities, Extended Care Classroom Teaching Staff, Fiscal Department, Family Services Manager
Timeline for completion:	
Submitted to:	
ChildPlus Documentation:	Family Services Events, choose the Subsidy Event type, create actions to document any conversations with families and/or subsidy providers (do not put monetary amounts
Uploaded to ChildPlus:	
Specific Directions:	

Procedure:

Promise provides extended care, before and after the Head Start/Early Head Start day, for children from low wage earning families who are employed or in school with subsidized support from the following:

- Child Care Voucher/DHHS or Transitional Child Care or ASPIRE/FedCap
- Private Payment- 2018 Maine Child Care Market Rates:

Age	Per Week	Per Month
Infant	$215	$860 (4 weeks)
Toddler	$200	$800 (4 weeks)
Preschool	$165	$660 (4 weeks)

Extended Care Families will all have goals developed around maintaining CCSP Vouchers, ASPIRE/FEDCAP, Transitional, Vocational or Career Center, etc. subsidies and maintaining parent fees. Be sure to note the expiration and renewal date of subsidy and be sure to check in with families about a month before the expiration or renewal date. Also be sure to get the contact information of who is providing the subsidy for follow up if needed. Contact must be made with ASPIRE/Career Center workers for example to ensure that staff understand what is expected of families so they are not in danger at any time of losing their funding.

- Parents must review and sign Extended Care Parent Agreement and sign the Parent Contract generated by the Fiscal Office.

- <u>Parent fees must be received by our fiscal office the week prior to extended care services</u>.

- Payment drop boxes are located at Coburn in the front lobby and at Webster in the common area outside of the classrooms. Please contact the fiscal office if there are questions around fees or payments.

- Should a family become behind on fees, please refer to the Core Hours Procedure for more information.

Non-Disclosure of Financial Information: When developing written goals around payment of child care fees, no financial information should be disclosed. This is private, protected information and no one but the parent and Head Start staff have the right to view this information. When writing a goal around a payment plan for fees, the date that payments are due is the only information that should be included on the goal sheet. *No monetary amounts should be noted in ChildPlus contact notes.* Fiscal staff will provide training for all full day staff on ways to support families to pay child care fees

Voucher, Transitional and ASPIRE
The contract process is as follows:

1) Finance Department sends contract to Family Service personnel for parent signature.
2) Family Service personnel informs parent of fee, if indicated, and obtains parent signature. Payment is required prior to child's starting. Contract with original signature is sent to Finance. Family Service staff keeps a copy for child's file.
3) At this time the termination date is known to Family Service personnel…*the development of family goal with identified strategies and timeline for maintaining subsidy and ensuring continuation of HS/EHS services occurs at this time* (i.e. one month prior to termination parent needs to connect with subsidy program).
4) In child's Child Plus Family Services section, please make an Event titled Subsidy and within that Event, Family Service Personnel will document case worker's name and contact information in the event notes section
5) Contact the Subsidy Provider to introduce yourself and ensure that you understand how to support this family based on their individual case
6) Extended care fees are required to be paid before child starts and are due a week in advance (Friday for the following week). Payment made at Coburn 269 Bates Street, Lewiston, in cash, check or money order or at Webster 48 Webster St. Auburn. If weekly payments are not the best option for the family, an alternative payment schedule can be established by speaking with Finance.
7) Family Service staff generates an Enrollment Activity Sheet with child's actual start and sends to staff listed on form.

As the contract expiration date approaches for all subsidy programs, the following is expected:

- ***Voucher -*** one month prior to expiration Family Service personnel will meet with parent to support parent's outreach regarding contract continuation. If documentation not received by State parent will receive termination letter…agency cc'd.
- ***ASPIRE*** – one month prior to expiration date family service personnel will work with parent to support meeting or paperwork with ASPIRE worker to continue services.

Contracts are all signed by parents and clearly state that fees are to be paid in full and in advance (one week prior to services being delivered).

All communication between Family Service personnel and parents regarding fee payments is to be documented under the Subsidy Event in the Family Services Tab in ChildPlus. When Extended Care Services are terminated for non-payment of fees, it is important for Family Service personnel to support children's transition as availability allows into part-year options or home-based services.

Provider Agreement

Late pick-up policy:

- After 5 minutes past closing time (5:30pm), staff will call parent/guardian/caregiver. If unsuccessful and the parent/guardian/caregiver has not called, the identified emergency contacts will be called.
- After 30 minutes, if direct service staff has not heard from the parent/guardian/caregiver or anyone on the emergency card they will notify their site supervisor or a member of the leadership team if their site supervisor is not reachable. Law enforcement will be called to do a Wellness Check, they will ask for the family's address and/or work address.
- In full day classrooms, a late pick up fee will be assessed: $10 for the first 10 minutes and $5 for each additional 5 minutes. Please notify the fiscal office of late pick-ups and they will generate a late fee letter.
- After 3 late pick-ups Family Services staff will meet with the family to create a goal around picking up on time.

Storm Days:

Full day classrooms rarely close due to inclement weather. Please follow agency guidance around where to access storm closure information, the guidance is sent out via a letter in the late Fall.

Extended Vacation Requests:

If a family plans to take a vacation that will be 2 weeks or longer, this request must be presented to the Family Services manager for approval. The Family Services Manager will review the request with the Selection Committee and will inform you of the decision via email

Maternity/Paternity Leave:

The agency will honor the current award letter for a child whose parent is on maternity or paternity leave for up to 8 weeks per DHHS child care subsidy rules, please contact the fiscal office for information on this matter

2 weeks' notice:

If a family leaves our program and would like to access their subsidy at another child care they must give their subsidy provider a 2 week written notice in order for the subsidy to transfer to another child care (their balance must also be paid in full)

Returning to Promise after leaving:

If a family wants to return to Promise after leaving our program they must complete the enrollment process again and be placed on the waitlist. Their balance must be paid in full before they will be considered for re-enrollment.

Promise Early Education Center Core Hours Procedure

Loss of Subsidy

- Upon notification of lost subsidy either by parent or provider child will be moved child to core hours.
    - Classroom staff will immediately notify Finance AP/AR Coordinator who will inform Family Services Manager.
- Family Advocate or Teacher/Family Advocate will communicate and support family (complete steps for application if needed) in attempt to get reinstatement of subsidy or if possible another form of subsidy as appropriate.
- Should the family not be able to re-obtain a subsidy Teacher will complete transfer request to a Part Day or Home Based program option.
    - Transfer request to be put in place by teachers 1 week after notification of loss of subsidy.

Lack of Payment with regard to Parent Fees though Subsidy Maintained

- If the family maintains their subsidy however has fallen behind on their parent fees we will continue to keep the child/children here for full hours.
- Parents to be notified by Family Advocate (Teacher in the absence of FA) that the lack of payment of parent fees is reported to the subsidy provider and places them in jeopardy of losing subsidy and not being able to take their subsidy elsewhere or return to us until the balance is paid in full.
- Communication will be had with the family regarding payment agreements (Fiscal and/or Family Advocates can establish payment agreement).
    - **Family Advocate (Teacher in absence of Family Advocate)**: payment agreements will be typed by Finance and e-mailed to staff for signature (original to be sent to Finance).
    - **AR/AP Coordinator:** will email payment agreement to staff for signature (original returned to Finance).

Lack of Parent Fee Payment for families with a Subsidy

- If the family reaches 4 weeks behind on payment, Finance AP/AR Coordinator will generate a "Core Hours" letter giving family 2 additional weeks to make a payment.
- Family Advocate will provide letter to family and explain core hours.
    - Also appropriate opportunity to discuss remaining balance and need for balance to be paid off prior to transitioning subsidy elsewhere.
- If after 2 weeks there is still no payment or payment plan ---- case will be referred to Administration (Family Service personnel will notify Supervisor who will inform Family Service Manager and Executive Director). Information on next steps will be forward to classroom and family services personnel from Administration.

*Private Pay families paying full price will receive the "Core Hours" letter at 2 weeks of non-payment giving them one additional week to make a payment/payment plan or child will be placed on core hours.

Parent Notification of Core Hours Procedure

1. Parents are notified by Enrollment at application visit.
2. Teacher/Family Service personnel will inform families at initial home visit.
3. Parents receive letter from Finance when payment not received.

Title of Procedure or Process:	Parent Handbook
Program Area(s):	Family Services, Health, Education, Special Services
Related Standards or Regulations:	☐Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☒Other
Person Responsible for implementation:	Family Advocate and Teachers
Timeline for completion:	Initial Home Visit and/or Open House
Submitted to:	N/A
ChildPlus Documentation:	Family Services Events- Initial Home Visit- Action should read something like "completed initial home visit paperwork"
Uploaded to ChildPlus:	Upload the signed receipt of handbook to the family services attachments
Specific Directions:	See Below

Procedure:

The following are areas of the Parent Handbook that need to be covered at the initial home visit and/or open house. Please keep conversations brief; 1-2 minutes per topic, we can spend more times on areas as we get to know families.

Family Advocates:

- Attendance
- Mandated Reporting
- Confidentiality
- Health
  - When is too sick to come to school?; Doctor's notes- when are they needed
  - Medical/Dental services that are tracked
- Extended Care Classrooms Only
  - Late Fees
  - Subsidy/Fees
- Transition Process
- Parent Code of Conduct (no weapons, no smoking on our property, etc.)
- Grievance Policy
- Child Release Policy

Teachers:

- Classroom Schedule
- Agency Calendar- make sure you have the correct one for the specific center/classroom
- Meals/Snacks- no outside food
- Inclement Weather
- Appropriate Clothing (cover again at Open House)
- Daily Sign in and Sign Out
- Rest time (if applicable)

Title of Procedure or Process:	Child found unattended on Home Visit
Program Area(s):	Family Services
Related Standards or Regulations:	☐Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☒Other- Mandated Reporting
Person Responsible for implementation:	All Staff
Timeline for completion:	Immediately
Submitted to:	N/A
ChildPlus Documentation:	Family Services Events, DHHS Referral, the Description is to say Unattended Child, open an Action to document the DHHS referral being made
Uploaded to ChildPlus:	DHHS Report Uploaded to Family Service Attachments
Specific Directions:	Please see below

Procedure:

When entering a family's home and discovering a child to be unattended by his or her parent or guardian or care taker please adhere to the following procedure:

- Yell the adults name to see if they are in another room or sleeping
    o Stay in the apartment or home
- Attempt to call the family
    o If there is not interpreter attempt to call anyway
- Contact local law enforcement via 911
    o Explain to 911 the reason you are in the home and why you are calling them
    o They will ask for the address and apartment number, they will ask the name of the parents as well
    o 911 will typically ask if the family needs an interpreter, we can use agency Language Facilitator or Contracted Language Facilitator
- Call 795-4040 X 0 and ask for a member of the leadership team
    o If you need someone with you please give the address and how to enter the home if there are multiple doors or if it is a secure building
- Upon returning to the office a DHHS report is to be made following the mandated reporter procedures

Title of Procedure or Process:	Family Partnership Agreement (FPA)
Program Area(s):	Family Services
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☒Other: Family Development Credential
Person Responsible for implementation:	Staff with family services responsibilities
Timeline for completion:	Ongoing
Submitted to:	N/A
ChildPlus Documentation:	Family Outcomes Assessment Tab, Family Goal Event
Uploaded to ChildPlus:	Family Development Plan forms uploaded to Family Services Attachments
Specific Directions:	Family Goals must impact a family's self-sufficiency, such as but not limited to the following areas: **Food Security, Housing, Employment & Income, Transportation, Financial Management, Education/Skill Development, Family Health & Physical Well-Being, Family Engagement in the community, Child Care**

Procedure:

The purpose of the Family Partnership Agreement (FPA) is to assess the goals and needs of families enrolled in the program and reinforces Parent, Family and Community Engagement Framework. The FPA is family driven and designed to help families become more self-sufficient. Although voluntary, all enrolled families are strongly encouraged to participate (if a family does not want to participate please contact your site supervisor for assistance). This is a valuable way for families to engage in program activities, become more aware of community resources, achieve self-sufficiency and foster the need for families to become advocates for their children.

1. The FPA starts with the completion of the Family Wellness Profile (Family Outcomes Assessment in ChildPlus) during the initial home visit process. The Family Wellness Profile is to be completed with the family by utilizing the Family Wellness Profile Discussion Guidance. By completing the tool at the initial home visit we will have a better idea of the strengths and needs of the families that we serve and how to best support them in the coming school year. At this visit you will also work to set family goals using the Family Success Plan (second step in the FPA process). A second Family Wellness Profile is to be completed prior to the family completing a program year.

2. Goal setting is the second step in the FPA process and can be scary for a family and/or often families choose large goals to meet. It is helpful to talk with the family and to choose small steps towards big goals. For instance, if a family is interested in going to college, it might be helpful to start with a small goal of checking out schools. Goals can also be simple and should be what the family wants, in their own words. Some families want to spend more time with their children and others want to make more money. Goals can be developed from needs, wants or wishes, hopes or dreams identified during the completion of the Family Wellness Profile. If a family is struggling to identify a goal you may suggest, drawing on the information already provided. Please use the Family Success Plan that is found in the Family Services section on the Staff Forms Website

Goals will be reviewed and updated per the schedule on the Family Services Monitoring Plan and a second Family Wellness Profile will also be completed per the Family Services Monitoring Plan Schedule. Progress will be monitored via ChildPlus Family Goal Events and though the Actions within those events.

*When a family identifies an area of need or challenge you must provide the family with information, resources (see Family Referral section). Following up with the family in a week or two after the resource is given is a great way to track the family's progress and/or offer support to the family in outreaching to the resource.**

Title of Form:	**Family Wellness Profile and Family Wellness Profile Discussion Guide**
Related Policy:	Family Partnership Agreement
Program Area(s):	Health, Nutrition, Education, Special Services, Family Services, ERSEA, etc.
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Procedures	
Form Completed By:	Staff with Family Services Responsibilities
Timeline for completion:	As part of Initial Home Visit Process and a second Wellness Profile that is to be completed starting in March and wrapping up at the end of the school year
Specific Directions:	Family Wellness Profile Discussion Guide can be found on the Staff Forms Website in the Family Services section. Use the Family Wellness Profile Discussion Guide as part of the Initial Home Visit process, the tool gives you questions and a place to jot down notes from the visits so you are better able to complete the Family Wellness Profile in ChildPlus.
Submitted to:	N/A
ChildPlus Documentation:	Family Services Section, Outcomes Assessment Tab- See ChildPlus section for more entry information.
Uploaded to ChildPlus:	N/A

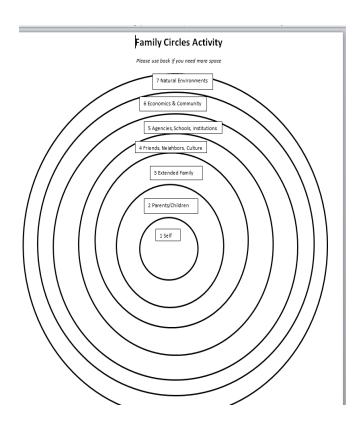**What does the Family Wellness Profile look like in ChildPlus?**

(Report # 4210- Family Outcomes- Assessment Worksheet)

Family Wellness Profile

Participant Name: _____   ChildPlus ID: _____
Date Completed: _____ Case Worker: _____ School Year: _____

Scoring Legend: 5.0   Thriving   2.0   Vulnerable
                  4.0   Self-Sufficient   1.0   Crisis
                  3.0   Stable

Assessment Item	Preliminary Score	End of Year Score
Family Well Being		
Housing		
1. Homeless or on the verge. Very temporary housing, couch surfing with someone who has given a time frame for exit. Staying at a shelter, living in their vehicle, staying in a hotel room, staying at a campground. No income for housing.		
2. Temporary housing. Live with friends/family (couch surfing). Money for rent/utilities uncertain. Unsafe or crowded. No money for repairs. Landlord not fixing problems. Use help from agencies to get by (LIHEAP, GA, etc.). Utilities shut off or on the verge. Dangerous or bad situation (bug infestations, un-safe living conditions, non-working smoke detectors, limited access to fire escape routes, etc). Utilities shut off.		
3. Semi-permanent. Relatively safe and secure. Some repairs needed. Mostly have ability to pay housing/utilities/repairs. Minor landlord issues. Subsidized/Metro housing. Some help from agencies to get by (LIHEAP, GA, etc).		
4. Safe and secure dwelling for at least 12 months. Able to pay rent/mortgage. Able to pay utilities. Repairs taken care of.		
5. Able to own or live in long term affordable housing. Safe housing. Enough room for family size. Housing meets the needs and preferences of the family. Able to pay utilities. Family is happy with housing.		
Safety		
1. Family is in imminent danger. (Violence in home and in neighborhood).		
2. Family involved or open case with DHHS (child abuse/neglect) and/or domestic violence. Family working with Alternate Response Services.		
3. Family has a past history with DHHS (child abuse/neglect) and/or domestic violence.		
4. Family has a safety plan in place because of an unsafe family member or situation.		
5. Family in no immediate danger and family members report they are safe in their environment.		
Food/Nutrition		
1. No food or preparation facilities (non working appliances, unsanitary conditions, etc) . Malnutrition. Eating disorders. Family does not access WIC (if child(ren) age eligible). Not accessing SNAP benefits (if eligible).		
2. Limited knowledge of food preparation and food resources. Dietary requirements are not met. Limited SNAP benefits (if eligible).		
3. Sufficient personal and community resources for food.		
4. Have resources for healthy food. Dietary requirements for special condition i.e. pregnancy, diabetes, etc.		
5. Has ability and access to resources to provide healthy food.		

Discussion guide used on home visits

Family Wellness Profile Discussion Guide

Discussion Questions	1ˢᵗ FPA Goals/Notes	2ⁿᵈ FPA Goals/Notes
Housing		
Do you rent, own or have other living arrangements? If other, what is the arrangement? Rent ____ Own____ Other_____		
Do you have concerns around your current housing situation? If so, what are they?		
Are payments for housing affordable for you? Yes_____ No_____		
Do you have daily access to running water and heat in the colder months? Do you have pests, if so is your landlord taking care of it?		
Are there any changes you would like to make in your housing situation?		
Safety		
Does your family have a safety plan in place? Yes_____ No_____		
Do you feel safe where you live?		
Is there DHHS involvement currently or has there been in the past? If so when?		
If infants are in the home, are you		

Title of Form:	**Family Circles Activity**
Related Policy:	Family Partnership Agreement Process
Program Area(s):	Health, Nutrition, Education, Special Services, Family Services, ERSEA, etc.
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☒Other: Family Partnership Agreement kent Process
Procedures	
Form Completed By:	Staff with Family Services Responsibilities
Timeline for completion:	Initial Home Visit and at the second Family Wellness Profile visit
Specific Directions:	The Family Circles Activity can be found on the Staff Forms Website, in the Family Services Section. The Family Circles Activity will help a family to identify their stressors and supports in their lives. Staff will support a family in completing the circles activity by reading or describing the description of each category and allowing the family to write names of people or words that apply to the strengths, stressors or supports that fit within each circle in their life at the current moment. Should a family not want to write staff can complete the circles with the words or people that are shared during this conversation. If a family struggles to fill in a circle please move on to another one or provide the family some examples.
Submitted to:	N/A
ChildPlus Documentation:	Document family services initial home visit as a Family Services Event, please reference the completion of paper work in the action notes (example, initial home visit paper work completed)
Uploaded to ChildPlus:	Family Services Attachments

Family Circles Activity

Please use back if you need more space

- 7 Natural Environments
- 6 Economics & Community
- 5 Agencies, Schools, Institutions
- 4 Friends, Neighbors, Culture
- 3 Extended Family
- 2 Parents/Children
- 1 Self

How to use the family circles activity?

1 Self: At the center of a family member's world is your relationship with yourself (and your inner belief system, if you have one). Note your strengths, hopes and dreams. Note any conditions or qualities that deeply influence your life (athletic abilities, hearing impairment, sense of humor, etc).

_____

2 Partner and Child(ren): List your partner's name (if you have one), and your child(ren). Describe your partner's and children's aspirations. Note ways they contribute to the family's self-sufficiency, and ways they hold it back. Ex-partners can be listed here, or in extended family, informal network, or formal network.

_____

3 Extended Family: List extended family members, including grown children who are on their own. Note ways they contribute to your family's self-sufficiency, and ways they detract from it. These influences can continue for a long time, even after the family member has died.

_____

4 Friends, Neighbors, and Culture: List friends, neighbors, informal care providers, fellow members of a club, team or religious group, others who have a relationship with you by choice. These are the people outside of your family who make a real difference (stressful or supportive). Note the ways they influence your family life. How does your informal network contribute to your self-sufficiency or hold it back? Note cultural groups you are a part of.

_____

5 Agencies, Schools, and Institutions: List people who are in your life because it is their job: school teachers, agency workers, your job supervisor and co-workers. Note what you get (a paycheck, health insurance, self-worth). Note what you give (time, keeping a car on the road to get to work, time away from your family). How do these contribute to your family's self-sufficiency, or hold it back?

_____

6 Economics & Community: Note economic influences in your family's life (TANF changes-5 year limit, FedCap, your neighborhood is not safe, you just lost your job). Describe your community and how it affects your family's self-sufficiency. Note local, State, national and global trends that impact your family's self-sufficiency (good child care is hard to find, transportation barriers)

_____

7 Natural Environments: Note how the natural environment and its conditions affect your family (do you have access to a park and/or green spaces, does your child have asthma, do you have outdoor play space, does your family get out in nature.

_____

Title of Form:	**Family Development Plan**
Related Policy:	Family Partnership Agreement
Program Area(s):	Health, Nutrition, Education, Special Services, Family Services, ERSEA, etc.
Related Standards or Regulations:	☒ Head Start Program Performance Standards ☐ Maine State Licensing ☐ Developmentally Appropriate Practice/NAEYC ☐ Caring for Children ☒ Other: Family Partnership Agreement
Procedures	
Form Completed By:	Staff with Family Services Responsibilities
Timeline for completion:	Completed as part of initial home visit process, reviewed and updated in November, January and April
Specific Directions:	Family Development Plan can be found on the Staff Forms Website, in the Family Services Section. Ask the family if they want to fill out the form or prefer you to complete. If you complete, be sure to use their words. If the family member wants you to do the writing, read out loud what you have written. Let the family define whom they consider family members, please note ages and gender. Ask them for any corrections, and make the corrections they request on all the sections except "in the worker's words". Give a copy to the family member, and keep a copy in your file. Each of you should review the form before your next meeting, to make sure you've each taken the steps you agreed on. Begin your next meeting by reviewing the last plan. Goals should be focused around self-sufficiency: **Food Security, Housing, Employment & Income, Transportation, Financial Management, Education/Skill Development, Family Health & Physical Well-Being, Family Engagement in the community, Child Care**
Submitted to:	N/A
ChildPlus Documentation:	Family Services Section, Events, Family Goal (each goal is its own event), please utilize the Description section to indicate what the goal is… examples include housing, driver's license, GED, Employment, etc.
Uploaded to ChildPlus:	Family Services Attachment- uploaded within 1 week of completion of document

Family Development Plan

- Family member's name (indicate preferred title: Ms., Mr., Miss, Mrs., etc.):
  _____
  _____

- Address:
  _____
  _____

- Phone(s) (note if home, work, or friends, etc.):
  _____
  _____

- Other family members involved in family development process:
  _____
  _____

- Today's Date: [_____]   Worker's Name: [_____]

- Goal (in family member's words):
  _____
  _____
  _____

- Help family brainstorm possible steps leading to their goals:
  _____
  _____

Title of Form:	Home Emergency and Safety Checklist
Related Policy:	Family Engagement- Parent Group
Program Area(s):	Family Services, Health
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☒Other
Procedures	
Form Completed By:	Staff with family services responsibilities
Timeline for completion:	As part of initial home visit process
Specific Directions:	This checklist is to be completed during the initial home visit or within 2 weeks of the child entering in to our program. The goal of this tool is to provide families with some home health and safety education; if there are things that the family needs to work on they can be addressed as goals. As an agency we will not be providing families with items that are missing but we can work with a family to identify ways to access the missing items. The checklist must be updated during your second home visit with a family. This form can be found in the Initial Home Visit folder on the staff forms website.
Submitted to:	N/A
ChildPlus Documentation:	Document completion in the Family Services Initial Home Visit event in an Action step and example of how to document is "completed Home Emergency and Safety Checklist"
Uploaded to ChildPlus:	Upload to Health Attachments

Home Emergency and Safety Checklist

Once completed upload into ChildPlus under Family Services Attachments

Family Name: _____ Classroom: _____ Date: _____

2nd Review Date: _____ 3rd Review Date (if needed): _____

	Done	To Do
Working smoke detectors on each floor, tested monthly & batteries changed 2 times per year		
Working Carbon Monoxide detectors on each floor (they may be part of the smoke detector), tested monthly & batteries changed 2 times per year		
Family has a fire escape plan. Each family member knows the escape routes out of the house and knows the meeting place.		
Safe and Healthy Housing- free from pests, all appliances are in working order, outlets are covered, cords are not within reach, all locks on doors and windows are functional, all plumbing is in working order, heat works.		
Cigarettes, lighters, matches, ashtrays and candles are out of the reach of children at all times **It is Maine Law that there is to be no smoking in vehicles when a minor (under age 16) is present**		
Alcohol products are out of the reach of children at all times		
Marijuana and marijuana products, vape pens and liquids are out of the reach of children at all times		
Firearms are separate from ammunition and both are locked separately and out of the reach of children, knives are also kept out of the reach of children at all times • Complete the ASK Program Pledge		
Emergency numbers are posted near a telephone or are saved in a cell phone		

Title of Procedure or Process:	DHHS Involvement and Interviews
Program Area(s):	Family Services, Health, Education, Special Services
Related Standards or Regulations:	☐Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	Teachers, Family Advocates, Site Supervisors, Leadership
Timeline for completion:	Ongoing
Submitted to:	N/A
ChildPlus Documentation:	Family Services- DHHS Involvement Event, in Event Notes please put the name and phone number of the DHHS worker ONLY Create an Action for each step that is
Uploaded to ChildPlus:	Releases- Family Services Attachments
Specific Directions:	See Below

Procedure:

If a family comes to us somehow involved with DHHS (Child Protective Services- CPS) we need to ensure that we are documenting each step that we take while working with a DHHS Involved family.

Review contact notes under the DHHS Involvement Event

Contact the DHHS worker to get an understanding of the goals the family is working on to ensure we are working on the same goals through our work with the family.

If the child is in DHHS Custody, the DHHS worker is required to sign all documents such as emergency cards, releases, etc.

What do you do if DHHS comes to interview a child or yourself?

All DHHS calls go to Lead Teacher

Before the interview:

1) Ask when are they are coming?
2) Ask DHHS what their plan is for the interview process?
3) Ask if there is anything DHHS needs from staff?
4) Tell DHHS worker what the family/child's schedule is
5) Ask what should we do if the family picks up early?
6) Make sure the worker has the address/phone number of the center
7) Contact site supervisor & management (dial 0 and the Administrative Assistant will find a manager who is on site) to let them know when the interview is taking place and ask for someone to be on site when that interview happens.

Interview:

1) Properly identify the DHHS staff person by inspecting their badge
2) Make a photocopy of the individual's badge prior to them conducting an interview
3) Ask if they have a business card so you have their contact information
4) Ensure there is a quiet space for DHHS to conduct their interview
5) Ask if there is any follow up needed from Promise

After Interview:

1) Contact the worker within 24 hours of the interview to see if there is any follow up needed
2) If the worker does not return your call within 48 hours contact the supervisor at DHHS listed on the workers voicemail
3) If no return call from supervisor within 72 hours outreach to site supervisor for further follow up with management

Title of Procedure or Process:	**DHHS: Mandated Reporting of Suspicion of Child Abuse or Neglect**
Program Area(s):	Family Services
Related Standards or Regulations:	☐Head Start Program Performance Standards ☒Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☒Other: Mandated Reporter
Person Responsible for implementation:	All Promise Early Education Center Staff
Timeline for completion:	Immediately
Submitted to:	Supervisor or Manager for review
ChildPlus Documentation:	Family Services Events, DHHS Referral, include a description of the event in the description line (examples: child disclosure, visible mark, etc). You <u>must</u> create an Action to indicate that the report was made. If making a consultation call, please document under DHHS Consultation Call, you must create and Action to indicate the call was made and the response from DHHS. If the consultation results in a report, please document in both events and create actions for tracking purposes. Each time a report or consultation is made a new event and actions need to be created.
Uploaded to ChildPlus:	Reports must be uploaded to the Family Services Attachment section within 24 hours of making the report
Specific Directions:	See below

Procedure:

Promise employees are required to be mandated reporters in any case where there is reasonable cause to suspect child abuse, neglect or endangerment while working within their professional capacity. All Promise staff receives annual training on reporting mandates. Staff will follow the guidelines set forth in our agreement with DHHS for what constitutes abuse and neglect. If you have "Reasonable Suspicion" if what you've seen or heard leaves you with the nagging feeling that "abuse" is a genuine possibility, please keep the following in mind:

- o How sure are you about what you observed?
- o Did you observe it first hand?
- o How familiar are you with the child/family/situation?
- o Does the explanation you received "fit" what you know?
- o How vulnerable is the child?
- o Are you seeing a pattern that is concerning?
- o Do you have information and/or insight others don't?
- o If you don't report, could something bad happen?

➢ **If a family is an open case or is in the assessment/evaluation processes please call the assigned worker and not the intake number if there are additional concerns. Leave a voicemail with relevant information along with the best way that they can reach you. If there is a true emergency please call**

the 1-800 number and follow the prompts to access a duty worker that can get the information to the appropriate case worker.

DHHS Consultation Calls:

If there is a question on whether a report should be made staff are able to call the intake phone number to ask questions about any concerns that they may be happening with a child and/or a family. The intake worker will take some basic information and will ask some questions that can help to determine if a report should be made or not. Consultation calls may be "documented" by DHHS to remain in a family's file, or if they deem that a report needs to be made the call will move into a full report.

DHHS Referral Procedure:

1: Any staff member who, based on observation or disclosure from a child, has reasonable cause to suspect child abuse or neglect is required by law to make a report to the DHHS.

2: Staff report observations and concerns to Site Supervisor as soon as possible. Site Supervisor will alert Family Service Manager. Family Service Staff will discuss their concerns with the Head Teacher and Site Supervisor.

- If their Site Supervisor is not available, please notify a Program Manager, should a Program Manager not be available please contact the Executive Director.
- Be sure to share any prior concerns or DHHS reports with the Supervisor and management staff, this will help to determine if we inform the parent of the report or not.
- Public School Partnerships at a Public School
  - Please visit the school nurse if there is a visible mark
  - Please also notify the building principal that we will be making a DHHS Report

3: Complete the DHHS Referral Form found on the Agency forms website under Family Services before calling DHHS. This form follows the questions an Intake Worker will ask.
- Prior to calling DHHS please have the report reviewed by a Site Supervisor or the Family Services Manager, if a supervisor or the Family Services Manager are not available please outreach to the Executive Director.
- Once the report has been reviewed the supervisor, manager or director will remain with staff while the call is being made
  - If you must leave a message please give the contact information of the Site Supervisor or Program Manager and they can make the report on your behalf
    - Should a report be made on behalf of staff additional information can be added by teaching staff at a later date and time.

4: While on the phone with DHHS please read the report as written and if questions are asked make note of those questions and responses that can be added to the report.
- Ask DHHS if they have concerns about us informing the family and use the check boxes
  - If no, note the reasoning in the DHHS Response section
- Ask for the Intake Workers Name and if there is a Case Referral Number, note those on the report
- Please make sure to complete the DHHS Response section with any information they may have shared with you as part of the report making process.

5: Complete the bottom sections of the form and upload to the Family Services Attachment section. Once uploaded please inform the Family Services Manager via email. If you are in a public school partnerships please email Public School staff and Promise Executive Director. Promise Executive Director is informed of all DHHS Referrals by the Family Services Manager on a monthly basis.

Section 7: ERSEA

- Age Eligibility
- Enrollment & Selection Criteria
- Income Eligibility & Verification
- Enrollment Activity Sheet (EAS)
- Transfer Request
- Recruitment Plan& Policy
- ERSEA Training

Title of Procedure or Process:	Age Eligibility
Program Area(s):	ERSEA
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	Enrollment Coordinator
Timeline for completion:	Completed up on time of eligibility determination
Submitted to:	NA
ChildPlus Documentation:	Eligibility Records
Uploaded to ChildPlus:	NA
Specific Directions:	

Procedure

Early Head Start Classroom (EHS):
Children are age eligible for Early Head Start at 6 weeks of age. Children are eligible to remain in EHS until they are PIR age 3 (birthday on or before October 15 of the current program year). Children enrolled in full day program who turn 3 within the program year may transition to full day Head Start before they are PIR age 3, pending with approval of Education Manager. Children transitioning from EHS to HS must have income eligibility re verified prior to transfer (six months prior to transfer).

Children on the EHS waitlist will be transitioned to the HS waitlist at the age of 2.9

Head Start Classroom:
Children who are PIR age 3 and 4 are eligible for Head Start classrooms.

Home Based Head Start/Early Home Based / early/Head Start:
Pregnant mothers and children birth to PIR age 2 are age eligible for Early Home Based Services. Children that are PIR age 3 are age eligible for Home Based services. Children enrolled in Early Home Based are age eligible to transition to Head Start services when they are PIR age 3. Home Based children who have turned 3 within the program year may transition to Full Day Head Start before reaching PIR age 3. Income eligibility must be re – verified prior to a child transitioning from Early Home Based Services to Head Start Services (six months prior to transfer) .

Title of Procedure or Process:	Enrollment & Selection Procedure
Program Area(s):	ERSEA
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	Enrollment Coordinator / Selection Committee
Timeline for completion:	Completed up on time of eligibility determination
Submitted to:	NA
ChildPlus Documentation:	Enrollment
Uploaded to ChildPlus:	NA
Specific Directions:	Enrollment Coordinator and Selection Team will maintain funded enrollment by filling child vacancies within 30 days

Procedure

Step 1:

Application: Applications are taken by the Enrollment Coordinator or other staff who have received training on completing applications and enrollment procedures. Applications will be conducted in person and may be taken in a family's home upon request.

The Enrollment Coordinator processes the initial application and enters information into ChildPlus. A signed statement regarding documents reviewed by staff will be in each child's application file. The following information will be verified at the time of enrollment;

- Size of the family
- Categorical eligibility if appropriate
- Income for the last twelve (12) months or prior calendar year.
- Income will be established using current poverty guidelines, individual income tax form 1040, public assistance information, W-2 forms, pay stubs, written statement from employers, or documentation showing current status of recipients of public assistance. If the family asserts that there is no income in the home, a Statement of No Income form will be completed.
- Income will be reverified by selection committee
- Income documentation will be uploaded into Child Plus; paper copies will be kept in child files
- Age of child. Birth date will be verified by birth certificate, medical card, and immunization record or hospital verification.
- Immunization status

All documents used to determine eligibility will be uploaded into Child Plus and paper copies will be kept in the child's paper file

Step 2:
- a. Once Enrollment Department has verified that the application is complete and accurate, the child will be placed on the waitlist in Child Plus.
- b. If the file is incomplete, the child will be given a "New" status
- c. When an opening arises the Enrollment Coordinator will bring files to the Selection Committee for review and acceptance.

Step 3:
Promise Selection Committee will meet, at a minimum, of once per week to accept children. The Selection Committee is comprised of the Program Specialist, Education / Child Development Manager and Family Service Manager.

- a. When an enrollment slot becomes available, the Enrollment Coordinator will review the ChildPlus list to determine which child is next on the list based on our selection for criteria and confirm family's interest in available opening.
- b. The Enrollment Coordinator will send files to the Selection Committee where the Education / Child Development Manager will review and accept the file.
- c. The Enrollment Coordinator will change the child's status in ChildPlus to accepted and transfer the child's file to the appropriate Site Supervisor (paper file will be reviewed file and sent to staff within 24 hours). .
- d. The Enrollment Coordinator will send an email to Teacher and Family Service staff in receiving classroom and cc Supervisor. Email will include information as to allergies and/or special needs for the child along with language facilitation for family and cc **Managers as appropriate**.
- e. e. The Enrollment Coordinator

    will call families to notify them of their child's acceptance confirming option/location informing them that they will be contacted by Family Services within two business days to enroll child within xxx days.

Step 4: Staff contacts family.
- a. Family Service staff will outreach to family by phone, text, and/or e-mail (use delivery confirmation and read receipt) to arrange initial home visit within 48 hours.
- b. On the day two following initial outreach if no response from family, staff will attempt to reach family using alternate contact number. If still unable to contact family on day two, staff will prepare two copies of a parent contact letter asking them to contact staff by date one week hence. Staff will attempt to make direct contact on day two by visiting family at a home. If the family is not home, a copy of the letter will be left for the family. An additional copy of the letter will be mailed in case the family has moved, and their mail has been forwarded.
- c. Day Three through Seven: Staff will attempt to make phone contact with the family every day.
- d. Day Eight: If still unable to contact family, staff will send an EAS that indicates they are unable to contact the family. File returned to Enrollment Department and the child's enrollment spot will become vacant.

Step 5:
Once family has been contacted:
- Family Service staff with support of Teacher as available **and support of Language Facilitator** as needed, will complete Enrollment Home Visit paperwork, and discuss with the family how best to help the family/child transition into the program.
- **For childcare only:** Family service staff will review childcare fee with the parent and act as a liaison between the Finance and parent to ensure a fee agreement is completed and signed. Staff will also discuss the Extended Care Parent Agreement with families.
- Family Service staff will submit Enrollment Activity Sheet (EAS) to the Enrollment Coordinator on the child's their first day in the classroom or their first Home Based Visit. Enrollment staff will change the child's status from "Accepted" to "Enrolled" (first year children) or "Enrolled" to "Re-Enrolled" (for repeaters) based on the date of the home visit to complete enrollment paperwork.

Title of Procedure or Process:	Income Verification & Eligibility
Program Area(s):	ERSEA
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	Enrollment Coordinator
Timeline for completion:	Completed up on time of eligibility determination
Submitted to:	NA
ChildPlus Documentation:	Eligibility Records
Uploaded to ChildPlus:	NA
Specific Directions:	Income eligibility is determined by Enrollment Coordinator at time of Enrollment based on the Head Start Family Income Guidelines. A child , or pregnant mother, is considered eligible if : • The family's income is equal to, or below poverty line; or • The family is eligible for, in the absence of child care, would be potentially eligible for public assistance.

Procedure

Income Verification

Income to be verified must include income for the previous 12 months preceding the month in which the application is submitted or income from the calendar year proceeding the calendar year in which the application is submitted; whichever more accurately reflects the needs of the family at the time of application.

Income documentation may include; income tax forms, W-2 forms, pay stubs (for previous 12 months), written statements from employers, public assistance documentation. Copies of documents used to verify income will be uploaded into Child Plus and kept in the child's physical file.

Income must be verified prior to considering the child eligible for a program. Income eligibility does not need to be re-verified for the following year if the child has been enrolled. A child in Head Start who is age eligible and re-enrolling for a third program year will need to have income verified. Income must be re-verified when a child transitions from Early Head Start to Head Start. Income may also be re-verified if an over income family has a drop in income that makes them income eligible.

If a family reports no income, Staff will document efforts made to verify the family's income. This may include seeking information from third parties about the family's eligibility, if the family gives written consent; or having by the family sign a written declaration of no income (No Income Statement)

Family Subsistence Allowance (FSSA) received by members of the armed forces should be disregarded as income.

CATEGORICAL ELIGIBILITY:

- <u>Homeless.</u> Children are considered categorically eligible for Head Start if they meet the definition of homeless. See Definition of terms.

- <u>Foster Care</u>. A child in Foster Care is also considered categorically eligible, regardless of the families income

<u>Verification of Categorically Eligibility</u>: A family can prove categorical eligibility, with:(i) A court order or other legal or government-issued document or a written statement from a government child welfare official demonstrating the child is in foster care;(ii) A written statement from a homeless services provider, school personnel, or other service agency attesting that the child is homeless or any other documentation that indicates homelessness, including documentation from a public or private agency, a declaration, information gathered on enrollment or application forms, or notes from an interview with staff to establish the child is homeless

If a program determines a child is categorically eligible, it must allow the child to attend the Head Start program/ Early Head Start Program, without immunization and other medical records, proof of residency, birth certificates, or other documents. The program must give the family reasonable time to present these documents.

Homeless verification will be handled in such a way that it does not violate privacy or jeopardize housing arrangements. It is up to the local liaison, enrollment staff, and/or other school personnel to be sensitive and discreet. In summary, the program's attempt to verify a student's eligibility for McKinney-Vento services must be governed by respect, sensitivity, and reasonable limits. The McKinney Vento Act defines homelessness as lacking an adequate, fixed night time residence. Families who are "couch surfing" are considered homeless, as well as those living in cars, or adults who have left home and have returned to stay with parents.

<u>Over Income</u>
Over income children will be placed on the waiting list following any income-eligible children, and considered only if no income-eligible children are already on the waiting list.

If the family's income is above the poverty line, a program may enroll a pregnant woman or a child who would benefit from services. These participants can only make up to 10 percent of a program's total enrollment

A program may enroll an additional 35 percent of participants whose families are neither income nor categorically eligible and whose family incomes are below 130 percent of the poverty line, if the program:

- Establishes and implements outreach, and enrollment policies and procedures to ensure it is me eting the needs of income or categorically eligible pregnant women, children, and children with disabilities, before serving ineligible pregnant women or children; and

Establishes a criterion that ensures eligible pregnant women and children are served first.

Title of Procedure or Process:	Enrollment Activity Sheet
Program Area(s):	ERSEA
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	Teachers, FA's, FE's
Timeline for completion:	Same day as Enrollment Activity occurs
Submitted to:	All staff listed at the top of the form
ChildPlus Documentation:	Enrollment Coordinator will make status changes in Child Plus
Uploaded to ChildPlus:	The EAS will be uploaded by Enrollment Coordinator
Specific Directions:	Staff will complete EAS to share changes in a child's enrollment status

Procedure

Staff will complete an Enrollment Activity Sheet within 24 hours of change occurring.

When to complete an EAS:

1. The first day that a child sits in seat. This is the child's enrollment date.
2. When a child transfers from one classroom to another. When a child transfers, the new classroom will send EAS dated first day child sits in the seat.
3. If you receive a file for a new child and they never start an EAS is completed as this prompts the Enrollment Coordinator to remove the child from the accepted status and choose a replacement child.
4. When a child drops out of the program or ages out and the end of the program year. When a child drops, the day following child's last day in seat is considered the child's drop date.
5. When a pregnant mother gives birth an EAS prompts the Enrollment Coordinator to drop the mother as a participant and add the newborn as a participant.

The EAS can be found on our staff website under Staff forms – Enrollment.

The EAS should be completed electronically and e-mailed to all of the names at the top of the form.

When the Enrollment Coordinator receives the electronic copy she will upload the EAS into ChildPlus and make necessary status changes in ChildPlus.

Title of Procedure or Process:	Transfer Requests
Program Area(s):	ERSEA
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☒Caring for Children ☒Other
Person Responsible for implementation:	Teachers, FA's, FE's
Timeline for completion:	When a parent request a transfer
Submitted to:	Supervisor for signature, then to Enrollment Coordinator
ChildPlus Documentation:	
Uploaded to ChildPlus:	The Transfer Request will be uploaded to Child Plus by Enrollment Coordinator
Specific Directions:	Staff will complete when parent requests a change in programming

Procedure

Submitting a transfer request:

1. Staff will complete a Transfer Request when a request is being made to change a child to another classroom or program option. EHS to HS requests must include updated income.
2. The Transfer Request will be sent, electronically, to Site Supervisor for signature / approval.
3. Site Supervisor will sign / approve and send to Enrollment Coordinator.
4. Enrollment Coordinator will upload the Transfer Request into ChildPlus.

Special considerations:

EHS to HS – Transfer requests from children from EHS to HS, need to have updated income attached
Part Day to Full Day: To be eligible for acceptance into a full day program, parents must have identified resources and/or confirmed subsidy.

After a transfer has been accepted:

1. When an opening arises for a HS / EHS spot, the EC will present the selection committee the next eligible Transfer Request(s)
2. Once a child's transfer has been approved, the Enrollment Coordinator will sent out an email notifying Site Supervisors, Teachers and FA's for both the present and new classroom. The email will include dates for the transfer to happen when applicable.
3. The Enrollment Coordinator will send the Transfer Request to the new Site Supervisor for review. The Site Supervisor will send the Transfer Request to the staff with family service responsibilities at the new site.
4. The receiving classroom will contact the current classroom to coordinate the transfer and discuss any child or family needs.
5. The current classroom will ensure all Teaching Strategies Gold observations are uploaded into Teaching Strategies and Assessments are complete, if applicable.
6. The receiving classroom will schedule a time for the parent to see the classroom, meet the staff and review the child's emergency card and permission for services form.

7. The receiving classroom will send an Enrollment Activity Sheet (EAS) on the child's first day of attendance. This completes the transfer process.

Note: Over income slots are available in limited quantities and may not be available at time of transfer request.

Title of Procedure or Process:	Recruitment
Program Area(s):	ERSEA
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	Teachers, FA's, FE's
Timeline for completion:	Ongoing
Submitted to:	NA
ChildPlus Documentation:	
Uploaded to ChildPlus:	
Specific Directions:	The agency must maintain full enrollment with an active waitlist

Procedure

EC conducts applications throughout the year. Applications are sourced from community referrals, walk in appointments, online applications and community recruitment.

Social Media accounts through Facebook and Twitter. Promotional video

Now enrolling signs. Calendars, brochures, bright signage, now enrolling post cards

Public presence at community events such Touch a Truck, National Night Out, Kids Day America

Presence at ongoing community venues such as Trinity church, WIC, local libraries,

Use of community meetings with partners to highlight enrollment needs …. Health Advisory, CPPC meetings, Program Advisory Committee, Board Meetings, Policy Council

Parent word of mouth, ensuring age eligible children of siblings are on waitlist. Parents sharing post cards

Ongoing relationships with referring agencies such as Safe voice, DHHS

Title of Procedure or Process:	ERSEA Training
Program Area(s):	ERSEA
Related Standards or Regulations:	☒Head Start Program Performance Standards ☐Maine State Licensing ☐Developmentally Appropriate Practice/NAEYC ☐Caring for Children ☐Other
Person Responsible for implementation:	Program Specialist, Enrollment Coordinator
Timeline for completion:	New staff receive ERSEA training within two weeks of hire ERSEA training is provided annually, for all, staff in August Governing bodies receive training annually within 180 days of the new term
Submitted to:	NA
ChildPlus Documentation:	NA
Uploaded to ChildPlus:	NA
Specific Directions:	A program must train all governing body, policy council, management, and staff who determine eligibility on applicable Federal regulations and program policies and procedures. ERSEA training is provided annually for staff in August. New staff receive ERSEA training within two weeks of hire. Governing bodies receive training annually within 180 days of the new term. ERSEA training must include; • Methods on how to collect complete and accurate eligibility information from families and third party sources; • Strategies for treating families with dignity and respect and for dealing with possible issues of domestic violence, stigma, and privacy; and, • Policies and procedures that describe actions taken against staff, families, or participants who intentionally attempt to provide or provide false information.

Procedure

Program Specialist will present ERSEA training ERSEA training to all staff at start up training in August

New staff will receive ERSEA training within two weeks of hire through the Onboarding process with the Enrollment Coordinator

The Program Specialist will provide ERSEA training for Board and Policy Council within 180 days of the new term during established Board and Policy Council Meetings

ERSEA Definition of Terms:

New: A child with a new status has an application that is not complete, and/or income that has not been verified

Waitlisted : A child that is has an application that has been completed and age and income have been verified.

Accepted: A child that is accepted has been assigned a classroom and is waiting for home visit

Enrolled: A child is enrolled the first day that they attend the classroom or for homebased, have their first home visit.

Colab: A colab child is a child that is enrolled in a public pre-K partnership classroom and has not had income verified. These children have an "*"next to their name in ChildPlus and do not receive Head Start funding

Completed: The child was enrolled through the end of the program year

Aged out: The child has is no longer age eligible for the program

Abandoned: This status is used when a child is not expected to enroll into a program or program year. A child may be "abandoned" from one waitlist or program to be put on another.

ERSEA: Eligibility, Recruitment, Selection, Enrollment & Attendance

Funded Enrollment: refers to the number of children which the Head Start grantee is expected to serve, as indicated on the grant award.

Homeless: The McKinney-Vento Homeless Assistance Act defines homelessness as:
    a. children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason and have no income that contributes to the benefit of that family; are living in hotels, motels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters,; are abandoned in hospitals; or are awaiting foster care placement
    b. children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings
    c. children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing

Income: includes earned income (gross), military income (including pay and allowances), veterans' benefits, Social Security benefits, unemployment compensation, and public assistance benefits.

Selection: means the systematic process used to review all applications for Head Start services and to identify those children and families that are to be enrolled in the program.

Slots: The agency has a limited number of childcare slots available for private pay families. Although these children are offered the same services as HS or EHS children they have the option to opt out of any services that they do not wish to receive (Home Visits, family assessments etc.). Slots are approved on a program year basis and are not guaranteed from year to year.

Transfer: Used when a family is interested in moving to another classroom/program option while continuing to receive services in the current classroom/program option.