



NMCDC Policies and Procedures

New 2024

“Promoting successful living through education”

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Program Governance

POLICY 1301: Northern Montana Child Development Center (NMCDC) will establish and maintain a formal structure for program governance that includes a governing body, a policy council and a parent committee.

PROCEDURE:

1. The (District 4 Human Resources Development Council) HRDC4 Board of Directors is responsible for the activities specified in section 642(c)(1)(E) of the Head Start Act.
 - a. The Board of Directors must use on-going monitoring results, data on school readiness, etc. to make informed decisions. This information will be supplied to the board according to the Board Governance Calendar located in the appendices.
 - b. The composition of the HRDC4 Board of Directors will include:
 - i. a member with a background in fiscal management,
 - ii. a member with a background in early childhood education and development
 - iii. a licensed attorney
 - iv. reflect the community served
 - v. a parent of children currently enrolled or formerly enrolled in Head Start and/or Early Head Start—this position will be filled with the Policy Council Chair.
2. The Policy Council is responsible for the direction of the program.
 - a. Policy Council must use on-going monitoring results, data on school readiness, etc. to make informed decisions. This information will be supplied to the board according to the NMCDC Policy Council Training Plan located in the appendices. Refer to Policy Council By-Laws for clarification.
 - b. The composition of Policy Council will include a parent delegate and alternate from each center-based class.
 - c. Members of Policy Council must not have a conflict of interest such as being related to a staff member or working for the agency.
 - d. The Policy Council election process is as such:
 - i. Interested members or members nominating someone else will submit their name or the name of the nominee and the classroom they would be representing to the Family Services Manager.
 1. Community member names may also be submitted to the Family Services Manager in consideration for a Community Representative position.
 - ii. Elections by paper ballot will be held in October at the Family Meeting night.
 - e. Policy Council will receive training according to the NMCDC Policy Council Training Plan located in the appendices.
 - i. Training is provided to the Board of Directors according to the Governance calendar located in the appendices.
 - f. Impasse procedures are reviewed and approved annually by Policy Council and HRDC4 Board of Directors. The HRDC4 Governing Grantee Board/Policy Council Internal Impasse Resolution is located in the appendices.
3. The NMCDC Parent Committee of Policy Council is comprised of all NMCDC parents and they become a member of the committee when their child is enrolled.
 - a. Parent Committee/Classroom meetings are held monthly and all members of the parent committee are invited and encouraged to attend.
 - i. Parents will have a chance to discuss ideas for program policies, activities and services and any proposed changes at these meetings.
 - ii. Staff is available to answer questions and inform them of proposed changes to the program.
 - iii. A meal and child care are provided. Transportation is also provided if needed.

- iv. Policy Council members are highly encouraged to attend these meetings to inform the Parent Committee of proposed changes and then bring any Parent Committee feed back to the next Policy Council meeting.

Subpart A- Eligibility, Recruitment, Selection, Enrollment and Attendance (ERSEA)

POLICY 1302.11: NMCDC will determine community strengths, needs, and resources through a community assessment procedure.

PROCEDURE:

1. NMCDC will conduct a community assessment at least once during the five-year grant period. The community assessment will use data to describe strengths, needs and resources per Head Start Program Performance Standards (HSPPS) 1302.11 (b)(1) (i-vi).
 - a. Data used will include:
 - i. Information from focus groups
 - ii. Community partners
 - iii. Surveys
 - iv. Census information
 - v. Family community service assessment
 - vi. Community information and news
 - vii. PIR data
2. NMCDC will update the community assessment annually to reflect any significant changes in the community.
3. Leadership team and NMCDC Policy Council Executive Committee will analyze the results of the community assessment to determine program goals, services needed and delivery method of services.
4. The goals, services needed and delivery method of services will be approved by the NMCDC Policy Council and HRDC 4 Board of Directors.
5. All income eligible participants will be enrolled before any economically diverse participants receive services.
 - a. Non-enrolled Havre Public Schools special education children will be placed in a classroom setting if space is available in the program and the staff to child ratio is maintained.
6. Child Plus reports will be used to verify enrollment numbers.

POLICY 1302.12: NMCDC will determine, verify, and document eligibility.

PROCEDURE:

1. Income is verified with individual income tax 1040, W-2 forms, pay stubs, written statements from employers, or documentation showing current status of recipients of public assistance, including SSI, TANF and/or SNAP. Annual income will be calculated from what is provided (example: parent is paid every 2 weeks. $52 \text{ weeks in a year} / 2 = 26 \text{ pay periods}$. $26 \times \text{amount on pay stub} = \text{annual income}$). Size of family and income are compared with most current Federal Poverty Guidelines.
2. NMCDC employee who examines the documentation and makes a determination of eligibility must sign Eligibility Verification Form.
3. Income verification will be kept in separate binder in a locked cabinet in the Family Services Manager's office.
4. A child's age also determines participation in the program.
 - a. Expectant families and infant/toddlers up to three years of age will participate in Early Head Start services.
 - b. Head Start Services for children aged three and four is determined by the local public-school eligibility date (Sept.10).

- i. Exceptions will be made on an individual basis following recommendations from the student's IEP team.

POLICY 1302.13: NMCDC follows the Head Start Program Performance Standard that is provided under recruitment.

PROCEDURE:

1. Throughout the year posters, flyers and brochures are distributed to any business or organization in Hill, Blaine and Liberty counties (excluding reservations) that are willing to allow NMCDC to place recruitment materials in their establishment.
2. Newspaper and radio ads are used frequently.
3. **District 4 HRDC social media will be used to promote NMCDC and recruit families.**
4. Materials are sent to the TANF list that is provided twice a year by the OPA.
5. Other recruitment methods include annual events such as Lil Shots Carnival, Hill and Blaine County Fairs & Child Find hosted by the public school.
6. Recruitment of children with moderate to severe disabilities is in collaboration with Benchmark (part C provider), and with Havre Public Schools (preschool inclusion program).

POLICY 1302.14: When children are determined eligible participants in the program the selection process is followed and children are accepted into the program.

PROCEDURE:

1. Selection of eligible children is based on the selection criterion that has been established by the program and family involvement committee which includes parental status, disability, income, age, and other factors of family needs.
2. Head Start selection process
 - a. First round selections are conducted in June of new program year. 0 to 100% of poverty are first selected, followed by 101%-130% poverty and if all slots are not full then 131% and up are selected, all based on points accumulated from selection criteria. No more than 10% of children whose incomes are 131% or more will be enrolled in the program.
 - b. Second round of selection process is continued in July to fill our slots selecting from children who are again 0-100% of poverty, then 101%-130% of poverty and if necessary 131% and up until we are at full enrollment.
3. A waiting list will be maintained at all times in order to fill vacancies that occur during the program year.
 - a. If a slot comes open in a classroom the next eligible child with the highest point that is of appropriate age for that classroom will be accepted and enrolled.
4. Early Head Start center based selection is done in July for the new program year and in August following the same process as for Head Start. EHS center based is also selected on selection criteria based on parental status, income, age, and other factors of family and on the need of 20 hours or more of childcare needs.
 1. Children who have a developmental delay referral, IFSP, or are protected by the Individuals with Disabilities Act (IDEA) will be observed to determine the need of the classroom setting outside of the need for child care. Based on observations, children in the above group may be in attendance outside of the required 20 hours of need.

POLICY 1302.15: NMCDC must maintain funded enrollment level throughout the enrollment year.

PROCEDURE:

1. Each child in the EHS program must be allowed to remain in EHS until age eligible for other early childhood education programs. See transition plan for further procedure.
2. Head Start children must be allowed to remain in Head Start until kindergarten age determined by the public school except for compelling reason that the child should not attend kindergarten.
3. HS and EHS children that are eligible for the program will remain eligible through that enrollment year and the immediately succeeding enrollment year(s) until transition to Head Start or Kindergarten.
4. EHS participant's transitioning to HS will have income re-verified for the upcoming Head Start program year. Income verified for Head Start participants that are eligible will remain eligible throughout the HS program years until kindergarten.
5. When program determines that a vacancy exists, no more than 30 calendar days may lapse before the vacancy is filled.
6. If an EHS center-based family is experiencing job loss, that family will have 45 calendar days to find new employment. If unable to find employment in 45 days the **Family Services Manager or** family advocate will make contact to assess the family's child care needs on a case by case basis.
 - a. In order to maintain services during this time frame, home visits will be conducted by the classroom teacher on a weekly basis.

POLICY 1302.16: NMCDC must maintain a daily attendance rate of at least 85%, if programs fall below this rate the program must analyze the cause of absenteeism. The study must include a study of the pattern of absences for each child, including the reason for absences as well as the number of absences that occur on consecutive days.

PROCEDURE:

1. NMCDC attendance policy for center based is as follows:
 - a. Each time a child has an unexcused absence the parent will be called within an hour of the scheduled start time.
 - i. Teachers will document in **ChildPlus** with a "U". Contact will then be made by the family advocate/**teacher or Family Services Manager**. Teachers will discuss with parents how NMCDC can support them so their child attends regularly. If no contact with parent is made that child will be marked unexcused and teachers will document in **ChildPlus**. Contact will then be made by family advocate/**teacher or Family Services Manager**.
 - ii. In the second consecutive unexcused or pattern of absence, the advocate will make contact with a phone call or a visit with the parent and follow up regarding the previous discussion on support and information on the importance of regular attendance. A family goal may be made at this time. The family advocate/**teacher** will work with the family to promote regular attendance. The teacher notifies the Family **Services Manager** of absences.
 - iii. The third unexcused or pattern of absences, the family **advocate/teacher** will then make a visit. The Family Advocate/**Teacher** will let Family Services Manager know about absences and seek guidance. At that time a letter will be sent to the parents regarding the child's attendance, to which they will have a week to respond. Transportation services will stop until parents have made contact with designated staff. This step is only implemented when the child has not attended for 3 consecutive days and parents have not responded to **any** attempts to contact them. If we have not received a response then transportation services **will be stopped** until we know the child is going to resume attendance. This happens very rarely, about once a year. This is typically the result of a parent that has moved or dropped the child from the program but failed to notify us.
 - iv. Fourth unexcused or pattern of absences without contact from parents may result in the child being dropped from the program. The fourth unexcused absence will result in a registered letter sent to the parents asking them to respond. If they respond we

continue to support the family to ensure attendance. If they do not respond the child is dropped and placed on the waitlist. The child may be re-enrolled in the future if the parent so desires and if there is an opening.

2. If attendance falls below 85%, absenteeism will be investigated and action will be taken according to the issue.
3. In cases of homelessness:
 - a. Families will have 90 days before being required to provide information on immunization and other records and will help the family access resources in the community to help maintain attendance.
 - b. NMCDC will utilize community resources to provide transportation for the child in addition to the program's own transportation system.

POLICY 1302.17: NMCDC will severely limit the use of suspension due to a child's behavior and NMCDC will not expel a child due to their behavior.

PROCEDURE:

1. NMCDC contracts with a mental health consultant to provide interventions for staff, children and families in cases of severe behavioral issues.
 - a. Behavioral Plans are developed by the mental health specialist in consultations with staff and family.

POLICY 1302.18: There are no fees for participation in the NMCDC program.

Subpart B- Program Structure

POLICY 1302.20: NMCDC will determine program structure.

PROCEDURE:

1. NMCDC program options are determined by the community assessment. The program calendar is based on the Public School Year Calendar, community assessment and number of days and hours required by HSPPS.
2. NMCDC will offer full comprehensive services including education and child development, health, family and community engagement, transportation, disabilities, and transition services.
3. In the event of weather-related closures, or any other disaster related event NMCDC will provide temporary services remotely, as the staff are able.

POLICY 1302.21: NMCDC will provide center-based options.

PROCEDURE:

1. The enrollment is determined by NMCDC selection criteria for Head Start and Early Head Start families; the staff/child ratios and group size are determined by the age of children present in each class room; childcare licensing regulations apply **to all classrooms**.
 - a. The program must maintain appropriate ratios during all hours of program operation except:
 - i. For a brief absence of no more than five minutes; and during nap time, one teacher may be replaced by one trained staff or volunteer who does not meet the teaching qualifications.
 - ii. Where state or local requirements are more stringent, the program must meet the stricter requirements.

- b. NMCDC will follow daycare centers' child to staff ratios of Montana State regulation 37.95.623
 - i. 4:1 for children 0 months-23 months.
 - ii. 8:1 for children 2 years-3 years.
 - iii. 10:1 for children 4 years- 5 years.
 - c. To ensure child/staff ratios are maintained;
 - i. For both Head Start and Early Head Start the education managers monitor and maintain teacher work schedules.
 - ii. HS- 1 teacher and 1 teacher assistant are assigned to each classroom.
 - iii. HS Duration classrooms- 1 teacher and 2 teacher assistants
 - iv. HS- Has one teacher assistant sub to maintain ratios.
 - v. EHS- 2 teachers and 1 teacher assistant are assigned to each classroom.
 - vi. EHS- teachers stay with the same children through the duration of the child's time in Early Head Start to ensure continuity of care.
 - vii. **Early Head Start has one teacher assistant sub to maintain ratios.**
 - viii. There is one (1) additional Head Start/Early Head Start sub who will float in order to maintain ratios.
2. NMCDC service duration.
- a. Early Head Start
 - i. NMCDC Leadership Team develops annual calendars to ensure hours and days of operation are being met along with time for make-up days when necessary. By August 1, 2018, programs must provide 1,380 annual hours of class operations for all enrolled children.
 - 1. If parents do not have a need for center-based services during summer months, services will be provided by the child's classroom teacher.
 - b. Head Start has 3 center-based classrooms operating four days a week, 128 days a year, for 4 hours per day.
 - c. Head Start has 4 center-based classrooms operating four days a week, 146 days a year, for 7 hours per day totaling 1,020 hours per year.
 - i. NMCDC Leadership Team has regular discussions for the planning and implementation of operating requirements to meet the time line set by HSPPS
 - ii. NMCDC Leadership Team develops annual calendars that plan their school year with reasonable time frames of unexpected closures and make up days.
3. NMCDC square footage requirements have at least 35 square feet of usable indoor space per child and 75 square feet of usable outdoor play space per child.
- a. When local or state requirements vary from Head Start requirements, the most stringent provision takes precedence.
 - b. The square footage for each classroom and playground is as follows:

Wilson Center – The Jungle	749
Hillview	734
North Class (Lincoln Center)	700
West Class (Lincoln Center)	608
Cougar Camp (Lincoln Center)	638
Unnamed EHS Classroom (HRDC)	780
Koala Klass (HRDC)	780
Smallville (EHS HRDC)	620
Tiny Town (EHS HRDC)	620
Wonderland (EHS HRDC)	620
Lullaby Lane (EHS HRDC)	620
Hillview Playground	2220
Courtyard (HRDC)	8300
South Playground (HRDC)	10204

Lincoln Center Playground	11608
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*The floor plans for these areas can be found in the appendices

SUBPART C- Education and Child Development Program Services

POLICY 1302.30: NMCDC provides developmentally appropriate activities to support all children’s individual patterns of progression in development and learning across all developmental domains, with the use of research- based curriculum, screening and assessment procedures.

PROCEDURE:

1. NMCDC will use the following tools to implement and monitor child development services.
 - a. Creative Curriculum
 - b. Ages & Stages Screening & Social Emotional
 - c. Learning Accomplishment Profile- D (LAP-D)
 - d. Teaching Strategies GOLD
 - e. Head Start Early Learning Outcomes Framework (ELOF)
 - f. Montana Early Learning Standards (MELS)
 - g. Practice Based Coaching
 - h. Classroom Assessment Scoring System (CLASS) Observations
 - i. Infant Toddler Environmental Rating Scale (ITERS) and Early Childhood Environmental Rating Scale (ECERS)
 - j. Temperament and Atypical Behavior Scale (TABS)

POLICY 1302.31: NMCDC will provide quality education services to promote children’s comprehensive development by creating learning environments of acceptance that supports and respects culture and language.

PROCEDURE:

1. NMCDC will use effective teaching practices by:
 - a. Implementing Practice Based Coaching to mentor staff in professional development to promote effective teaching practices in nurturing, responsive, and emotionally secure interactions.
 - b. NMCDC will align ELOF with curriculum in the class.
 - c. NMCDC will use assessment data to review developmental progress.
2. NMCDC will make every attempt to gather and implement resources to accommodate dual language learners.
 - a. Children’s language and cultural backgrounds are included in program planning.
 - b. Parents are involved and included in advising appropriate cultural learning.
3. NMCDC learning environments use PBC and other training provided to NMCDC education staff to effectively foster a learning environment which includes:
 - a. Following a consistent class schedule and routines to foster security and trust in children.
 - i. When appropriate (such as 7-hour classes or children needs), rest times are included in the daily schedule or to meet child’s needs.
 - b. Providing children opportunities to explore and make choices which foster independence and social interactions.
 - c. Creating inclusive, safe and appropriate learning spaces.
 - d. Providing meals family style based on Ellyn Satter’s model.
 - e. Allowing for physical activities appropriate for fine and gross motor development.

- f. Providing a language rich environment to promote communication and literacy.
 - g. Allowing for outside play (see appendices for outdoor play policies).
4. NMCDC will use creative curriculum to provide a high-quality learning environment indoors and outdoors.

POLICY 1302.32: NMCDC uses Creative Curriculum, a research-based curriculum that supports individualization to help children gain social competence, and the skills and confidence necessary to form a foundation for school readiness.

PROCEDURE:

1. Creative Curriculum is an inclusive curriculum that is developmentally appropriate for all children 0-5.
2. NMCDC staff will receive training on all aspects of Creative Curriculum during:
 - a. Initial staff orientation
 - b. Biweekly education meetings/trainings
 - c. Paid consultants when available
 - d. Practice Based Coaching
 - e. Creative Curriculum Manuals/Kits
 - f. Other training based on availability and need

POLICY 1302.33: NMCDC uses screening and assessment tools to provide ongoing information to evaluate each child’s developmental level and also provides a diverse setting and accommodations for children that are bilingual or that have special needs. NMCDC never uses a child’s screening or assessment results to determine enrollment or participation within the program.

PROCEDURE:

1. Screenings occur within 45 days of when the child first attends the program, but typically are completed during the first home visit before the child attends class. Homebase screenings typically occur during the second home visit.
 - a. Screening tools are research based and standardized. The tools used include:
 - i. Head Start- Temperament and Atypical Behavior Scale/ Social and Emotional (TABS/SE), LAPD Screening Tool.
 - ii. Early Head Start and Ages and Stages Questionnaire/Social and Emotional (ASQ-SE).
 - b. If a concern is identified NMCDC, in partnership with parents, will make referrals to local agencies for formal evaluations, guidance and support. Teachers will discuss any concern or referral with the education manager.
 - i. If a determination to make a referral occurs, then the teachers meet with the parents to get their input and permission for a referral to the appropriate Local Education Agency (LEA).
 - ii. Depending on the area of concern determines what type of referral form is used. The various referral forms can be located in the education manager’s office. Referral forms must be reviewed with the education managers before it is submitted to the LEA.
2. NMCDC conducts direct assessment’s three times during program year with qualified and trained personnel. Staff will be trained to use the Assessment tool prior to assessments.
 - a. Assessment Tools are considered valid, reliable, research based and standardized. These tools include:
 - i. All Early Head Start and Head Start- Desired Results Developmental Profile (DRPD) Effective August 2021
3. Child outcomes and goals are developed with parents and are in alignment with the Head Start Early Learning Outcomes Framework: Birth to Five.
 - a. Goals are to be reviewed, assessed and revised on a monthly basis.
 - b. Goals are to be specific, measurable and individualized to the developmental level of the child.

4. In cases of bilingual children or children with disabilities, NMCDC will make appropriate accommodations as determined by input from families.

POLICY 1302.34: NMCDC's center base program is structured to recognize parents as their child's first teacher and the NMCDC education program encourages parent engagement and provides opportunities for parent/family involvement.

PROCEDURE:

1. NMCDC encourages parent participation in classrooms.
2. Regular communication occurs between teachers and parents.
 - a. Teachers conduct a minimum of three parent conferences per program year.
 - b. Teachers conduct a minimum of two home visits per program year.
 - c. More parent conferences and home visits may occur throughout the program year as needed.
3. NMCDC provides opportunities for parents/families to volunteer in activities which include but are not limited to:
 - a. Help during swimming
 - b. Field trips
 - c. Policy Council
 - d. Classroom prep work
 - e. Parent committees
 - f. At home In-kind
 - g. Volunteering in the classroom
4. NMCDC provides opportunities for parents to discuss and provide feedback on education framework.
 - a. Occurs through classroom meeting nights and open-door policies.

POLICY 1302.36: NMCDC, in serving American Indian and Alaskan Native children, will make efforts to maintain the tribal languages.

PROCEDURE:

1. NMCDC invites parents and families to share their home language in the classroom.
 - a. Teachers will integrate words or phrases in daily activities as taught by family members.

POLICY 1302.36: NMCDC staff will continually monitor all children in all environment utilizing Active Supervision techniques.

PROCEDURE:

1. Set Up the Environment

Caregivers/teachers set up the environment so that they can supervise children and be accessible at all times. When activities are grouped together and furniture is at waist height or shorter, adults are always able to see and hear children. Small spaces are kept clutter-free and big spaces are set up so that children have clear play spaces that caregivers/teachers can observe.

2. Position Staff

Caregivers/teachers carefully plan where they will position themselves in the environment to prevent children from harm. They place themselves so that they can see and hear all of the children in their care. They make sure there are always clear paths to where children are playing, sleeping, and eating so they can react quickly when necessary. Caregivers/teachers stay close to children who may need additional support. Their location helps them provide support, if necessary.

3. Scan and Count

Caregivers/teachers are always able to account for the children in their care. They continuously scan the entire environment to know where everyone is and what they are doing. They count the children

frequently. This is especially important during transitions when children are moving from one location to another.

4. Listen

Specific sounds or the absence of them may signify reason for concern. Caregivers/teachers who are listening closely to children immediately identify signs of potential danger. Programs that think systemically implement additional strategies to safeguard children. For example, bells added to doors help alert adults when a child leaves or enters the room.

5. Anticipate Children's Behavior

Caregivers/teachers use what they know about each child's individual interests and skills to predict what he/she will do. They create challenges that children are ready for and support them in succeeding. But, they also recognize when children might wander, get upset, or take a dangerous risk. Information from the daily health check (e.g., illness, allergies, lack of sleep or food, etc.) informs adults' observations and helps them anticipate children's behavior. Caregivers/teachers who know what to expect are better able to protect children from harm.

6. Engage and Redirect

Caregivers/teachers use what they know about each child's individual needs and development to offer support. They wait until children are unable to problem-solve on their own to get involved. They may offer different levels of assistance or redirection depending on each individual child's needs.

Subpart D- Health Program Services

POLICY 1302.40: NMCDC Health Services will provide high-quality health, oral health, mental health and nutrition services that are developmentally, culturally, and linguistically appropriate and that will support each child's growth and school readiness.

PROCEDURE:

1. Parents are given a list of local providers that provide services to families.
 - a. List is updated as needed to keep a comprehensive list of local providers.
2. NMCDC maintains a Health Services Advisory Committee (HSAC) that includes Head Start/Early Head Start Parents, Health Professionals, and Community Volunteers.
 - a. The Health Services Manager recruits for HSAC biannually.
 - i. Once in the spring for the following year and once in the fall for parents of children entering the program.

POLICY 1302.40.1 NMCDC will provide adequate medical care for each child during the time the child is under the supervision of NMCDC staff.

PROCEDURE:

HEALTH EMERGENCIES

OBJECTIVE: to provide adequate health care for each child during the time the child is under the supervision of the NMCDC staff. All staff will have current first aid and adult/child/infant CPR certificates or be working for them, and will be able to recognize a health emergency and institute necessary life saving measures. First aid kits are located in each classroom and on the buses. "Plan of Action for Health Emergencies" is posted on the wall in each classroom. Each classroom will have access to a phone.

A health emergency may be, but is not limited to, the following:

- A. Laceration

- B. Fall
- C. Head Injury
- D. Convulsions
- E. Allergic Reaction
- F. Poisoning
- G. Burn
- H. Choking

Actions to take in an emergency: Follow standard First Aid and CPR procedures.

Emergency phone numbers are located by each phone:

Ambulance	911
Poison Control	1(800) 222-1222
Northern Montana Hospital	265-2211

1. The primary person at the scene will complete a Child Accident Report and give it to the on-site health personnel. If the child is uninsured, Agency Accident Insurance will be provided. Forms are available in the on-site health personnel office.
2. If the health emergency is taken care of on-site, the child's teacher will notify the Parent(s)/Guardian of the situation. The primary person at the scene will complete a Child Accident Report and give it to the on-site health personnel.
3. Up-to-date information will be kept on each child regarding person(s) and telephone numbers to contact in case of an emergency. This emergency information file will be kept in each classroom, on each bus, and in each secretary's office.

A dental emergency involves an accident to the tongue, lips, cheek or teeth. It may be, but is not limited to, the following:

- A. Toothache
- B. Knocked out tooth
- C. Broken tooth
- D. Objects wedged between teeth
- E. Possible fractured jaw

Actions to take in an emergency:

1. First Adult on the Scene:
 - A. Assess Emergency.
 - B. Check for Bleeding.
 - C. Apply appropriate First-Aid. (See instructions posted on each classroom wall.) The person administering first aid and all persons helping will use universal precautions.
 - D. Call for "HELP."
2. Second Adult on the Scene:
 - A. Obtain Supplies and Equipment.
 - B. Notify Parent(s)/Guardian. When possible, Parent(s)/Guardian will determine further action and/or transportation, if necessary.
 - C. Notify Dentist, Doctor, Ambulance, ETC., as needed. Dental or Medical Provider will determine further treatment.

Emergency phone numbers (posted by each phone):

Ambulance	911
Consulting Dentist, Bullhook Dental	395-4305
Northern Montana Hospital	265-2211

3. The primary person at the scene will complete a Child Accident/Incident Report and give it to the on-site health personnel. If the child is uninsured, Agency Accident Insurance will be provided. Insurance forms are available in the on-site health personnel office.

4. If the dental emergency is taken care of on-site, the child's teacher will notify the Parent(s)/Guardian of the situation. The primary person at the scene will complete a Child Accident/Incident Report and give it to the on-site health personnel.

5. Up-to-date Child Data will be kept in each classroom, bus, and secretary's office.

FIRST AID KITS AND FANNY PACKS

Each classroom, bus, and all program vehicles have a First Aid Kit. In addition, fanny packs may be used. First Aid Kits and Fanny Packs will be restocked by teachers, as needed, from the supplies in the First Aid Cabinets hanging on the walls located behind the reception desk at the HRDC/NMCDC Site, and downstairs in the "Big Room" at Lincoln Center Site. First Aid Wall Cabinets are restocked every 6 to 8 weeks by the *Respond's* Salesman. First Aid Kits will be monitored during the NM CDC Monthly Safety Inspection. These inspection records are **locked in the filing cabinet between the offices of the Administrative Manager and the Child Services Director.**

Supplies:

At a minimum, first aid supplies shall include:

- a. The Emergency Montana Poison Control Center telephone number: 1-(800) 222-1222
- b. Sterile, absorbent bandages
- c. A cold pack
- d. Tape and a variety of Band-Aids
- e. Tweezers and scissors
- f. Disposable single use gloves

POLICY 1302.41: NM CDC in conjunction with the HSAC collaborate and communicate with parents regarding their children's Health care status and needs.

PROCEDURE:

1. NM CDC staff will contact parents by phone, in writing, or in person regarding their child's health and developmental needs. In order to help us determine a child's needs, the parent is asked to fill out questionnaires during the intake process.
 - a. If English is not a family's first language an interpreter will be sought to ensure parent understands their child's health care needs.
2. Health History will be kept in the child's health file which is kept in the Health Advocate's office.
3. The HIPPA form is explained during the intake and is signed to verify their understanding of confidentiality of a child's health information. The HIPPA form will be kept in the child's health file and will be posted in the classroom along with the special needs form if the child has allergies or special needs that staff must be aware of.
4. During the intake process, parents /guardians will fill out the Consent for Services form.

- a. The form and process is explained to them during the intake and they agree by initialing and signing the form.
 - i. Parents/guardians are asked to initial in the appropriate area to indicate whether or not permission is given.
 - ii. Parents/guardians also initial next to agencies that NMCDC has permission to share information with.
 - iii. The original form goes in child's health file and a copy in their advocate file.
- 5. Parent will be informed of our policies for health emergencies at the first home visit and during orientation. All staff members are required to be certified in First Aid and CPR.
 - a. Fire, police, ambulance and poison control phone numbers will be posted by all phones.
 - b. If a child receives a minor injury, the teacher/assistant will follow appropriate first aid and contact parent to inform them of the incident after class. Teacher will fill out an incident report and give it to their supervisor.
 - c. If child receives a greater than minor injury, NMCDC staff will follow appropriate first aid and contact parent as soon as possible to come and get their child to evaluate level of care needed. Teacher will fill out incident report and turn in to their supervisor
 - d. If child is severely injured teacher/assistant will follow appropriate first aid, call 911 for an ambulance immediately if indicated. Parent will be contacted as soon as possible to have them meet their child in the emergency room. Teachers will fill out an incident report and give it to their supervisor.
 - e. Incident report forms can be viewed in appendices.

POLICY 1302.42: NMCDC will determine child's health status and care needs within 30 calendar days of enrollment.

PROCEDURE:

- 1. During the intake process parents are asked if they have insurance and a source of medical care. Health History is filled out during intake process to assist with determining child's health status.
 - a. If they do not have health insurance, parents are referred to Bullhook Clinic. Bullhook Clinic has a specialist to assist with obtaining health insurance, Montana Healthy Kids or Montana Healthy Kids Plus.
 - b. If they do not have a source of continuous health care they are given a list of local health care providers that will accept their insurance or provide a sliding scale.
- 2. Within 90 days of when a child starts the program (or for home-base, their first home visit) NMCDC will determine if a child is up to date on a schedule of age appropriate preventive and primary medical and oral health care:
 - a. Parents are asked to bring completed physical/Well Child Check and dental forms filled out by their providers that state they are up-to-date on their well child schedule, immunizations and oral health age appropriate time lines as specified by the EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) schedule as recommended by the Medicaid agency and the American Academy of Pediatrics.
 - b. Parents are encouraged to get all of recommended health and oral health exams as described in the EPSDT schedule. If parents refuse after being encouraged on three separate occasions, the exams may be entered into ChildPlus as Parent Refused. (All contacts must be documented in ChildPlus and the child's health file.)
 - c. If parents do not have transportation to medical or dental appointments NMCDC will assist them in getting to and from their appointments.
 - d. If a parent states that their child has already had their exams completed, NMCDC determines where and when the exam was completed, and then NMCDC will ensure that parents have signed the appropriate consent forms so information can be obtained from providers.

- e. Once information is obtained from health care and oral health care professionals, NMCDC can determine if the child is up-to-date on a schedule of age appropriate preventative and primary medical and oral health care as described by the EPSDT schedule. All information is entered into ChildPlus for tracking purposes.
 - i. As per the EPSDT schedule, parents are provided with Blood Lead Education and parents are encouraged to have their child's blood lead level checked at the ages of 12 & 24 months or after age 3 if not previously completed.
 - 1. NMCDC owns a lead testing machine that is kept at Bullhook clinic for the use of testing blood lead levels, and screenings are free to all NMCDC students.
 - a. If they choose, parents may use their own health care provider.
 - 2. NMCDC will give parents information regarding lead levels a minimum of 3 times, and if parents still refuse blood lead level testing, we will enter them into ChildPlus as Parent Refused Services.
 - ii. If child is not up-to-date, NMCDC will assist the parent with making arrangements to bring the child up-to-date as soon as possible.
 - 1. If families do not have a health care provider or a dental provider they will be given the names of local providers that are taking new patients so they can make appointments.
 - 2. If they do not have transportation, NMCDC will assist in transportation arrangements.
 - f. If immunizations are not up-to-date, parents are required to update their child's immunizations and/or have a Conditional Attendance Form filled by their health care provider, parent/guardian, and NMCDC Health Staff before they can attend Head Start and Early Head Start.
 - i. Conditional Attendance Form is kept with the child's health file and immunization records.
 - 1. The Health Manager will monitor the status of the Conditional Attendance and immunizations.
 - ii. Child care licensing regulations does not allow NMCDC to accept religious waivers for immunizations.
3. Within 45 calendar days after the child first attends school, NMCDC will perform or obtain evidence-based hearing and vision screenings.
- a. Hearing and vision screenings are scheduled for children the last week in September and then as needed for children who were absent or enrolled later in the year.
 - b. A local optometrist donates their time to screen all of the 3 to 5-year old children for vision.
 - c. NMCDC works with local professionals to complete hearing screenings.
 - d. Hearing and vision results are sent home with their child as soon as possible after the test is performed.
 - i. If follow-up care is needed, the Health Advocate or the Health Manager will contact a parent directly to inform them of recommended follow-up care.
 - ii. NMCDC will offer assistance in arranging follow-up care or transportation.
4. NMCDC will determine a child's nutritional needs.
- a. A child's nutritional needs may be determined from the Health History.
 - b. Height and weight will be obtained according to EPSDT guidelines and recorded on a Center for Disease Control (CDC) growth chart for each enrolled child.
 - c. In addition to the CDC growth chart, syndrome-specific growth grids may be used as informational sources if required by the child's Health Care Provider.
 - i. Weight for Length and Length for Age (<2 years of age) or BMI for age 2 years and older of children who fall below the 5th or greater than the 85th percentile on growth charts will be monitored by the Health Services Manager via ChildPlus Reports.
 - 1. WIC program participants' information is also monitored by WIC personnel.
 - 2. Parents will be notified if there is significant change in the percentile and be referred to WIC or NMCDC Contracted Dietitian.
 - d. A Hematocrit is obtained from either WIC or a child's medical provider.

5. NMCDC will assist families in following the EPSDT schedule by sending reminder postcards when a child is due for their next exams. ChildPlus software is used to facilitate this process.
 - a. All contacts to parents are recorded in ChildPlus and on the child's health chart.
 - b. Parents are contacted in a variety of ways including phone calls, notes home, text messages, **emails** and home visits.
 - c. Teachers observe children in classrooms daily for changes in behavior, temperament and eating habits that might indicate problems.
 - d. Parents are encouraged to speak with their health care providers and dentists regarding Fluoride supplements. The Physical Form encourages medical providers to speak with the parent about fluoride supplements due to the lack of adequate fluoride in the local water supply.
 - i. Children brush teeth in class every day with Fluoridated toothpaste.
 - ii. Parents are encouraged to take their child to the dentist for fluoride treatments along with cleanings and check-ups.
 - iii. NMCDC will assist parents with transportation to appointments as needed.
 - iv. Parents of children with dental decay are contacted monthly by the NMCDC Health Manager to check on the progress of treatment and to see if they need assistance getting the work completed.
 1. Contacts are recorded in the child's file and in the appropriate place in ChildPlus.
6. NMCDC will facilitate further diagnostic testing, evaluation and follow-up treatment as appropriate by a Health Professional for each child with a health problem such as elevated lead levels, abnormal hearing or vision results that may affect child's development, learning or behavior.
 - a. NMCDC staff will utilize the expertise of the Health Services Advisory Committee in order to help families, including expectant families, to obtain services for medical, dental, mental health, nutrition & other health related needs.
 - b. ChildPlus software is used to track referrals and services provided and to monitor the implementation of a follow-up plan to meet any treatment needs associated with a health, oral health, social and emotional or developmental need.
 - c. NMCDC staff will assist parents in obtaining any services or equipment needed by the child and will track ongoing treatment services through direct contact with the Parent and Health Care Providers.
 - i. Permission for further evaluation or refusal of services will be obtained.
 - d. NMCDC funds will be used for professional medical, dental, mental health, nutrition services and transportation, as monies allow, when no other source of funding is available and all other sources have been exhausted. All available resources will be utilized to pay for tests and/or follow-up treatment.
 - i. When program funds are used for such services, programs must have written documentation of parent's efforts to access other available sources of funding.
7. NMCDC will use program funds to pay for diapers and formula for enrolled children during the program day.

POLICY 1302.43: NMCDC staff will promote effective oral health hygiene by implementing, supervising, and assisting all children that have teeth in brushing their teeth daily.

PROCEDURE:

1. NMCDC will provide teachers and children with age appropriate toothbrushes and fluoridated toothpaste to use during tooth brushing activity.
2. Teachers will demonstrate and model proper tooth brushing techniques to children daily.
3. Teachers will provide assistance with tooth brushing as needed.
4. Children who do not have teeth will have their mouths wiped out with special wipes after eating.

POLICY 1302.44: NMDCDC will identify each child's nutritional needs, taking into account allergies or any relevant nutrition-related information about family eating patterns, including cultural preferences, special dietary requirements for each child with nutrition-related health problems, and the feeding requirements of each child with disabilities as described in 1302.31

PROCEDURE:

1. NMDCDC contracts with Havre Public Schools who are approved for meal services through the USDA and meet children's nutritional requirements.
 - a. Meals and snacks served to children in NMDCDC for less than 6 hours will provide one third of their daily nutritional needs.
 - b. Meals and snacks served to children in NMDCDC for more than 6 hours per day will provide one half to two thirds of their daily nutritional requirements depending on the length of the program day.
 - c. Food served to children will be high in nutrients and low in fat, sugar and salt in accordance with USDA requirements 7CFR parts 210,220, and 226.
 - d. Infants and toddlers are fed according to their individual developmental readiness and feeding skills as recommended by WIC, CACFP and USDA guidelines. Infants and young toddlers are fed on demand to the extent possible.
 - e. Bottle fed infants are never laid down or put to sleep with a bottle.
 - f. All children in morning center-based classrooms settings are served breakfast if they arrive during breakfast times. If children arrive after breakfast times, they are offered a nutritious snack.
 - g. Healthy appropriate snacks and meals are provided during group socialization activities in the home-based option.
 - h. NMDCDC promotes breastfeeding. This includes providing facilities to properly store and handle breast milk, accommodations for mothers who wish to breast feed during program hours, as well as referrals to lactation consultants or counselors as needed.
 - i. A separate room is available for breast feeding mothers in the Early Head Start wing.
 - ii. A freezer is provided for the exclusive storage of breast milk.
 - iii. Education and referrals are provided to all expectant and new mothers.
 - i. NMDCDC offers water throughout the day to all children.
2. NMDCDC uses funds from the USDA Child nutrition programs, such as the Child Adult Care Food Program or a USDA Summer Food Program as the primary source of payment for meal services. Head Start/Early Head Start funds may be used to cover those allowable costs not covered by the USDA/CACFP.

POLICY 1302.45: NMDCDC will support a program-wide culture that promotes child mental health as well as social and emotional well-being with the assistance of a mental health consultant.

PROCEDURE:

1. All children receive a social/emotional screening at the first home visit.
 - a. Head Start uses the TABS (Temperament and Atypical Behavior Scale) and LAP-D (Learning Accomplishment Profile Diagnostic assessment)
 - b. EHS uses the ASQ and ASQ-SE (Ages and Stages Questionnaire and Ages and Stages Questionnaire- Social and Emotional)
2. NMDCDC will provide staff with training on effective classroom management and positive learning environments. Training for staff include:
 - a. Practice Based Coaching
 - b. Creative Curriculum
 - c. Conscience Discipline
 - d. Ongoing trainings (conferences, college courses, other courses as seen fit and when available)
 - e. Mandatory Reporting Training

3. NMCDC contracts to provide consultation services to ensure a mental health consultant is available to partner with staff and families in a timely manner.
 - a. Refer to Policy 1302.33 1b for the referral process and the flow chart in the appendices.
 - b. The mental health consultant will spend time observing classroom behaviors.
 - c. The mental health consultant will provide staff with strategies for supporting children with challenging behaviors and other social, emotional and mental health concerns.
4. NMCDC will obtain parental consent for mental health consultation services at enrollment on the “Consent for Services” form.
 - a. For further evaluations and if a need is identified, parents will sign a Permission for Services form.
5. NMCDC partners with Bullhook Clinic, Youth Dynamics Program, Child and Family Services, **Connected Counseling** and Northern Montana Specialty Medical Center for additional mental health resources.

POLICY 1302.46: NMCDC provides family support services for health, nutrition and mental health.

PROCEDURE:

1. NMCDC provides health literacy in medical, oral, nutrition, pregnancy and postpartum care, vehicle and pedestrian safety, and mental and emotional health areas. This is facilitated by:
 - a. Parent Orientations
 - b. Brochures
 - c. Information on community events
 - d. Classroom Meeting Night presentations
 - e. Nubites Newsletters
 - f. Classroom Activities
 - g. Agency Newsletters
 - h. Referrals
 - i. Home Visits and Parent Teacher Conferences
 - j. HRDC Facebook and HRDC website
 - k. Class Dojo website
2. NMCDC provides referrals to Bullhook Clinic to help families obtain health insurance, understanding medical diagnoses, and familiarizing families with health services they receive while enrolled in the program.

POLICY 1302.47: NMCDC maintains stringent safety practices to ensure children are kept safe at all times.

PROCEDURE:

1. NMCDC will consult Caring for Our Children Basics.
2. Safety Checklists are developed and adhered to on a daily basis for the classroom and playground which are conducted by classroom staff. Quarterly safety checks are conducted by the program’s Leadership Team.
 - a. The Safety Checklist covers both the indoor and outdoor environments as well as practices such as a lock box for medication, medication labeled with appropriate documentation, lesson plans posted in place, allergy information easily accessible, crib spacing, cleaning schedules, supervision, etc.
 - b. Safety Checklist forms can be found on the NMCDC network. NMCDC/PUBLIC/SAFETY/Health and safety checklist
 - c. Records of the Safety Checklists can be found in the **filing cabinet between the Administrative Manager and Child Services Director’s offices.**

- i. Safety issues are identified, work orders are filled out and then given to the Program Director who then assigns the task to appropriate personnel.
 - ii. After the safety issue is fixed, the work order is completed and returned to the Program Director and then filed away in the appropriate Safety Checklist Binder.
- d. Child care licensing policies are followed.
- e. A contract with pest control is maintained.
- f. Emergency lighting is maintained for outside exits and classrooms are provided with windup flashlights.
- g. First aid kits are found in classrooms and buses and fanny pack first aid kits can be found in agency specific locations. First aid supplies at Early Head Start are located in a cabinet beside the Administrative Assistant's desk. First aid supplies at Head Start are located downstairs on the wall next to the north exit.
- i. Teachers and bus drivers are responsible for ensuring their first aid kits do not contain expired materials and are fully supplied.
- h. No firearms or other weapons are allowed on the premises.
- i. Fire extinguishers are located in all classrooms and in designated locations that are checked monthly and maintained annually.
- j. AEDs are available for use by trained staff and are checked on a monthly basis to maintain working condition. AEDs are located in the HRDC Early Head Start wing on the First Aid station and in the Child Center on Lincoln Avenue at the top of the east door stairway.
- k. Food and nutritional activities are kept separate from diapering and toilet areas.
- l. All equipment and materials used by the program in the classrooms are checked for safeness following the Consumer Product Safety Commission and American Society for Testing and Materials, International guidelines.
 - i. Equipment and materials used in the classrooms:
 - 1. Are cleaned and disinfected based on the age group usage needs (example: toddlers' toys and surfaces are cleaned and disinfected daily, minimum)
 - 2. Are age appropriate
 - 3. Are designed to ensure proper supervision
 - 4. Allow for separation of infants and toddlers from preschoolers
 - 5. Are maintained through regular maintenance
- 3. The agency follows HSPPS 1302.90 (b) for conducting background checks. Procedure will be found in the appendices.
- 4. All NMCDC staff will follow the Office of Head Start and Child Care Licensing immunization requirements. A document must be provided by a medical doctor in order to request a health waiver.
- 5. All staff will have initial orientation and safety training within three months of hire. This is provided by the HRDC Administrative Officer, the employee's supervisor, and other sources as available. Ongoing training is provided as needed. The training is then documented in Child Plus.
 - a. All staff with regular child contact has training to ensure the safety of children at all times. NMCDC follows State of Montana Quality Assurance Division requirements, Child Care Licensing requirements and the quality improvement rating system (STARS) program training requirements. Much of the training is provided online through various websites available through child care licensing and Family Connections, this communities' resource and referral agency.
 - i. The training includes
 - 1. Transportation of Children (Head Start Staff)
 - 2. First Aid/CPR
 - 3. Early Childhood Essentials
 - 4. Infant Safety Essentials
 - 5. New Staff Health and Safety Orientation
 - 6. Together We Grow
 - 7. Required STARS to Quality Trainings, based on current STAR Rating

- b. Training for NMCDC staff that do not have regular child contact have training in state, local and federal regulations for health and safety requirements and the agency’s emergency and disaster preparedness. The agency presents information from the safety manual at each agency staff meeting.
- 6. Safety practice policies are reviewed at each agency staff meeting in order to keep staff current on safety policies and procedures. Refer to training plans in the NMCDC network - Leadership team – training plan.
- 7. All staff use proper hygiene procedures.
 - a. Hand washing signs are posted by each sink; children and adults wash hands after toileting, before and after eating, after touching pets, wiping noses and other times as needed.
 - b. Posters showing proper diapering procedures are posted at each diapering station.
 - c. All staff is trained annually in proper procedures when exposed to blood and bodily fluids using the Blood Born Pathogen video by OSHA.
- 8. NMCDC administration follows established safety procedures for the following scenarios
 - a. In emergencies, situations are immediately assessed and then the appropriate handbook is consulted.
 - i. HRDC All Hazards Manual
 - ii. Parent Handbooks
 - iii. Transportation Policies Packet
 - iv. Early Head Start classrooms maintain emergency procedures, equipment, and contact logs in a designated, easily accessible cupboard by the telephone and Head Start maintains the same near the main classroom door.
 - b. Fire drills are conducted on a monthly basis.
 - i. For HRDC classrooms, fire evacuation protocol is as follows:
 - 1. Children are placed in evacuation cribs, each of which have class lists and contact information, green (all clear) signs, and red (not clear) signs.
 - 2. Staff calmly evacuates children to the safest designated area.
 - a. For playground, designated area is the South East corner of the NMCDC parking lot.
 - b. For classrooms, designated area is the South East corner of the NMCDC parking lot.
 - 3. Children are counted; teacher holds up green sign if all children are accounted for and hold up a red sign if not all children are accounted.
 - 4. All clear is signaled if building is safe to return.
 - ii. For Lincoln Center, Wilson Center Annex, and Hillview the fire evacuation protocol is as follows:
 - 1. Staff calmly evacuate children to the safest designated area.
 - a. Lincoln Center and Wilson Center evacuate to the south fence or the parent center.
 - b. Hillview evacuates to the southwest fence nearest the wellness center.
 - 2. Each teacher has class lists and contact information, green (all clear) signs, and red (not clear) signs.
 - 3. Children are counted, teacher holds up green sign if all children are accounted for and hold up a red sign if not all children are accounted.
 - 4. All clear is signaled if building is safe to return.
 - 5. In extreme cases, children are first brought to the appropriate designated area, the situation is assessed and if warranted then evacuate children further. The Lincoln and Wilson Center will evacuate to Highland Park Primary School. The Hillview classroom will evacuate to the Havre Middle School.
- 9. The agency has a Disaster Preparedness Plan, which has an “ALL-HAZARDS PROCEDURE CHECKLIST” that details the procedure to follow in case of an emergency, disaster, and work place violence. This folder is given to all new employees at orientation and reviewed at each staff meeting.

10. All incidents involving a child being hurt either through an accident or caused by another child are reported using the Incident Report Form that is saved in NMCDC/FORMS/HEALTH AND NUTRITION/Health Forms/Incident report and Admin policies.
 - a. The teacher or staff person that observed the incident first attends to the injury and provides care as appropriate and needed.
 - b. The teacher or staff person contacts and informs the parents or guardians of the incident and depending on the severity of the injury will inquire how the parent wants to address the injury.
 - c. The teacher or staff person then fills out the report and gives it to the Education Manager for review.
 - d. The Incident Report is then submitted to the Child Services Director to review and sign.
 - e. The report is then given to the Health Advocate which is then filed in the child's file.
 - i. If the severity of an injury requires professional medical attention, the incident is reported to the Quality and Assurance Division (QAD) Child Care Licensing.
11. To ensure the safety of staff and classrooms, and to maintain an awareness of who is in our facility the following procedures are implemented:
 1. All doors into NMCDC from the outside will be locked.
 - i. EHS: 8:10 am-5:00 pm
 - ii. HS HRDC: 8:10 am-2:45 pm
 - iii. HS Hillview: 8:10 am- 2:45 pm
 - iv. HS Wilson: 8:10 am- 2:45 pm
 - v. HS Lincoln: 8:00 am-4:00 pm
 - b. NMCDC staff will have the key or the code to access to the key into their classroom's building.
 - c. Fire doors leading into the NMCDC wing will be closed.
2. Families will:
 - a. Call or ring doorbell for EHS entry (there is a dedicated cell phone for after hours)
 - b. Call for HS HRDC entry
 - c. Enter through the Parent Center for Lincoln and Wilson entry
 - d. Call for Hillview entry
3. All visitors and volunteers must complete the written check in with the receptionist and receive a visitor badge. The badge must be visible at all times within HRDC property.

POLICY 1302.48 NMCDC will ensure that all students are given a healthy learning environment.
 PROCEDURE:

1. In the event that a child is sent home due to illness, and they have a sibling enrolled within the Early Head Start or Head Start programs, it will be at discretion of the parent/guardian whether they take the sibling home.
2. If staff observes any of the following symptoms of illness in a child, Parent(s)/Guardian(s) will be contacted to pick up their child. According to the Montana Department of Public Health and Montana State Child Care Licensing Requirements a child **MUST** be sent home immediately if they develop any of these symptoms while in our care. Do NOT bring them if you observe any of the following symptoms:
 - **FEVERS:** 101 degrees or more (including one from teething). Children should be without fever for 24 hours after the last pain reliever (Tylenol, ibuprofen, acetaminophen) was given before returning to NMCDC.
 - **DIARRHEA:** Any changes from the child's usual stool pattern: abnormally loose stools, increased frequency, loose/watery, stool that runs out of diaper for children ages 0-3, or child can't get to the bathroom in time. Child must be diarrhea-free for 24 hours after the last episode before returning to

NMCDC. It is at the discretion of the Child's Medical Provider to determine if certain infectious diarrhea is suspected and to ultimately decide on an action plan.

- **VOMITING:** Child has forcefully vomited two or more times in the past 24 hours. Child must be vomit-free for 24 hours after the last episode before returning to NMCDC, as stated above.
- **INFECTIOUS CONJUNCTIVITIS/PINK EYE:** Symptoms include: red eyes, red swollen eyelids, pus-like discharge resulting in crusty eyelids, or eyes stuck shut in the morning; he/she should be seen by a Medical Provider. Antibiotics must be administered for 24 hours before returning to NMCDC.
- **OTHER BACTERIAL INFECTIONS:** (Strep throat, Impetigo, Scarlet Fever, skin infections). Children must be treated with antibiotics for at least 24 hours before returning to NMCDC.
- **CHICKEN POX:** Child will not be permitted to attend NMCDC from the first signs of symptoms until all sores are scabbed over (approximately one week).
- **HAND-FOOT-MOUTH** is a contagious virus. Symptoms usually appear in stages, not all at once. Symptoms: fever, reduced appetite, sore throat, a feeling of being unwell, painful sores in the mouth, a rash of flat red spots that may blister on the palms of hands, soles of feet and sometimes the knees, elbows, buttocks and/or genital area. Children will not be permitted to attend NMCDC from the first signs of symptoms until child is clear of all symptoms (approximately 7 to 10 days).
- **HEAD LICE:** If Head Lice is discovered the Head Lice Policy will be followed.
- **RASHES:** Children with rashes, spots, or infected skin patches must be evaluated by a Medical Provider before returning to NMCDC.
- **JAUNDICED:** Children with yellow skin or eyes will not be allowed to attend NMCDC until a cause is determined by a Medical Provider.
- **Persistent symptoms of the following should be examined by a Medical Provider:** Breathing Difficulty, Wheezing, Persistent Cough, Ear Pain, Eye Drainage, Seizures, Stiff Neck, Poor Food/Fluid Intake, Sore throat or trouble swallowing, Irritability (unusually fussy or cranky crying more than usual), Thick Green/Yellow Nasal Drainage, or unusually dark urine.

Tiredness, paleness and unusual behavior often indicate a communicable disease is incubating. The incubation period is the most infectious time, and if possible, children should be kept home. All children are required to participate in outdoor activities for a least a brief period each day. If a child is not well enough to go outside, they should not be sent to school.

HEAD LICE (Pediculosis Capitis) POLICY

Exposure to Lice: The Hill County Health Department supports the 'Caring for our Children' Standard 6.038 regarding attendance of children with Head Lice. The following procedures are to be followed at Northern Montana Child Development Center:

1. Lice infestation shall be identified by the presence of adult lice or nits (eggs) on a hair shaft 3-4 mm from the scalp.
2. Children shall not be excluded immediately or sent home early because of head lice. Parent(s)/Guardian(s) of affected children shall be notified and informed that their child must be treated properly by using Lice-Free Shampoo and combing out nits (eggs) before returning to the classroom. The child will not be allowed to return to NMCDC until all adult lice have been removed and a signed statement is issued by the Hill County Health Department or onsite health personnel stating the child is free of the presence of adult lice.
3. Lice Free Shampoo or spray with a fine-tooth comb for combing out nits will be provided by NMCDC to all family members.
4. The class room will be vacuumed and cleaned after class time. Children and staff who have been in close contact with an affected child may be examined and should be treated if infested.

5. Rationale: Head lice infestation in children attending child care or school is common in the U.S. and is not a sign of poor hygiene. Head lice are not a health hazard because they are not responsible for the spread of any disease.

POLICY 1302.48.1 NMCDC will administer medication, when necessary, to students.

PROCEDURE:

NMCDC children ages 3-5

NMCDC requires all medications to be administered before and/or after a child's class time whenever possible. Under circumstances when it is necessary for medication to be administered to a child during school hours, Parent(s)/Guardian(s) may make arrangements to come to give the medication or the following procedures must be followed:

1. Only a parent/guardian may delegate and entrust classroom teacher(s) to administer, handle, and store a medication that must be given during class time. The parent/guardian **MUST** instruct and train teacher(s) regarding administration of medication before any dosage is given, including potential emergency medication such as Epi-Pens for severe allergic reaction (anaphylaxis). If an Epi-Pen is used, it must be sent with Emergency Medical Providers or Parent(s)/Guardian(s) to the Emergency Room.

In addition:

2. Permission for Administration of Medication form must be filled out and returned to classroom teacher(s) before any medication may be dispensed at NMCDC. Permission Form will include all medication instructions, signatures of parent /guardian and teacher(s) administering medication, time(s) administered and observed reactions. Prescription number and date may be entered in lieu of the physician's signature.

3. Medication must be in its original container with an original prescription label. It must be stored in a locked storage cabinet in the classroom. Most emergency medications do not need refrigeration. Most refrigerated medications can be scheduled around class time.

4. Before giving medication, teacher (s) must check:

- a. the right child
- b. the right medication
- c. the right dose

5. After giving the medication, teacher(s) must record Time(s) administered on Administration of Medication Permission Form.

- a. date
- b. time
- c. dose
- d. given by
- e. observed reactions & parent notification

6. Teacher(s) must notify parent(s)/guardian(s) that medication was given and inform them if any reactions were observed.

NMCDC children ages 0-3

Children's medications will be handled by designated staff trained in accordance with performance standard 1304.22(c) (2).

Northern Montana Child Development Center requires all medications to be given at home whenever possible. Under circumstances, when it is necessary for medication to be administered to a child at NMCDC, parent(s)/guardian(s) will be encouraged to come to NMCDC and give the medication during lunch, break, etc. If this is not possible, Permission for Administration of Medication form must be filled out by the Medical Provider and Parent(s)/guardian(s), and the following procedures must be followed:

Parent(s)/Guardian(s) are to give the first dose of any medication at home in order to observe the child for possible side effects or adverse reactions to the medication. Only Parent(s)/Guardian(s) may delegate and entrust classroom teacher(s) to administer, handle, and store a medication that is given at NMCDC. The parent/guardian **MUST** instruct and train teacher(s) regarding administration of medication before any dosage is given, including potential emergency medication such as Epi-Pens for severe allergic reaction (anaphylaxis). If an Epi-Pen is used, it must be sent with the EMT's or Parent(s)/Guardian(s) to the Emergency Room.

In addition:

- All medication, including over the counter medication, must be in its original container, have an expiration date, which will be checked by the educator administering it. It must be labeled with the child's first and last name, date prescribed, name of medicine, dosage, expiration date of medication, medical provider's name and pharmacy name and telephone number. It must be stored in a locked box provided by NMCDC. Expired medication will not be administered by NMCDC. If refrigeration is required, medication will be stored in a locked storage box in the refrigerator. Each child care room is equipped with two medication lock boxes.
- Only staff will have access to the lock boxes, which will be locked at all times.
- Medication must be handed directly to the educator or other staff responsible for medication administration.
- NMCDC staff may not accept or supervise the administration of medication unless a completed written medication authorization (permission) form is on file.
- NMCDC will not administer over the counter medication without a documented recommendation by a Medical Provider. If a Medical Provider recommends an over the counter medication, parents are required to provide medication instructions for administration and storage. Person administering medication (parents or staff) must wash their hands before and after administration of medication.
- All medications are given only as instructed on the label or directions.
- All doses of medication must be entered on a medication administration log with a signature to document who administered the medication to the child

Subpart E- Family and Community Engagement Program Services

POLICY 1302.50: NMCDC will integrate parent and family engagement strategies into all systems and program services to support family well-being and promote children's learning and development.

PROCEDURE:

1. NMCDC will recognize and encourage parents as their child's primary teachers.
 - a. Parents take part in setting educational and family goals.
 - b. Parents are encouraged to participate in Policy Council.
 - c. Parents are invited to volunteer.
2. Teacher/Advocates and appropriate staff will give support to the whole family including families that are separated, multi-generational or non-traditional homes.
 - a. Communication is sent to both households when applicable.
3. Both parents in separated families are invited to parent teacher conferences and home visits, separately or together depending on the parents' preferences.
4. Teacher/Advocates and appropriate staff will establish a relationship with the family.
 - a. Staff works with the families individualizing interactions for each family by communicating through home visits, notes, texts, phone calls, and etc.
 - b. Staff builds trust and works with families to the best of their abilities in the family's preferred language or in the family's comfort area by using interpreters when available or meeting for home visits wherever a family is most comfortable.
5. Teachers/Advocates and appropriate staff collaborates with families using the following forms:
 - a. Family Partnership Agreements that includes family goals, strengths, needs, and dreams
 - b. Family needs and interests as determined by resources selected on the Family Community Needs Assessment
 - c. Family Plans
 - d. Parent Questionnaire
 - e. Family Services Outcomes
6. Teacher/Advocates and appropriate staff fosters a welcoming attitude while encouraging parents to participate and become involved in program activities by inviting them to Classroom Meeting Nights, Policy Council, or to volunteer in the classrooms.
7. Attendance issues and different family situation information is shared with a child's teacher if appropriate.

POLICY 1302.51: NMCDC will offer parent activities to promote child learning and development.

PROCEDURE:

1. NMCDC will offer Parent committee/Classroom Meeting Nights which give families opportunities to provide input on different classroom aspects. This information is then passed on to appropriate people (i.e. Teacher, bus driver, manager, director and Policy Council)
2. Information gathered in the Parent Questionnaire is collected and parents are given the information and opportunities to attend trainings and workshops when available. Information is sent to the parents through the use of notes, flyers, texts, phone calls and etc.
 - a. Parent Questionnaires are completed during orientation.
 - b. Family Services Staff analyze the questionnaires and determine the training needed and plans events accordingly.
3. A child's attendance while in the program is strongly encouraged and reinforced during:
 - a. A family's first home visit
 - b. Classroom orientations
 - c. A phone call is made within an hour of an unexpected absence in class. See policy and procedure on attendance for further steps: 1302.16.
4. NMCDC will work with dual language learners on an individual basis and will collaborate with community resources when needed.
5. NMCDC will offer parenting classes that use a research-based curriculum for parents by making referrals to groups or experts that are offering these classes or workshops.

6. NMCDC will offer parenting classes that use a research-based curriculum for parents and guardians, taught by the NMCDC Professional Development Specialist/Coach

POLICY 1302.52: NMCDC will work in conjunction with families to provide appropriate Family Partnership Services by identifying needs, strengths and goals to improve family outcomes based on a family's individual wants and needs.

PROCEDURE:

1. Family partnership services are created on a family's individual needs.
 - a. A Community Assessment, Family Plan and home visits/meetings are part of a process in identifying family needs, strengths and dreams for the child and family.
 - i. This identification process is started after the family has begun the program and a relationship with the teacher/advocate has been established.
 - ii. To help update old goals and identify new needs and strengths, at least 3 home visits will be conducted during the year. More home visits may be held based on the individual family's needs.
2. These collaborations with families will be updated when goals are met or family no longer needs services.
 - a. Community resources will be used and referrals will be made based on each family.
3. Family partnerships will be ongoing until services to the family are terminated by a child aging out of the program or families are no longer part of the program.
4. If previous family plans exist for the families with partnering agencies, NMCDC will collaborate and help the family address those needs, goals and strengths in order to avoid duplication of services.
 - a. Family goals that have been identified but not completed are to be continued the next year unless the goal is no longer relevant.

POLCY 1302.53: NMCDC will establish community partnerships and coordinate with other early childhood and education programs.

PROCEDURE:

1. NMCDC establishes an ongoing collaboration with community organizations through joint agreements or contracts.
2. NMCDC has established community partnerships in the areas of:
 - a. Health.
 - i. Community partnerships include:
 1. Northern Mt Med group
 2. Bullhook community center
 3. A Contracted Mental Health Consultant
 4. Contracted services through a Licensed Dietician
 5. Hill County Health Department
 6. Nutritional Services through the Havre Public Schools
 - b. Education and Disabilities.
 - i. Partnerships include:
 1. Havre Public Schools for disabilities
 2. Benchmark
 - c. Family Services.
 - i. These partnerships include:
 1. District 4 HRDC which includes Employment and Training, Victim Services programs, and Energy programs, along with other programs housed in the building, including CASA.
 2. Office of Public Assistance

3. Child and Family Services

3. NMCDC works with other community agencies to provide services to low-income children and families ensuring that needs are being met and goals are achieved but maintain the privacy of the child's records.
 - a. A memorandum of understandings will be entered and updated when necessary by NMCDC with other child welfare agencies to deliver quality services to children and families.
4. NMCDC participates in the State Quality Rating and Improvement System (STARS).
 - a. All NMCDC centers are licensed by the State of Montana's Child Care Licensing and follows the licensing regulations.

SUBPART F- Additional Services for Children with Disabilities

POLICY 1302.60: NMCDC will include individuals with disabilities in the full range of activities and services provided to non-disabled children and their parents.

PROCEDURE: The Individual Education Plan/Individual Family Service Plan (IEP/IFSP) determines the accommodations of inclusion.

POLICY 1302.61: NMCDC will provide an environment and staff for the appropriate participation of children with disabilities.

PROCEDURE:

1. NMCDC will provide services and supports for children that are eligible under either the Individuals with Disabilities Education Act (IDEA) or Rehabilitation Acts.
 - a. The environment will be adapted when necessary to accommodate children's special needs (special furniture, equipment and materials if needed). NMCDC staff will receive training on making services accessible to children and their families.
 - b. Any child that is determined eligible under the IDEA or Rehabilitation Acts, with specialized equipment and resource needs, will be supplied these resources by another agency or by NMCDC after other resources have been exhausted.
 - c. NMCDC works closely with local Part C and B service providers to implement child IEP or IFSP goals within the classrooms. Teachers and the Disability Manager attend regular IEP and IFSP meetings to review and revise child goals. Children work on these goals on site, both within the classrooms and in pull out session with the special service providers.
2. NMCDC participates in the transition of services for children with an IEP and/or IFSP.
 - a. Children will be transitioned into Head Start or other preschool options following NMCDC's Early Head Start (EHS) transition plan.
 - b. Part C Provider will be the lead agency when a child has an IFSP and will notify NMCDC and Local Education Agency (LEA) of transition meetings.
 - c. The Head Start Education Manager will provide supportive guidance to parents/guardians during their child's transition process from NMCDC to public school. When appropriate, a transition IEP meeting will be held.

POLICY 1302.62: NMCDC will include parents in all aspects of the IEP/IFSP process

PROCEDURE:

1. Parents will be notified of the IEP/IFSP process and meetings by the LEA or Part C as per Memorandum of Understanding (MOU) in writing, verbally, or other appropriate means.
 - a. Meeting will be scheduled at a time convenient for the parents.

- b. Parents will be given information on their rights in the Special Education/Early Intervention process.
 - c. IEP/IFSP meetings will be held without the parents only after repeated efforts are made to include parents.
 - d. The Parent's signature will be secured if they agree with the treatment outlined in the IEP/IFSP.
 - e. Transportation will be provided to meetings as needed.
2. Parents will be informed of support and resources available.
 - a. Parents will be referred to available support groups and counseling services.
 - b. Parents will be encouraged to advocate for resources for their child.
 - c. Parents will be informed of resources which may be available such as Supplemental Security Income or specialized equipment and resources when needed.

POLICY 1302.63: NMCDC will coordinate and collaborate with the local agency responsible for implementing IDEA.

PROCEDURE:

1. NMCDC staff will participate with the annual Community Child Find, to assist with the screening process in partnership with local LEA and Part C staff.
2. NMCDC has MOU agreements with both local Part B and C agencies, these agreements include collaboration with referral and evaluation processes as well as eligibility, enrollment and coordinated service within the classrooms.
3. NMCDC's Disability Manager participates in all IFSP and IEP meetings with permission from child's parents.
 - a. NMCDC provides any screenings, assessments, and observations to the LEA agency in charge to help with the development of a child's IFSP or IEP.
 - b. NMCDC Disabilities Manger and Family Services Manager collaborate with local LEA agency during the transition of any child enrolled or being considered for enrollment into any of the NMCDC program options.
 - c. NMCDC maintains a file and copy of the IFSP or IEP for each enrolled child within the program; this is maintained by the disability manager.
 - d. Teachers confer with NMCDC Disabilities Manager to receive a possible accommodations report and necessary information to plan the child's individual education. Further information reviewing the goals can be discussed with the NMCDC Disabilities Manager or the Special Education Teacher.
 - e. NMCDC Disabilities Manager is the only staff member who will retain a copy of the IEP/IFSP.

Subpart G-Transition Services

POLICY: 1302.70: NMCDC implements strategies and practices to support successful transitions for children and their families transitioning out of Early Head Start. NMCDC/Early Head Start is licensed for 38 children ages 0-3 in the center-based classes. NMCDC has five classrooms with a maximum of eight children, two primary caregivers/teachers and one teacher assistant in each room. Children are placed according to age and childcare licensing requirements. Children will remain with their primary caregiver/teacher throughout their EHS experience unless it becomes necessary to transfer them to another classroom due to their age or other situation that is in the best interest of the child.

PROCEDURE:

1. NMCDC/Early Head Start will begin the transition process six months prior to the child's third birthday. The transition process will include parental input. Factors considered when deciding the child's transition out of Early Head Start:
 - a. The child's developmental level, health and disability status
 - b. Current and changing family circumstances and the availability of Head Start services
 - c. Other public pre-kindergarten, other early education, and child development services in the community that will meet the needs of the child and family
 - d. The child will transition into the Head Start program (if qualified) according to the child's individual needs after the child's third birthday.
 - e. NMCDC will support families transitioning into other early childhood programs
 - i. The child may remain in Early Head Start until the next school year following the child's third birthday if necessary for an appropriate transition.
2. NMCDC will collaborate with parents of Early Head Start children to implement strategies and activities that support successful transitions from Early Head Start.
 - a. Teachers discuss with parents a child's progress throughout the school year during parent teacher conferences, home visits, drop off/pick up, etc. to help support successful transitions from Early Head Start.
 - b. Teacher/Advocates provide parents with information regarding early childhood care and education opportunities in the community.
 - c. Teacher/Advocates help parents with the Head Start transition process.
3. NMCDC will provide support for children with an IFSP.
 - a. NMCDC staff will attend Part B and Part C transition meetings if invited.
 - b. Education staff will provide input during the transition meeting.

POLICY: 1302.71: NMCDC/ Head Start implements strategies and practices to support successful transitions for children and their families transitioning out of Head Start into kindergarten.

PROCEDURE:

1. Implementing transition strategies and practices include:
 - a. Education Assistant will offer 3 transition activities for parents that will include:
 - i. Guest speakers from the schools, Education Managers, Mental Health Consultant, principals, public school teachers
 - ii. Provide handouts to prepare for kindergarten
 - iii. Parental discussion and question and answer sessions
 - iv. Tours of the public school
 - b. Children who are age-eligible for kindergarten (by public school standards) will be identified by ChildPlus and the Education Assistant will work with the public schools to provide estimated numbers of children transitioning into kindergarten.
 - c. NMCDC staff participates in an annual community Child Find to help identify kindergarten-ready children. NMCDC informs Head Start children and their families of the dates and times of Child Find and registration.
 - d. The Education Assistant will act as a liaison between the school, parents, and Head Start regarding transition issues.
 - e. Head Start Education staff and Family Support staff will discuss the developmental progress of their child during parent/teacher conferences, home visits, and, if appropriate, IEP meetings.
 - f. The Education Assistant informs parents of their rights and responsibilities concerning the education of their children in the elementary school setting. This is facilitated by collaborating

with the public schools which include services and supports available to children with disabilities and various options for their child to participate in language instructional programs

- g. Teachers helping parents understand their child's progress in Head Start by discussing ongoing assessments during parent teacher conferences, home visits, other meetings, etc.
- h. Assist parents in on going communication with teachers and other school personal so that parents can participate in decisions related to their children's education
- i. NMCDC will coordinate with Havre Public Schools or other appropriate agencies to ensure children's relevant records are transferred to the school as requested.
- j. NMCDC will communicate between appropriate staff and their counterparts in the school to facilitate continuity of learning and development with permission from parents.
- k. NMCDC will participate, when possible, in training and professional development activities with public school staff.
- l. NMCDC school readiness goals reflect strategies that promote successful transitions to kindergarten.
- m. NMCDC will provide additional transition services for children with an IEP, at a minimum, as described in subpart F.

POLICY: 1302.72: NMCDC will assist families that transition into Head Start or Early Head Start programs in other communities.

PROCEDURE:

- 1. NMCDC supports families and children who move out of the community to enroll children in other Head Start or Early Head Start programs by:
 - a. Transferring information on request with appropriate release of information
 - b. Helping them identify programs in their new communities
 - c. Assist transition through other requested information.

Subpart H- Enrolling Pregnant Women

POLICY 1302.80: NMCDC will enroll pregnant women who qualify for the prenatal program.

PROCEDURE:

- 1. Paper work is gathered and completed for enrollment following 1302.12.
- 2. At the first intake, a Prenatal Health Promotions form is filled out by the prenatal mother. Her access to dental care, physical care, mental health services, and family support are evaluated and referrals are made if necessary. Prenatal Health Promotions form can be found on the network in the NMCDC public folder under Health forms.
- 3. If prenatal mother does not have health insurance, staff will provide information and a referral to assist in obtaining health insurance.
- 4. Staff will help prenatal mothers and family understand nutrition, food assistance, oral health care, mental health services, substance abuse prevention and treatment, and housing through various resources.
 - a. These services may be accessible through referrals to the contracted dietitian, Office of Public Assistance, Food Bank, Salvation Army, Bullhook Community Clinic, NMH-Family Medical Center, Housing, or Domestic Abuse programs.

5. The appropriate staff will conduct a newborn visit within 2 weeks of the infant's birth to provide support, identify needs of the family and encourage the mother to continue to seek guidance from her health care providers.
 - a. The Follow Up Prenatal Health Promotions Form is also completed at this visit and can be found on the network in the NMCDC public folder under Health forms

POLICY 1302.81: NMCDC will provide prenatal and postpartum information, education and services.

PROCEDURE:

1. NMCDC will provide education to all family members in attendance through a curriculum, Before Baby Arrives, on prenatal, fetal development, postpartum, breast feeding, delivery, well-being and importance of father involvement.

POLICY 1302.82: NMCDC will provide family partnership services for enrolled pregnant women.

PROCEDURE:

1. NMCDC staff will work with the prenatal mother, father, and family members to identify any strengths, needs and community resources. Referrals are made if needs are identified to help the family meet their goals.
2. NMCDC will work with the family to prepare for the birth of the baby and the transition to the appropriate option for the family.
3. After the baby is born, the first home visit with the home-based educator the family will fill out appropriate paperwork for the child's participation in the program.

Subpart I Human Resources Management

POLICY 1032.90: NMCDC must establish personnel policies and procedures.

PROCEDURE:

1. HRDC Personnel Policies and Procedures 205 PRE-EMPLOYMENT INVESTIGATION outline the policy and procedure the agency follows to conduct background checks.
 - a. NMCDC conducts state criminal and child abuse background checks annually in compliance with LICENSING REQUIRMENTS FOR CHILD DAY CARE CENTERS 37.95.161 (7).
 - b. NMCDC conducts the FBI background check on each employee at least once every 5 years.
 - c. HRDC Personnel Policies and Procedures 202 JOB POSTING 1 outline the policy to consider current and former parents for employment vacancies.
2. Standards of Conduct of HRDC 4 are followed by NMCDC.
 - a. The Standards of Conduct can be found in the Appendices.
 - b. All staff, consultants, contractors in direct contact with children, and volunteers will receive and sign acceptance of the Standards of Conduct.
 - c. Violation of the Standards of Conduct may result in disassociation of volunteers, contractors, and consultants and disciplinary action for staff, up to and including termination, from Northern Montana Child Development Center.
3. NMCDC will ensure all staff and program consultants are familiar with the ethnic backgrounds and heritages of families and are able to serve and effectively communicate with children who are dual language learners.
 - a. NMCDC identifies a family's language and cultural backgrounds at the first home visit
 - b. Education staff will then work with families to ensure children's language and cultural backgrounds are included in program planning.

- i. Anti-bias activities and classroom arrangements are used to support and respect children's gender, culture, ethnicity, and family composition.
- ii. Books and materials that reflect the family's home language, culture, and community will be provided.
- iii. All notes, newsletters, and oral conversations will be translated into the home language of the parent as needed.
- iv. Attempts will be made to have a staff member, volunteer, or resource person that can speak the family's language available for translation.

POLICY 1302.91: NMCDC ensures all staff, consultants and contractors engaged in the delivery of services are competent with have sufficient knowledge, training and experience to fulfill the roles and responsibilities of their positions.

PROCEDURE:

1. HRDC 4 Policies and Procedures Manual outline the procedure to ensure the hiring of staff with appropriate qualifications. Refer to HRDC Policies and Procedures Manual Section 2 – Policy and Procedure – Employment
2. Contracts for consultants and contractors will be required to meet qualifications as outlined and determined during a bidding process.

POLICY 1302.92: NMCDC will provide annual training and continuing professional development to staff members.

PROCEDURE:

1. NMCDC provides all new staff, consultants, and volunteers with an orientation that focuses on the goals and philosophy of the program.
 - a. Refer to HRDC4 Policies and Procedures Manual section 206 EMPLOYEE ORIENTATION.
2. NMCDC provides staff training and professional development designed to assist staff in acquiring or increasing the knowledge and skills needed to provide high-quality services.
 - a. Refer to the Training Plan located on the network under NMCDC/LEADERSHIP TEAM/Training Plan.
3. NMCDC uses the research-based Practice Based Coaching/Together Learning and Collaborating (PBC and TLC) models when training the education staff. The NMCDC Professional Development Specialist/Coach is the coach for Head Start and Early Head Start staff.
 - a. The education team meets at least once a month. The following activities take place at these meetings:
 - i. Assess all education staff using a teachers' needs assessment.
 - ii. Use the assessments to write individual professional development plans.
 - iii. The needs assessment and professional development plan is used to plan trainings and individual coaching.
 - iv. The goal for coaching is to increase fidelity in implementing the curriculum and increase teacher knowledge of intentional teaching practices to improve the quality of education within the classroom.
 - b. Intensive coaching involves:
 - i. Assessments and focused observations including the use of video
 - ii. Hands on modeling.
 - iii. Additional skills assessments throughout the year to monitor progress.
 - iv. Reflection.
 - c. Peer review

- d. Education staff without the need for intensive coaching will still participate in the monthly meetings, receive focused observations and reflection, and maintain an ongoing professional development plan.
- e. School Readiness Goals and curricula are aligned with ELOF and are referred to in the planning for the Practice Based Coaching and other professional development opportunities.
- f. The Professional Development Specialist/Coach will have a Bachelor Degree in Early Childhood Education, training and experience in adult learning, and several years' experience in the education field and receive coaching with fidelity training.
- g. Progress on Practice Based Coaching/Together Learning and Collaborating is communicated with staff as necessary
- h. Practiced Based Coaching will include the use of audio and visual recordings within the classroom.

POLICY 1302.93: NMCDC staff is required to have an initial health exam and periodic re-examinations as recommended by their health care provider.

PROCEDURE:

- 1. The Staff Physical Form is saved on the network under NMCDC/Public/Health Forms/Staff Physical Form. Staff takes it with them to their appointment and has their medical provider fill it out. It is then returned to the Health and Nutrition manager.
- 2. The Health and Nutrition Manager ensures new staff have completed the initial health exam and/or scheduled appointments within 30 days.
- 3. A registered dietician provides nutrition training to all NMCDC staff twice a year.
- 4. NMCDC contracts with a mental health consultant to provide mental health services to children and their families. The consultant also works with staff regarding children and provides consultation on mental health issues.
 - a. Contracted mental health consultant(s) will provide guidance to NMCDC staff and parent(s)/guardian(s) in implementing practices that are responsive to identified behavior and mental health concerns of an individual child or group of children.
 - b. Contracted mental health consultant(s) will provide training to NMCDC staff and parent(s)/guardian(s) regarding mental health issues.
- 5. District 4 offers the Employee Assistance Program (EAP) to all employees. The Employee Assistance Program allows each employee two (2) free visits to a mental health provider per year. This can be for any issue the employee wishes. Employees may contact the Administrative Officer for more information.

POLICY 1302.94: NMCDC ensures regular volunteers have been screened for appropriate communicable diseases.

PROCEDURE:

- 1. A volunteer shall be considered a regular volunteer if the volunteer more than 160 hours per year at NMCDC.
 - a. Hours volunteering in a position with contact with children in the center will be counted as part of the 160 hours per year.
 - b. 160 hours per year is the amount Quality Assurance Division Child Care Licensing requires a caregiver to work to be subject to the annual training requirements.
- 2. The Health Manager and Administrative Manager collaborate in retaining a copy of the appropriate forms.
- 3. Regular volunteers will be requested to complete a health screening and/or have an appointment scheduled once they are assigned the status of "regular volunteer".

4. Health Services Advisory Committee will be responsible for determining the appropriate communicable diseases for this screening.

POLICY 1302.95 NMCDC will require that when staff members are ill they stay home in order to regain their health.

PROCEDURES:

If staff observes any of the following symptoms of illness in themselves or other staff members, they need to notify their supervisor and take the appropriate actions. Do NOT come to work if you have any of the following symptoms:

- **FEVERS:** 101 degrees or more.
- **DIARRHEA:** If staff member is unable to control their bowel movements.
- **VOMITING:** If staff member has forcefully vomited two or more times in the past 24 hours.
- **INFECTIOUS CONJUNCTIVITIS/PINK EYE:** Symptoms include: red eyes, red swollen eyelids, pus-like discharge resulting in crusty eyelids, or eyes stuck shut in the morning; he/she should be seen by a Medical Provider. Antibiotics must be administered for 24 hours before returning to NMCDC. Staff must be treated with antibiotics for at least 24 hours before returning to NMCDC.
- **CHICKEN POX:** Staff will not be permitted to attend NMCDC from the first signs of symptoms until all sores are scabbed over (approximately one week).
- **HAND-FOOT-MOUTH** is a contagious virus. Symptoms usually appear in stages, not all at once. Symptoms: fever, reduced appetite, sore throat, a feeling of being unwell, painful sores in the mouth, a rash of flat red spots that may blister on the palms of hands, soles of feet and sometimes the knees, elbows, buttocks and/or genital area. Staff will not be permitted to attend NMCDC from the onset of symptoms until sores are scabbed over (approximately 7 to 10 days).
- **HEAD LICE:** If Head Lice is discovered the Head Lice Policy will be followed.
- **RASHES:** Staff with unexplained rashes, spots, or infected skin patches must be evaluated **by a** Medical Provider before returning to NMCDC.
- **JAUNDICED:** Staff with yellow skin or eyes will not be allowed to attend NMCDC until a cause is determined by a Medical Provider.
- **Persistent symptoms of the following should be examined by a Medical Provider:** Breathing Difficulty, Wheezing, Persistent Cough, Ear Pain, Eye Drainage, Seizures, Stiff Neck, Poor Food/Fluid Intake, Sore throat or trouble swallowing, Irritability, Thick Green/Yellow Nasal Drainage, or unusually dark urine.

Tiredness, paleness and unusual behavior often indicate a communicable disease is incubating. The incubation period is the most infectious time.

Subpart J Program Management and Quality Improvement

POLICY 1302.101: NMCDC will provide management and a process of ongoing monitoring and improvement for achieving program goals that ensures child safety and delivers high-quality program services.

PROCEDURE:

1. NMCDC ensures the program, fiscal and human resource structure provides effective management and oversight by:
 - a. Following the fiscal policies in the Agency Fiscal Manual.
 - b. Providing a monthly financial report to the Board of Directors and Policy Council to review and compare budgeted amounts with actual expenditures.

- c. Administrative costs are identified by assigning specific category codes to facilitate tracking within the 15% limit.
 - d. Submit monthly in-kind reports to the Policy Council, Fiscal Officer, and Child Services Director.
 - e. Maintain and generate monthly attendance and meal records in Child Plus tracking software.
 - f. Submit monthly reimbursements reports to CACFP.
 - g. Maintain original reimbursement reports from CACFP in fiscal files at grantee agency.
 - h. Submit monthly vouchers to Family Connections for Best Beginnings Child Care Scholarships.
 - i. Maintain original reimbursement report from Best Beginnings Child Care Scholarships.
 - j. The HRDC agency's Accounting and Record Keeping System Policies and Procedures can be found in the HRDC 4 Financial Manual.
2. NMCDC provides regular and ongoing supervision to support staff professional development and continuous program quality improvement.
 - a. NMCDC performs regular employee evaluations in compliance with the HRDC Policy and Procedures Manual section 210 PERFORMANCE REVIEWS.
 - b. Education staff participates in Practice Based Coaching.
 - c. Training needs are assessed and the training plan developed accordingly.
 3. NMCDC ensures staffing patterns promote continuity of care for all children and allows sufficient time for training by adequately staffing to meet the children's needs.
 - a. For Head Start center-based half-day classrooms:
 - i. A teacher and a minimum of one teacher assistant are employed for each classroom.
 - ii. An assistant substitute is employed and utilized as needed to maintain the child to adult ratio during teachers' breaks, lunches, vacation, sick days, etc.
 - b. For Head Start center-based duration classrooms:
 - i. A teacher and two teacher assistants are employed for each classroom.
 - ii. An assistant substitute is employed and utilized as needed to maintain the child to adult ratio during teachers' breaks, lunches, vacation, sick days, etc.
 - c. For Early Head Start center-based classrooms:
 - i. One Center Based Teacher is employed for every 4 infants/toddlers with no more than 8 infants/toddlers in a classroom.
 - 1. Each classroom will have 2 center-based teachers.
 - ii. One teacher assistant per classroom is employed to help maintain coverage as needed.
 - d. NMCDC center-based classrooms are typically closed Fridays (with exceptions to meet classroom hour requirements or makeup days)
 - i. The Fridays when there is no class are days for classroom prep, training, Practice Based Coaching, meetings, etc.
 4. NMCDC Leadership Team coordinates the implementation of on-going program-wide professional development and services to dual language learners.
 - a. Training and professional development support the delivery of high-quality services. In addition to the Practice Based coaching outlined in Subpart I, managers also:
 - i. Gather input from staff on their training and professional development needs when planning for training.
 - ii. Training and professional development is discussed annually during the employee's performance evaluation. The updated professional development plan is included in the annual evaluation.
 - iii. NMCDC staff is encouraged to give suggestions for desired trainings.
 5. NMCDC ensures full participation of children and their families who are dual language learners.
 - a. Information about types of language spoken in the service area is gathered in the Community Assessment and used to access available resources when needed to support dual language learners.
 - b. Refer to Subpart I section 3 for more information on supporting dual language learners.

POLICY 1302.102: NMCDC collaborates with the governing body (HRDC Board) and Policy Council to establish goals and measurable objectives.

PROCEDURE:

1. Evaluation
2. NMCDC establishes program goals:
 - a. By utilizing the community assessment results.
 - b. By encompassing all NMCDC focus areas.
 - c. By using expectations of school readiness as defined by the local schools.
3. NMCDC has a monitoring system that ensures compliance oversight and correction. The on-going monitoring plans can be found at NMCDC/LEADERSHIP TEAM/Monitoring
 - a. NMCDC collects monitoring data from the following sources:
 - i. Monthly progress reports completed by staff.
 - ii. Classroom and playground checks completed daily by education staff.
 - iii. Safety checks of all environments are completed quarterly by leadership team.
 - iv. ChildPlus reports.
 - v. Various health and safety reports.
 - vi. Refer to the monitoring plan for further information.
 - b. Work orders are completed when repairs need to be made
 - i. Work orders are submitted to the Child Services Director, who then makes arrangements for repairs.
 - ii. Completed work orders are filed by the Admin Manager.
 - c. Compliance issues are discussed as appropriate and a plan for correcting issues is established and monitored.
 - d. Noncompliance issues resulting from a federal review are discussed with Policy Council and the HRDC4 Board of Directors to formulate a Program Improvement Plan for correction.
 - i. Program Improvement Plans are implemented accordingly.
3. NMCDC oversees progress in achieving program goals.
 - a. NMCDC conducts a self-assessment annually. The self-assessment reviews the following data to determine progress in meeting goals:
 - i. Child assessment data- Teaching Strategies GOLD effective August 2024
 - ii. Classroom Assessment Scoring System (CLASS) scores.
 - iii. Family assessment outcomes data.
 - iv. Health and nutrition data.
 - v. Professional development data.
 - vi. Previous Program Improvement plans.
 - vii. Training attended by staff.
 - viii. Enrollment.
 - ix. Selection criteria.
 - x. Other various ChildPlus reports.
 - b. Participants of the self-assessment include a representative from each of the following groups:
 - i. Policy Council
 - ii. Board of Directors
 - iii. NMCDC parents
 - iv. NMCDC staff
 - v. Community
 - c. The Self-assessment results are submitted to the Policy Council and Board of Directors and are included in the grant application.
 - d. The self-assessment utilizes the most current FA Monitoring Protocol
4. NMCDC utilizes data from various sources to ensure continuous improvement.

- a. NMCDC leadership team discusses at leadership team meetings progress in achieving program goals, program needs, and compliance in meeting various regulations.
- b. Child assessment data is aggregated three times a year.
 - i. Analysis of the data includes looking at data from past years, improvement shown in current year, and progress made in achieving school readiness goals.
 - ii. This data is also compared to CLASS scores, Head Start Early Learning Outcomes Framework, Montana Early Learning Standards, professional development, program options, class age, health data, attendance, and any other relevant information.
 - iii. The results of the data analysis are used to plan for continuous program improvement, including changes to program options, professional development, program goals, etc.
- c. NMCDC submits reports to Policy Council, Board of Directors, and regional office as per procedure stated below:
 - i. Any significant incidents affecting the health and safety of children.
 - ii. Circumstances affecting the financial viability of the program.
 - iii. Breaches of personally identifiable information.
 - iv. Program involvement in legal proceedings.
 - v. Any matter for which notification to state or local authorities is required by law including:
 1. Reports regarding staff or volunteer compliance with laws addressing child abuse and neglect or sex offenders.
 2. Incidents requiring a center to be closed.
 3. Legal proceedings related to program operations.
 4. Disqualification from the Child and Adult Care Food Program.
 5. License revocation.
 6. Other requirements under Head Start Program Performance Standards (HSPPS) 1304.12.
- d. NMCDC publishes an annual report that includes all of the requirements stated in the Improving Head Start for School Readiness Act of 2007 section 644(a)(2).
- e. NMCDC will submit a Program Improvement Plan to the regional office if a deficiency is found during a federal monitoring event per the Improving Head Start for School Readiness Act of 2007 section 641A(e)(2).

POLICY 1302.103: NMCDC leadership team meets bi-weekly to discuss, plan, implement, and assess progress in the implementation of the HSPPS.

PROCEDURE:

1. Each focus area manager meets with their staff to ensure implementation of the HSPPS accordingly.

Subpart 1303 A- Financial and Administrative Requirements

POLICY: 1303.1, 1301.2 and 1301.3 NMCDC follows the HRDC4 Financial Policies and HRDC Policies and Procedures.

POLICY 1303.4: NMCDC will meet federal financial assistance, nonfederal match and waiver requirements.

PROCEDURE:

1. NMCDC accrues 20% non-federal share each grant year.
 - a. If the 20% Non-Federal Share is not met NMCDC will apply for a waiver following the requirements specified in the Improving Head Start for School Readiness Act of 2007 section 640 (b)

- b. A flow chart of the Non-Federal Share/In-Kind collection and tracking process can be found in the appendices.
- c. Training to staff on Non-Federal Share/In-Kind is provided to staff as needed.
- d. NMCDC Leadership Team monitors Non-Federal Share/In-Kind accrual throughout the year.
- e. Non-federal share accrual is monitored by Policy Council and the Board throughout the year.

POLICY 1303.5: NMCDC and the Fiscal Officer will monitor administrative costs to ensure they do not exceed 15 % of the total approved program costs.

PROCEDURE:

- 1. The Child Services Director and Fiscal Officer will:
 - a. Determine the costs to administer the NMCDC program.
 - b. Track and maintain a budget to reduce risk of exceeding 15% of approved program costs.
 - c. Apply for waivers if necessary.

Subpart 1303 B- Administrative Requirements

POLICY 1303.11, and 1303.12: NMCDC will work to ensure that program activities provide assistance effectively, efficiently and without political bias, personal, or familial favoritism.

PROCEDURE:

- 1. NMCDC follows HRDC 4 Financial Polices and HRDC4 Personnel Policies and Procedures to ensure compliance.

Subpart 1303 C- Protections for the Privacy of Child Records

POLICY 1303.20: NMCDC will protect the confidentiality of personally identifiable information in child file, keeping all of family and children’s information in locked filing cabinets and only releases information to other entities when provided with written consent from parent/guardian.

PROCEDURE:

- 1. NMCDC maintains confidential child/family files in locked cabinets in offices that work with the files.
 - a. Files include, but not limited to:
 - i. birth certificates
 - ii. immunization records
 - iii. signed releases
 - iv. health data
 - v. Family Goals
 - vi. Individual Child Development plans
 - vii. Individual Education Plans/Individual Family Service Plans (IEP/IFSP)
- 2. Files can be found in:
 - a. Health Advocate office
 - b. Teacher offices or classrooms as applicable
 - c. Disabilities Manager office
 - d. Family Services Manager office
 - e. NMCDC Filing Room

POLICY 1303.21: NMCDC will follow FERPA and local, state and federal laws concerning confidentiality of personally identifiable information.

PROCEDURE:

1. Children eligible for services under IDEA follow Part B or Part C confidentiality rules by:
 - a. Marinating records in the Disabilities Manager's office.
 - b. Placing records in locked filing cabinets
 - c. Staff signing confidentiality statements and standards.

POLICY 1303.22: NMCDC will protect personally identifiable information by requiring parental consent forms.

PROCEDURE:

1. NMCDC will not disclose any information related to a child's personally identifiable information without either written consent from the parent, or prior notification to parent.
 - a. Disclosure without consent will only occur to officials within the program, acting for the program or to a federal or state entity.
2. Parents fill out a "Consent for Services" form during intake process, granting permission for NMCDC to share and obtain personally identifiable information regarding their child (ren).
3. NMCDC "Consent for Services" form specifies which entity may receive and/or release information to the agency.
4. NMCDC requires parents to initial each item they consent to release or receive information on the "Consent for Services" form.
5. The "Consent for Services" form is explained during intake including the information that will be shared, voluntary consent, and how to revoke consent.
6. NMCDC will only disclose information without parental consent in compliance with 1303.22.4 c.

POLICY 1303.23: NMCDC will inform parents/guardians of their rights while enrolled in the program.

PROCEDURE:

1. Parents' rights and responsibilities will be discussed at orientation and a copy will be sent home with each family in the orientation packet. Parents' Rights and Responsibilities can be found in the appendices

POLICY 1303.24: NMCDC will maintain records for three years after the child has left the program. Any information shared with another agency will be recorded for future reference and also maintained for 3 years

PROCEDURE:

1. Records will be kept locked in filing cabinets in the appropriate office for the situation.

Subpart 1303 F- Transportation

POLICY 1303.70: NMCDC will provide transportation to all Head Start children in the city limits of Havre (only within the capabilities of time and capacity). No transportation is provided for Early Head Start children or the children enrolled in the seven-hour Head Start classes. Parents will transport to and from the center on scheduled class days.

PROCEDURE:

1. NMCDC will provide transportation to Head Start children in the city of Havre for classroom participation, field trips and other activities put on by the program.
 - a. Public transportations schedules provided to families during orientation.
 - b. Early Head Start children will be transported for field trips or activities as required.
2. NMCDC works with other agencies on alternative modes of transportation if the family needs to be transported to medical or dental appointments.
3. If a Head Start child with disabilities cannot be properly transported in the NMCDC buses a partnership with Havre public schools has been agreed upon for transportation for this child.
4. If any NMCDC vehicle or bus is involved in any kind of a traffic accident there are steps to follow for a bus or vehicle.
 - a. For the bus:
 - i. Bus driver and Assistant check on all passengers first and administer first aid if needed.
 - ii. Call police and report accident (Bus driver).
 - iii. Call back to transportation manager or director (if either person unavailable contact HRDC executive director). While on the phone assess the situation and discuss if parents will need to transport children from the scene of the accident or will another bus be available to pick up children and finish transporting. (Bus driver)
 - iv. Parents will be called and informed of situation. Parents will be given updates on transporting of the children i.e. injury, running late, need to pick up children at scene. (Bus Assistant and/or Teacher/Advocate).
 - v. If children are transported on another bus the substitute driver will transport with another staff member to drop off locations. Bus drivers will keep detailed route lists and notes for the day to hand off to the sub driver.
 - vi. Bus driver and assistant will cooperate with police and give detailed reports, providing driver's license, registration and insurance when requested from police.
 - b. For a NMCDC Vehicle:
 - i. Check all passengers first and administer first aid if needed.
 - ii. Call police and report accident.
 - iii. Call back to the director, transportation manager, or HRDC Executive Director.
 - iv. Cooperate with police and give detailed reports of accident, provide driver's license, registration and insurance when requested from police.
5. Transportation of children will be in compliance with requirements related to child restraint systems 1303.71 and 1303.72. Bus assistants or trained staff must be present when transporting children.
6. Buses are equipped with reverse beepers for safety.

POLICY 1303.71: NMCDC vehicles and buses are equipped with safety equipment and will be maintained to continue safe use of the vehicle or bus.

PROCEDURE:

1. Transportation to and from Head Start, field trips, and other activities will be provided by school buses that have appropriate child restraint system and reverse beeper systems.
 - a. Transportation for families will be provided by the bus if necessary for families to attend classroom meeting nights, socializations or policy council meetings.
 - b. If the bus is not required an agency vehicle will be used with parents providing child safety seats for each child that may need one and parents installing all seats properly.
2. Emergency equipment can be located in all program vehicles and buses. Each vehicle will be equipped with a first aid kit, jumper cables and safety blanket
 - a. Buses will be equipped with first aid kits, jumper cables, safety blankets, small shovel, body fluid kits, 2 seat belt cutters (located in front and back of bus), fire extinguishers, flashlights, cell phone, sand, paper towels, emergency numbers and release authorizations for children.

- b. Child restraint systems meet age, height and weight requirements on all of NMCDC's buses for safe transportation of all Head Start age children including some Early Head Start children. If weight, age and height are not appropriate for the harnesses on the buses, parents will need to provide safety seats for safe transport to and from activities.
- 3. NMCDC will maintain all buses and program vehicles to be in proper and safe operation.
 - a. All vehicles are inspected each year by bus drivers and the transportation manager for any repairs that may be needed. Buses will be inspected by the Montana Highway Patrol or other authorized state agency.
 - b. Bus drivers will carry out daily pre and post trip inspections on buses to ensure safe transport of children.
 - c. Bus drivers keep detailed records of all pre-trip inspections and mileage, reporting any issues that need repairs. If driver is able to replace or repair an issue before a bus run they will do so. If issue needs further repair the option is available for the use of the backup bus. Bus drivers will let Transportation Manager know of issue and the repair will be appropriately completed.
 - d. Repairs records are kept on each bus for future information and documentation.
- 4. NMCDC will provide new vehicle inspections as required.

POLICY 1303.72: NMCDC ensures that buses and vehicles are a safe place for children.

PROCEDURE:

- 1. NMCDC will ensure that all children are in appropriate age, height and weight restraints for transport on the bus or in program vehicles.
- 2. Baggage such as backpacks or take-home sacks will be secured up front by the driver in an affixed basket or container out of the aisles and doorways.
- 3. Up-to-date rosters of all children riding the bus will be updated on an as needed basis- i.e. child change, address, emergency contact and release authorization or classroom change. Child Information Change form can be located on the NMCDC Network in the Public Folder.
- 4. Bus notes and communications with the teacher before bus leaves for morning runs determine who will be picked up on a given day. At end of a class day notes and communication will determine class roster for drop off. Bus driver and assistant are in communication on number of children are left on bus after each drop off.
- 5. When the last child has been dropped off, the assistant will verify there is no child left behind on the bus prior to returning to the Head Start Center. At return to the center the bus driver will do a walkthrough prior to exiting the bus.
- 6. NMCDC will have a bus assistant on all bus runs. Under no circumstances will the bus driver leave to go on bus route without a trained bus assistant.
- 7. Driver and Assistant qualification & review:
 - a. NMCDC Bus drivers will possess a valid commercial driver's license (CDL) with S endorsement that is in the class of the bus that is operated.
 - b. NMCDC bus drivers will meet any physical and mental requirements related to the bus driver position.
 - i. The medical provider is responsible for verification of physical and mental requirements for determination of employment.
 - c. All NMCDC drivers will disclose any moving traffic violations regardless of penalty.
 - d. NMCDC will check driving records of new applicants with appropriate state agencies.
 - e. NMCDC will check qualification for applicable driver training requirements.
 - f. New bus drivers will be under conditional employment before they get behind the wheel with children aboard until a Department of Transportation (DOT) physical exam is complete, drug testing is completed and results are returned, and CDL is possessed and in employment file.
 - i. Conditional employment means employee can practice and perform duties other than transportation of children.

- ii. Drivers and assistants must wear closed toe shoes.
- 8. Bus training will be conducted.
 - a. NMCDC will provide driver training each year. Please refer to Training Form and Professional Development in ChildPlus. Form can be located in in the appendices.
 - b. Drivers and assistants will possess First Aid and CPR certificates with refreshers every two years.
 - c. Instructions on children with disabilities and their needs will be handled on an individual basis.
 - d. NMCDC will complete annual evaluations for each driver which includes on-board observation and performance.
 - e. NMCDC will train all bus assistants and staff that will potentially assist on the bus. See appendices for Bus Assistant Check list.
 - f. All Head Start education staff will be trained as a Bus Assistant to substitute as needed.

POLICY 1303.73: NMCDC will set bus routes determined grouped by classrooms (as much as possible without sharing) to plan and provide the safest and most time efficient route.

PROCEDURE:

1. Bus driver will plan routes to be the shortest and safest route possible.
2. Buses will not exceed maximum passenger capacity (24) at any time. This includes having a seat for the bus assistant.
3. NMCDC bus routes do not back up, make U-turns, or cause unsafe situations if at all possible. Backing up or U-turns will only be used if physical barriers exist.
4. Stops will be located to minimize traffic disruptions and leave the driver with good field of vision around the bus.
5. NMCDC buses will pull to the side of the street to the curb at all possible opportunities for safe boarding and un-boarding of children.
6. When buses need to stop on a one way or in middle of the street using proper stopping and warning lights, the children are to be escorted to the curb by the bus assistant to the care of the parent or guardian.
7. Drivers have alternate routes planned in case of hazardous conditions that affect the safety of the children.
8. NMCDC bus driver will plan routes to avoid rail road crossings. If crossings are necessary then proper procedures are to be used when crossing rail road tracks.

POLICY 1303.74 NMCDC will utilize safety procedures to ensure children's safety.

PROCEDURE:

1. NMCDC transportation staff will work with the children teaching them the safety rules and procedures of the bus, how to cross the street with the bus assistant, understanding danger zones of the bus, getting on and off the bus safely and learning evacuation drills and what to do in emergency situations.
2. NMCDC will perform evacuation drills quarterly.
3. NMCDC will provide safety procedures for transportation during parent orientation. This gives parents information that they can share with their children for safe transitions on and off bus, danger zones, walking to the bus and rules that are posted on the bus.
4. Parents are expected to walk children to and from the bus each day for safe transition. Staff will walk children to and from licensed child care facilities.
5. NMCDC will follow all emergency contact and release information given by the parent/guardian, checking ID's if necessary.

- a. Emergency and release information is updated for bus rosters whenever a change occurs.
- 6. Transportation policy is given to parents at orientation. The policy can be found in the appendices.

POLICY 1303.75 NMCDC will provide transportation to children with disabilities.

PROCEDURE:

- 1. NMCDC will provide bus services to children with disabilities based on individual needs who are enrolled in the Head Start program.
 - a. Alternate transportation may be provided through the Havre Public schools to transport children with disabilities according to the IEP.