

Performance Standard	Action Steps	Person / Team Responsible	Time Frame	Documentation & *Resources
1304.20 CHILD HEALTH AND DEVELOPMENTAL SERVICES (a) Determining Child Health Status	(1) Enrolled children receive a hearing, vision and growth screening by Head Start staff. Hearing and vision screenings are done by a trained Head Start staff member. Physical, lead and dental exams/testing is done by the child's medical and dental providers. For all enrolled children a parent interview is conducted to complete a record of health information (medical, dental, immunizations and developmental histories).	Health Coor., Education Coor., Health/ Nutrition Manager Family Service Coor.	45 days: developmental, sensory and behavioral concerns. 90 days for health and dental.	Child Health Record *Acceptance and Screening letters to parents Health/Nutrition Assessment
	(i) Assistance is provided to families to gain the necessary skills and insight to link the family to an ongoing health care system and to establish a medical and dental home. (ii) All Children who are accepted for enrollment must be current on their immunizations before starting services, including home visits. The immunizations required are age appropriate according to the ACIP (Advisory Committee on Immunization Practices). A record of immunizations is kept in the Child Health Record. Our Health Advisory Committee (HAC) is composed of health professionals, Head Start staff and parent representation. The committee advises the program in the planning, operation and evaluation of health services provided to the children and their families. The HAC also assists with problem solving and providing new ideas for health service and education.		Enrollment and August-3 week screening schedule at sites.	*State Online Immunization System
	(A) For children with immunizations and health screenings that are not up-to-date, necessary referrals are made and every effort is made by the Head Start staff to assist the parent in receiving appropriate services for their child. Parents are given a checklist of items needed at screening.	Health Advisory Committee	November and April meetings	HAC Minutes
	(B) For children who are up-to-date, parents are made aware of the importance of well child care, and keeping appointments. Parents are supported and assisted (i.e. transportation) in making sure that children receive ongoing well child care. They are also informed about the various services their child may	Health/ Nutrition Mgr., Health Coor., Family Service Coor.		*Health Release of Information *August Health Screening

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	be eligible for under the Medicaid program. (C)The Child Health Record contains information to assure comprehensive medical and dental care to each child. The Health Coordinator uses a manual and a computer tracking system to assure each component of the health record is complete. The system is used to communicate with Family Service Coordinators who assist the families in obtaining child well care.	Health Coor., Family Service Coor.		Follow-up's *Health Service Tracking System
	(iii-iv)A growth assessment is completed for each child. Height/weight and age is graphed. Parents receive a copy of this assessment upon request or if an abnormal or suspect graph is evident. Children with an abnormal or suspect growth assessment may already be receiving services from WIC. Follow-up will be completed as needed. Children receive a vision screening. The screening is accomplished by trained staff and uncertain results are rescreened. A child with fail or suspect results is referred, following established procedures, to an optometrist for follow-up. A hearing screening is completed on each child by trained staff. Uncertain results are rescreened and fail or suspect results are referred to an ENT/Audiologist or physician for follow-up.	Health/ Nutrition Manager Health Coor., Education Coor.		*Growth Chart *Hearing/ Vision Screening Form *H/V Results Parent Letter

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	A lead blood test will be completed by the child's healthcare provider. Children with a lab greater than 10 ug/dl will be monitored by their medical provider. Once appropriate referrals are made, if needed, Head Start staff is available to assist families in making and keeping scheduled appointments. (2) Not applicable as our program does not operate for shorter durations of 90 days or less.	Health Coord.		*Lead Lab Result
(b) Screening for Developmental, Sensory and Behavioral Concerns	(1-3) See Early Childhood Education for Developmental, Sensory and Behavioral Screening. Hearing and vision is screened within 45 days of the start of services	Health Coord. and Education Coord.		
(c) Extended Follow-Up and Treatment	(1) The results of the vision and hearing screenings are given to parents/guardians. Lead blood results can be discussed if available from the child's physician. The Health Services Coordinator and Health/Nutrition Manager are available for consultation at the time of screening and/or by contacting the Head Start Office. Head Start encourages parents to prepare their child for health screenings in the screening letter so the child is aware of what will take place at screening. When making a referral for further follow-up care, the parent is involved in every aspect of the process and paperwork, including release of information to allow communication between agencies. A health tracking system is used to ensure that ongoing follow-up is monitored. Appointments are set up when needed and transportation can be arranged. (2) Training for parents is offered at parent groups and educational pamphlets are available. The Health Services Coordinator is available to visit with parents on a one-to-one basis concerning health issues regarding medication,	Health Coord., Family Service Coord., Health/Nutrition Manager, Education Coord. Family Service Coord.	August	*Dental and Medical Policy *Child Health Record *Screening Letter *Health Release of Information *Health Tracking System and *Reports to Family Service

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	equipment needs, etc. The Health/Nutrition Manager is also available to discuss growth (height, weight), eating issues and other nutrition concerns as requested by parents. (3)(i-ii)Following the initial dental examination, dental follow-up and treatment should include: Following the initial dental examination, Head Start <u>will</u> pay for the following services on all non-Medicaid, non-insured children(with prior approval): • Dental examinations • Intraoral Occlusal Film (PA-periapical) for diagnostic purposes • Bitewing radiographs for diagnostic purposes • Restoration of decayed teeth with amalgam (silver filling) or composites (white filling) as needed • Pulp therapy (pulpotomy – root canal) • Topical Fluoride • Routine use of nitrous oxide, topical or injected Novacaine for dental exam and treatment Head Start <u>will not pay</u> for children who receive Medicaid or have private insurance. Head Start will <u>not pay</u> for the following services: • Panorex Radiographs • Prophylaxis (cleaning) • Space maintainers/Orthodontics	Health Coor., Family Service Coor., Health/ Nutrition Mgr., Business Mgr.		Coordinators *Attendance Sheets *Dental/ Medical Policy *Estimates from dental providers

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	• General Anesthesia • Hospital/Surgical center fees including rooms, supplies and medications • Sealants • Crowns or Caps • Six month routine follow-up • Mileage associated with dental treatment (4)When medical issues are apparent, the Health Services Coordinator will work closely with other Head Start Managers and agencies in the assessment process for follow-up to assure that the individual needs of the children on the Individual Education Plan (IEP); Individual Family Service Plan (IFSP) and Individual Care Plan are met. Following the initial physical examination, Head Start <u>will</u> pay for the following services on all Non-Medicaid, Non-insured children(with prior approval): • Well Child Physical Exam • Initial office visit for referrals made by Head Start regarding vision, hearing and physicals • Lead blood test, if not already completed at 24 months of age. Head Start will <u>not</u> pay for the following services: • Immunizations • Mileage associated with medical treatment	Health Coor., Head Start Mgrs.		*Physical Form, IEP, IFSP, Individual Care Plan

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	- Assistive devices (glasses, hearing aids) - Medications or treatment of medical conditions (5) For children not covered by Medicaid or dental insurance, the services listed in section (i) or (ii), should be provided and Head Start will attempt to access other funding sources and will be last payee for services.			
(d) Ongoing Care	After the initial screening, there is on-going assessment of each child by both teaching staff and parents. Rescreens are completed for growth assessment, hearing, and vision, as needed. Any changes noted are discussed with staff and parents and appropriate referrals are made if needed and/or requested. Children who are on an Individual Care Plan have them updated as the care required changes.	Health/ Nutrition Mgr., Health Coor., Staff, Education Coor.	Ongoing	*Hearing/ Vision forms, Growth Charts, Individual Care Plan
(e) Involving Parents	(1-3) The connection between health and a child's success in school is introduced during the enrollment and screening process and through parent education. Parent authorization is obtained before screening and before obtaining medical information from community providers. Parents are encouraged to discuss the procedures with their child so they will be aware of what is happening. (4) An assessment of the health education needs for Head Start parents, staff and children is done by having parents complete a Parent Education Survey of health education topics. Medical histories are also reviewed for common problems and frequent illnesses and injuries. Staff and parents give input about suspected health problems also. When the needs for parents, children and staff have been clearly defined health education activities will be scheduled. Topics include preventive health care, CPR, emergency first aid, safety principles, dental health and common childhood illnesses. The Health Services Coordinator and Family Service	Health Coor., Family Service Coor., Health/ Nutrition Mgr., Family Service Mgr.	August and ongoing	*Acceptance and Screening letters to parents *Authorization Form *Health Release of Information Form *Parent Education Survey *Child Health Record

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	Coordinators will arrange for training sessions for parent groups. When a child has been identified through screening, follow-up assessment or observation by staff, to have a particular concern, recommendations and referral will be made. Every attempt will be made to assist the family with removal of any barriers (i.e. transportation) in making and keeping appointments. (5) If a parent or other legally responsible adult refuses authorization for health services, Head Start staff will speak with the parent to understand why they are refusing and attempt to help them understand the benefits of the services Assistance with locating a provider or finding transportation will be provided if needed. Refusals will be documented.			*Infectious Disease Fact Sheets (SD Dept. of Health website)
(f) Individualization of the program	(1-2)(i-iv) See Early Childhood Education Plan	Education Mgr. Education Coor.	Ongoing	*Dial Parent Questionnaire *IEP *Transition Plan
1304.22 CHILD HEALTH AND SAFETY (a) Health emergency procedures	(a) Both center-based and home-base programs have a Policies and Procedures Manual which includes policies for medical and dental health emergencies. The Staff is trained annually in first-aid, blood borne pathogens and fire extinguisher use. CPR certification is completed as recommended by the American Heart Association and/or the American Red Cross. See expiration date on card. CPR training is required for Teachers, Teacher Assistants, Home Visitors, Home Visitor Assistants and Bus Drivers. Center-based programs have a first-aid kit and a first-aid information area. In the home-base program, the Home Visitor carries the first aid kit and the Policies and Procedures Manual with them. (1) In the first-aid area there are posters with procedures for handling children who may be choking as well as those in need of immediate medical or dental emergencies. (2) All emergency response system numbers are located near all phones. Each	Education Mgr., Education Coors. H/ N Mgr, Health Coor., All Staff	September-May Ongoing	*Policies and Procedures Manual *Emergency Preparedness Plan *First Aid and Bloodborne Pathogen Videos *Fire Extinguisher handout and quiz *Fire Ext. Video

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	child's emergency care information is located on an emergency card near a phone. All family contact information and authorization for emergency care are updated on a regular basis or as needed. (3) Each room in the center has a posted emergency evacuation route. Procedures for fire and tornado emergencies are posted. Fire drills are completed monthly and documented. Tornado drills are done in the months of September, October, April and May and are documented on weekly lesson plans and weekly staff minutes. (4) All parents are notified of any injury or emergency involving their child. The emergency card provides all necessary information. An Accident/Incident Report is filled out immediately. A telephone call is made to the parents in twenty-four (24) to forty-eight (48) hours to follow-up. Documentation is then sent to the Health Services Coordinator and kept in the child's Health File. (5) Methods for handling cases of suspected or known child abuse and neglect are written in the Policies and Procedures Manual located in the centers and with all Home Visitors and Coordinators. A form is used for documentation and diagramming the injury. A contact is made to the Family Services Coordinator or Family Services Manager and the Education Coordinator is made aware of the incident. Appropriate telephone numbers are provided for each unit in their local area.	Family Service Mgr., Family Service Coor., Education Coor.	Monthly Fire Drills Tornado Drills four times/year September/October	*Certified CPR training First Aid Kits *CPR & Choking Poster *BBP Poster *First Aid for Dental Emergencies Poster *Posted Emergency Numbers *Emergency Cards *Posted Emergency Evacuation Routes *Posted Procedures for Fire and Tornado *Accident/ Incident Procedure/Forms

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				*Weekly Lesson Plans and Staff Meeting Minutes *Child Abuse/Neglect Procedure and Forms
(b) Conditions of short-term exclusion and admittance.	(1) A child, in the center-based and home-base program, who has a contagious short-term disease or short-term injury, will be readily removed from participation within the center or group until he/she does not pose a significant risk to the health or safety of the child or anyone in contact with the child. (2) No child will be denied or excluded admission to this program due to health care needs or medication requirements unless practices or procedures would pose a significant risk to the health or safety of others who are in contact with the child. Measures will be taken to accommodate the child in providing appropriate auxiliary aids so as to enable the child to participate. (3) Child health information is requested upon admission into the program to identify health and safety needs of the child. An Individual Care Plan is established for those children requiring special health care. Any necessary health information is transferred onto the child emergency card and entered to the child tracking system. All parents will be given the Family Information Book, with a section about the importance of health and a child's success in school. Confidentiality is strictly enforced.	Health/ Nutrition Mgr., Education Mgr., Health Coor., Education Coor.	Ongoing	Bloodborne Pathogens Procedure *Control of Infectious Diseases in Child Care Facilities poster(SD DSS) Enrollment information *Medication Administration Policy and Forms Child Tracking System Individual Care Plan

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				Emergency Cards *Family Information Book
(c) Medication Administration	(1-6)Medications are not routinely given by staff; but, in the event that a child does require medication, a physician must prescribe the medication to be given and the parent must give permission. The parent may also come to the center to administer the medication. In the event a routinely scheduled medication must be given at Head Start, the Health Services Coordinator must be notified. Staff will receive training in administering the medication from the Health Service Coordinator or from a trained person. The following procedure will be followed: The form “Medication Administration” must be signed by the physician and the parent. A copy of the signed form will also be sent to the Health Coordinator for a record of the doctor and parent’s signatures. The “Medication Administration” form will list the name of the medication, the reason, dosage, time and the route of administration. Medications must be kept in the original container with the prescription on the container matching the physician’s order. The parent will bring the medication and the form with the doctor and parent signatures to the Center. A staff person, or the parent, will be assigned to administer the medication. Parents will be responsible to notify staff of any changes in a child’s medication. Medications will be kept in a locked container, with the exception of emergency medications (i.e. Epi-Pen, inhaler). Emergency medications will be	Health/ Nutrition Mgr., Health Coordinator, Teacher, Teacher Asst.		*Medication Administration Procedure and Forms and *Emergency Medication Procedure and Forms *Locked container

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	stored where quickly accessible to staff, but out of children's reach. The log will be completed immediately after the medication has been given to the child. The "Medication Form" must be kept with the medication <u>and</u> in the child's file at the center. In the event that a child refuses medication or is uncooperative, the parent must be notified that the dose was not administered. A monthly parent contact is required and will be documented on the log. If an emergency medication (bee sting, asthma, food allergy) is needed, refer to the Emergency Medication Procedure. At the end of the school year, all medications will be returned to parents/guardians. Any unreturned medications will be given to the Health Coordinator. If the parent is unable to be reached to return these medications, the Health Coordinator or Health/Nutrition Manager will dispose of these at the appropriate site. <u>Emergency medications</u> necessary for a possible reaction to an allergy (bee sting, food) or for asthma will require a doctor's signature and a parent's signature on the "Allergy Action Plan" form: The "Allergy Action Plan" form includes the following: Student's name, date of birth, teacher and the allergy. Step 1 Treatment: The physician will specify the appropriate medication to give according to the symptom listed on the form. The physician will list the medication, dosage, and the route to give the medication to the child.			

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	Step 2 Emergency Calls: Phone numbers will be listed on the form for the emergency contacts. Update phone numbers as they change. The parent/guardian <u>and</u> the doctor's signatures and dates are required on the "Allergy Action Plan. The back of the "Allergy Action Plan" has a place to list trained staff and graphic directions for using an Epi-Pen. The Health Coordinator or other trained professional will train staff in the proper techniques for the administration, handling and storing of any emergency medication, and staff will sign and date that they have received training on the back of the "Allergy Action Plan". These emergency medications will be stored where quickly accessible to staff (unlocked), but out of reach of children. The "Allergy Action Plan" will be with the medication and in the child's file at the center. A copy will be sent to the Health Services Coordinator. A "Diet Prescription for Meals" form is <u>not</u> required when the "Allergy Action Plan" is required due to a food allergy. When the Health Coordinator and the Health/Nutrition Manager are notified of a food allergy requiring an emergency medication, the appropriate posters will be made for the center (example: peanut/tree nut allergy). In the event an emergency medication is given, documentation of the event will be made on an "Accident-Incident Report", with a follow-up contact in 24-48 hours.	H/N Mgr		*Posters *Accident/ Incident Policy and Forms

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(d) Injury Prevention	(1) CPR training is mandatory for Teachers, Teacher Assistants, Home Visitors, Home Visitor Assistants, and Bus Drivers. All other staff are encouraged to take the training. First Aid Training is required for all center and home base staff. Education Coordinators complete an Environmental Health and Safety Checklist every September/October and January/February. These checklists are kept in the education file cabinet located in the central office. A corrective action is written for those areas found to be out of compliance. The teacher/home visitor is given a written notice to correct the violation. (2) Parent groups are offered training in first-aid, CPR, fire safety, accident prevention, weather safety, health or any other safety concerns. Children are exposed to activities involving farm safety, electricity, personal safety, hygiene, car safety, fire safety, weather safety, health and dental health.	Education Mgr., Education Coor., Teachers, Teacher Assistants, Home Visitors, Home Visitor Assistants, Bus Drivers, H/N Mgr, Health Coor. Family Service Coor.	Sept/Oct and Jan/Feb	*First Aid Video *Certified CPR Training *Environmental Health and Safety Checklist *Parent Education Survey
(e) Hygiene	(1) Staff, volunteers and children wash their hands with soap and running water: (i) After toilet use (ii) Before food preparation, handling, consumption or any other food-related activities; (iii) When hands are contaminated with blood or other bodily fluid; (iv) After handling pets or other animals. (2) Staff and volunteers wash their hands with soap and running water: (i) Before and after administering medications; (ii) Before and after treating or bandaging wounds. Nonporous gloves are used when in contact with any blood or body fluids;	Education Manager, Education Coor's., H/ N Mgr., Health Coor., All Staff	Annual training	*Bloodborne Pathogens Training and Policy *Hand washing areas and supplies

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	(iii) Assisting a child with toilet use; (3) There is a written policy for preventing the spread of blood-borne pathogens and infectious disease in the Policies and Procedures Manual located in all centers and with Home Visitors and Coordinators. Nonporous gloves are worn by staff when they are in contact with spills of blood or other visible bodily fluid. Gloves are available and may be worn when doing checks for head lice. (4) Spills of blood or body fluids (urine, feces, saliva, nasal discharge, eye discharge, injury or tissue discharge, emesis) shall be cleaned up immediately. Every Head Start Unit will be provided with and instructed on the use of body fluid clean-up kits. The kits include solidifier with chlorine disinfectant, disposable gloves, scoop/scrapper, disposal bags with ties, disposal towels and antiseptic towelettes. The body fluid clean-up kits will be in the centers, at home-base group meeting sites, on the buses and on any Head Start field trip or outing. To clean and disinfect contaminated surfaces, the following steps are followed: Put on disposable gloves; Sprinkle powder over spilled area until completely covered. Within seconds, the liquid will congeal; Remove congealed material with scoop, stiff cardboard or similar device; Clean and disinfect the affected area with approved germicidal ingredient; Dispose of waste in leak-proof container, double bagging if needed; Wash hands thoroughly with soap and water when finished. Staff may use an approved solution to clean carpet if stained. All contaminated materials exposed to blood or body fluids will be properly disposed of: Seal all contaminated items in a leak-proof plastic bag, if needed, double bag; Dispose of bag according to universal precaution recommendations.			*Head Lice Policy *Body Fluid Clean-up Kits *Sanitizing Procedure

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	(5) A private secure area is designated for diapering procedures. All staff wear nonporous gloves when diapering a child. Good handwashing with soap and running water is done prior to the procedure and following. The soiled diaper and gloves are disposed of in a plastic bag with a secure tie. Clean and disinfect the diaper pad/table according to the Diapering Procedure. (6) All children use regular toilets. A safe secure step is provided for children who need assistance in using the toilet. Staff is available to assist children at all times. (7) Not applicable as the program does not serve infants and toddlers.			*Diapering Procedure
(f) First-Aid Kits	(1) All Head Start Centers are equipped with a First-Aid kit. The home-base programs have mobile first-aid kits. Head Start staff are given fanny packs and they are accessible to all staff and volunteers to be used on the playground, home visits, field trips, group meetings and any other activity related to Head Start. <u>The Fanny Pack First Aid Kit should contain the following:</u> 1 roll of adhesive tape 2 sterile pads 1 package facial tissues 1 instant cold pack 1 antiseptic wipes 2 pairs of gloves 4 band-aids 1 hand sanitizer 1 CPR mask/mouth barrier 1 First Aide Guide 1 pen light 2 antibiotic ointment 1 disposal bag	Health/ Nutrition Mgr., Health Coor., Teaching Staff	September- May	*First Aid Kits and Fanny Packs

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	<u>The Home Base Kit should contain the following:</u> 1 eye wash 1 eye pad 5 band-aids 1 adhesive tape 5 antiseptic wipes 5 sterile pads (4x4" or 3x3") 2 non-adhering pads (roll) 2 pair disposable gloves 2 stretch gauze bandages 1 instant cold pack 5 triple antibiotic ointment 1 bandage scissors 1 first aid guide 1 CPR mask/mouth barrier 1 spill clean-up kit 1 penlight 1 Q-tips 1 disposable bag 1 hand sanitizer 1 tweezer 1 elastic (ace) bandage 1 pkg. facial tissues <u>The Bus First Aid Kit should contain the same items as the Home Base Kit except for the following to prevent freezing:</u> - Eye Wash - Antiseptic Wipes - Instant Cold Pack - Triple Antibiotic <u>The Center First Aid Kit should contain the following:</u> - Oval eye pad			

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	Eye wash Non-adhering dressings (roll) Band-aids 4x4" sterile pad Rubber gloves Adhesive tape Antiseptic wipes Antibacterial hand sanitizer Instant cold packs Thermometer Stretch gauze bandage Triple antibiotic ointment Bandage scissors Tweezers Pen light First aid guide CPR mask/mouth barrier Spill clean-up kit Ace bandage Facial tissues Disposable bag Q-tips (2) All kits are inventoried monthly by local staff. All routine and frequently used items, such as cold packs, band-aids, clean-up kits, are kept in supply at the main office for restocking as needed. Staff will submit a requisition for items needed.	Teaching Staff, Education Asst.		*Requisition form
1304.23 CHILD NUTRITION (a) Identification of Nutritional Needs	(1) Heights and weights will be obtained on all children. Measurements will be plotted on individual growth charts and placed in the Child Health Record. Graphs are based on figures from the National Center for Health Statistics. Parents of children who are determined underweight or overweight will be consulted. A plan will be developed with the parent (if interested) to deal with follow-up in each individual case. A registered dietitian/licensed nutritionist	Health/ Nutrition Mgr. Consultant Dietitian	August Health Screening	Growth Chart Consultant Agreement

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	will be available on a consultant basis. Contact with parents will be made regarding the need for diet modification. Referral will be made to appropriate agencies. (2) Nutrition information will be gathered from families at registration, from enrollments and on home visits (i.e. income supplements, participation in food programs). The State Health Department has available information on studies done to identify specific community needs. This information can be used to determine the need for such things as income supplements (food stamps), water fluoridation (rural water), and government food programs (fair share, food co-op). Families who indicate an interest in food programs will receive information and help in how to obtain them. Follow-up will be conducted as needs or conditions of the family change. Parents of children with stated diagnosed or undiagnosed nutrition concerns will be contacted for further information (specific food sensitivities, reactions, physician's orders for specific diets). Appropriate staff members will be made aware of, and will be consulted in, all nutrition problem cases regarding the consistency, menu modification and anything else pertinent to the problem. Allergies and eating problems will be posted on outside of cupboards in center kitchens for the use of staff only. Menu adaptations for special diets will be written as needed throughout the school year. Existing community agencies will be utilized for referrals and resources. (3) Not Applicable as the Program does not serve infants and toddlers.	Family Service Coord. Health/ Nutrition Mgr.		Child Health Record Nutrition Tracking System *Diet Prescription Procedure and Form
(b) Nutritional Services	(1)(i) Nutrition education and food service will provide all Head Start children with nourishing meals that meet both Head Start and the United States Department of Agriculture, Child and Adult Care Food Program (CACFP) regulations. Children, staff and parents will have opportunities to learn about the importance of nutrition and making good food choices to live a healthy life. The annual Nutrition Agreement is submitted by Northeast South Dakota Head Start and approved by the Child and Adult Care Food Program. Head	Health/ Nutrition Mgr	Ongoing	*Menus *Child and Adult Care Food Program Manuals and website

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	Start must meet the requirements as stated in the contract and receives monthly food service reimbursement. The CN (Child Nutrition) Label or Manufacturers Label from combination foods such as chicken nuggets, pizza, breaded fish, etc., will be taken off the packages, attached to the menu and sent to the office. (ii) Every child in a part-day program will receive a quantity of food in meals (preferably hot) and snacks which provide at least 1/3 of daily nutritional needs with consideration for meeting special needs of children, including the children with disabilities. The recommended dietary allowances of the National Research Council, National Academy of Sciences are used as the basis for establishing meal patterns/dietary needs for Head Start children. One of the following patterns will be used Breakfast and Lunch Lunch and PM Snack Home Base – AM or PM Snack	Cooks		Child and Adult Nutrition Services Agreement
	Menus for centers will be planned by the Health/Nutrition Manager and approved by the Consultant Dietitian with input from parents, cooks, and other interested staff. CACFP guidelines are followed when planning menus.	Health/ Nutrition Mgr. Consultant Dietitian		*Menus
	Home Visitors will choose a snack menu for the twice monthly group meetings. A list of snack ideas will be developed for the Home Visitors to choose from. Menus will take into consideration the availability of food, seasonal foods, ethnic preferences, cost, the curriculum, individualized planning, eating skills and learning about nutrition. Included in the menus will be finger foods, hot and cold foods, and a variety of textures, colors and flavors.	Home Visitor	Ongoing	Home Base Meal Count Form
	Menus will be posted in the kitchen and dining area (if separate). Menu	Health/	Monthly	*Menus

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	substitutions will be made within the same food group. All substitutions must be approved by the Education Coordinator or Health/Nutrition Manager. Substitutions will be indicated on posted menus. Menus are available for parents on the website. Local newspapers may be contacted to announce menus for Head Start Centers. Menus for children with disabilities or children on special diets will be modified as necessary by the parent, family physician and cook. Special equipment will be provided as necessary. A physician’s prescription will be kept on file at the center or with the Home Visitor and is filed in the child’s health record at the office. General use of special dietary foods, such as vitamin fortified milk products, to replace snacks or meals is not allowed. Use of medical nutritionals (Pro-so-bee, etc.) is allowed. An individual plan will be developed to serve a child with tube feedings. All children in morning programs receive breakfast at the time they arrive at the Head Start Center. The breakfast meal pattern is provided during all morning class sessions. All children are offered breakfast. See meal requirements for breakfast. (iv) Not applicable as the program does not serve infants and toddlers.	Nutrition Mgr., Education Coor., Cooks																
Meal Patterns	(v-vii) <table><tr><td><u>Breakfast</u></td><td><u>Portion Size</u></td></tr><tr><td>Milk, fluid</td><td>¾ cup (3)</td></tr><tr><td>Juice or fruit or vegetable</td><td>½ cup</td></tr><tr><td>Bread and/or cereal, enriched or whole grain</td><td>½ slice</td></tr><tr><td>Bread or</td><td>½ slice</td></tr><tr><td>Cereal: Cold dry or</td><td>1/3 cup (2)</td></tr><tr><td>Hot cooked</td><td>¼ cup</td></tr></table> <u>Mid-morning or mid-afternoon snack (supplement)</u>	<u>Breakfast</u>	<u>Portion Size</u>	Milk, fluid	¾ cup (3)	Juice or fruit or vegetable	½ cup	Bread and/or cereal, enriched or whole grain	½ slice	Bread or	½ slice	Cereal: Cold dry or	1/3 cup (2)	Hot cooked	¼ cup	Health/ Nutrition Mgr., Education Coor., Cooks, Cook Assistants, Home Visitors, Home Visitor Assistants	September to May	*Menus Production Books Home Base Meal Count Forms
<u>Breakfast</u>	<u>Portion Size</u>																	
Milk, fluid	¾ cup (3)																	
Juice or fruit or vegetable	½ cup																	
Bread and/or cereal, enriched or whole grain	½ slice																	
Bread or	½ slice																	
Cereal: Cold dry or	1/3 cup (2)																	
Hot cooked	¼ cup																	

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	(Select 2 of these 4 components) Milk, fluid ½ cup Meat or meal alternate ½ ounce Juice or fruit or vegetable ½ cup Bread and/or cereal, enriched or whole grain ½ slice Cereal: Cold dry or 1/3 cup Hot cooked ¼ cup (1) <u>Lunch</u> Milk, fluid ¾ cup Meat or meal alternate Meat, poultry or fish, cooked (lean meat w/o bone) 1 ½ ounces Egg 1 Cooked dry beans or peas 3/8 cup Peanut Butter 3 Tablespoon Vegetable and/or fruit (2 or more) ½ cup Bread or alternate (enriched or whole grain) ½ slice (1) – ¼ cup (volume) or 1/3 ounce (weight), whichever is less (2) – 1/3 cup (volume) or ½ ounce (weight), whichever is less (3) – ¾ cup (volume) or 1 ounce (weight), whichever is less A Planning Guide for Food Service in Child Care Centers, Food and Nutrition Service, United States Department of Agriculture. (vi)Menus are analyzed by a consultant dietitian to maintain meals that are low in salt, sugar and fats. The meals also support United States Department of Agriculture dietary guidelines to serve more breads/cereals and increased amounts of fruits and vegetables. Sufficient time is allowed for children to eat. Use of a non-religious pre-meal verse, song or finger play is encouraged to prepare children for the meal. At least thirty (30) minutes will be allowed for lunch and at least fifteen (15)	Health/ Nutrition Mgr. Consultant Dietitian	Annually	Consultant Agreement *Child and Adult Nutrition Services Training and Resources

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	minutes for breakfast and snack. Children serve themselves family style and scrape and clean their own dishes when finished eating. Plans will be developed for any child with eating difficulties to help them reach an adequate level of self-feeding. (2) Meals and food experiences are planned to be used as an integral part of the total home base education program. Meals at home base groups will be part of the regular flow of the day's activities. Foods will serve as a means for children to develop concepts, senses and vocabulary. Food activities will be used as a means for teaching language arts, color, texture, math, science, social skills and hygienic practices; however, the primary purpose of these activities will be to teach long-term eating habits. Food prepared by children will be eaten by the individual child. Parents also have the opportunity in the Home Base group to learn about nutrition issues by having topics such as menu planning, buying on a budget and encouraging healthy eating patterns in children addressed at their meeting. (3) Staff will promote effective dental hygiene. Dental health education is incorporated throughout the child's Head Start experience. Mealtime allows time for children and adults to talk and learn about food that is good for our teeth and the importance of healthy teeth. Children brush their teeth one time per day; learn about proper brushing techniques; establish a routine of brushing; and, learn how to care for the toothbrush. Toothbrushes are replaced three (3) times per year or as needed. (4) Staff, parents and community agencies may be involved in all areas of the Head Start nutrition services. Parents are involved by attending local parent meetings and policy council. Staff is encouraged to assist in menu planning and nutrition education training. Community representation or involvement is provided to local parent meetings, Policy Council (community representatives) and health advisory membership.	Health/ Nutrition Mgr., Education Mgr., Education Coor., home visitor Health/ Nutrition Mgr., Family Service Coor. Education Mgr., Education Coor., Teachers, Home Visitors Health/ Nutrition Mgr, Family Service Coor., Cooks	September- May September- May September- May	Lesson Plans Meal Count Forms Attendance Sheets-Parent Meeting *Tooth brushing supplies *Dental Education Resources (Great Faces/Great Smiles flip chart) Parent Input documentation

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Meal Service	(1) Menus at the beginning of the year will contain familiar foods. This will make the child feel comfortable and promote good self-concept. New food will be introduced gradually. Children will be prepared for new foods through classroom experiences such as stories and shopping and growing food.	Health/ Nutrition Mgr., Education Coor., Teachers, Home Visitors	September- May	*Menus
	(2) Children are encouraged to try a small bite of each food. Children do not need to clean their plates before receiving seconds of any food. Mealtime is a time for enjoying foods and for socialization. Due to the increased number of children with food allergies, diabetes and other health concerns, only foods purchased, prepared and served by Head Start staff is allowed. Special occasions, such as birthdays will be recognized, on site, through special activities.			*Donated Food Policy
	(3) Meal and snack periods are scheduled appropriately to meet children's needs and are posted along with menus. Meals or snacks should be a minimum of two hours apart per CACFP suggestion. Once regular times for serving meals are established, they will be adhered to. Time will be allowed before and after meals for hand washing for children and staff. In addition, after the meal, teeth will be brushed. Individual feeding skills and developmental levels of children is respected. Thirty (30) minutes is normally allowed for sit down food service for lunch and fifteen (15) minutes for breakfast and snack.	H/ N Mgr., Health Coor., Family Service Coor., Education Coor., Teachers, Home Visitors, Cooks		*Classroom Schedule
	(4) Children and staff, including volunteers, eat together sharing the same menu and a socializing experience in a relaxed atmosphere. Meals will take place in quiet, well-lit and ventilated areas. The appropriate child to adult ratio will be maintained in the dining area. Interesting and pleasant conversation centered on children's total experiences (not limited to food and nutrition) should be encouraged. Child to child and adult to child conversation should be encouraged. Adult to adult conversation should be limited. Talk about food dislikes and personal diets will be discouraged. Meals will be provided for staff and volunteers. Teachers and other adults will eat <u>with</u> the children, share the same menu and <u>set an example of acceptance</u> toward food served. Staff	H/ N Mgr., Education Mgr., Education Coor., Teachers, Home Visitors		*Diet Prescription Procedure and Form

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	will be <u>excused</u> from eating the same foods as children <u>only in the case of a special diet with a note from a physician</u>. This should be explained to children in the group. Water is an important nutrient and may be offered throughout the day and when the child requests it. Water can be available during meal and snack times. It does not need to be on the table. (5) Not applicable as the Program does not serve infants and toddlers. (6) The nutritional status of the children will be discussed with their parents prior to beginning Head Start. Any medical concerns regarding the child's diet or nutritional status is discussed with the parent. Medical/nutrition history is obtained from the child's physician as indicated from the Child Health Record and/or nutrition assessment. Diet or menu modifications must be accompanied with a doctor's order. A Diet Prescription For Meals At School form must be filled out. A copy is sent to the Health/Nutrition Manager and one copy is for the cook at the center. Teachers, Home Visitors, Education Coordinators and Family Service Coordinators also receive a copy. Menu changes are approved by the Education Coordinator or the Health/Nutrition Manager. Cooks and unit staff are responsible for monitoring or implementing changes. Any nutritional problems identified through registration, screening or teacher observation will be discussed with the parents. A course of follow-up will be planned. (7) Opportunity is provided for the involvement of children in activities related to meal service (for example, family style service). Meal periods and food are planned to be used as an integral part of the total education program. Meals at centers and home base groups will be part of the regular flow of the day's activities. Foods will serve as a means for children to develop concepts, senses and vocabulary. Food activities will be used as a means for teaching language arts, color, texture, math, science, social skills and hygienic practices; however, the primary purpose of these activities will be to teach long-term eating habits. Food prepared by children will be eaten by the individual child. Children participate in learning activities planned to effect the selection and		September to May	Child Health Record Nutrition Tracking System *Diet Prescription Procedure and Form Lesson Plans Home Base Meal Count Forms

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	enjoyment of a wide variety of nutritious foods. Center staff will develop plans that allow for small groups of children (3-4) to be involved in nutrition-related activities. Children in home base groups have nutrition education or involvement in food preparation at group meetings and on home visits. Staff planning will also allow children to be involved in meal-related activities such as making butter, individual pizzas, and making placemats, centerpieces, etc. The dramatic play area offers the children opportunities to “grocery shop, plan meals, and cook”.			
(d) Family Assistance with Nutrition	Families receive education in the selection and preparation of foods to meet family needs, guidance in home and money management and help in consumer education so that they can fulfill their major role and responsibility for the nutritional health of the family. Information about menus and nutrition activities will be shared regularly with parents. Head Start center menus will be distributed to all parents along with nutrition education information. Parents are informed of the benefits of food assistance programs. Parents will receive information on SNAP (Supplemental Nutrition Assistance Program), WIC, CACFP and other food-related agencies in initial parent packets. Those indicating interest in help from a specific agency will receive individual counseling. Community agencies are enlisted to assist eligible families to participate in food assistance programs.	Health/ Nutrition Mgr., Family Service Coor.	September- May	Attendance Sheets-Parent Meetings *Parent Packet at enrollment *Community Resource List
(e) Food Safety and Sanitation	(1) The program will provide for compliance with applicable local, state and federal sanitation laws and regulations for food service operations including standards for storage, preparation and service of food and health of food handlers and for posting of evidence of such compliance. The program will ensure that vendors and caterers supplying food and beverages comply with similar applicable laws and regulations. All food service personnel will be required to have an initial health examination. State inspectors will be notified to conduct health and sanitation inspections in all center food operations. Written evidence of this will be on file. The Health/Nutrition Manager will complete a Food Monitoring Inspection Report two times a year at center locations and two times a year at home base sites to assure maintenance of standards. Additional monitoring/training will be done as needed.	Health/ Nutrition Mgr., Human Resource Transportation Mgr., Education Mgr., Education Coor., Cooks, Home Visitors	September- May	Food Service Inspection Form *ServSafe Certificates for H/N Mgr., Cooks, and Cook Assistants. Attendance Sheet-Cook/ Home Visitor training