Head Start, Early Head Start and Child Care

Active Supervision and Staff Child Ratio in CB & HB ............................................................ 3-5

Safety Activities in CB & HB ........................................................................................................ 6-9

Safety in the Classroom and HB Socializations ........................................................................ 10-16

Equipment and Environment ...................................................................................................... 17-19

Sanitizing Equipment, Classroom Cleaning ............................................................................... 20-21

Cleaning and Sanitation Frequency Chart .................................................................................. 22

Swimming, Walks, Field Trips .................................................................................................... 23-25

Safety Tips for Home Visiting ..................................................................................................... 26

Health and Emergency Information ............................................................................................ 27
CHILD CARE/ TEMPORARY /SUBSTITUTE STAFF

Health Training Section

Index

Child Health & Safety
Sick Children in the Classroom ................................................................. 28 - 31
Reporting Communicable Diseases to Local Health Authorities
Parent Information when children re exposed to infectious disease
Injuries While in the Classroom
Child Accident Report
Children with Infestations
Exclusion from Classroom
Children with Medical Alerts

Administration of Medications ................................................................. 32-37
Injury Prevention
Hygiene
Sanitizing Solution Mixture
Diaper Changing Procedures
First Aid Kits

Nutrition ........................................................................................................ 38-45
Dental Hygiene
Meal Service

Child Abuse and Neglect ........................................................................... 46- 49
In this Safety Training Guide, there are many situations and rules discussed. Every staff member is responsible for following these procedures to promote safety in the PACT program.

Safety is one of the most vital parts of our program. Safety of children entrusted to our care should be uppermost in each staff member’s mind at all times. We should never assume anything relating to safety. We need to always be alert to prevent accidents and take every precaution that is possible to ensure children’s safety, in our agency we call this “Active Supervision”.

It is PACT’s policy that there is a “0” Tolerance for jeopardizing the safety of children. See SOPM. Any staff involved in jeopardizing the safety of a child will be subject to suspension or termination pending investigation.

NOTE: Safety or emergency information posted for our families in the center must be written in the children’s home language. This is the responsibility of the teacher and Site Supervisor.

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

Setting up the Environment
Staff arrange the environment so that children can be viewed from any area of the classroom. The classroom should not have “blind spots” or areas that cannot be well supervised due to large furniture or hidden spaces.

The classroom is kept clutter free and safety checklists (monthly and daily) are used to ensure the safety of the classroom and materials.

Staff maintain the proper staff:child ratio for their age group to ensure adequate supervision. Extra adults are available to step into the classroom if needed for an emergency or unforeseen circumstance.

**Head Start and 3-5 Child Care Staff : Child Ratio**
Classroom and Playground = 1 adult to 10 children (1:10)
Field Trips = 1 adult to 5 children (1:5)
Teachers, with assistance from Family Advocates, will alert parents of the importance of volunteering for the monthly field trip.

**Early Head Start and 0-3 Child Care Staff : Child Ratio**
Classroom and Playground = 1 adult to 4 children (1:4)
Positioning Staff
Staff position themselves and others (indoors and outdoors) in a way that they can see and hear all children at all times, even when working with individuals or small groups of children. They circulate throughout the classroom and playground to effectively supervise children’s play. There are clear paths to the areas that children are playing so that staff can react quickly if necessary. Children who may need additional support are shadowed by staff so that support can be provided, if needed. Staff should ask themselves:
   - Do I have my back to the children?
   - Are there new or high risk experiences that need additional adult supervision?
   - Is there a student/volunteer that needs to be considered?
   - Are there corners or areas which may pose a risk for supervision?

Scan and Count
It is the responsibility for each staff member to know how many children are in attendance at all times. Staff continually scan and count throughout the day. Children are counted before, during, and after each transition inside or outside the classroom (for example, drills, hand washing, tooth brushing, meals, outdoors, combining classes, bus pick-up, etc.). The children must be supervised at all times by staff.

The Arrival/Departure Log is used to monitor how many children are present at all times. The Teacher is responsible to monitor the Arrival/Departure Log to ensure children are being signed in and out of the classroom. The Teacher will complete a formal check off during meal/snack times to ensure numbers match, as well as the informal scanning and counting throughout the day.

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

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

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

Engage and Redirect
Staff use everyday situations to teach children about their safety responsibilities. We call these “teachable moments”. When children are engaging in dangerous or unsafe behavior staff interrupt the behavior then positively redirect the child or help them solve the problem. They may use different levels of assistance based upon the developmental level of the child. Staff help the children learn that it is everyone’s job to keep the classroom safe.
Indicators of Active Supervision
The following statements will help you to determine if you are providing adequate supervision to the children in your care. You may also identify some areas for improvement.

☐ I have arranged the furniture equipment and play space strategically to assist with supervision.
☐ I position myself and circulate the room so that I can see and/or hear the children at all times.
☐ I am present to help children resolve conflict.
☐ I can see or hear the children when they are napping.
☐ When I take phone calls, complete paperwork or observation documentation, I maintain supervision of the children.
☐ All of the children are supervised at all times (indoors and outdoors).
☐ I am able to monitor children in the bathroom, while still maintaining their right to privacy.
☐ If a friend arrives at my door to visit I ask them to return at a more convenient time.
☐ I have taken measures to ensure children cannot exit the classroom/facility unattended.
☐ The activities and equipment are developmentally appropriate for the children in my care.
☐ I have planned and prepared for the day by having all supplies on hand so that I do not have to leave the children to find something.
☐ I follow the staff:child ratio at all times (indoors, outdoors, field trips).
Safety Activities

Safety Activities - HS Standard 1304.22 (a) (3) NAEYC 2.K.03 & .04
Safety activities are planned and indicated on the Socialization or Classroom Lesson Plans. Staff, children, and parents will role play as to what to do in such an emergency.

In home-based, safety activities are incorporated into home visits and socialization activities planned by the teacher. These activities include community field trips and community people related to safety education. Other safety topics include storm safety, fire safety, seat belt safety, bus safety, stranger safety, gun safety, etc.

Child abuse prevention activities will be scheduled for the center or socialization room annually by the Site Supervisor. Parents will be notified, invited, and encouraged to attend. The HB teacher will be notified of the date and time. The HB teacher will notify their families.

Within our eight counties there have several child abuse prevention programs. The safety awareness program will teach children skills that will help keep them safe from dangerous and abusive situations. Children will learn about safe and unsafe touches. One rule they will learn is: No one should touch your private body parts except to keep you clean and healthy. If someone breaks this rule, say “No,” run away, and tell a grownup that you know. They will also learn not to keep secrets about touching. Touching rules also apply to children touching children as well as adults touching children.

Pike, Adams, and Brown Counties. – Quanada Sexual Assault Program, Quincy, IL. A personal safety program provides “Good Touch, Bad Touch” a 30 minute’s puppet show for preschool children.

Scott and Cass Counties – Prairie Center Against Sexual Assault, 3 West Old State Capital, Springfield, IL A personal safety program uses fun activities, role-playing, and group discussions.

Hancock and McDonough counties - W.I.R.C. - Community Action Agency, Victim Services provides a seven week series on Second Step - “Safe Touch”.

Advocacy Network for Children from Quincy serves all eight counties. www.advonet.org

P.S. It’s My Body is a research-based curriculum used to teach children safety strategies and is designed to decrease children’s risk of being abused. Children will learn to recognize welcome and unwelcome touches, practice saying “No” and moving away and identify trusted adults.

Field Trip Safety - it is important to consider safety issues when taking children on field trips. Possible hazards should be thought about carefully prior to taking any field trip. The teacher should talk with the staff at the field trip site to ensure the safety of the children. Safety rules for each field trip must be reviewed with children, staff, and parents. The teacher is responsible for ensuring that staff, children, and parents comply with safety trip rules.
Transportation Safety - See Transportation section of workplan. 1310.21(a)(b)(1-5)
The Bus Safety prop box, see classroom inventory includes developmental appropriate materials to enhance the safety procedures and to help individualize for the needs of each child throughout the year.

In Center-based the Bus and Pedestrian Safety activities are scheduled in September, November, March and June. The Bus and Pedestrian Safety activities will be documented on the lesson plan.

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

In Home-based, the Pedestrian Safety will be taught during Socializations #1, 8, & 12 (#18 EHS). The Pedestrian safety should be documented on the Socialization lesson plan. The pedestrian safety should include the child’s understanding of asking an adult to hold their hand when crossing the street, the danger zone of the streets and other areas between home and school or site.

NOTE: If a practice drill or actual emergency shows inadequate response from staff or children, the Transporters are responsible to identify the problem area and improve performance with support staff and children. The supervisor may be involved to assist with training and practice.

Head Start safety education for parents through handouts and for children through classroom activities will include:
1. Understanding and knowledge of how to be safe when riding the bus.
2. Understanding and has knowledge for boarding and leaving the bus safely.
3. Understands and has knowledge of the danger zones around the bus.
4. Understands and follows the emergency evacuation procedures on the bus.
5. Understands and asks an adult to hold hand when crossing street to meet the bus.
6. Understands and asks an adult to hold hand when crossing street to return home from the bus.

DCFS RISK MANAGEMENT – Emergency & Disaster Preparedness K 7-8

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

In Center-based, the Classroom Safety Activities Form is posted on the classroom Health & Safety Bulletin Board to document safety activities related to Fire, Tornado, or Bus Safety. Documentation of safety activities are checked annually by DCFS licensing representative and the State Fire Marshall.
The center Fire Drills are unannounced and scheduled by the Site Supervisor. The monthly Fire drill is documented on the *Fire Drill Report* by the Site Supervisor or a designated staff during summer lay-off. The *Fire Drill Report* is filed on site in the DCFS Health & Safety File Drawer.

**Emergency Exit Plans** - NAEYC 10.D.08, HS Standard 1304.22 (a) (3), & DCFS 407.370

Fire and tornado drill floor plans will be written in the children’s home language and posted in **every room** near (exit) doorway indicating the following:

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

In PACT programs, the safety drills with planned activities related to the situation are planned by the teacher monthly or at assigned Socialization number. If a practice drill or actual emergency shows inadequate response from staff or children, the teachers are responsible to identify the problem area and improve performance with support staff and classroom children. The supervisor will be involved to assist with training and practice.

**Evacuation from the center** – NAEYC 10.D.08 and HS Standard 1304.22 (a) (3)

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

If a management staff is not present, the designated staff listed on the Evacuation Plan will be the communication link with the central office. All other staff will assist with supervision of children.

The designated staff will go to the nearest telephone and call the central office. Once contact is made, staff will stay on the line to keep communication open between center and central office.

Parents will be contacted as soon as possible using the emergency care numbers by center staff or central office staff. (Emergency numbers are also listed on Child Plus)

Center Evacuation Plan will be posted on the classroom Health & Safety Bulletin Board and available for parents in the parent handbook. The emergency plans will be reviewed by center staff monthly.
The Crisis Management Manual will be located in the Classroom Health & Safety Notebook, Site Supervisor Bulletin Board, and Staff Bulletin Board. The manual describes situations such as dangerous person who is behaving violently or has a weapon, earthquake, severe weather, etc. The written plan may be individualized to the location of the center.

Crisis Management Manual will include the following information:
1. How parents are informed of the evacuation procedures, in the event of an emergency that requires evacuation of the center.
2. Plan or assign staff, who will supervise children, who will notify central office and parents, who will manage sign-out of children, and who will deal with the media.
3. Plan or assign a staff, who will be responsible for the children’s emergency numbers and release of children information. The emergency numbers and release of children’s paperwork should be easily accessible in an emergency.
4. What are the alternate escape routes? Practice alternate routes when practicing evacuations.
5. Review warning alarms and emergency procedures with all staff monthly. All staff should be aware of their role in case of an emergency.
6. Transportation procedures to follow in the event of a tornado when transporting children.
DCFS RISK MANAGEMENT PLAN – K1

Safety Checklists
The Classroom or Socialization Safety Checklist and the Health & Safety Checklist are used to make sure staff and children are in a safe environment and the emergency information is available to all classroom staff.

The Safety Checklists are used by the teacher to identify hazards in the classroom or socialization space. The teacher will record actions taken when hazards are identified. The teacher may notify the Site Supervisor or central office, if the identified hazard cannot be corrected. The supervisor will assess the problem and initiate request for repairs and maintenance or fix the condition that can be handled at the center.

In home-based, the Safety Checklist and the Health & Safety Checklist on back is completed prior to socialization and posted next to lesson plan.

In center-based, the Classroom Safety Checklist is completed daily and the Health & Safety Checklist report is completed monthly. The back of the Health & Safety Checklist is used by the teacher to self-check the children’s medical alerts, dietary, and medication documentation. The Safety Checklists are posted on the Health & Safety Bulletin Board.

In center-based, the Center and Classroom Inspection Checklist is used monthly by the Site Supervisor to monitor center and classroom environments. Any safety issues discovered that is caused by the failure of staff to follow safety procedures will result in a disciplinary action.

HS - Home-based Socialization - Safety during Arrival/Departure/Transition
Every child must be accompanied by an adult if he/she leaves the room, for any reason. At least one adult must be in the room at all times. Classroom rules should be reviewed at the beginning of every socialization activity. Children should be under staff supervision at all times.

EHS Home-based Socialization – Parents are required to attend with their child.

CB Children Arriving by Bus
Upon arrival to the center, the bus monitor/transporter takes a head count of the children and compares the count with the Bus Arrival & Departure Checklist. After the confirmation, the bus monitor/teacher will assist the children into the classroom.

Returning home, the bus monitor/transporter takes a head count before the bus departs from the center. The number of children should match the Bus Arrival & Departure Checklist.

Combining Children at the End of Day
When staff takes children into a different classroom due to staffing needs, end of day cluster, or transition, etc, the Arrival & Departure Log, Release of Child form, and medical or health information is also taken into the classroom.
Center Communication with Parents - DCFS
PACT will make sure information provided by parents about a child’s immediate daily needs will be communicated in a timely manner to staff. Children arriving on bus: Head Start children’s book bags are checked for notes upon arrival to center.

The EHS parents of infants under 15 months will be notified daily of their child’s daily routine, such as diapering, sleeping schedule, what the child ate and how much, etc. The Infant Care Daily Report is completed by teacher and sent home with each child’s parent to maintain communication.

Releasing Children from the center
PACT staff will refuse to release a child to any person, whether related or unrelated to the child, who has not been authorized by parents/guardian to receive the child. The names of people who are authorized to pick up or receive the child (ren) will be written on the Release of Children Form.

Early Childhood specialists, such as therapists that are coming to the centers for Speech and Language and other therapy services must be on the release of children forms signed by the parents and that the therapists must sign the child in and out of the classroom for therapy even though they never leave the building!

Teacher will inform the therapists of the sign in and out process, show them where the sign out list is kept in each classroom and explain that it is a DCFS requirement.

This also applied to children dropped off at Pre-K, Day Care, Early Childhood, etc.

Persons not known to the staff will be required to provide a driver’s license (with photo). PACT children cannot be released to anyone under the age of 18 years old.

Daily Arrival & Departure Log – NAEYC 9.A.09
All Head Start and Child Care children will be signed-in and signed-out on the Arrival & Departure Log by the parent/guardian or PACT staff. The Teacher, Site Supervisor, and Education Planning Coordinator will monitor the new sign-in and sign-out procedure.

Full-Year classrooms will NOT pre-print children’s names on the Arrival & Departure Log.

The Head Start bus children will be documented on the Bus Arrival & Departure Checklist and signed-in and signed-out on the Arrival & Departure Log.

DCFS regulation states that we have documented evidence of the number of children present at any given time. A class count, the number of children present will be posted in the classroom.

The children arriving to Head Start, Early Head Start, or Childcare from Pre-K, Early Childhood, Speech, etc. or departing to attend Pre-K, Early Childhood, etc. unaccompanied will be assigned a designated staff person to enter the time of arrival or departure. The designated staff person will be listed on the Classroom Departure Log, posted on the Health & Safety Bulletin Board.
Late Pick-Up Procedure: (see 1310.21(a) (b) (1-5) in Transportation Tab)

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

Classroom Children - When a parent or guardian is late picking up his or her child from the classroom, the child will remain at the center. The Teacher or Site Supervisor will use the child’s emergency numbers listed on the Emergency Care form to contact the names listed on the Release of Children form.

If the parent or authorized persons cannot be reached, the child will be made as comfortable as possible. The late pick-up concerns will not be discussed with the child or in front of the child.

Staff will make every attempt to reach the parent, guardian, or authorized persons until the last staff is scheduled to leave. Attempts will be made every 15 minutes to contact the parents, guardian or authorized persons listed on the Release of Children form.

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

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

Background Clearance
Parents, volunteers, or other agency personnel who have not been fingerprinted and/or have not received a background clearance from DCFS are to be under the visual and/or auditory supervision of the teacher at all times. This does not preclude a parent being left alone with their own children.

Name Badge
All center staff will wear PACT photo name badge as agency identification for security reasons. Community volunteers, parents, etc., will wear color coded name badges. The color coding is used to identify DCFS background clearance.

Red – Staff who have been cleared by Illinois State Police but not cleared by DCFS cannot be left alone with children. Volunteers cannot be left alone with children.

Green -The volunteer or parent has DCFS background clearance on file at the center.
Community or Temporary Staff – DCFS & NAEYC 3.C.04
Community agency personnel (Health Dept., Dentist, etc.) cannot be alone with children. Children are to be under the visual and/or auditory supervision of a cleared PACT staff at all times.

Children cannot be left alone with a temporary staff without a permanent staff present to assist in an emergency. Staff must be aware of all children at all times, even in the classroom. The classroom environment should be arranged to make this possible.

Rules
The classroom & playground rules and pictorial schedule are reviewed daily or during socialization. When a negative behavior occurs, the child should be redirected in a positive manner using procedures outlined in the child management training guide.

NOTE: For safety, children must wear shoes in the center hallway, anytime the child is outside of the classroom.

Outdoor Play – HS Standard 1304.21 (a)(5)(i) OHS – Policy Clarification – C –006
Children and teachers will go outside every day, unless there is active precipitation or public announcements that advise people to remain indoors due to weather conditions such as high levels of pollution and extreme cold or heat that might cause health problems.

Children should be dressed properly. PACT will provide hats, gloves, jackets, if needed. Teachers may have to change their outdoor schedule to accommodate for weather conditions.

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

PACT will use the Childcare Weather Watch chart to understand the weather condition. The Wind-Chill and Heat Index information is from the National Weather Service. The chart was produced by the Iowa Department of Public Health.

The Playground Safety Checklist
In Center-based, the Playground is walked daily and checked for safety. The Playground Safety Checklist is coded daily by an assigned center staff. The teacher is responsible to make sure the playground is safe before taking children outdoors.

In Home-based, the playground is checked prior to Socialization.

Playground Rules
The playground rules will be created at the center level with all staff involved. The playground rules will be posted near the exit door to the playground. The rules will be reviewed (singing, chanting, rapping, etc.) prior to going outdoors.

To ensure children’s safety, the teaching staff will position themselves near playground equipment that requires close supervision, such as the challenging climbing rock or log.
The correct way to use large muscle equipment will be determined at the center level.

Staff will position themselves so that all children are visible to them as all times, whenever possible.

**Sandbox**
Sandboxes will be checked for foreign matter on a regular basis. Site Supervisor will replace sand as often as necessary. Weeds and grass are pulled and removed from sandboxes on a regular basis. If the sandbox cannot be cover due to size, (larger than 10 x 10) the sandbox will be raked daily by assigned staff for unsafe objects, per DCFS.

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

**Napping and Sleeping**

**Staff-Child Ratio for Naps in the Transition and Preschool Classrooms** - DCFS regulation. During nap times, provided the required staff-to-child ratio is maintained on the premises, when all of the children are two years of age or older, an early childhood assistant 18 years of age or older may provide direct supervision without the presence of an early childhood Teacher for a maximum of one hour per day while the children are all on cots. When non-sleeping children are allowed to get up, staffing will meet required guidelines.

NOTE: When PACT children are sleeping or resting, the classroom may have reduced light but will not be dark.

**Preschool - Napping and Sleeping** - DCFS Reg.
Children 3 years of age and older shall not nap for more than 2 hours or rest on cots without sleeping for more than 45 minutes. Children who do not sleep will be permitted to get up and be helped to have a quiet time with equipment or activities that will not disturb the napping children.

NOTE: Staff cannot force (hold or restrain) children to rest or nap on their cots.
EHS – 0-3 Child Care Napping and Sleeping  DCFS 407.350  - HS Standard 1304.53(b)  
(Amended at 34 Ill. Reg. 4700, effective March 22, 2010)

All staff working in 0-3 childcare or EHS classrooms are required to complete the SIDS Prevention training every three years: SIDS, SUIDS, Safe Sleeping.

To minimize the risk of sudden infant death syndrome, children will be placed on their back when put down to sleep according to the DCFS guidelines that follow:

When the infant cannot rest or sleep on his or her back due to a disability or illness, the teacher will have written instructions, signed by a physician, detailing an alternative safe sleep position or special sleeping arrangements for the infant. The teacher will put the infant to sleep in accordance with a physician's written instructions;

Infants that can easily turn over from the back to stomach position will be placed down to sleep on their backs, but allowed to adopt their preferred position while sleeping;

No infant will be put to sleep on a bouncer, soft pillow, car seat or swing; and

No positioning device that restricts movement within the child’s bed will be used without written instructions from the child's physician.

Soft bedding, bumpers, pillows, quilts, comforters, sheepskins, stuffed toys and other soft products will be removed from the crib when children are napping or sleeping.

If using a blanket, place the infant with his or her feet near the foot of the crib. Then tuck a thin blanket around the crib mattress, reaching only as far as the infant's chest.

**Supervising a Child in the Restroom**

In centers where the bathroom is located within the classroom, the child may enter the bathroom on their own. **Caution: When two or more children go into the bathroom at the same time, the children must be supervised.**

If the bathroom is located outside of the classroom, the children will need to ask permission to go to the bathroom. The staff will stand within visual or auditory range at all times. The child should be encouraged to do as much as possible for him/herself.
Changing a Child or Assisting a Child in the Restroom without a Diaper Pail

In classrooms or socialization with a diaper changing station, teacher/supervisor will provide diapers, wipes, and diaper pail with lid. (Diaper Genie)

In bathrooms without a diaper changing station, teacher/supervisor will provide a trash can with a lid.

All soiled pull-up/diaper will be placed in a plastic bag, tied, and then thrown into the trash can with a lid. Staff must follow the DCFS procedure when assisting a child in the bathroom. The procedure is as follows:

1. Staff must wear disposable gloves when assisting a child in the restroom.
2. After removing soiled pull-up, staff will place pull-up in a plastic bag and dispose into trash can with lid.
3. All trash cans in children’s restroom must have a lid.
4. Baby wipes cannot be flushed down the toilet. Staff will place baby wipes in a plastic bag and tied before placing in the trash can.

NOTE: Pull-ups, diapers, etc. stored in the classroom or children’s restroom will be removed from the original plastic bag and placed in a Rubbermaid type container.

If plastic bags (Wal-mart type) are used for wet or soiled clothing, the teacher will make sure the plastic bags are not accessible to children.

NAEYC 5.A.08 – Diapering

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

1304.53(a)(7)(b)

**DCFS RISK MANAGEMENT – K4**

**DCFS 407.380  Equipment and Materials**

The licensed centers may not use or have on the premises, on or after July 1, 2000, any unsafe children’s products as described in the Children’s Product Safety Act.

The teachers and Site Supervisor are responsible to inspect inventory for unsafe children’s products.

The Illinois Department of Public Health (IDPH) maintains an ongoing list of unsafe children’s products on their Internet Website at: http://www.idph.state.il.us/childsafety/childsafetyhome.htm

All donated equipment, toys, books, etc. used at the center must be approved by the Site Supervisor or Education Coordinator before use.

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

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

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

**EHS - Infant/Toddler materials** must pass the choke tube test. All infant/toddler classrooms will have a choke tube tester in the classroom. In areas where infants and toddlers play or sleep, there will be no objects that are less than 1 1/4 inches in diameter or that have removable parts of this size. *Hazardous items for infants and toddlers also include coins, balloons without cover/netting, safety pins, marbles, Styrofoam products, and similar products, and sponge, rubber or soft plastic toys.*

**Unsafe Equipment, Supplies, and Materials** - DCFS 407.370 Regulation

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

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

Surplus classroom equipment and toys are stored in a central location. The containers used in the center supply room will be labeled and organized for easy access and rotation. The Site Supervisor may assign sections of center inventory to each center staff to assist with care and
inventory.

**Kitchen and Exits**
The children are **never allowed** in the kitchen area. The Teacher and Cook are responsible for ensuring that children do not enter the kitchen area. Hair restraints are to be worn by staff working in the kitchen.

Exits will be kept unlocked and clear of equipment and debris at all times.

**DCFS Regulations: 407.370** (e) (1,2,3,4,5,6,7,8,9,10)
Adjustable window shades, drapes, or blinds shall be provided in all rooms where children rest or nap or in rooms that receive direct sunlight while children are present.

The floors and floor coverings shall be washable and free from drafts, splinters, and dampness.

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

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

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

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

**Electric Fans** - DCFS 407.370 Regulation
If electric fans are used to control temperature, measures shall be taken to assure the safety of the children in the group:
A) Stationary fans shall be mounted on the wall at least five feet above the floor or on the ceiling
B) When portable fans on stands are used, they shall be anchored to prevent tipping.
C) All portable fans shall have blade guard opening of less than ½ inch and shall be inaccessible to children.

**Poisonous Plant Reference**-NAEYC 9.D.08
Poisonous plant reference is posted on the Health & Safety Bulletin Board. The Teacher is responsible for making sure plants and seeds used or located in the classroom are non-toxic. **Head Start Design second edition, appendix G provides some of the most popular plantings that are both poisonous and non-poisonous** and also the Healthy Young Children website: [http://www.plantcare.com/catalog/tepSearchByPlantName.php](http://www.plantcare.com/catalog/tepSearchByPlantName.php) All plants used outside for gardening purposes must also be non-toxic.
Pet Policy - Animals in the Classroom meets DCFS regulations
Dogs or cats may not be brought into the classroom unless a licensed veterinarian certification shows documentation of rabies vaccination. Animals and/or pets shall be properly caged, fed, and maintained in a safe, clean, and sanitary condition at all times. A responsible staff person shall be assigned to the care of any animal or pet on the premises.

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

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

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

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

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

**Visiting Animals - All** animals visiting the center must have documentation from a veterinarian or an animal shelter to show that the animals are fully immunized and that the animal is suitable for contact with children. The documentation must be approved by the Site Supervisor, prior to entering the center with visiting pet.
Sanitizing Equipment, Classrooms, etc.
An Appropriate Sanitizing solution will be used for sanitizing after blood/body fluid spills. Other sanitizing that needs to be done (tables before and after eating, toys, toothbrush holders, sinks after tooth brushing, etc.) will be done by using bleach/water solution.

Staff will follow these instructions when sanitizing Toys, Tables, Sinks, Etc.
When sanitizing by dipping 50ppm will be used. This is between 1 tsp. to 1 tablespoon of bleach to 1 gallon of water. The test strips are used to make sure it is at the correct strength, (Phydron micro chlorine strips) because different brands of bleach have different strengths. Immerse for at least one minute. When sanitizing in place (using a wet rag from a mixture in a bucket) 100 ppm is used. No matter which method, air drying should occur.

Spray bottles can be used for sinks and allowed to air dry. Bucket and wash clothes or tea towels are best for table tops. Spray bottles can be used, but must be extremely careful that no children are close. There should not be concern about strong odor or staining of clothes because of the small amount of bleach used. If you have stains or strong bleach smell, you probably have your mixture too strong. Items should be clean (soap and water) and rinsed before sanitizing. So if table top, toys, tooth brush holder, cot, etc. are soiled, they need to be cleaned and rinsed of soap before sanitizing. Mixture of bleach and water only last 24 hours. So solution is made and tested daily for daily sanitation purposes.

Toxic Substances – NAEYC 9.D.09
All cleaning and pesticides will be stored in original containers and labeled and locked in a closet. Bleach should in the original container and kept in a locked room or cabinet. Diluted bleach solution may be in a spray bottle and stored out of the reach of children.

All corridor (hallway) doors into the supply room and maintenance closet will be closed and locked while children are present.

Cleaning and Sanitizing Schedule – HS Standard 1304.53(a)(10)
An individualized Cleaning and Sanitizing Schedule is posted in classrooms and used to document when furniture, equipment, etc. are cleaned or sanitized.

Daily cleaning of indoor and outdoor premises - HS Standard 1304.53(a)(10)
See Cleaning and Sanitation Frequency Chart. The teachers are responsible for clean up after meal service, messy activities, urine on floor, etc. The classroom furniture, table tops, play equipment are maintained in clean condition at all times by the teaching staff.
HS Standard (1304.53(b)(2) & DCFS Reg.
Toys that are placed in children’s mouth or are otherwise contaminated by body secretion will be set aside in a covered labeled container to be washed, sanitized, and air dried daily or before handling by another child.

Classroom water table and toys used during water play are emptied daily, sanitized, and air dried. In a double session classroom, the water table is drain after the first session.

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

**Water Play – NAEYC 5.A.09 & .10**
- Teach children to wash hands before and after water play.
- Children with sores on their hands are not permitted to participate in communal water play.
- Children may not drink the water play water.
- Water is changed between AM and PM class, for double session classrooms.
- Water table is drained and sanitized at the end of each day.
<table>
<thead>
<tr>
<th>Area/Classrooms &amp; Kitchen</th>
<th>Who</th>
<th>Clean</th>
<th>Sanitize</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Countertops, tables</td>
<td>Staff</td>
<td>X</td>
<td>X</td>
<td>Daily and when soiled</td>
</tr>
<tr>
<td>Floors</td>
<td>Janitor/Staff</td>
<td>X</td>
<td>X</td>
<td>Daily and when soiled</td>
</tr>
<tr>
<td>Food preparation &amp; service surfaces</td>
<td>Staff</td>
<td>X</td>
<td>X</td>
<td>Before and after contact with food activity, between preparation of raw and cooked foods.</td>
</tr>
<tr>
<td>Door and Cabinet handles</td>
<td>Janitor/Staff</td>
<td>X</td>
<td>X</td>
<td>Daily and when soiled</td>
</tr>
<tr>
<td>Gates</td>
<td>Janitor/Staff</td>
<td>X</td>
<td>X</td>
<td>Daily and when soiled</td>
</tr>
<tr>
<td>Carpets and Large area rugs</td>
<td>Janitor</td>
<td>X</td>
<td></td>
<td>Daily – when children are not present</td>
</tr>
<tr>
<td>Carpets</td>
<td>Janitor</td>
<td></td>
<td></td>
<td>Monthly – cleaned in infant rooms Quarterly – cleaned in other rooms</td>
</tr>
<tr>
<td>Small rugs</td>
<td>Janitor</td>
<td></td>
<td></td>
<td>Daily - vacuum</td>
</tr>
<tr>
<td>Utensils, surfaces, and toys that go into the mouth or have been in contact with saliva or other body fluids.</td>
<td>Staff</td>
<td>X</td>
<td>X</td>
<td>Daily - after each child’s use, or place in container for end of day cleaning</td>
</tr>
<tr>
<td>Toys - stuffed animals</td>
<td>Staff</td>
<td>X</td>
<td></td>
<td>Weekly or when soiled</td>
</tr>
<tr>
<td>Dress-up clothes</td>
<td>Staff</td>
<td>X</td>
<td></td>
<td>Weekly</td>
</tr>
<tr>
<td>Cribs, Mattresses</td>
<td>Staff</td>
<td>X</td>
<td>X</td>
<td>2x Week or new child</td>
</tr>
<tr>
<td>Cots</td>
<td>Staff</td>
<td>X</td>
<td>X</td>
<td>Weekly or new child</td>
</tr>
<tr>
<td>Crib Sheets, blankets</td>
<td>Staff</td>
<td>X</td>
<td></td>
<td>2xs Week or when soiled</td>
</tr>
<tr>
<td>Cot Sheets, blankets</td>
<td>Staff</td>
<td>X</td>
<td></td>
<td>Weekly or when soiled</td>
</tr>
<tr>
<td>Hats</td>
<td>Staff</td>
<td>X</td>
<td></td>
<td>Weekly or when soiled</td>
</tr>
<tr>
<td>Mops and cleaning rags</td>
<td>Janitor</td>
<td>X</td>
<td>X</td>
<td>Before and after a day of use, wash, rinse, &amp; sanitize mops/cleaning rags.</td>
</tr>
<tr>
<td>Area/Toilet, Handwashing, &amp; Diapering</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sinks after toothbrushing</td>
<td>Staff</td>
<td>X</td>
<td>X</td>
<td>At the end of toothbrushing activity</td>
</tr>
<tr>
<td>Sinks, faucets, counters</td>
<td>Janitor</td>
<td>X</td>
<td>X</td>
<td>Daily</td>
</tr>
<tr>
<td>Soap dispensers</td>
<td>Janitor</td>
<td>X</td>
<td>X</td>
<td>Daily</td>
</tr>
<tr>
<td>Toilet bowls, seats, handles</td>
<td>Janitor</td>
<td>X</td>
<td>X</td>
<td>Daily</td>
</tr>
<tr>
<td>Cubicle handles</td>
<td>Janitor</td>
<td>X</td>
<td>X</td>
<td>Daily</td>
</tr>
<tr>
<td>Doorknobs</td>
<td>Janitor</td>
<td>X</td>
<td>X</td>
<td>Daily</td>
</tr>
<tr>
<td>Changing Tables</td>
<td>Staff</td>
<td>X</td>
<td>X</td>
<td>After each child’s use</td>
</tr>
<tr>
<td>Diaper pail</td>
<td>Staff</td>
<td>X</td>
<td>X</td>
<td>Daily</td>
</tr>
<tr>
<td>Any surface contaminated with body fluids</td>
<td>Staff</td>
<td>X</td>
<td>X</td>
<td>Immediately</td>
</tr>
</tbody>
</table>

The janitorial duties are posted at each center. A janitorial cleaning checklist is available, if needed.

When extra cleaning is needed due to Head Lice Infestation, the Teacher or Site Supervisor will notify Fiscal Officer or Executive Director.
Wading Pools/Swimming Pools Safety Guidance

DCFS 407.290
When children are swimming at a public indoor or outdoor swimming pool, supervision will include at all times a lifeguard or lifeguards provided by the pool. The Teacher is responsible for ensuring that these safety precautions occur.

In addition to the lifeguard and staff-ratio, one adult will be present to serve as bathroom monitor and provide other general out-of-water supervision.

All adults counted in the staff/child ratio for swimming shall receive basic water safety instruction from a person certified as a lifeguard or water safety instructor.

The following staff/child ratio will be maintained when children are wading or swimming, whether at the center or public swimming pool.

DCFS regulation: A minimum of two adults must be present at all times.

<table>
<thead>
<tr>
<th>AGE OF CHILDREN</th>
<th>NUMBER OF CHILDREN PER STAFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants/toddlers (under 2 years)</td>
<td>1</td>
</tr>
<tr>
<td>Two-year-Olds</td>
<td>2</td>
</tr>
<tr>
<td>Three and Four year-OLDS</td>
<td>5</td>
</tr>
</tbody>
</table>

Wading Pool - The correct way to enter and exit the wading pool will be discussed and demonstrated. The children are never left unattended. The teaching staff will be actively involved in water related activities. Staff should position themselves so that all children are visible to them at all times. The wading pool will be emptied and sanitized daily.

Going on Walks

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

♥ Children under the age of 3 must be placed in a stroller or wagon or they must have an adult hand to hold on to, at all times.
♥ Children over the age of 3 may need to have an adult hand or a rope to hold on to, if necessary due to behavior or high traffic areas.
♥ Staff will avoid crossing high traffic areas whenever possible.
♥ When crossing a street, staff and children will only cross at a crosswalk.
♥ Staff will take walks on walking paths or sidewalks, and will avoid walking through parking lots, if possible.
♥ Travel First Aid Kit will be taken on walks
♥ Health & Safety Notebook will be taken on walks.
♥ If a child has a quick relief or rescue medication (see Medical Alert), the medication will be carried in a zippered fanny pack. The fanny pack that is carried by an adult at all times is considered a locked container. NAEYC5.4.11
Field Trip Permission - FORM
Permission from parents/guardian must be obtained using the Field Trip Permission Form before a child can be transported from the center/socialization to a field trip location. Parents/guardian must also have knowledge of activities planned during the field trip. The parents/guardian of each child must sign this form for every field trip planned and this form must be in the possession of the teacher prior to the trip.

If a weekly trip to the community library is pre-arranged for a period of a month, a Field Trip Permission Form listing all of the pre-planned dates may be used. Once the original permission slips are turned in, the teacher will note this on the bottom of each field trip plan. The teacher will remind parents of this activity, with date and time in the Weekly Classroom News and at Parent Meetings.

Safety on Field Trips
When planning a field trip for the children, teachers should choose places that have child-friendly environments. Children should be allowed to enjoy their adventure by touching and exploring the things that they see. Teachers will visit the field trip destination site ahead of time to determine if it is safe and appropriate for their preschool children, unless the destination is listed in the Field Trip and Resource Guide.

Rules for each field trip must be reviewed with children, staff and parents. Outdoor and field trip expectations should be emphasized, as well as additional rules such as holding hands, buddy system, etc. The teacher is responsible for ensuring that staff, parents, and children are aware of, and comply with field trip safety rules.

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

Children will wear the same type of bright colored PACT shirt so that they will be easy to spot in a crowd. All children will have a name tag that displays the PACT center contact information just in case they get separated from the group.

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

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

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

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

**Travel First-aid kit** will be available at all times during a Field Trip. If medication is needed for emergency quick relief, the teacher needs to make sure the medication and medical alert or medication forms are available. In Home-Based, the emergency quick relief is the responsibility of the parent, if in attendance. Children or staff’s medication is stored in a locked box on the bus.

If an accident occurs during transportation activities, the employee present will complete the *Accident Report Form for Children* (Health Form) and follow the procedure below:

An *Accident Report Form for Children* is filled out by the employee present. Center Based accident reports are forwarded to the Site Supervisor and Home Based to HB Ed Coordinator within 24 hours following the incident. The Site Supervisor keeps a copy in the child’s DCFS file and the HB Teacher keeps a copy in the child’s file. The original *Accident Report Form for Children* for center based children is forwarded to the Education Planning Coordinator. In any cases where medical treatment is required, the staff member completing the *Accident Report Form for Children* is required to call the Executive Director.

**NOTE:** Any accident or injury requiring professional medical care, death, or other emergency involving a child will be orally reported immediately to the Parents/Guardians, PACT Director, and the DCFS Licensing Representative. Oral reports to DCFS will be confirmed by the child’s accident report. The Site Supervisor will fax the child’s accident report to DCFS within two business days after the occurrence.
HOME VISITING SAFETY TIPS

1. Trust your feelings. Never make a visit if you feel unsafe. Discuss with Supervisor.
2. Stand to the side of the door while waiting to be let in.
3. Locate the exits. Try to meet in a central room where you can reach exits easily.
4. Keep your gas tank full, especially in winter.
5. When lost, stop at a post office or police department for directions.
6. In winter time, carry emergency items (blankets, boots, gloves, candy bars).
7. Carry a flashlight in the car or on your key chain.
8. Lock your purse in the trunk and keep keys in your pocket or on an elastic wrist band.
9. Other emergency items that are good to carry at all times are: first aid kit, water, fix-a-flat.
10. Introduce yourself to the convenience center or restaurant in town.
11. Use a cellular phone or CB radio, if possible.
12. If the family is not home, leave a note, and call central office immediately.
13. If there are animals in the yard that you are unsure of, honk until someone comes to the door.
14. Do not put yourself in the position of being alone with the child in the home, even if the parent asks.
HS, EHS, & CC Staff (Teacher, Aide, Substitutes, etc) in charge for the day must review and be knowledgeable of the safety information posted in the classroom.

It is the responsibility of the Teacher to make sure the following information is posted.

**Information placed in the Health & Safety Notebook will be:**
- Children’s Emergency Care Information forms
- Children’s Release of Children forms
- Children’s “No” To Permission for Publicity forms
- Medical Alert forms
- Medication forms
- Dietary forms
- Crisis Management Manual

**Information posted on the classroom Health & Safety Bulletin Board will be:**

*Location of ............Telephone, Medication Box, First Aid Kit, Fire Extinguisher, Child’s Medical and Contact information, and Clean-up Kit.

*Emergency Phone Numbers   -  (Police, Poison Control, Fire Department, Ambulance, Hospital) and Name, Address & Phone Number of Center.  (The emergency number must be up to date and posted by every phone at the center.)

*Evacuation Plan

*Classroom Alert List

*First Aid Guide (Includes Choking & CPR)

*Dental Emergency Procedures

*Poisonous Plant Reference

*Center (Bus) arrival/departure arrangements

*Substitute Information Sheet

*Center Safety Activities Form

*Health & Safety Checklist

*Classroom Safety Checklist

*Cleaning & Sanitizing Schedule

*Infant Feeding Information, if applicable

NOTE: HS/EHS training ends here, the next section (Health & Safety) is for child care staff.
CHILD HEALTH AND SAFETY

HS. Performance Standard 1304.22 - Child Health & Safety
(4) Methods of notifying parents in the event of an emergency involving their child.

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

1. Children with diarrhea and those with a rash combined with fever (oral temperature of 101 degrees Fahrenheit or higher or under the arm temperature of 100 degrees Fahrenheit or higher) shall not be admitted to the day care center while those symptoms persist, and removed as soon as possible should these symptoms develop while the child is in care.
2. Illness which calls for greater care than the staff can provide without compromising the health and safety of other children or illness which prevents the child from participating comfortably in the program.
3. Fever with behavior changes or symptoms of illness.
4. Unusual lethargy, irritability, persistent crying, difficulty breathing, or other signs of possible severe illness.
5. Diarrhea.
6. Vomiting two or more times in the previous 24 hours, unless the vomiting is determined to be due to a noncommunicable condition and the child is not in danger of dehydration.
7. Mouth sores associated with the child’s inability to control his or her saliva, until the child’s physician or the local health department states that the child is noninfectious.
8. Rash with fever or behavior change, unless a physician has determined the illness to be non-communicable.
9. Purulent conjunctivitis, until 24 hours after treatment has been initiated.
10. Impetigo, until 24 hours after treatment has been initiated.
11. Strep throat (streptococcal pharyngitis), until 24 hours after treatment has been initiated and until the child has been without fever for 24 hours.
12. Head lice, until the morning after the first treatment and child is lice free
13. Scabies, until the morning after the first treatment.
14. Chicken pox (varicella), until at least six days after onset of rash.
15. Whooping cough (pertussis), until five days of antibiotic treatment have been completed.
16. Mumps, until nine days after onset of parotid gland swelling.
17. Measles, until four days after disappearance of the rash.
18. Symptoms which may indicative of one of the serious communicable diseases identified.
It is the responsibility of the Teacher to notify parents if their child becomes sick (vomiting, temperature, or communicable disease). They do this by phoning the parent. If no phone - emergency numbers are used. The parent is asked to come pick their child up.

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

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

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

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

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

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

Injuries While in the Classroom
(PACT direct service staff receive training in Basic First Aid and CPR.)

a. The Teacher is responsible for administering first aid and seeking treatment.

b. If a serious injury, attempts are made to notify the parents by phone. If no phone - emergency numbers are used. If parents cannot be reached, it is the responsibility of the Teacher to determine if the child is injured badly enough to be taken home. If not taken home, the child will be made as comfortable as possible until time to go home. If serious enough, the hospital and ambulances are contacted as needed while attempts are made to contact the parents. If treatment by medical providers is provided and the parent is not present, a written signed statement must be obtained from the attending physician stating the nature and extent of the injury. This is forwarded to Central Office with the Accident Report (see d.)

c. The Director or Health Coordinator is also notified of any child hurt seriously enough that emergency medical treatment is given.
d. An Accident Report Form for Children is filled out by the employee present. Center Based accident reports are forwarded to the Site Supervisor and Home Based to HB Ed Coordinator within 24 hours following the incident. The Site Supervisor keeps a copy in the child’s DCFS file and the HB Teacher keeps a copy in the child’s file. The original Accident Report Form for Children for center based children is forwarded to the Education Planning Coordinator. In any cases where medical treatment is required, the staff member completing the Accident Report Form for Children is required to call the Executive Director.

NOTE: Any accident or injury requiring professional medical care, death, or other emergency involving a child will be orally reported immediately to the Parents/Guardians, PACT Director, and the DCFS Licensing Representative. Oral reports to DCFS will be confirmed by the child’s accident report. The Site Supervisor will fax the child’s accident report to DCFS within two business days after the occurrence.

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

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

Children With Infestations – revised 5/08
(The following procedure is recommended by the Health Advisory Committee.)
If infestations, such as head lice, are discovered during classroom activities, the following procedures will apply:

a. Checks for head lice will be done only if there is a known outbreak. If checks are needed, they will be done discreetly as to not damage the child or parent’s self-esteem. Decisions to do checks are made by the Teacher.

b. If “live” lice or “nits” are discovered, the child will need to go home. Nits would be ¼” or closer to scalp, otherwise they may already have been treated and do not need to go home. Parents are notified by phone if possible and with a Head Lice Letter - Individual explaining what to do. If the child is unable to go home, the child will be kept away from other children as much as possible, again being careful not to damage self-esteem.

c. If “live” lice or “nits” within the ¼” from scalp are discovered, those children may not return to class until the morning after the child has been treated. The letter also recommends that all members of the household be treated and how to clean the environment.

d. The Teacher completes a child’s Infestation (Head lice) form for each infestation discovered. The original is kept in the child’s DCFS file at the center.

e. In childcare the Site Supervisor contacts the family within 24 hours of receiving the Child’s Infestation (Head lice) form. In childcare Site Supervisor use the Head lice Handouts as needed to educate the family and to make any referrals needed. The bottom section of the Child’s Infestation (Head lice) form is completed with input from the parent. The original is attached to the first original in child’s file. In childcare Site Supervisor communicates the status to the Teacher. In childcare Site Supervisor tracks
cases by child and classroom.

f. In childcare Site Supervisor may need to re-educate the family on proper removal of the “nits” after treatment if the child returns to school, treated but still has nits.

g. If the same child has reoccurring problems the Site Supervisor will contact the Health Coordinator. A decision may be made to require a note from the Health Department or physician stating the child has been treated before returning to class.

h. Parents of other children in the classroom are notified of possible head lice in the class by using a Head Lice Letter - Group. This form is used with the First outbreak in a week.

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

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

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

Children with Medical Alerts
The Assistant Site Supervisor in Macomb completes a Health History form with the parent during enrollment Visit.

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

ADMINISTRATION OF MEDICATIONS

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

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

PACT will not administer the first dose of any new medication to a child. The parents are informed of this and verified by a signature on the medication form that the medication has previously been introduced to their child. If the parent has not introduced the medication to the child at the time of completing the medication form, the process of completing the form will be stopped until the medication has been introduced at home.

The Medication form contains:
1) name of medication and prescription number (must be in original container)
2) RX Physician name & phone number
3) dosage amount, time and duration dates
4) additional instructions if needed
5) location of medication at site (a place that is not accessible to children and kept locked)
6) parent permission with signature
7) log of medication administered
8) release to physician
9) expiration date of medication - The expiration date is also posted on the Alert List so Teachers will periodically check to make sure medication is within expiration.

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

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

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

If special equipment is needed to administer medication (such as nebulizer, inhaler, or epi pen), specific instructions are obtained from the parent and/or health provider. These are in writing on the medication form and/or equipment. Staff will receive training individually or in a group as needed by health providers. In some cases training will occur directly to staff by health care provider. These are arranged as needed by the Health Coordinator.

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

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

Staff receive training on the use of nebulizers, inhalers, and epi-pens through yearly basic first aide training. Each center has a nebulizer on site to use for children that need it. Staff are trained yearly specifically how to use this specific nebulizer (including set up and cleaning). The Site Supervisor is responsible for this training. It is reviewed monthly. Any other specific medication equipment training will be completed as needed by the health care provider. This will be arranged by the Health Coordinator as needed.

Staff & Volunteer Medication – see Standard Operation Procedures Manual

INJURY PREVENTION

Safety activities are incorporated into classroom activities planned by Teachers. These activities include community field trips and community people related to safety education. Other safety topic include storm safety, fire safety, seat belt safety, bus safety, stranger safety, gun safety, etc.
HYGIENE

(e) Hygiene.

(1) Staff, volunteers, and children must wash their hands with soap and running water at least at the following times: (i) After diapering or toilet use;
   (ii) Before food preparation, handling, consumption, or any other food-related activity (e.g., setting the table);
   (iii) Whenever hands are contaminated with blood or other bodily fluids; and
   (iv) After handling pets or other animals.

(2) Staff and volunteers must also wash their hands with soap and running water:
   (i) Before and after giving medications;
   (ii) Before and after treating or bandaging a wound (nonporous gloves should be worn if there is contact with blood or blood-containing body fluids); and
   (iii) After assisting a child with toilet use.

Children’s hands will be washed with soap and water, at least at the following times:
Upon arrival at the center
1. Before and after each meal or snack
2. After using the toilet or having diapers changed
3. After handling pets or animals
4. After wiping or blowing his or her nose
5. After touching items soiled with body fluids or wastes (e.g., blood, urine, stool or vomit)
6. Before and after cooking or other food experiences
7. After outdoor play time and
8. Before and after using the water table.

Staff hand will be washed with soap and water, at least at the following times:
1. Upon arrival at the center
2. After using the bathroom or helping a child use the bathroom
3. After changing a diaper
4. After wiping or blowing their nose, or helping a child to wipe or blow his or her nose
5. After handling items soiled with body fluids or wastes (e.g., blood, drool, urine, stool, or vomit)
6. After handling pets or other animals
7. After handing or caring for a sick child
8. Before and after eating or drinking
9. Before preparing, handling or serving food
10. Before dispensing any medication
11. Before and after administering first aid and
12. When changing rooms or caring for a different group of children

The following technique for thorough hand washing will be used:
1. Wet hands under warm running water.
2. Lather both hands well and scrub vigorously for at least 20 seconds.
3. Rinse hands thoroughly under warm running water.
4. Dry both hands with a new sing-use towel
5. For hand held faucets, turn off the water using a disposable towel instead of bare hands to avoid re-contamination of clean hands.
Guidelines for Handling Bodily Fluids

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

1) Disposable gloves should be worn when there may be direct exposure to blood or body fluids, as well as surfaces, materials, and objects contaminated with them. Gloves should be discarded if they are peeling, cracked, or if they have punctures, tears, or other evidence of deterioration. Gloves will be discarded in plastic bags after one use.

2) Articles soiled with blood or other body fluids that cannot be cleaned should be placed in biohazard bags with a secure tie for disposal.

3) Clean soiled surfaces with an approved disinfectant solution such as household bleach, as provided by the agency. The cleaning solution will be stored at socialization sites and classrooms in a location that is not accessible to children. Disposable towels should be used whenever possible and disposed of in plastic bags. Wear disposable gloves while cleaning.

4) Wash hands after removing gloves. Proper hand washing requires the use of soap and water and vigorous washing under a stream of running water for approximately 20 seconds, paying particular attention to around and under fingernails and between the fingers. In the event that running water is not available, antiseptic towelettes will be provided in first aid kits to use for hand washing. Hands should then be washed with soap and water as soon as feasible.

5) In many instances, unanticipated skin contact with body fluids may occur in situations where gloves may be immediately unavailable. In these instances, hands and other affected skin areas of all exposed persons should be routinely washed with soap and water after direct contact has ceased. To help prevent instances where gloves are not available, staff (Teachers and Aides) is provided a “fanny pack” to keep gloves, Kleenexes, etc. in while away from the classroom.

6) Clothing and other non-disposable items that are soaked through with body fluids should be placed in plastic bags. Use gloves to bag and send home.

7) Hepatitis B vaccine is offered to all staff who may have to administer first aid and be in contact with bodily fluids.

8) Staff who may have to be in contact with bodily fluids will also receive training annually on Universal Precautions.

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

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

An Appropriate Sanitizing solution will be used for sanitizing after blood/body fluid spills. Other sanitizing that needs to be done (tables before and after eating, toys, toothbrush holders, sinks after tooth brushing, etc.) will be done by using bleach/water solution.

Staff will follow these instructions when sanitizing Toys, Tables, Sinks, Etc.

When sanitizing by dipping 50ppm will be used. This is between 1 tsp. to 1 tablespoon of bleach to 1 gallon of water. The test strips are used to make sure it is at the correct strength, (Phydrion micro chlorine strips) because different brands of bleach have different strengths. Immerse for at least one minute. When sanitizing in place (using a wet rag from a mixture in a bucket) 100 ppm is used. No matter which method, air drying should occur.

Spray bottles can be used for sinks and allowed to air dry. Bucket and wash clothes or tea towels are best for table tops. Spray bottles can be used, but must be extremely careful that no children are close. There should not be concern about strong odor or staining of clothes because of the small amount of bleach used. If you have stains or strong bleach smell, you probably have your mixture too strong. Items should be clean (soap and water) and rinsed before sanitizing. So if table top, toys, tooth brush holder, cot, etc. are soiled, they need to be cleaned and rinsed of soap before sanitizing. Mixture of bleach and water only last 24 hours. So solution is made and tested daily for daily sanitation purposes.

Diaper Changing Procedure:

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

**EHS/CC CRIBS AND COTS – Infant & Toddlers Room**

All cribs and cots are spaced at least three feet apart, in alternating head to foot position. This helps to prevent face to face spreading of germs. All cots and cribs have bed linen assigned to children for their exclusive use. Linens are seasonably appropriate. Linens are washed on a regular basis (cot sheets once a week, crib sheets 2 times a week), as well as immediately following an illness, and after “accidents”.

They are dried in dryers so the heat will help kill germs. Cribs and cots are also regularly disinfected (cribs on Wednesdays and Fridays. Cots on Friday). The disinfectant used is bleach solution. Washing linens and disinfecting cribs and cots is assigned to staff by the supervisor.

**FIRST AID KITS**

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

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

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

1304.23 Child nutrition.

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

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

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

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

Special Dietary Conditions
When completing the nutritional section on the Health History during the Enrollment Visit, Staff (Site Supervisor for Childcare) completes a Dietary form if there are any restrictions, food allergy, intolerances, or special diet. If dietary restrictions have been diagnosed by a physician, a release to the physician is obtained. The physician completes and signs the Dietary Information from Physician form. The form could include information on rescue medication (such as Epi Pen) as needed. When the information is received from the physician, the teacher meets with the parent about the results.

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

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

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

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

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

Menus and recipes are based on the meal patterns that follow. The amount prepared will include minimum serving sizes plus enough for seconds as needed. All recipes are low in fat, sugar, and salt. This is the responsibility of the Cook, with guidance from the Nutrition Consultant when preparing menus.
Sack lunches may be used for field trips/special outings. Teachers must communicate this request at least one week in advance. Sack lunches will meet the meal pattern & sanitation requirements. Cooks assure temperatures are maintained during transportation by using ice chest.

**EHS: (Infant/Toddlers)**

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

The following rules/regulations about nutrition and feeding will apply to Infant/Toddlers.

1. Daily food requirements for children under one year of age shall be offered to the child as detailed in *CACFP Infant Meal Pattern Chart*, unless otherwise indicated in writing by a physician, in consultation with the parent(s).

2. Food for infants not consuming table food may be provided by either the day care center or the parent, according to the center’s written policy.

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

4. Infants not consuming table food shall be fed in consultation with the parents. Feeding times and amounts consumed shall be documented in writing and available for review by the parents.

5. If provided by the day care center, formula shall be diluted according to the manufacturer’s instruction using water from a source approved by the local health department.

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

7. If the child’s formula is provided by the parent, it shall be labeled, dated and refrigerated upon arrival at the center. Parent should not have to provide formula. It is provided by the center.

8. Bottles of breast milk and opened containers of unmixed concentrate shall be dated. When there is more than one bottle-fed infant, all bottles shall be labeled with the child’s name.

9. All filled bottles of milk or formula shall be refrigerated until immediately before feeding. Contents remaining in a bottle after a feeding shall be discarded after two hours.
10. Formula prepared from powder or concentrate or an open container of ready-to-feed formula shall be labeled and dated. Prepared formula not used within 24 hours shall be discarded.

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

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

13. Frozen breast milk shall be thawed under running water or in the refrigerator. Bottles of formula or breast milk shall be warmed by placing them in a pan of hot (not boiling) water for five minutes or in a bottle warmer according to the manufacturer’s directions, followed by shaking the bottle well and testing the milk temperature before feeding.

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

15. Only sanitized bottles and nipples shall be used. Bottles and nipples reused by the day care center shall be sanitized by washing in a dishwasher, by boiling for five minutes or more just prior to refilling or by other method if approved by the Illinois Department of Public Health or local health department. Nipples are to be rinsed prior to washing.

16. No food other than formula, milk, breast milk, or water shall be placed in a bottle for infant feeding unless otherwise indicated by the child’s physician, in consultation with the parents.

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

18. Juice may be fed from a cup when the infant is old enough to drink from a cup (approximately six months). Juices shall be a 100% fruit juice.

19. Children under two years of age shall not be fed grape tomatoes, cream corn, berries, candies, raisins, corn kernels, raw carrots, who grapes, hot dogs, nuts, seeds, popcorn, raw peas, sausage rounds, hard raw vegetables & fruit, uncooked dried fruit, beans, grain kernels, pretzels, chips, marshmallows, gum, chunks of meat or peanut butter, as these foods may cause choking.

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

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

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

23. Staff members shall wash their hands and the child’s hands before feeding each child.
24. Infants unable to sit shall be held for bottle feeding. As infants become older, they may prefer to hold their own bottle, and may do so while held by an adult or sitting in a highchair or similar chair. The bottle must be removed if the child falls asleep. Bottle propping and carrying of bottles by young children throughout the day/night shall not be permitted.

25. Foods stored or prepared in jars shall be served from a separate dish and spoon for each child. Any leftovers from the serving dish shall be discarded. Leftovers in the jar shall be labeled with the infant’s name, dated, refrigerated and served within 24 hours or discarded.

26. In accordance with the American Academy of Pediatrics recommendations, solid foods shall be introduced generally between four and six months of age. The time of introduction shall be indicated by each child’s nutritional and developmental needs after consultation with the parents. (see Infant Report from Parent)

27. Infants, according to their developmental ability, shall be allowed and encouraged to feed themselves. Staff shall provide supportive help for as long as each child needs such help.

28. Parents of CB infants who breast feed will be asked by the Teacher, the parent preference of a place to breast feed at the center. If parent prefers a quiet private place, the Teacher and Site Supervisor will locate an area at the center that is suitable.

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

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

Infants and young toddlers will be fed on demand to meet nutritional & emotional needs. This does not mean offering food every time an infants shows signs of discomfort. A crying infant may want attention and interaction or sleep, and not food.
Staff must promote effective dental hygiene among children in conjunction with meals.

Dental Hygiene - Center-Based
Instruction in self-care oral hygiene procedures is the responsibility of the Teacher using the guidance of the Head Start Dental Curriculum and Oral Health flipchart from IDPH. Children should be taught proper procedures to brush teeth through assistance, modeling, stories, and songs. The first instruction is completed on the first class day with brushing instruction occurring in the classroom daily after the meal.
Daily brushing shall be supervised by staff so children can be taught and assisted as needed. Tooth brushing shall be regarded as an educational activity and not rushed. Two-minute timers are used with one child at a time while staff closely supervises. The staff verbally encourages the child to brush all teeth including the back and physically assists as needed.

Each child has their own soft bristle toothbrush which will be replaced when it is worn out. The brushes are stored in the classroom in a container to prevent cross-contamination. Fluoridated toothpaste is used. Sanitation precautions are taken by putting a pea-sized amount of toothpaste on a small paper cup, then allowing the child to put it on their brush from the cup.

Rinsing is discouraged as long as children spit the toothpaste out. If not, children may rinse with a very small amount of water.

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

**Infant/Toddler - Dental Hygiene - Center Based**

Daily brushing shall be supervised by staff after each meal. Infant teeth are cleaned, beginning with the eruption of the first tooth at about five or six months of age. A gauze pad is used for infants less than one, and a toothbrush at one year of age. Use only water to clean teeth (not toothpaste), since an infant will likely swallow the toothpaste. When a toddler is able to spit toothpaste out without swallowing it, staff begins brushing the child’s teeth with a small amount of fluoridated toothpaste. Parents are educated about proper ways to prevent baby-bottle tooth decay and other early childhood cavities through handouts. Proper care of teething toys is considered part of dental hygiene, as toys need to be kept clean and never shared.

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**MEAL SERVICE**

(*c*) **Meal service.** Grantee and delegate agencies must ensure that nutritional services in center-based settings contribute to the development and socialization of enrolled children by providing that:

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

2. **Food is not used as punishment or reward, and that each child is encouraged, but not forced, to eat or taste his or her food.**
   All staff are to promote this idea and encourage and educate parents to do so too. If a child refuses to eat or try a food, staff could offer at another time, but not pester the child with trying to get him to. No food is withheld until another is eaten. All foods offered by the program contribute to the child’s needs.
3 Sufficient time is allowed for each child to eat.
Children will be served as soon as all children come to the table and sufficient time is allowed to finish. (See Schedule for Meals for Center Based.) If children become restless while others are finishing, the teacher will arrange for activities for those children.

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

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

What is family style food service?
Family style are adults and children sitting together at one table passing bowls and pitchers and serving themselves with assistance from adults ad developmentally needed.

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

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

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

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

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

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

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

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

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

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

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

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

5. Infants are held while being fed and are not laid down to sleep with a bottle.
Teachers with infants in their classrooms follow the procedure in the CACFP Infant Feeding Guide. Staff and parents help infants have a positive experience by feeding them in a relaxed setting and at a leisurely pace. If possible, breast feeding mothers are encouraged to come to the program setting to feed their children.

Staff and parents use the following techniques for feeding infants:

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

Infant cereal is served with a spoon, never given in a bottle, unless there is a medical reason for some other approach. If this is a medical reason, a signed note is required from the physician.
As children grow older, they may prefer to hold their own bottles, and may do so while in an adult’s arms or lap, or while sitting in a high chair or similar chair.

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

Older infants do not need to be held when eating solid foods. Instead, they may sit in a chair scaled to size with a tray. It is important, however, to maintain eye contact with a child who is being fed, and to closely supervise all feeding activities in order to minimize the risk of choking.

Children sitting in low chairs with a tray are pulled up to the table, to be included in family style meal service.

(7) As developmentally appropriate, opportunity is provided for the involvement of children in food-related activities. Children are involved in food-related activities by:
1) serving themselves at meals, assisting with own clean-up afterwards,
2) monthly nutrition lesson in center based classrooms
CHILD ABUSE AND NEGLECT

Rules & Regulations:

(5) Established methods for handling cases of suspected or known child abuse and neglect that are in compliance with applicable Federal, State, or Tribal laws.

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

Abuse and Neglect Training
The Social Service Coordinator provides training to staff on reporting abuse and neglect. The online DCFS Mandated Reporter Training is used for each new staff member’s training. The website is www/dcfstraining.org/manrep/. Staff also receive a copy of the DCFS Mandated Reporter Manual which is reviewed during the training. After training is complete, the DCFS Mandated Reporter Questionnaire is administered to staff. Results are reviewed by the Social Service Coordinator and additional training provided as necessary. An inservice training on abuse and neglect is provided by the Department of Children and Family Services on a bi-annual basis for all staff.

Federal Child Abuse Legislation
PACT personnel are mandated to report suspected cases of child abuse and neglect under the regulations specified in the Head Start Policy Manual, Chapter N-30-356-1, drafted January 11, 1976, to:
1. Report suspected instances of child abuse and neglect in accordance with state law.
2. Preserve the confidentiality of all records pertaining to instances of child abuse and neglect.
3. Not undertake, on their own, treatment of cases of child abuse or neglect.
4. Cooperate fully with child protective service agencies in their communities and make every effort to retain children, allegedly abused or neglected, in their programs.
5. With the approval of the Policy Council, include otherwise ineligible children suffering from abuse or neglect who are referred by the child protective services agency.

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

Can a child sex offender live with children?

There are no Illinois laws which prohibit a child sex offender from being around children, unless it is at a park, school, or any location designed exclusively for people under the age of 18. If you would like a further investigation into the welfare of a child present in the same house as an offender, you should contact the Department of Children and Family Services. The Department of Children and Family Services Hotline is 1-800-25A-BUSE.
Within three days of beginning to reside in a household with a child under 18 years of age who is not his or her own child, the child sex offender must report this information to the registering law agency.

Can a child sex offender have unsupervised contact with children?

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

This information taken from the Illinois Sex Offender website www.isp.state.il.us/

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

Procedures for Reporting Suspected Child Abuse/Neglect – updated 5-10-10 MT

When a staff member suspects that a child has been abused or neglected, the staff member must follow PACT’s reporting procedure immediately. The first step is to notify the Social Service Coordinator, or if she is unable to be reached, the Executive Director; to inform her that a call is going to be made. The Social Service Coordinator or Executive Director will then explain the second step which is filling out the CANTS 5 form and calling the DCFS Hotline.

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

Staff members are to follow strict confidentiality guidelines when handling calls or talking in person with the DCFS staff. PACT staff will insure that any calls or discussions are in a private area. Information concerning the DCFS hotline call is on a need-to-know- basis and will not be routinely shared with all staff.
CANTS 5
The CANTS 5 is a written report stating the name and address of the child and his or her parents or other persons responsible for his or her care, the child’s age, the nature and extent of the injury, including any evidence of previous injury, and any other information that might be helpful in establishing the cause of the injury or identity of the person responsible. The staff member making the report makes a copy of the completed CANTS 5 and mails it to the Social Service Coordinator in own envelope, marked confidential. The staff member does not keep a copy. The original CANTS 5 is mailed to the nearest office of the Illinois Department of Children and Family Services (refer to Resource Directory for address of local DCFS office) within 48 hours of the hotline call. The return address on the report will be P.O. Box 231, Mt. Sterling, Illinois 62353 so that the investigation reports form the Department of Children and Family Services can be filed at the Central Office. The copy of the CANTS 5 report is kept confidential and stored in a locked file cabinet at the Central Office.

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

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

Handling upset parents/guardians centers without a Site Supervisor
The Teacher will invite upset parents into a private room/office where preliminary discussion can be held in a confidential atmosphere. The aide will take responsibility for the children during the time the Teacher is talking with the parent. If the Teacher is unable to calm the parent or the parent refuses to talk in a private room/office, the Teacher will ask the parent to leave the building. The Teacher will invite the parent to return at another time after the parent has had a chance to calm down, class is over, and the Teacher has adequate time to spend with the parent. If the parent refuses to leave the building, the Teacher will notify the police.

What to say to the parent after the parent has calmed down:
Site Supervisors or the Teacher in centers without a Site Supervisor, will review with the family, that PACT staff are mandated reporters. Mandated Reporters are required by law to report suspected child abuse and neglect. The Site Supervisor, or other staff member, may discuss the report with the family if it appears desirable or necessary to do so. The staff member making the report and the Social Service Coordinator will determine if the report should be discussed with the family.

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

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