SETA

MONITORING FOR

COMPLIANCE AND

QUALITY

IMPROVEMENT

QA Analyst Manual:

Indicator Guidance

October 2018

Version 2.0

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Introduction

SETA Operated Programs, Delegate Agencies and Partners utilize ChildPlus, a professional Head Start management software, as an electronic record-keeping system. The Internal Monitoring Module (IMM) in ChildPlus is used to schedule reviews, collect monitoring data, track performance, identify areas that need improvement and generate corrective action plans (CAP).

Monitoring checklists are created in the IMM to assist in the collection of data. The checklists are comprised of compliance requirements (or indicators) that are drawn from federal, state and local regulations as well as standards of best practice. There are multiple checklists designed to monitor specific focus areas within a Content/Program Service Area. The number of checklists and indicators can vary from year to year, based on program trends and compliance priorities.

Each section of this manual corresponds to a checklist and its applicable indicators. Some indicators need further clarification and/or guidance in how best to interpret them. This manual attempts to provide that further guidance and/or clarification for those indicators.

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Version 2.0   October 2018

Acknowledgements

The Children and Family Services (CFS) Quality Assurance Unit developed the IMM Checklists with the assistance from the following sources: SETA Head Start Monitoring Tool; Riverside County Office of Education (especially Icy Tekleselassie); MACC Child Development Program; Child Care Resource Center, Quality Assurance Compliance Cluster, MyPeers and input from SETA-Operated Program (SOP) Staff, Managers, Delegates and Partners.

001. ERSEA Interview

INDICATOR #1

There is a minimum of ten percent (10%) of children with diagnosed disability enrolled within the program year and/or there is an approved ACF waiver on file. 45 CFR 1302.14 (b)(1)

Guidance

FY 2018 Office of Head Start ERSEA Monitoring Protocol
- Review the program's enrollment documentation and ERSEA tracking system to determine the percentage of children with disabilities enrolled in the program (based on funded enrollment). QA staff can refer to the monthly PAC/PC Board agenda and minutes available on SETA website.
  - If the on-site Monitoring Review occurs between October and December of the current program year, ask the ERSEA Coordinator to provide enrollment documentation confirming the actual program enrollment for the previous program year was at least 10 percent children with disabilities.
  - If the on-site Monitoring Review occurs between January and September of the current program year, ask the ERSEA Coordinator to provide enrollment documentation confirming the actual program enrollment for the current program year is at least 10 percent children with disabilities.
- NOTE: Each Delegate/Partner has until middle of current program year (February) to meet the 10% mandate. By January or February, each Delegate/partner should meet or close to the 10% requirement and has a plan to meet it if they don't have the 10% enrolled children with IEP/IFSP.

INDICATOR #2

When a program's monthly average daily attendance rate falls below 85%, there is evidence the program analyzes the causes and makes necessary changes in a timely manner as part of ongoing oversight. N/A for Home-Based Program 45 CFR 1302.16 (b)

Guidance

- Ask during Entrance Meeting how program analyzes information and creates a plan of action to address attendance issues. Look for evidence (program records or plans, meeting minutes, etc.) how program incorporates it in the program planning and administration.

FY 2018 Office of Head Start ERSEA Monitoring Protocol
- What processes are in place to prevent attendance rates from falling below 85 percent?
- Has monthly attendance fallen below 85 percent?
- How often has the program fallen below the 85 percent target?
- What analysis was completed when the program did not meet the expected target?
- Was a plan developed to improve attendance, and did attendance improve?

INDICATOR #3

Within the first 60 days of the program operation and on an ongoing basis thereafter, staff identify children at risk of missing 10% of program days per year and develop appropriate strategies to improve individual attendance. N/A for Home-Based Program 45 CFR 1302.16 (a)(1-3) & (c)(1-2)

Guidance

- Ask during Entrance Meeting how program monitors and creates a plan to address it on a program level.
- At the center level, ask staff how they track children's absences and strategies they implement. Cross reference information shared at Entrance Meeting and staff interview at center or enrollment office.
- Review a child's file with poor attendance record and look for documentation to reflect policy and procedure.

FY 2018 Office of Head Start ERSEA Monitoring Protocol
- Determine whether the program has any concerns related to attendance.
  - How does the program identify children who are absent 10 or more days?
  - How many children have been absent 10 or more days this year?
  - What contact did the program make with parents to determine the reasons for absenteeism?

INDICATOR #4

There is evidence the program actively locates and recruits eligible children including children with disabilities, homeless children and children in foster care. 45 CFR 1302.13

Guidance

- Address Indicator during Entrance Meeting and/or parent/staff interview. Ask if program has enrolled children with IEP/IFSP, are homeless or in foster care.

- Responses and evidence may include formal and informal partnerships with SCOE, Alta Regional Centers, school districts' special education departments, transitional housing, shelters for homeless, Child Protective Services (CPS), Foster Family Agencies
- Is there a recruitment log?
- Is there a recruitment Plan of Action?
- Review Sacramento Countywide Selection Criteria

INDICATOR #5

All families who need assistance completing application forms receive help, including translation services. (N/A permitted) 45 CFR 1302.13; Sec. 642 [42 USC 9837] (b)(11)

Guidance

- Address Indicator during Entrance Meeting and/or parent/staff interview.
  If feasible, observe enrollment process.

INDICATOR #6
The program utilizes the tools necessary to address behavior problems in children without the use of suspension and expulsion. N/A for Home-Based Program 45 CFR 1302.17 (a)(1-4) & (b)(1-3)

Guidance

- Address Indicator during Entrance Meeting and/or parent/staff interview.
  SETA Operated Programs utilize the tools outlined in the Intervention Support Toolkit. Delegates should be able to explain available support to families and classroom staff and policies and procedures. Many programs use Teaching Pyramid/CSEFEL or Second Steps as framework in supporting children, families and teaching staff.

002. ERSEA File Review

INDICATOR #1

There is a system (sign out log and a locked file cabinet) to ensure confidentiality of records and it is implemented. 45 CFR 1302.90 (c)(1)(iv); 1303.20; 22 CCR 101221 (c)(1-2)

Guidance

- Reviewer must follow the system each program has set in place to ensure confidentiality (i.e., complete sign out log when reviewing a file).
- Note if other program staff complete the sign out log when reviewing files. All staff who review files and are not directly associated with the classroom/site should complete the log.
- Note if file cabinet is locked before and after use.
- Confidentiality of records also applies to any electronic system used to store records. Check that passcodes are enabled and used. Tablets should be placed in a locked cabinet or drawer when not in use in the classroom.

INDICATOR #2

The program enrolls pregnant women or children who are eligible in accordance with countywide selection criteria, and the application and eligibility determination record clearly indicate which eligibility requirement the children meet. 645 [42 U.S.C. 9840] (a)(1)(B)(iii)(I)&(ll) 45 CFR 1302.12 (a)(1-2); (c)(1)(i-iv) & (2);(d)(1)(i-ii) & (2)(i-vii); (i)(1-4); (k)(1-3); 1302.15 (b)(1)

Guidance

- Review both Head Start application and eligibility verification form for compliance.
- Assigned type of eligibility should be marked and parent/staff signatures and date present.
- A copy of Head Start application should be in file.
- Review income and see if it falls within income guidelines.
- Review the eligibility determination record and documents (e.g., paystubs, TANF) related to income eligibility in the file.

FY 2018 Office of Head Start ERSEA Monitoring Protocol
Staff verified each child's eligibility and included in each file an eligibility determination record that includes:
- A statement identifying the child's eligibility category and the documents examined to determine eligibility.

- Documents or statements program staff used to verify eligibility, including documentation of zero income, self-declaration of income, or verification through third parties. (Verify no erroneous calculation of income; invalid or unauthorized documents are used to establish income eligibility; inadequate information to establish eligibility).
- Interview Staff:
  - How are children determined to be eligible and how are classes filled?
  - Verify program's enrollment profile (e.g., children's age, income or eligibility, etc.). Is it consistent with countywide selection criteria?
  - Review program's policy and procedures.

INDICATOR #3

A new application and income verification are completed for third year Head Start students. (N/A permitted) 45 CFR 1302.12 (k); 1302.15 (b)(2); 5 CCR 18083

Guidance

- A program may maintain a child's enrollment in Head Start for a third year, provided that family income is verified again.
- No need to verify income information again on a child returning for a second year, but if the child is age eligible to return for a 3rd program year, a complete new eligibility verification is required.
- NOTE: Some programs review and update the information (such address, phone numbers, etc.) on the child's application when returning for second year and staff/parent signatures and date will show. This is acceptable practice, however verify and confirm with program staff that they are not re-certifying the family income on child's second year in the program.

INDICATOR #4

The file contains a complete and signed, Parents' Rights, Personal Rights, Child Abuse Prevention form, and Admissions Policy (Center-based only). Home-based files contain Home-based Parent Agreement including notification of staff as Child Abuse Mandated Reporter.
22 CCR 101218.1, 101219, 101221 (b)(6), & 101223 (b)(1); CCL forms: Parents' Rights (LIC 995), Personal Rights (LIC 613A)

Guidance

- SOP & Delegates must comply with applicable Child Care Licensing (CCL) regulations related to the information that needs to be provided to parents.
- Delegates that are part of school districts may include other admission requirements specific to their school district.

- Compliance to these should not be in conflict with Head Start Performance Standards.
- Home Based: Parents' Rights, Personal Rights and Child Abuse Prevention Form are not required. Review program's Policy and Procedures of where the notification of staff as Child Abuse Mandated Reporter is located.
- Interview Home Visitor when Parent Agreements are completed and review a copy.

INDICATOR #5

All families have signed waivers on file, if needed (i.e., over-income and/or over-age). (Waivers approved prior to enrollment). (N/A permitted) 45 CFR 1302.12 (b)(1-2); (d)(1-2)

Guidance

- Review last page of enrollment under Section X-Eligibility Information.
- Verify under the waiver section the signature and date of the enrollment supervisor. Date of SETA approval on waiver should be before child's enrollment date. If date on waiver is after child's enrollment date, bring up during QA Consensus Meeting for discussion.

INDICATOR #6

Application is accurately entered into ChildPlus within 30 calendar days from enrollment date. 45 CFR 1302.12 (k)(1); 1302.101 (b)(4); SETA Contract Reporting Procedures

Guidance
- The ERSEA ChildPlus information should match the child's file.
- For QA Monitoring, there is a 30-day grace period from the child's enrollment date for application information to be entered by program staff into ChildPlus.
- Refer to County-Wide Policies and Procedures for ChildPlus Recordkeeping for additional information. SETA contract states Delegates' ChildPlus data must be updated by the 5th of the month.
- How to use ChildPlus: QA Analyst follow the following steps on ChildPlus:

Click< Services<Child< Application<Family Information –Scroll down to Section 1 General Information – You will see the following statement: Application added by _____ on Date at Time.   (This information will have the first child that was enrolled for that family, will not apply to additional children who are also enrolled in the program.)

QA Analyst follow the following steps on ChildPlus:
Click<Services<Child<Application- On the top right corner of the screen, click the

time-clock symbol
Look over Application History and find the date of when the child was added into the application.
Click<Close or X on the top right corner.

INDICATOR #7

The file contains a complete application signed by parent/guardian and staff, and also indicating an in-person or phone interview was conducted with family. 45 CFR 1302.12 (a)(1)(i)(2); (k)(2)(A); 1302.15 (b)(1); 1302.101 (b)(4); 5 CCR 18083

Guidance

- Review agency policy and procedures specific to center-based and home-based programs.
- A complete Head Start application form is comprised of either 2 pages (for Part Day Head Start, pages 1 and 3 need to be completed) or 3 pages (for extended or full day programs ranging from 6.5 to 8 hours, pages 1, 2, 3) based on funding requirements.
- Application forms have the appropriate staff and parent signatures. Application form should indicate child's Child Plus ID.
- Head Start application forms are complete without missing or inaccurate information.
- Any error marks or mistakes are accompanied by authorized staff or parent initials.
- Information on application is consistent with available source documents or other enrollment information on file.
- Note: The 2018 application now only has first and last page. Last page of new application (2/2018) states they have conducted an interview with the family.

HOME-BASED PROGRAMS: Eligibility home visits (in-person) are conducted prior to first home visit with child and family to deliver services. Interview   staff regarding this process.

FY 2018 Office of Head Start ERSEA Monitoring Protocol
- Look for documentation that an in-person interview took place.

INDICATOR #8

All required enrollment forms are completed on or prior to the enrollment date (per agency policy and procedures). 22 CCR 101218.1, 101219 & 101221 (a)

Guidance

- All required enrollment paperwork should be completed prior to child's enrollment date. Refer to program's Policy and Procedures for when health forms are required and time lines.
- NOTE: Home-based programs may have different time lines on what they consider "at Enrollment" which may be up to 2nd or 3rd home visit, refer to agency's policy and procedures.

INDICATOR #9

Transfer procedure is followed. There is documentation in the file for children who transfer from one program to another. 45 CFR 1302.15 (b)(1-3)

Guidance

- Refer to agency's ERSEA Policy and Procedures for requirements on transfers for additional requirements as they may differ.
- *Transfer* is from one Early Head Start program to another Early Head Start program or from a Head Start program to another Head Start program. For these types of transfers, new income does not need to be collected, as the child is already participating.   NOTE: For SETA-Operated Program (SOP), look for Change of Status form.
- *Transition* is from Early Head Start program to a Head Start program. Income will need to be re-verified and the Eligibility Application Process followed.

INDICATOR #10

The child's file contains verification that copies of licensing report was provided if a Type A citation has been received by the facility in the prior 12 months. HSC § 1596.8595 (c) (1-4) ; (d)(1-4) (e)

Guidance

- Children that were enrolled at the time of the citation should have a notice in child's file that licensing report was provided to family.

- Upon enrollment of a new child at the facility, the licensee shall provide to the parents or guardians of the newly enrolled child, copies of any licensing report that the facility received during the prior 12-month period that documents a citation issued.
- This applies to Center-Based program only, Not Applicable (N/A) for Home-Based program.
- For more information, check http://ccld.ca.gov/res/pdf/06apx21.pdf

INDICATOR #11

Tracking systems (child files and ChildPlus) are organized, clear, comprehensive, shows continuity in service delivery, timely, and current. 45 CFR 1302.42 (d)(2); 1302.101 (a)(4)

Guidance

- Data in ChildPlus should match information in the child's file.
- Documents in file should be clear and organized and follow the file cover sheet.
- If program only utilizes file documentation, it should be complete and there is no need to cross-reference with ChildPlus. (ERSEA, Health/Nutrition & Developmental Screenings to be in ChildPlus)

003. Health Services File Review

INDICATOR #1

There is a completed emergency card for the enrolled child. 45 CFR 1302.47 (a) & (b)(5)(iv), (b)(7)(v); 22 CCR 101221 (a), (b)(5), (7), (8)(A-C)

Guidance

- All sections must be completed. NOTE: Refer to agency policy and procedures and/or interview Administrator if there are differences between Home-based and Center-based programs on which sections of emergency cards are required to be completed.
- Ensure parent signature and date is on the card, if applicable.
- Ensure health information (i.e., allergies, medical conditions, etc.) are up-to-date. Do they match other documentation in file?
- If the card indicates who is authorized to pick up the child from school, ensure that full name (first and last), current phone number and relationship to child is completed.

INDICATOR #2

A completed (signed and dated) authorization form is obtained from the parent/guardian prior to administering the required health screenings. 45 CFR 1302.33 (a)(1); 1302.41 (b)(1)

Guidance

- Document must be signed and dated.
- Written documentation must be maintained if parent refuses to give authorization for health services/screenings.
- Ensure screenings were not completed if parent indicated they did not want their child to receive health services/screenings.
- If the parent failed to indicate Yes or No to service/screening, then consider it as a refusal to give authorization.
- If reviewing a 2nd –year (returning) child record, review the health record on child's 1st year in the program. Mandated screenings apply only on child's first year of enrollment.
- NOTE: Some agencies complete screenings each program year even for children returning for 2nd or 3rd year. This is optional. Interview staff and refer to their policies and procedures on seeking parent consent for subsequent screenings.

INDICATOR #3

A required physical exam/well child exam (based on the periodicity schedule) is on file within 30 calendar days of the enrolled date (90 calendar days for home-based). 45 CFR 1302.42 (b)(1)(i); 22 CCR 101220

Guidance

- A physical/well child exam present in the file does not necessarily mean it was on file within 30 calendar days of enrolled date. Look for documentation as to when the physical/well-child exam was received. Documentation may be found in the file contact notes, a date received stamp/note on the document.
- Review periodicity schedule to determine if the physical/well-child exam received is current, based on the child's age.
- If reviewing a 2nd –year (returning) child record, review the health record on child's 1st year in the program for enrollment-related health requirements. However, child should be up-to-date on screenings and health events on subsequent years if they remain enrolled in the program.

INDICATOR #4

A TB Risk Assessment and/or TB clearance is completed within 30 days of enrollment and on file per program's policy and procedures (Center-based Option only). For Home-based Option timeline, refer to agency's policy and procedures). 45 CFR 1302.42 (b)(1)(i); 22 CCR 101220 (a) & (b)(2)

Guidance

- Per CCL, a TB assessment or TB clearance must be obtained prior to, or within, 30 calendar days of enrolled date (center-based only). Refer to program's Policy and Procedures for Home-based programs.
- If reviewing a 2nd –year (returning) child record, review the health record on child's 1st year in the program for enrollment-related health requirements. Child should be up-to-date on screenings and health events on subsequent years if they remain enrolled in the program.
- TB clearance must be current based on the periodicity schedule.

INDICATOR #5

A health history is completed at enrollment and on file. 45 CFR 1302.42 (b)(1)(i); 22 CCR 101221

Guidance

- Each program may use a different health history form.
- Health History form should be complete, with signatures and dates, N/A indicated for questions that do not apply to the child.
- Refer to program's Policy and Procedures for record-keeping for additional information.
- If reviewing a 2nd –year (returning) child record, review the health record on child's 1st year in the program for enrollment-related health requirements. Health history forms are reviewed annually by staff and parents. Some programs complete a new form, some use the same form for any changes and have parents sign or initial for the updates.

INDICATOR #6

An up-to-date vision screening (based on the periodicity schedule) is on file within 45 days of enrollment date or, for the home-based program option, when child receives a home visit. 45 CFR 1302.42 (b)(2)

Guidance

- Review periodicity schedule to determine if vision screening is current.
- Staff are responsible for obtaining/conducting a vision screening within 45 days.
- Screening may be taken from the physical exam/well-child exam as long as it is current and has been received within 45 days after the child first attends the program or home visit.
- If reviewing a 2nd –year (returning) child record, review the health record on child's 1st year in the program for enrollment-related health requirements. Child should be up-to-date on screenings and health events on subsequent years if they remain enrolled in the program.

INDICATOR #7

An up-to-date hearing screening (based on the periodicity schedule) is on file within 45 days of enrollment date or, for the home-based program option, when child receives a home visit. 45 CFR 1302.42 (b)(2)

Guidance

- Staff are responsible for obtaining/conducting a vision screening within 45 days.

- Screening may be taken from the physical exam/ well-child exam as long as it is current and has been received within 45 days after the child first attends the program or home visit.
- Review periodicity schedule to determine if hearing screening is current.
- If reviewing a 2nd –year (returning) child record, review the health record on child's 1st year in the program for enrollment-related health requirements. Child should be up-to-date on screenings and health events on subsequent years if they remain enrolled in the program.

INDICATOR #8

An up-to-date blood pressure result (based on the periodicity schedule) is obtained/recorded within 45 days of enrollment date. (3, 4 & 5 year olds) 45 CFR 1302.42 (b)(1)(i)

Guidance

- Staff are responsible for obtaining/recording blood pressure results within 45 days.
- Results may be taken from the physical exam as long as it is current and has been received within 45 days after the child first attends the program or home visit.
- Review periodicity schedule to determine if blood pressure result is required based on child's age.
- If reviewing a 2nd –year (returning) child record, review the health record on child's 1st year in the program for enrollment-related health requirements. Child should be up-to-date on screenings and other health events on subsequent years if they remain enrolled in the program.

INDICATOR #9

The child is up-to-date on all immunizations that are appropriate for their age. All documentation is up-to-date, accurate and kept. (Up-to-date immunizations are not a condition for exclusion in home-based). 45 CFR 1302.15 (e); 22 CCR 101220.1 (g)(1), 101221(d)(1)(G); McKinney-Vento Homeless Assistance Act Foster Students, Education Code Section 48853.5

Guidance

- Review the California Department of Public Health, Immunization Branch, *Guide to Immunizations Required for Child Care or Preschool* (IMM-230) http://www.shotsforschool.org/laws/records-forms/
- Per CCL, child must be up-to-date on immunizations *prior* to enrolled date.
- Blue Immunization card is up-to-date, signed and dated. NOTE: TB results may or may not be in the immunization card, could be in a separate document.
- Center-based program keeps a copy of immunization record at the center.

- Home-based program does not need to keep a copy of the immunizations record (only complete blue card).
- If reviewing a 2nd –year (returning) child record, review the health record on child's 1st year in the program for enrollment-related health requirements. Child should be up-to-date on screenings, health events and immunizations on subsequent years if they remain enrolled in the program (some requirements are age-based per periodicity table, and others are per program year).
- If immunizations are not up-to-date, there should be thorough documentation on program's efforts or attempts to work with family to obtain them.

INDICATOR #10

An up-to-date dental exam (based on the dental periodicity schedule) is on file 90 calendar days from enrolled date. 45 CFR 1302.42 (b)(1)(i)

Guidance

- A dental exam (conducted by a dentist, not medical physician) present in the file does not necessarily mean it was on file within 90 calendar days of enrolled date. Look for documentation as to when the dental exam/well-child exam was received.
- Documentation may be found in the file contact notes, a date received stamp/note on the document.
- Review dental periodicity schedule to determine if the dental exam received is current based on the child's age.
- EHS: A dental exam by a dentist is required at 12 months and 24 months. HS: dental exam is required at 3, 4, 5 years old per periodicity table.

INDICATOR #11

TB Risk Assessments are completed in subsequent program years (timeline is based on agency's policy and procedures) (HS). For EHS, TB risk assessments are required at 1, 6, 12, 24 and 36 months based on periodicity schedule. 45 CFR 1302.42 (b)(1)(i) & (c)(1-2)

Guidance

- Subsequent TB Risk assessment should be completed based on agency's time lines. Some programs are based on anniversary dates, some on agency-determined program time lines.

INDICATOR 12

A medical health status determination date is accurately entered into ChildPlus. 45 CFR 1302.42 (d)(2); 1302.101 (a)(4)

Guidance

- Medical health status determination document (copy of child's completed physical exam) indicates child has a medical home.
- There should be documentation in the file as to when the site/agency received the physical exam or well child exam. Documentation may be found in the file contact notes, and/or a date-received stamp/note on the document.
- If a date-received stamp is used, the stamp should not cover any pertinent information on the form.
- In ChildPlus under the Health section, the date of determination is called *Medical Health Status Determination* event.
- Receipt of a current physical/well child exam provided by a health care professional in medical clinic (but not an emergency or urgent care facility) can be used as evidence that the child has ongoing health care and a medical home.

INDICATOR 13

If the child is missing an up-to-date physical exam/well child exam, the file and/or ChildPlus show attempts to bring the child up-to-date. 45 CFR 1302.42 (b)(1)(ii) & (c)(1); 1302.41(a); 22 CCR 101220 (d)(1) & (2)

Guidance

- Review periodicity schedule to determine if the physical/ well-child exam is current.
- If physical exam/well child exam has not been received within 30 calendar days of enrolled date, an exclusion notice is sent 31 days after enrolled date or there is a documented verified appointment **(for center-based only)**. Refer to agency's exclusion policy for additional information.
- Documentation of program attempts to bring the child up-to-date may be found in the contact notes, letter to the parent, fax to the physician, etc.

INDICATOR 14

The health history is reviewed annually by staff and parent/guardian per program's policy and procedures. 45 CFR 1302.42 (c)(1-2)

Guidance

- Updates may be made to the original health history or a new form completed.
- Signatures and/or initials and date indicating annual review must be present on form.

- Subsequent health history forms should be completed based on agency's time lines. Some programs are based on anniversary dates, some on agency-determined timelines.

INDICATOR #15

If the child is missing an up-to-date vision screening, the file and/or ChildPlus show attempts to complete/obtain the screening. 45 CFR 1302.41 (a); 1302.42 (b)(1)(ii) & (c)(1)

Guidance

- Review periodicity schedule to determine if vision screening is current. If not, documentation of attempts to bring the child up-to-date may be found in the contact notes, letter to the parent, fax to physician, ChildPlus, etc.

INDICATOR #16

If the child is missing an up-to-date hearing screening, the file and/or ChildPlus show attempts to complete/obtain the screening. 45 CFR 1302.41 (a); 1302.42 (b)(1)(ii) & (c)(1)

Guidance

- Review periodicity schedule to determine if hearing screening is current. If not, documentation of attempts to bring the child up-to-date may be found in the contact notes, letter to the parent, fax to physician, ChildPlus, etc.

INDICATOR #17

If the child is missing an up-to-date blood pressure result, the file and/or ChildPlus show attempts to obtain the missing result and bring the child up-to-date. 45 CFR 1302.41 (a); 1302.42 (b)(1)(ii) & (c)(1)

Guidance

- Review periodicity schedule to determine if blood pressure result is current.
- Documentation of attempts to bring the child up-to-date may be found in the contact notes, letter to the parent, fax to physician, etc.

INDICATOR #18

If health concerns were suspected or identified on any health documents (i.e., physical, Health/Nutrition History, oral/dental exam, risk assessments, hearing/vision screenings), the file and/or ChildPlus show documentation of on-going follow up (i.e., discussion with parent, referral, further testing, evaluation, and treatment). 45 CFR 1302.42 (d)(1-3); 1302.46 (b)(2)(ii)

Guidance

- Review physical forms, well child exam, nutrition & health history forms for any indication of concerns and see if staff has addressed it either through a referral or follow-up with a parent that the issue has been resolved.
- Some agencies use ChildPlus for follow up documentation, some agencies use file documentation. Interview staff where to find documentation of follow up.
- Review screening events; if there is a failed event, was there a follow up plan to meet any treatment needs?

Fail Levels = Follow-up and/or Referral

Level Requirements:

Hearing - must equal 25 decibels at 1000, 2000, 3000 and 4000 hertz, right and left

- 3 year olds: There should be one (1) attempt utilizing the audiometer, if the child is uncooperative they will test again in six months. If uncooperative at six months, then child will not be tested until 4 years of age.

Vision

- Ages 36 through 47 months: If attempted at this age, the critical line to pass screening is 20/50 line
- Ages 48 through 59 months: The critical line to pass screening is 30/40 line
- Ages 60 months and older: The critical line to pass screening is 20/30 (or 20/32 line on some charts)

Blood Pressure - systolic (top number) cannot exceed 111

INDICATOR #19

There is evidence that the parent/guardian is informed of all screening results.
45 CFR 1302.41 (a)

Guidance

- Evidence may appear as:
  - A screening results form;
  - Parent/guardian's initials and date on the screening;
  - Documentation in the contact notes and/or on the home visit/parent conference forms.
  - ChildPlus 3030 –Participant Health Summary.

INDICATOR #20

A dental health status determination is accurately entered into ChildPlus. 45 CFR 1302.42 (d)(2); 1302.101 (a)(4)

Guidance

- Dental health status determination document (copy of child's completed dental exam) shows child has a dental home (dentist).
- There should be documentation in the file as to when the site/agency received the dental exam. Documentation may be found in the file contact notes, and/or a date received stamp/note on the document.
- If a date-received stamp is used, the stamp should not cover any pertinent information on the form.
- In ChildPlus under the Health section, the date of determination is the *Dental Health Status Determination* event.
- Receipt of current dental exam establishes that the child has a dental home.
- ChildPlus and source document information should match.

INDICATOR #21

If the child is missing an up-to-date dental exam, the file and/or ChildPlus show attempts to obtain the exam and bring the child up-to-date. 45 CFR 1302.42 (b)(1)(i-ii), (c)(3) & (d)(2-3)

Guidance

- Review dental periodicity schedule to determine if the dental exam is current.
- Documentation of attempts to bring the child up-to-date may be found in the contact notes, letter to the parent, fax to the physician, ChildPlus, etc.

INDICATOR #22

If dental treatment needs are identified on the dental exam, the file and/or ChildPlus show documentation of on-going follow up. 45 CFR 1302.42 (b)(1)(i-ii), (c)(3) & (d)(2-3)

Guidance

- Documentation of on-going follow up may be found in the contact notes, letter to the parent, fax to the physician, Request for Referral, etc.
- Refer to program's Policy and Procedures for additional information.

INDICATOR #23

If a child did not have health insurance coverage and/or an ongoing source of health care (medical home) at the time of enrollment, there is evidence that staff assisted family in accessing child's medical home within 30 days. 45 CFR 1302.42 (a)(1-2)

Guidance

- When to use N/A; Compliant/Non-Compliant on MCQI monitoring results:
  "Not Applicable" if child enrolled with already established health insurance and/or ongoing source of medical care (medical home), this does not apply.
  "Compliant" if child did <u>not</u> have insurance and/or medical home at time of enrollment and there is evidence that program assisted family in accessing it within 30 days.
  "Non-Compliant" if child did <u>not</u> have insurance and/or medical home at time of enrollment and there is no evidence that program assisted family in accessing it within 30 days.
- Review child's Emergency Card and/or Health History for doctor information (name, phone number, etc.).
- Review contact notes for any documentation that staff consulted with the parent/guardian about ongoing sources of continuous accessible health care.
- Receipt of a current physical/well child exam provided by a health care professional (not an emergency or urgent care facility) can be used as evidence that the child has ongoing health care and a medical home.
- Review contact notes for documentation that staff provided information on how family can access care and health insurance if no evidence of ongoing source of healthcare.

INDICATOR #24

The child is connected to a medical and dental home within timelines from date of enrollment or there is documented attempt to establish. Center-based: 30 days (medical home) and 90 days (dental home); Home-based: 90 days (medical home and dental home) 45 CFR 1302.42 (b)(1)(i-ii)

Guidance

- Evidence of a medical and dental home may be found on the child's emergency card, health history form.
- A current physical/well-child exam and dental exam can be used as evidence of a medical and dental home.
  - o Verify that the physical and/or dental exams were received by the site/agency within appropriate timelines.
- Documentation of attempts to establish may be found in the contact notes, letter to the parent, fax to the physician, referral request, etc. A physical/well-child exam from an *urgent care clinic* is not evidence of family having a medical home.

<u>INDICATOR #25</u>

Tracking systems (child files and/or ChildPlus) are organized, clear, comprehensive, shows continuity in service delivery, timely and current. 45 CFR 1302.42 (d)(2); 1302.101 (a)(4)

<u>Guidance</u>

- Data in the child files and ChildPlus should match.
- This indicator excludes Health Status Determination (Medical/Dental) since it is recorded under separate Indicator.
- TB results are not required to be recorded on immunization cards.
- Documents in file should be clear and organized, clear and follow the file cover sheet. If program only utilizes file documentation, it should be complete and there is no need to cross-reference with ChildPlus. (ERSEA, Health/Nutrition & Developmental Screenings are required to be in ChildPlus)

004. Nutrition Services File Review

<u>INDICATOR #1</u>

A nutrition history is completed at enrollment. 45 CFR 1302.42 (b)(4); 22 CCR 101221 (b)(8)(A-B)

<u>Guidance</u>

- Each program may utilize a different nutrition history form.
- Nutrition History form should be complete, with signatures and dates, N/A indicated for questions that don't apply to the child.
- Refer to program's policy and procedures for additional information.
- If reviewing a 2nd –year (returning) child record, review the record on child's 1st year in the program. Compliance on subsequent health histories are under a separate indicator.

<u>INDICATOR #2</u>

A Lead Risk Assessment is completed at enrollment and on file. 45 CFR 1302.42 (b)(1)(i); 22 CCR 101220 (a)(1); (b)(1)(3) & (4)

<u>Guidance</u>

- Each program may use a different lead risk assessment form.
- Review program's Policies & Procedures for Lead Risk Assessment timelines for "at enrollment", time line may differ from center-based to home based.
- Note any "yes" responses that may require a referral, and look for evidence that a referral was made.
- If reviewing a 2nd –year (returning) child record, review the record on child's 1st year in the program for enrollment-related health /nutrition requirements. Child should be up-to-date on screenings and health/nutrition events on subsequent years if they remain enrolled in the program.

INDICATOR #3

An up-to-date growth assessment (based on the periodicity schedule) is on file within 45 days of the child's enrolled date. (Head circumference required up to 24 months of age.) 45 CFR 1302.42 (b)(1)(i)

Guidance

- Review program's policy and procedures if it uses information on physical/well-baby check to meet this requirement or if program staff conducts the screenings. For HS, growth assessment is also called BMI screening. For EHS, it is referred to as growth assessment.
- In some programs, staff are responsible for obtaining/conducting a growth assessment (Ht/Wt or Ht/Wt/HC) within 45 days of child's enrolled date or, for the home-based program option, when child received a home visit.
- Growth assessment information may be taken from the physical exam/WBC as long as it is current (refer to ChildPlus Countywide Health Codes document for guidance on definition of "current") and has been received within 45 days of enrollment date or in home-based program option, when child received a home visit.
- Review periodicity schedule to determine if growth assessment is current based on child's age.
- Body Mass Index (BMI)- for age percentile Graph should be generated from ChildPlus and in file.
- Head Circumference up to 24 months of age is required in growth assessments.
- If reviewing a 2nd –year (returning) child record, review the record on child's 1st year in the program for enrollment-related health /nutrition requirements. Child should be up-to-date on screenings and health/nutrition events on subsequent years if they remain enrolled in the program.
- Per Grantee County-Wide Policies and Procedures, the 90-day timeline requirement (based on HS Performance Standards) was reduced to 45-day requirement.
- Refer to program's policy and procedures for additional information.

INDICATOR #4

An up-to-date blood lead level result is on file within 30 days of the child's enrolled date (HS). For EHS, blood lead level results are required at 12 and 24 months per periodicity schedule. 45 CFR 1302.42 (b)(1)(i)

Guidance

- If reviewing a 2nd –year (returning) child record, review the health record on child's 1st year in the program.

Early Head Start (Home and Center Based):

- All children at age 12 and 24 months are required to complete a blood lead test (age-based requirement).

Head Start (Home and Center Based):

- At enrollment, Head Start staff are responsible for requesting evidence of a blood lead test completed at 24 months or evidence of a negative risk assessment conducted by the child's primary care physician for all preschool aged children.

Head Start Pass/Fail Levels:

- Blood lead level that is below 5 is considered a "Pass"
- Blood lead level that is equal to or greater than 6 is a "Fail"

INDICATOR #5

An up-to-date hemoglobin/hematocrit (hgb/hct) result is on file within 90 days of child's enrolled date (HS). For EHS, hemoglobin/hematocrit (hgb/hct) results are required at 12 months per periodicity schedule. 45 CFR 1302.42 (b)(1)(i)

Guidance

- Review periodicity schedule to determine if child needs a hgb/hct test and/or a risk assessment performed by medical provider.
- Risk assessment and/or blood test result collected by WIC will be accepted as a valid.
- If reviewing a 2nd –year (returning) child record, review the record on child's 1st year in the program for enrollment-related health /nutrition requirements. Child should be up-to-date on screenings and health/nutrition events on subsequent years if they remain enrolled in the program.

Early Head Start (Home and Center Based):
• If a child enrolls in Early Head Start between 13 and 23 months, Early Head Start staff are responsible for requesting the hemoglobin/hematocrit test from the physician that was completed at the 12 month well child check.

Head Start (Home and Center Based):
• If a child enrolls in Head Start at 3, 4 or 5 years old, Head Start staff are responsible for requesting evidence of a hemoglobin/hematocrit blood test completed at the 12 month well child check, unless otherwise indicated in writing by the child's primary care physician/provider.

Pass/Fail Levels:
• Any hemoglobin at or above 11.0 and above is considered a pass

- Any hemoglobin below 11.0 is a fail
- Any hematocrit at or above 32.9% is considered a pass
- Any hematocrit below 32.9% is a fail

INDICATOR #6

The nutrition history is reviewed annually by staff and parent/guardian (timeline for renewal is based on agency's policy and procedures). 45 CFR 1302.42 (b)(4) & (c)(2)

Guidance

- Updates may be made to the original nutrition history or a new form completed.
- Signatures and/or initials and date indicating annual review must be present on form.
- Updates should be completed within 1 year of prior nutrition history, refer to agency's policy and procedures for established expiration dates and when due dates (some programs use anniversary dates and some utilize program-set due dates).

INDICATOR #7

Lead Risk Assessments are completed in subsequent program years (timeline is based on agency's policy and procedures) (HS). For EHS, lead risk assessments are required at 6, 9, 12, 18 and 24 months based on periodicity schedule) 45 CFR 1302.42 (c)(1-2)

Guidance

- Each program may use a different lead risk assessment form.
- Updates may be made to the original lead risk assessment form or a new form completed.
- Signatures and/or initials and date indicating annual review must be present on form.
- Refer to program's policy and procedures when updates should be completed, some follow anniversary date of form completion; others are based on agency-determined time line.

INDICATOR #8

If the child is missing an up-to-date growth assessment, the file and/or ChildPlus show attempts to obtain the missing result and bring the child up-to-date. 45 CFR 1302.41 (a); 1302.42 (b)(ii) & (c)(1-2)

Guidance

- Review periodicity schedule to determine if growth assessment is current.
- Documentation of attempts to bring the child up-to-date may be found in the contact notes, letter to the parent, fax to physician, ChildPlus, etc.
- Refer to program's policy and procedures when updates should be completed, some follow anniversary date of form completion; others are based on agency-determined time line.

INDICATOR #9

There is evidence that the parent/guardian receives results of an up-to-date growth assessment (based on the periodicity table). (Body Mass Index is required at 24 months and older. Head circumference is required for children under 24 months.)
45 CFR 1302.41 (a)

Guidance

- For HS, BMI graphs are required to be provided to parent/guardian.
- For EHS, growth assessment may mean: 1) BMI Graph for children over 24 months 2) Head Circumference (HC)& Length (L) & Weight (W)Graph for children under 24 months.
- Evidence may appear as:
    - screening results form;
    - parent/guardian's initials and date on the growth assessment;
    - documentation in the contact notes and/or on the home visit/parent conference forms that parent received BMI graph or results.
- Refer to program's policy and procedures on how program documents that a copy is provided to parent/guardian of their child's up-to-date growth assessment report.

INDICATOR #10

If the child is missing an up-to-date blood lead result, the file and/or ChildPlus show attempts to obtain the missing result and bring the child up-to-date. 45 CFR 1302.41 (a); 1302.42 (b)(1)(ii) & (c)(1);

Guidance

- Documentation of attempts to bring the child up-to-date may be found in the contact notes, letter to the parent/guardian, fax to physician, etc.
- Some agencies use ChildPlus in tracking follow-up.

INDICATOR #11

If the child is missing an up-to-date hemoglobin/hematocrit (hgb/hct) result, the file and/or ChildPlus show attempts to obtain the missing result and bring the child up-to-date.
45 CFR 1302.41 (a); 1302.42 (b)(1)(ii) & (c)(1);

Guidance

- Review periodicity schedule to determine if child needs a hgb/hct test and/or a risk assessment performed by medical provider.
- Documentation of attempts to bring the child up-to-date may be found in the contact notes, letter to the parent/guardian, fax to physician, etc.
- Some agencies use ChildPlus in tracking follow-up.

INDICATOR #12

If nutrition concerns were suspected or identified on any health documents (i.e., physical, Health/Nutrition History, oral/dental exam, growth assessment, risk assessments), the file and/or ChildPlus show documentation of on-going follow up (i.e., discussion with parent, referral, further testing, evaluation, and treatment). 45 CFR 1302.42 (b)(4) & (d)(1-2)

Guidance

Fail Levels = Follow-up and/or Referral

Level Requirements:
Blood Lead - Level must be 5 or below to pass

BMI - pass is "normal weight" at 5-84th percentile
- "Underweight" - less than the 5th percentile (referral offered regardless if receiving WIC)

- Overweight" - 85-94th percentiles (referral offered if not receiving WIC; parent encouraged to follow-up with WIC)
- "Obese" - at or above 95th percentile (referral offered regardless if receiving WIC)

<u>Hemoglobin (hgb)</u> - pass is 11 or above

<u>Hematocrit (hct)</u> - pass = at or above 34.1%; fail between 30% and 34%; below 30% is automatic referral.

INDICATOR #13

Tracking systems (child's file and/ or ChildPlus) are organized, clear, comprehensive, shows continuity in service delivery, timely and current. 45 CFR 1302.42 (d)(2); 1302.101 (a)(4)

Guidance

- Data in the child's file and ChildPlus should match.
- Documentation of follow-up should be present in both child's file and ChildPlus, based program's policy and procedures.
- Documents in file should be clear and organized and follow the file cover sheet.
- If program only utilizes file documentation, it should be complete and there is no need to cross-reference with ChildPlus. (ERSEA, Health/Nutrition & Education are required to be in ChildPlus).

005. Education File Review

<u>INDICATOR #1</u>

All age-appropriate developmental screenings are completed within 45 calendar days of when the child first attends the program or, for the home-based program option, receives a home visit. 45 CFR 1302.33 (a)(1-2); 1302.33(c)(1)

<u>Guidance</u>

- Screenings = speech and developmental screenings (Examples: ASQ/Brigance & Fluharty)
- Programs may use different screenings, refer to program's policies and procedures.
- Developmental screening is to be completed within 45 calendar days of when the child first attends the program (first program year) or, for the home-based program option, receives a home visit. This indicator only applies to first program year. If reviewing a 2nd year child's file, refer only to the first year screenings. NOTE: Some programs conduct yearly developmental screenings; this is an optional practice.
- Screenings are also completed for children with a developmental delay/IEP/IFSP. Interview staff and refer to program policies and procedures for more information.
- Dual language learners should be screened in their home language as needed.
- The program should have qualified, bi-lingual staff, consultants or volunteers to screen the child's progress in their home language skills as well as in English Language Acquisition.
    - If there are no qualified bi-lingual personnel, there should be evidence that the program is recruiting additional resources to help with translation.

<u>INDICATOR #2</u>

Advanced authorization is obtained from parent/guardian prior to administering the developmental screenings (i.e., Consent for Screening). 45 CFR 1302.22 (a)(1); 1302.33 (a)(1)

<u>Guidance</u>

- Document must be signed and dated.
- Written documentation must be maintained if parent refuses to give authorization for screenings.
- Ensure screenings were not completed if parent indicated they did not want their child to receive screenings.
- If the parent failed to indicate Yes or No to screening, then consider it as a refusal to give authorization.

INDICATOR #3

All developmental assessments are completed according to Assessment Schedule.
45 CFR 1302.33 (b)(1); 5 CCR 18272 (b)

Guidance

- Review assessment schedule (Fall/Winter/Spring) for current school year. The yearly schedule is available through SETA's Education Manager.
- Review current year's assessment materials. If a program is being reviewed in the beginning of the program year, QA Unit will decide in the planning process how far back in the prior program year assessment materials will be used.
- First DRDP to be completed within 60 calendar days of enrollment on child's first year. NOTE: There are situations when, depending on the child's enrollment date that the 1st DRDP that is due within 60 days will overlap between 2 time periods (3 assessments are required within program year), therefore, program may decide to just wait or incorporate the first assessment with the next due assessment as scheduled on calendar. In these situations, please interview staff about their procedure/process.
- Center-based program uses the DRDP Assessment.
- Home-Based program uses the HELP Assessment. (HELP is <u>not</u> required by the 60th day, expect to see the start of strands but not a score) It should follow the assessment schedule for school year. HELP tips http://www.vort.com/pages.php?pageid=6#intro
- Dual language learners should be assessed in their home language as needed.
- The program should have qualified, bi-lingual staff, consultants or volunteers to assess the child's progress in their home language skills as well as in English Language Acquisition.
  - If there are no qualified bi-lingual personnel, there should be evidence that the program is recruiting additional resources to help with translation.

INDICATOR #4

Screening results are shared with parent/guardian. 45 CFR 1302.34 (b)(6); 1302.41 (a)

Guidance

- Evidence to indicate that results were shared with parent/guardian may appear as:
  - a screening results form; ChildPlus report may also be utilized by program;
  - parent/guardian's initials and date on the screening;
  - documentation in the contact notes and/or on the home visit/parent conference forms.

INDICATOR #5

The program implements periodic observations or other appropriate strategies for program staff and parent/guardian to identify any new or recurring development concerns. A follow up plan is implemented as appropriate. 45 CFR 1302.42 (c)(2) & (d)(1-3)

Guidance

There is evidence that a follow up plan is implemented if developmental concerns are identified.

- Refer to:
    - Case Management Notes
    - Contact Notes
    - Additional screenings due to concerns
    - Staffing Notes

INDICATOR #6

There is evidence that the program collaborates with parent/guardian to implement strategies and practices to support successful transitions for the child and their families transitioning into Kindergarten and/or into other programs. (HS) 45 CFR 1302.61 (c)(2)(i-ii); 1302.71

Guidance

- Refer to:
    - Home Visit / Parent Conference forms
    - Teacher contacts
    - Read 1302.71: Transitions from Head Start to Kindergarten

INDICATOR #7

There is evidence that the EHS program collaborates with the family on transition planning out of Early Head Start and implements a transition plan at least 6 months prior to the child's third birthday. (EHS) 45 CFR 1302.61 (c)(2)(i); 1302.70 (b) & (c)

Guidance

- Review child's file for EHS Transition Plan, family contact notes and parent meetings.
- Written transition planning must start for each child and family when child is 2 ½ years old.
- Refer to program's policies and procedures in regards to permitting the child staying following the child's third birthday.

INDICATOR #8

There is evidence of comprehensive reviews incorporating information from family members, teachers, and relevant staff familiar with the child's typical behavior to support individualized learning. 45 CFR 1302.31 (b)(1)(iii); 1302.33 (a)(2) & (b)(1-2)

Guidance

- Evidence of parent input and staff may be found in contact notes, Home Visit/Parent Conference forms, HELP Booklet with parent input (Home-Based).

INDICATOR #9

Child observations are on file, up-to-date and linked to the curriculum. 45 CFR 1302.33 (b)(1-2)

Guidance

- Review assessments, child's portfolio observations/samples. Observations are done on an ongoing basis and current for program year.
- Review lesson plans and check if they are reflective of child assessments and/or child observations
- Ensure that observations are dated, linked to curriculum and all measures are supported. Samples should be dated, have child's name on them and indicate what measure they support.
- Refer to teacher's tracking sheet. Look up a date and goal then see if it matches the lesson plan for the same date.

INDICATOR #10

All Individual Development Plans (IDPs) are completed and up-to-date. 45 CFR 1302.31 (b)(iii); 1302.33 (b)(1-2)

Guidance

- IDP plans are developed in collaboration with the child's parent.
- IDP should be completed within a given time frame, based on program's IDP schedule.
- IDP should include some information in all developmental areas.
- At least one measure per domain should be identified to be focused on.
- IDPs include Teacher Strategies and Parent Input/Home Strategies per domain.
- Parent input should be in their own words not in the teacher's words.
- IDP's are fully filled out including signatures and dates.
- NOTE: If IDPs are not due yet (i.e. in progress) based on timing of the MCQI monitoring review, use N/A for monitoring results if child is enrolled in his/her first year. If child is a returning student (2nd or 3rd year), QA staff will review IDPs from prior year(s).

INDICATOR #11

There is evidence that the program provides opportunities for the parent/guardian to learn about and to provide feedback on selected curricula and instructional materials used in the program. 45 CFR 1302.34 (b)(4)

Guidance

- Address at entrance interview/meeting.
- Look for evidence in the classroom such as a suggestion box, parent meeting, surveys.
- Look for evidence in the home visit plan, IDP for parent input or parent strategies.

INDICATOR #12

All home visits/parent conferences are up-to-date within given time frames to meet a minimum of two parent conferences (PC) and two home visits (HV) per program year. (Center-based only) 45 CFR 1302.34 (b)(3) & (7)

Guidance

- Review program's HV/PC calendar for school year.
- Review tracking sheets if used by staff.
- Documentation of home visits and/or parent conferences may be found in contact notes, tracking sheet, etc.
- Refer to program's policy and procedures in regards to the first home visit, which should occur before the program year begins, if feasible. Check how program accommodates for home visits which could not be done before child's enrollment date.

INDICATOR #13

Tracking systems (child's file and/ or ChildPlus) are organized, clear, comprehensive, shows continuity in service delivery, timely and current. 45 CFR 1302.42 (d)(2); 1302.101 (a)(4)

Guidance

- Data in the child's file and ChildPlus should match.
- Documentation of follow-up should be present in both child's file and ChildPlus based on program's policy and procedures.
- Documents in file should be clear and organized and follow the file cover sheet.

- If program only utilizes file documentation, it should be complete and there is no need to cross-reference with ChildPlus. (ERSEA, Health/Nutrition & Developmental Screenings are required to be in ChildPlus).

006. Mental Health File Review

INDICATOR #1

All age-appropriate social-emotional screenings are completed within 45 calendar days of when the child first attends the program or, for the home-based program option, receives a home visit. 45 CFR 1302.33 (a)(1-2) & (c)(1)

Guidance

- Programs may use different screenings (e.g., ASQ:SE & TABS), refer to program's policies and procedures.
- Social-emotional screening is to be completed within 45 calendar days of when the child first attends the program (first program year) or, for the home-based program option, receives a home visit. This indicator only applies to first program year. If reviewing a 2nd year child's file, refer only to the first year. NOTE: Some programs conduct yearly social-emotional screenings; this is an optional practice.
- Screenings are also completed for children with a developmental delay/IEP /IFSP.
- Dual language learners should be screened in their home language as needed.
- The program should have qualified, bi-lingual staff, consultants or volunteers to screen the child's progress in their home language skills as well as in English Language Acquisition.
  - o If there are no qualified bi-lingual personnel, there should be evidence that the program is recruiting additional resources to help with translation.

INDICATOR #2

Advance authorization is obtained from parent/guardian prior to administering the social-emotional screening (i.e., Consent for Screening & Observation form). 45 CFR 1302.33 (a)(1); 1303.22 (a)(1)

Guidance

- Document must be signed and dated.
- Written documentation must be maintained if parent refuses to give authorization for screenings.
- Ensure screenings were not completed if parent indicated they did not want their child to receive screenings.
- If the parent failed to indicate Yes or No to screening, then consider it as a refusal to give authorization.

INDICATOR #3

Screening results are shared with parent/guardian. 45 CFR 1302.34 (b)(6) & 1302.41 (a)

Guidance

- Evidence to indicate that results were shared with parent/guardian may appear as:
  - a screening results form;
  - parent/guardian's initials and date on the screening;
  - documentation in the contact notes and/or on the home visit/parent conference forms.

INDICATOR #4

If mental health and/or social-emotional concerns were identified, there is evidence that a Follow-up Plan is implemented and meets any treatment needs. 45 CFR 1302.42 (d)(1-3)

Guidance

- Review program's Policies and Procedures.
- SETA Operated Programs follow guidance provided in the Intervention Support Toolkit

INDICATOR #5

Parental consent is obtained for mental health consultation services, if applicable. 45 CFR 1302.45 (a)(3)

Guidance

- A separate document must be signed and dated by parent prior to consultation services taking place.

INDICATOR #6

Tracking systems (child files and ChildPlus) are organized, clear, comprehensive, shows continuity in service delivery, timely, and current. 45 CFR 1302.42 (d)(2); 1302.101 (a)(4)

Guidance

Currently, SOP and Delegate programs are not required to enter Mental Health information into ChildPlus, under the Mental Health tab.

007. Disability File Review

INDICATOR #1

For new students entering the program listed as having a diagnosed disability, the student has a valid and active IEP/IFSP prior to enrollment. 45 CFR 1302.14 (a)(1)(4) & (b); 1302.14 (b); 34 CFR § 300.323 (d)(1-2)(i-ii)

Guidance

- Review IEP/IFSP date and Annual Review date to ensure it is the current copy in the child's file.
- Depending on the program, IEP/IFSP may be found in the child's file or in a separate file.
- Depending on the program, an At-A-Glance version of the IEP/IFSP may be found in the child's file instead of the complete IEP/IFSP.
- Check for documentation in the file that services have begun or are in the process of beginning.
- Services should begin within 2 weeks of enrollment if IEP/IFSP was completed within 2 months prior to enrollment. Refer to Policies and Procedures.

INDICATOR #2

There is record of signed and dated parental consent forms for all services provided. 45 CFR 1303.22 (a)(1); 1302.33 (a)(1); 20 U.S.C. § 1414

Guidance

- Consent forms must be signed and dated by parent prior to services taking place.

It is important to look at parent signature;
(1) To know if they attended the IEP/IFSP meeting.
(2) To see if they either agreed to it or disagreed to the IEP/IFSP.

*If the school team and the parent disagree, the Local Education Agency (LEA) makes the final decision and must document it in a Prior Written Notice. The IEP can then be implemented, unless parent files for due process.

INDICATOR #3

There is evidence of ongoing monitoring of IFSP/IEP early intervention services for this child. 45 CFR 1302.61 (a-c)(1)(i-iii); 1302.63 (a-d); 20 U.S.C. § 1436 (b); Individualized family service plan

Guidance

- Refer to case notes in file for updates from LEA. In Sacramento County LEAS can either be Alta Regional Center, SCOE, or school districts.

INDICATOR #4

If the child has been referred for an initial IFSP/IEP, there is written evidence of ongoing monitoring of this referral process by program staff. 45 CFR 1302.61 (c)(1)(i-iii); 5 CCR § 3021 (a-b)

Guidance

- Review child's file, case notes, etc.
- Refer to the program's Policies and Procedures for follow-up timeline.
- In general, follow-up should occur within 2 weeks (SOP) or 20 calendar days (Delegates) of referral and every 30 days after.

INDICATOR #5

If concerns for a disability have been identified, there is evidence of follow-up action through ongoing assessment or referrals to LEA or other support agency as needed. Follow-up action may include a referral to the LEA to evaluate and begin the IFSP/IEP process. 45 CFR 1302.33 (a)(3-5); 1302.33 (b)(1-3); 1302.33 (c)(1); 1302.33 (d); 20 U.S. Code § 1436 (a) (1-3)

Guidance

- Refer to program's Policies and Procedures.
- Follow-up action and/or referrals should be within a timely manner based upon the program's Policies and Procedures.

INDICATOR #6

After enrollment, if the child has a diagnosed disability, a current copy of the IFSP/IEP document is available in the child's file. 45 CFR 1302.61 (a-b); 1302.63 (d)

Guidance

- Review IEP/IFSP date and Annual Review date to ensure it is the current copy in the child's file.
- Check for Head Start staff signature on IEP/IFSP if it took place after enrollment or evidence as to why it is not present.
- Depending on the program, IEP/IFSP may be found in the child's file or in a separate file.
- Depending on the program, an At-A-Glance version of the IEP/IFSP may be found in the child's file instead of the complete IEP/IFSP.
- Check for documentation in the file that services have begun or are in the process of beginning.
- If IEP/IFSP indicates that an interpreter was necessary, check for evidence that an interpreter was present at the IEP/IFSP meeting (will be indicated by signature on IEP/IFSP).
- If IEP/IFSP indicates that an interpreter was necessary, check for evidence that an interpreter was present at the IEP/IFSP meeting (will be indicated by signature on IEP/IFSP).

INDICATOR #7

The program makes vigorous efforts to involve and educate parents about the IFSP/IEP process and helps them understand their rights under the Individuals with Disabilities Education Act (IDEA). 45 CFR 1302.33 (a)(3-5); 1302.62 (b)(1-4); 5 CCR § 3023

Guidance

- Address at entrance meeting/interview.
- Evidence may be found in contact notes, case notes, on classroom Parent Board.

INDICATOR #8

There is evidence of classroom-based inclusion support activities that correlate with the IFSP/IEP goals for this child. 45 CFR 1302.60; 1302.61 (a-c)(1)(i-iv)

Guidance

- Review lesson plan or other documentation (i.e., goal tracking sheet).
- Observe classroom activities for correlation to IFSP/IEP goals of child.

- If a child does not qualify for IFSP/IEP services, the child still needs to be supported through classroom activities, and reflected on IDP (Individualized Development Plan).

INDICATOR #9

There is evidence of activities and services being provided to support transition in and out of the program. 45 CFR 1302.60; 1302.61 (c)(2)(i-ii)

Guidance

- Evidence may be found in contact notes, case management notes, specific transition plan (I.e., EHS Transition Plan)
- Refer to IEP/IFSP for any transition plans.

INDICATOR #10

Tracking systems (child files and/or ChildPlus) are organized, clear, comprehensive, shows continuity in service delivery, timely, and current. 45 CFR 1302.42 (d)(2); 1302.101 (a)(4)

Guidance

- Verify at entrance interview/meeting if program enters disability information into ChildPlus.
- Documentation of follow-up should be present in both child's file and ChildPlus based on program's policy and procedures.
- Documents in file should be clear and organized and follow the file cover sheet.
- If program only utilizes file documentation, it should be complete and there is no need to cross-reference with ChildPlus. (ERSEA, Health/Nutrition & Developmental Screenings are required to be in ChildPlus)

008. FPA Building & Follow Up

INDICATOR #1

An intake and family assessment is completed to identify family strengths and non-emergency needs related to the family engagement outcomes. 45 CFR 1302.50 (b)(3); 1302.52(b)

Guidance

- The FPA process must be completed in collaboration with the family by identifying the family strengths and needs through an intake process and family assessment.
- Refer to program's Policy and Procedures.

INDICATOR #2

The FPA process supports the family's well-being, including family safety, health, and economic stability (i.e., emergency needs.) 45 CFR 1302.50 (b)(3); 1302.52 (a)

Guidance

- The FPA process must be completed in collaboration with the family.
- There should be evidence of any immediate/emergency needs that family has requested. (could be found in FPA forms or family contacts). If family has not requested, some programs' FPAs have a box that states *"no immediate needs"*, make sure it is checked. Refer to program's Policy and Procedures in regards to timelines, when staff follow up with families in periodic basis if they need assistance with immediate/emergency needs.

INDICATOR #3

There is evidence that the Family Partnership process has been initiated as early in the program year as possible. 45 CFR 1302.50 (b)(3); 1302.52 (a)

Guidance
- Refer to program's Policy and Procedures for time lines.

INDICATOR #4

The FPA goal is linked to one of the seven outcomes from the HS Parent Family and Community Engagement Framework. 45 CFR 1302.52 (b) & (c)(1)

Guidance

- The FPA goal should be established within 90 days of the child's entry date.
- Family interests, needs, and aspirations (goals) must be related to family engagement outcomes in HSPFCEF.
  The 7 outcomes of the HS Parent Family and Community Engagement Framework:
  1. Family Well-Being
  2. Positive Parent-child relationship
  3. Families as lifelong educators
  4. Families as learners
  5. Family engagement in transitions
  6. Family connections to peers and local community; and
  7. Families as advocates and leaders
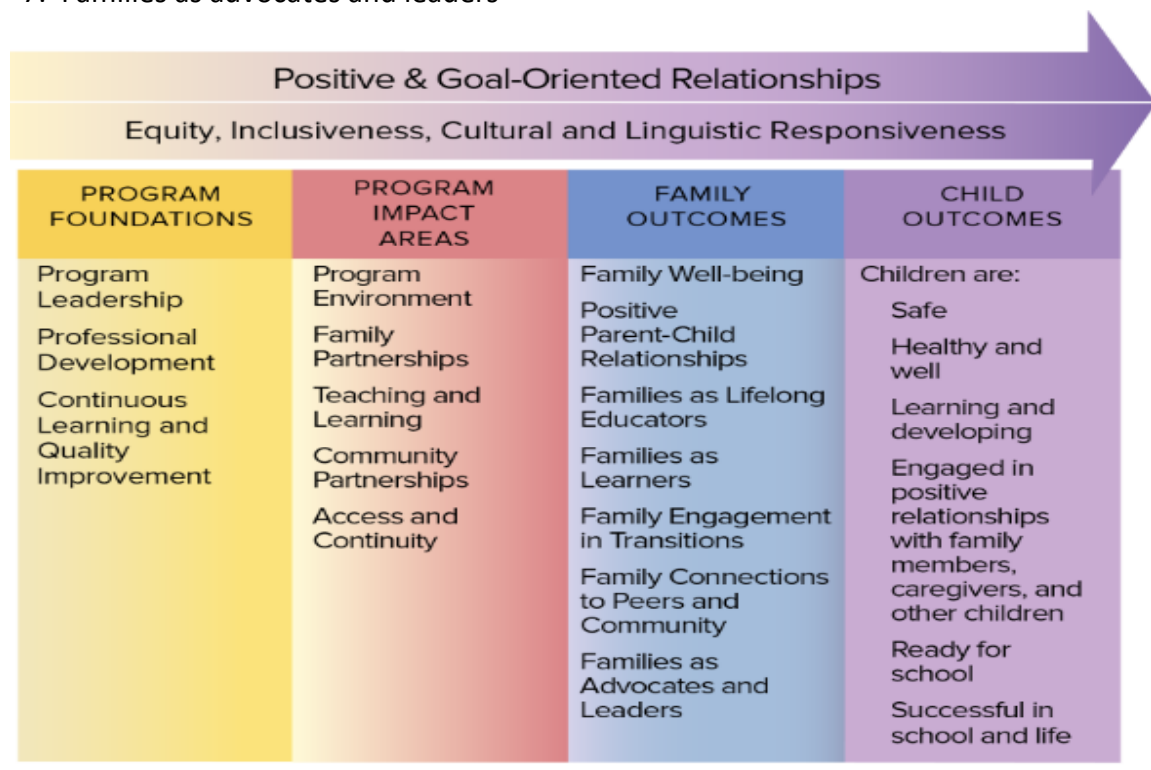
INDICATOR #5

Concerns and needs identified by the family are addressed by staff members.
45 CFR 1302.50 (b)(3-4);1302.52 (c)(3)

Guidance

- There should be evidence of follow-up to ensure any concerns and needs have been addressed.

INDICATOR # 6

The Family Partnership Agreement (FPA) is dated and signed by staff and parent/guardian.
45 CFR 1302.101 (a)(4)

- Refer to program's Policy and Procedures (timelines/signatures by staff and parent/guardian).

INDICATOR #7

The FPA goal is individualized and reflects clear and attainable strategies and timetables for the family to achieve outcomes. 45 CFR 1302.52 (c)(3)

Guidance

- There should be evidence that the goal is individualized and reflects clear realistic steps to help family reach their goal, any resources or services needed to support steps, who is responsible for helping with that step and the expected date they hope to have that step completed.
- Refer to agency's policy and procedures, especially if center-based and home-based options.

INDICATOR #8

Follow up to the FPA is completed to review its progress, revise goals, evaluate and track whether needs and goals are met, and adjust strategies through an ongoing basis, as necessary. 45 CFR 1302.52 (c)(3)

Guidance

- There should be adequate follow-up to ensure referrals (internal and/or external) have met the family's needs and expectations.
- There should be evidence of follow-up if the family did not request any services at the beginning of the year.

- Refer to agency's policy and procedures related to follow-up, tracking and recordkeeping, especially if center-based and home-based

INDICATOR #9

FPAs adequately identify and build upon any pre-existing plans or agreements with other community agencies and available resources in order to avoid duplication of effort.
45 CFR 1302.52 (d)

Guidance

- Families could be working on goals with other community agencies like TANF, SCOE, Child Protective Services, school districts. Review records for evidence and/or interview staff how they try to incorporate or build on pre-existing parent's goals from other programs into parent's FPA.

INDICATOR #10

There is evidence that the family partnership process continues for as long as the family participates in the program, based on parent interest and needs.
45 CFR 1302.50 (b)(3); 1302.52 (a)

Guidance

- Check for evidence that once family has achieved their FPA goal that family will continue with a new goal setting process. If family has not achieved their FPA goal, the process continues for as long as family is enrolled. Family can decide to change their FPA goals.

INDICATOR #11

Tracking systems (child files and/or ChildPlus) are organized, clear, comprehensive, shows continuity in service delivery, timely, and current. 45 CFR 1302.42 (d)(2); 1302.101 (a)(4)

Guidance

Currently, SOP and Delegate programs are not required to enter FPA information in ChildPlus, under the Family Services Information tab. If data is entered, verify that child's file and ChildPlus match.

If file documentation only, case notes should reflect follow up on identified needs, request for information, strategies with time lines and assigned staff/parent responsibilities.

009. Special Diets

INDICATOR #1

If a special diet need is identified, a special diet verification is obtained by a licensed physician, nurse or physician's assistant and a copy is maintained on site and accessible. If a non-medically based food preference/prohibition, required documentation is accessible.
45 CFR 1302.42 (b)(4); 1302.47 (b)(7)(vi); 22 CCR 101227 (a)(7)(A-B); 7CFR 226.20 (g)(2-3)

Guidance

For medically-based Special Diets:
a. A licensed health care provider (i.e. physician, physician's assistant, dietician, nurse practitioner) complete the Special Diet Order Form as proof of the need for a substitution. A copy will be maintained of this form in the child's file.
b. The health care provider must identify the medical or special dietary need or the child's disability, as well as food(s) to be omitted and food(s) that may be substituted.

  For food prohibitions/preference only:
- For non-medically based food preference/prohibition, appropriate documentation should still be in place even if program does not provide accommodation.
- Refer to each program's policy and procedures as it may differ from one agency to another.

INDICATOR #2

Special diets with child's name and modifications/special diet are posted near meal preparation and serving areas. (In socialization events, it should be based on agency's policy and procedures.)
45 CFR 1302.47 (b)(7)(vi)

Guidance

- Refer to program's policy and procedures.

INDICATOR #3

Staff are aware of meal accommodations.
45 CFR 1302.44 (a)(1)

Guidance

- Observe/interview staff if they are aware of children with special diet and meal accommodations.

INDICATOR #4

A completed request for follow-up is sent to the appropriate support staff if special diets are identified and menu modifications and food substitutions are developed. (N/A permitted)
45 CFR 1302.42 (b)(4), 1302.44 (a)(1); 7 CFR 226.20 (g)(2-3)

Guidance

- Refer to program's policy and procedures.

010. Care Plan / Medications

INDICATOR #1

Individual records are complete and maintained for all medications dispensed and the records are reviewed with the child's parents in accordance with the Incidental Medical Services Plan. 45 CFR 1302.47 (a) & (b)(7)(iv); 22 CCR 101226 (e)(5); HSC 1596.798

Guidance

- The agency's forms/paperwork should match the doctors' orders.
- Records to be obtained and maintained, such as parental/authorized representative permission to provide the incidental medical service; written instructions from the child's physician; verification of staff training; records of medication/service provided.
- Incidental Medical Services is identified in its Plan of Operation.
- Review Incidental Medical Service plan.
- Written orders from the prescribing health professional should specify medical need, medication, dosage, and length of time to give medication.
- CCL 101226: Identify actions to be taken in the event of side effects or incomplete treatment response pursuant to the physician's prescription.
- There is a record available to document medications dispensed, which includes a change in child's behavior. The record is being shared with the parent/guardian.
- Compare to see if medication was given as it was prescribed.
- If medications are not needed while child is on site, documentation from a health professional is required.

INDICATOR #2

Care plan(s) for children with special medical problems are current and accessible. 45 CFR 1302.47 (b)(7)(iv-vi); 22 CCR 101226(e)(5)

Guidance

- Medication needs to be kept ready to use at all times and it needs to be identified by a sign or symbol in the classroom.
- Observe classroom and interview substitute teachers and teaching staff.
- Care plans are reviewed/updated on an annual basis, current and can be easily identified and located by the staff.

INDICATOR #3

Medication is stored in a locked box or in a locked box in the refrigerator if necessary, except for rescue medications (i.e., Epi-Pen, inhaler, etc.) which can be unlocked; but, inaccessible to children. 45 CFR 1302.47 (b)(7)(iv); 22 CCR 101226 (e)(1)(A) & (C)

Guidance

- Type of locked box used to store medications should be for medical use only and inaccessible to children.
- If key is needed, key should be attached to medication box or easily accessible.
- Medications should be properly stored in accordance with storage directions (i.e. If medication(s) need to be refrigerated, medication(s) are refrigerated according to directions).
- Labeled medications brought to the child care facility by the parent/guardian is in the original container (with a label that includes the child's name, date filled, prescribing clinician's name, pharmacy name and phone number, dosage/instructions, and relevant warnings).
- The medication is current and has not expired.
- The medication label matches the medication and dosage identified on the classroom care plan.

INDICATOR #4

Rescue medications (i.e., Epi-pen, inhaler, etc.) need to be kept ready for use at all times (indoors and outdoors) and inaccessible to children. 45 CFR 1302.47 (b)(7)(iv); 22 CCR 101226 (e)

Guidance
- CFOC3 - The proper handling and storage of medications, including:
  - Emergency medications – totally inaccessible to children but readily available to supervising caregivers/teachers trained to give them.
- Review Incidental Medical Service plan.
- Refer to agency's policy and procedures.

INDICATOR #5

Medication storage location is easily identified by sign or symbol.
45 CFR 1302.47(b)(7)(iv); HSC 1596.798

Guidance

- Medication needs to be kept ready to use at all times and it needs to be identified by a sign or symbol in the classroom.
- Observe classroom and interview substitute teachers and teaching staff.

INDICATOR #6

Medications are properly labeled and have not expired.
45 CFR 1302.47 (a) & (b)(7)(iv); 22 CCR 101226 (e)(1-2); CFOC 3.6.3.2

Guidance

- Labeled medications brought to the child care facility by the parent/guardian is in the original container (with a label that includes the child's name, date filled, prescribing clinician's name, pharmacy name and phone number, dosage/instructions, and relevant warnings).
- The medication is current and has not expired.
- The medication label matches the medication and dosage identified on the classroom care plan.

INDICATOR #7

All staff are aware of the medication policy and procedures. 45 CFR 1302.47 (b)(4)(i)(C) & (b)(7)(iv)

Guidance

- Interview teaching staff, substitutes and health staff.

011. ERSEA Services

INDICATOR #1

There is evidence of a full legal signature on children's daily Sign-In/Out attendance (N/A for Home-Based Option). 22 CCR 101229.1

Guidance

- The person who signs the child in/out shall use his/her full legal signature and shall record the time of day.
- The person who brings the child to, and removes the child from, the center shall sign the child in/out.
- A person who removes the child from the center during the day, and returns the child to the center the same day, shall sign the child in/out.
- The sign-in and sign-out sheets with the signatures required by this section and by Section 101226.1 shall be kept for one month and shall be available at the center for review by the Department.
- QA Reviewer completing this checklist should confer with other reviewers on their observations, if sign in and out sheets at monitored classrooms have legal signatures.

INDICATOR #2

Classrooms meet the appropriate group size (N/A for Home-Based Option). 45 CFR 1302.21 (b), 22 CCR 101216.3 (a)(1)

Guidance

- *4 and 5 year olds*: No more than 20 children enrolled in any class. No more than 17 children enrolled in any double session class. Exception: Class can have up to 24 children with an approved waiver from ACF Region 9. (Confer with QA Program Officer)
- *Double session class*: Same teacher teaching two part-day classes (AM/PM) in a Head Start Class.
- *3 year olds*: No more than 17 children enrolled in any class. No more than 15 children enrolled in any double session class.
- *Under 3 years old*: No more than 8 or 9 children enrolled in any class, depending on the number of teachers.

INDICATOR #3

All vacancies are filled within 30 days. 45 CFR 1302.15 (a)

Guidance

- Vacancies should be filled within 30-days from the date an enrollment vacancy has been determined.
- Collect evidence for this at the site level using 2210- Enrollment Turnover Report in ChildPlus and agency level using ChildPlus and other ERSEA reports care of ERSEA department.
- NOTE: For **Home-based Option**: This indicator is monitored on a program-level if vacancies were filled in across the board, not necessarily per Home Visitor caseload., print out ChildPlus report to reflect program-wide enrollment.

INDICATOR #4

All funded enrollment slots are filled at the beginning of the program year. 642 [42 U.S.C. 9837] (g); 45 CFR 1302.15 (a)

Guidance

- Programs submit to grantee a copy of enrollment report for first day of program year and monthly report thereafter. Check monthly PAC PC/Governing Board Report (can be viewed online under SETA website) for monthly enrollment numbers.
- Use ChildPlus 2001 Management Report/Enrollment Report and report 2007 Historical Enrollment Report in ChildPlus. NOTE: For **Home-based Option**: This indicator is monitored on a program-level if vacancies were filled in across the board, not necessarily per Home Visitor caseload., print out ChildPlus report to reflect program-wide enrollment.

INDICATOR #5

If a child is unexpectedly absent and a parent has not contacted the program within one (1) hour of program start time, there is evidence that staff attempted to contact the parent to ensure the child's well-being (N/A for Home-Based Option). 45CFR 1302.16 (a)(1)

Guidance

- Ask Teacher and/or Enrollment staff regarding procedures on contacting parents and tracking child's absences.
- Look for evidence to verify if procedure is being followed (documentation on file or ChildPlus reports if program uses Attendance module).

- Refer to Agency Policy and Procedures.

INDICATOR #6

There are recruitment/outreach materials available in the languages of the community served. 642 [42 USC 9837] (b)(11)

Guidance

- There is evidence of recruitment to encourage potential families to apply for Head Start (i.e., recruitment log, interview staff, recruitment flyers on parent board, and 'Now Enrolling' banner).
- There are recruitment materials available in the languages of the community served HSPS 1302.13: A program must include specific efforts to actively locate and recruit children with disabilities and other vulnerable children, including homeless children and children in foster care.
- One per agency, center-based and home based. Indicators pertain to all classrooms.
- Sites should have evidence of recruitment materials.
- NOTE: For **Home-based Option**, this is assessed and monitored on a program-level and not per Home Visitor.

INDICATOR #7

A waiting list is developed in the beginning of each enrollment year and maintained during the year according to the countywide selection criteria. 45 CFR 1302.14 (a)(1) & (c)

Guidance

- Organization of waiting list: based on a system that allows programs to efficiently contact and enroll the next most eligible child as indicated on the countywide selection criteria. Some programs use ChildPlus or another database for their wait list system. If program is using a paper-based system, review waiting list binders kept at center or administrative office based on program's ERSEA policies and procedures.
- Interview staff. Observe how staff develop waiting list.
- Delegate Liaison or assigned/designated QA reviewer to gather evidence pertaining to how waiting list is developed (gather information, data as to how waiting list is developed).
- NOTE: For **Home-based Option**, this is assessed and monitored on a program-level and not per Home Visitor.

012. Required Postings

INDICATOR #1

Personal Rights form (LIC 613A) is posted prominently. 22 CCR 101223 (b)(2); CCL poster & form: Personal Rights (LIC 613A)

Guidance

- http://www.cdss.ca.gov/cdssweb/entres/forms/English/LIC613A.PDF
- See Appendix for copy of LIC 613A

INDICATOR #2

Parent Rights' Poster (PUB 393) is posted prominently. 22 CCR 101218.1 (c); CCL poster & form: Parents' Rights (PUB 393)

Guidance

- http://www.cdss.ca.gov/cdssweb/entres/forms/English/pub393L.pdf
- Poster must be posted in a prominent, publicly accessible area of the child care center.

INDICATOR #3

Facility License (203A) is posted prominently, publicly accessible location in the center. 45 CFR 1302.21 (d)(1); 22 CCR 101160 (a)

Guidance

- Observe License: what their licensed for, age groups served, if ambulatory or non-ambulatory children are served? Does it match facility records? Make sure address on facility license reflects facility's location is correct.
- License issued could be for entire facility or per classroom.
- All information on license should be current and up-to-date.

INDICATOR #4

Child Passenger Safety Law poster (PUB 269) is posted prominently. Health and Safety Code section 1596.95(g); CCL LIC 311A (3/07); 22 CCR 101225 (f)(1); PUB 269

Guidance

- http://www.cdss.ca.gov/cdssweb/entres/forms/English/PUB269.pdf
- The licensee shall post signs at the entrance to the child care center that provide the telephone number of the local health department and information on child passenger restraint systems pursuant to Health and Safety Code section 1596.95(g) and Vehicle Code sections 27360 and 27360.5.
  (1) The signs shall provide all of the following information:
    (A) Protect your child - it is the law.
    (B) All the information specified in Sections 27360 and 27360.5 of the Vehicle Code regarding child passenger restraint systems.
    (C) Call your local health department for more information.
- Up-to-date Booster Seat Law should be posted.

INDICATOR #5

An up-to-date Emergency Disaster Plan (LIC 610) is posted prominently and the Earthquake Preparedness Checklist (LIC 9148) is attached. 45 CFR 1302.21 (d)(1), 1302.47 (b)(1)(i), 1302.47 (b)(8); 22 CCR 101174 (b)(2)(F); California Health & Safety Code Section 1596.867

Guidance

- LIC 610 - Per Instructions: Post a copy in a prominent location in facility, near telephone.
  http://www.cdss.ca.gov/cdssweb/entres/forms/English/LIC610.PDF
- LIC 9148 – attached to Emergency Disaster Plan (LIC 610)
  http://www.cdss.ca.gov/cdssweb/entres/forms/English/LIC9148.PDF
- Emergency Disaster Plan should reflect currently staff assigned to the facility.

INDICATOR #6

Notice of Site Visit (LIC 9213) is posted for 30 days from any CCL visit. Documents to be posted at the facility.
45 CFR 1302.21 (d)(1); HSC 1596.817 & 1596.8595

Guidance

- Documents to be posted at the Facility
- If a type A deficiency was received in the last 12 months, the deficiency notice is

prominently posted for 30 days from the date of receipt. (Applies to center-based only)

- If a type A deficiency was received in the last 12 months, the deficiency notice is prominently posted for 30 days from the date of receipt. (Applies to center-based only)

NUTRITION

INDICATOR #7

Menu is posted a week in advance in an area accessible to parents/guardian. (Center-based only)
22 CCR 101227 (a)(6); CACFP Center Monitoring Review Record NSD 2071

Guidance

- Review menu.
- 5-week cycle menus are acceptable with dates.
- Menus shall be in writing and shall be posted at least one week in advance in an area accessible for review by the child's authorized representative.

INDICATOR #8

A Civil Rights poster (11X17 "And Justice for All" poster) is displayed in a prominent location. (Center-based only) CACFP 101; FNS Instruction 113-1(IX)(B)(1)

Guidance

- https://www.fns.usda.gov/sites/default/files/cr/Justice-poster-general.pdf
- Poster should be original and poster must be full size 11X17.

INDICATOR #9

A CACFP Meal Pattern with required portions is posted at the center. (Center-based only)
7 CFR 226.20 (5)(B)(5) & (5)(c)(1-3)

Guidance

- https://www.fns.usda.gov/sites/default/files/cacfp/CACFP_MealBP.pdf
- Adjacent or be in the food preparation area (i.e. in the classroom: Counter or table where food is portioned or distributed

INDICATOR #10

"No nut policy" is posted if implemented in the program (per agency policy and procedures).
45 CFR 1302.47 (a)

Guidance
- Refer to agency policies and procedures.

INDICATOR #11

A "tobacco-free" sign/sticker is posted prominently.
45 CFR 1302.47 (b)(1)(iii); 22 CCR 101231 (a)(1), Health and Safety Code (HSC) 104559 (a-b); 1596.795(b)

Guidance

- Look for tobacco free sign outside of classroom or upon entering the center/school site.

CLASSROOM

INDICATOR #12

Accurate emergency numbers are posted near the telephone in the classroom.
45 CFR 1302.47 (b)(1)(i) & (b)(7)(i-ii); 22 CCR 101174 (b)(2)(F)

Guidance:
- Emergency Disaster Plan (CCL Form 610) states information to be located near telephone

INDICATOR #13

Procedures for poisoning, CPR, choking and dental emergencies are posted in the classroom.
45 CFR 1302.47 (a); Head Start Emergency Preparedness Manual: 2015 Edition (pages 10-11)

Guidance
- May be located in a flipchart, binder and/or posted in the classroom.

INDICATOR #14

There is evidence that monthly fire drill, earthquake drill (minimum of 4x/year or per agency-established schedule, and disaster drill (at least every 6 months) have been performed.
45 CFR 1302.47 (b)(7)(i) & (ii); 22 CCR 101174 (d)(2); CFC 403.3.4, 403.5

Guidance

- Look for fire drill/earthquake drill form in classroom. Interview staff if form cannot be located.

INDICATOR #15

An onsite evacuation map is prominently displayed by the door in the classroom and in appropriate locations throughout the site. 45 CFR 1302.47 (b)(7)(i) & (8); 22 CCR 101174 (b)(2) (A-F); 19 CCR 3.13 (a)(2) &(c)

Guidance

- Review emergency evacuation map and ensure it has a clearly identified route, showing paths of travel to evacuate the room, including an alternative route and meeting location.
- Verify that a current onsite evacuation map is posted by all exit doors.
- Map should show current location.

INDICATOR #16

Exits are clearly marked with signage in each classroom. 45 CFR 1302.47 (b)(7)(i); CFC 1011.3; 1011.5; 1011.6.1; 1013.1; Title 8, Section 3216, Exit Signs; 29 CFR 1910.37(b)(2); 1910.37(b)(6); 1910.37(b)(7)

Guidance

- Lighting and marking must be adequate and appropriate.
- Each exit route must be adequately lighted so that an employee with normal vision can see along the exit route.
- Self-luminous or electroluminescent signs that have a minimum luminance surface value of at least .06 foot lamberts (0.21 cd/m2) are permitted.
- Each exit must be clearly visible and marked by a sign reading "Exit."
  - The word "Exit" in plainly legible letters not less than six inches (15.2 cm) high, with the principal strokes of the letters in the word "Exit" not less than three-fourths of an inch (1.9 cm) wide.

HYGIENE

INDICATOR #17

Proper hand washing posting is in food preparation areas and toileting areas. 45 CFR 1302.47 (b)(6)(i-iii); 22 CCR 101428.1 (a)(1-5)

Guidance

- EHS: Should have picture steps of how to properly wash hands, be developmentally appropriate, immediately visible and at eye level.
- Refer to agency policy and procedures.

INDICATOR #18

The diapering procedure (including pull-ups and changing soiled clothing) is posted in diapering area at all times. (Center-based only)
45 CFR 1302.47 (a) & (b)(6)(i); CFOC 3.2.1.4 ; CFOC 3.2.1.5

Guidance

- Look for diapering posting in diapering changing area/restroom. Ensure diapering posting includes pull-ups and soiled clothing.

EDUCATION

INDICATOR #19

A daily schedule is posted, available to parents and is generally followed.
45 CFR 1302.31 (b)(1)(ii) &(c); LIC 311A (3/07) IV(E); 22 CCR 101230 (a) & (b)

Guidance

- Look inside classroom near parent board, parent area or another area accessible to staff and parents. Ensure daily schedule is accessible and prominently displayed.

INDICATOR #20

Current lesson plans are visibly posted in the classroom.
45 CFR 1302.31 (c) & 1302.34 (b)(2)

Guidance

- Look inside classroom near parent board, parent area or another area accessible to staff and parents. Ensure lesson plans are accessible and prominently displayed.

013. Family Community Engagement - Facilities

INDICATOR #1

There is respectful, ongoing two-way communication between staff and parents. 45 CFR 1302.50 (b)(2)

Guidance

- Parent involvement, participation and two-way communication between staff and parent should be evident through documentation of communication logs and records.
- Observe interactions between parents and staff.

INDICATOR #2

The program offers various opportunities for parents and family members to be involved with the program and provide feedback. 45 CFR 1302.50 (a)

Guidance

- Examples of opportunities would be a Parent Interest, Volunteer Survey, other documentation or documentation in family contact notes asking parents to volunteer.
- Look for parent survey envelopes in classroom.
- Observe during socializations or during class sessions how parent ideas and feedback are solicited in planning.
- Check Parent Handbook.

INDICATOR #3

The program facilitates access to community services and resources that are responsive to children and family's well-being, including family safety, health and economic stability. 45 CFR 1302.46 (b)(1-2); 1302.53 (a)(1) & (2)(i-viii)

Guidance
- Resources/information can be in any of the following topics:
  - Health and Safetu
  - Pedestrian Safety Training
  - Dental
  - Mental Health
  - Prenatal/PostPartum
  - Transition
  - Disabilities (including special education)
  - Nutrition

- o Parenting Skills/Child Development
- o Education/Literacy
- o Employment/Training
- o Substance Abuse
- o Domestic Violence
- o Male Involvement
- o Child Abuse/Neglect
- o Head Start Parent Governance Information (Policy Council Minutes and Meeting Schedule)
- • Look for community resource area

INDICATOR #4

There is evidence that the program offers opportunities for parents to participate in research-based parenting curriculum/activities and practice parenting skills.
45 CFR 1302.51 (b)

Guidance

- o SETA-Operated Program (SOP), SJUSD, TRUSD and EGUSD are implementing *Ready Rosie* beginning 2018-2019 program year. Observe and/or interview staff and parents regarding *Ready Rosie* program and familiarity in accessing program.

INDICATOR #5

Mental health consultation services are provided by a Mental Health Professional on a schedule of sufficient and consistent frequency. 45 CFR 1302.45 (a)(2) & (4); 1302.45 (b) (1-6)

Guidance

- • Interview staff and parents if they have access to mental health consultation services provided by the program.
- • Interview supervisor/coordinator/supervisor how program supports mental health, social-emotional development needs of children and families. Ask about program support and if program utilizes services of a mental health professional. Programs either employ or contract services from a qualified mental health consultant.
- • Per Head Start performance Standards, Mental Health Consultants must:
  - o Be licensed or certified mental health professionals
  - o Have knowledge of and experience in serving young children and their families
- • Address at entrance interview/meeting, describe how mental health consultation services are provided to parents and support staff.

INDICATOR #6

The environment is welcoming and incorporates the unique structural, cultural, ethnic and linguistic backgrounds of families in the program and community.
45 CFR 1302.50 (b)(2)

Guidance

- Overall atmosphere of center is welcoming, family-oriented and positive.
- Positive ongoing two-way communication between staff and parents
- Photos of families, diverse cultures displayed. Diverse toys and books in multiple languages and topics.

INDICATOR #7

There is consistent and complete documentation (i.e., agendas, sign in sheets and minutes) of regular parent meetings (schedule is based on agency's policy and procedures). Parent meeting information is shared with parents (format for communication is based on agency's policy and procedures). 45 CFR 1302.50 (a) & (b)(2); 1302.101 (a)(4)

Guidance

- Refer to Agency Policies and Procedures and interview staff (e.g. Family Engagement staff, teachers, coordinators) regarding parent meetings and recordkeeping procedures. Ask how information is shared with parents.
- Some programs have monthly meetings, some use another schedule on a regular basis (e.g. every other month, etc.), refer to policy and procedures.
- May be available in a binder or electronic format, or posted in parent board.

INDICATOR #8
There is evidence that the program establishes collaborative relationships and partnerships with community organizations. 45 CFR 1302.50 (a); 1302.53 (b)(1)

Guidance

- Ask at entrance meeting. Collect evidence and reference with documentation such as MOU's and other relevant documentation.

INDICATOR #9

There is documentation that the program integrates strategies to provide parents with opportunities to participate in the program as an employee or volunteer.
45 CFR 1302.50 (b)(4)

Guidance
- Observed during class session/socializations.
- Interview staff. NOTE: SETA Partners such as SCOE and ROCC comply with this regulation via the Grantee (SETA) as part their contract or partner agreement.
- Look in family contact notes/home visit plans.

014. Safe Environments

INDICATOR #1

All children receive a daily health check upon entering the center. 22 CCR 101226.1; 45 CFR 1302.47 (a)

Guidance

- Daily health checks will be performed on each child as they arrive to school (morning or afternoon session, or morning if full day session), in the presence of the child's parent/guardian.
- Concerns about the child's condition must be addressed immediately and in the presence of the parent or guardian. If the child appears to be ill, staff will send the child home with his/her parent/guardian.
- Observe during arrival and look at daily care sheet in infant/toddler centers.
- Refer to agency policy and procedures how health check is performed.
- NOTE: Indicator should <u>not</u> be N/A. Reviewer should reserve time to view health check process during review.

INDICATOR #2

If an injury occurs during hours of operation and medical attention is not required, an injury report is completed and the child's authorized representative is notified of the nature of the injury at pick up. 22 CCR 101226 (a)(2); 45 CFR 1302.47 (b)(7)(iii)

Guidance

- Observe during class session.
- Interview staff. Review any injury records in child's file if applicable.
- If no incident occurs during review, base monitoring results on staff interview and records in child's file. . Indicator can be N/A if not observed and/ or there are no past injury records to review.
- Refer to agency policy and procedures to ensure policies and procedures are followed.

INDICATOR #3

If an injury occurs during hours of operation and medical attention is required, an Unusual Incident Report is made to Licensing. 22 CCR 101212(d)(1)(2)(f); 45 CFR 1302.47 (b)(7)

Guidance

- Observe during class session.
- Interview staff.
- If no incident occurs during review, base monitoring results on staff interview and review any injury records in child's file, if applicable.
- Refer to agency policy and procedures to determine whether policies and procedures are enforced and followed.

INDICATOR #4

Staff ensure that a child with a short term injury (that cannot be readily accommodated) or a short term contagious illness is temporarily excluded from participating in program activities, home visits, and group socializations. Exposure notice is posted.
22 CCR 101212 (d)(1)(E) & (g)(1); 45 CFR 1302.47 (b)(7)(iii)

Guidance
- Observe during class session.
- Interview staff.
- If no incident occurs during review, base monitoring results on staff interview and review any injury records in child's file, if applicable. Indicator can be N/A if not observed and/ or there are no past injury records to review.
- Refer to agency policy and procedures to determine if policies and procedures are enforced and followed.

INDICATOR #5

The diapering procedure is consistently followed (including pull-ups and changing soiled clothing). (HS ONLY); N/A for EHS, refer to Checklist 18)
45 CFR 1302.47 (b)(6)(i); 22 CCR 101428 (d)(2); 101437.1 (c)(4)(A-C)

Guidance
- Refer to agency policy and procedures.
- Observe diapering procedure to determine if teaching staff, including substitutes, are following diapering procedures as written in agency policy and procedures.

INDICATOR #6

All adults wash their hands before and after meal preparation, eating, and dispensing medications. 45 CFR 1302.7 (b)(6)(i-ii); 22 CCR 101227 (a) (14)

Guidance

- All staff and adults engaged with food preparation and service shall observe personal hygiene and food-service sanitation practices that protect food from contamination.
- For this specific indicator, observe handwashing specific to **meal preparation, eating, and dispensing medications** (there is separate indicator for other situations)**.** Handwashing shall occur before or after the following:
  - Before and after:
    - Preparing food or beverages;
    - Eating, handling food, or feeding a child;
    - Setting the table and cleaning up after meals;
    - Giving medication or applying a medical ointment or cream in which a break in the skin (e.g., sores, cuts, or scrapes) may be encountered;
    - Applying sunscreen and/or insect repellent.
- Refer to agency policy and procedures for additional information.

INDICATOR #7

During the hand washing process, there is effective supervision and all children effectively wash their hands before setting the tables and eating, and after handling pets, bodily fluids and toilet use. 45 CFR 1302.47 (b)(6)(i) & 1302.31 (e)(3)

Guidance
- Observe children's handwashing process. There should be adult/staff supervision.
- Refer to agency policies and procedures.
- Handwashing should occur:
  - Before and after:
    - Preparing food or beverages;
    - Eating, handling food, or feeding a child;
    - Giving medication or applying a medical ointment or cream in which a break in the skin (e.g., sores, cuts, or scrapes) may be encountered;
    - Playing in water (including swimming) that is used by more than one person;
    - Diapering
- After:
  1. Using the toilet or helping a child use a toilet;
  2. Handling bodily fluid (mucus, blood, vomit), from sneezing, wiping and blowing

noses, from mouths, or from sores;
3. Handling animals or cleaning up animal waste;
4. Playing in sand, on wooden play sets, and outdoors;
5. Cleaning or handling the garbage;
6. Applying sunscreen and/or insect

INDICATOR #8

All adults wash their hands effectively after contact with blood or other bodily fluids, handling animals, treating a wound, and after removing gloves. (Bloodborne pathogen procedure is followed if needed) (N/A permitted) 45 CFR 1302.47 (b)(6)(i) & (iii)

Guidance

- All staff/adults engaged with food preparation and service shall observe personal hygiene and food-service sanitation practices that protect food from contamination.
- For this specific indicator, observe handwashing specific to handling bodily fluids (universal precaution), handling animals and all other situations to prevent spread of diseases and infection as noted below:
- Handwashing shall occur before or after the following:
  - Upon arrival for the day, after breaks, or when moving from one child care group to another;
  - Before and after:
    - Diapering
  - After:
    - Using the toilet or helping a child use a toilet
    - Handling bodily fluid (mucus, blood, vomit), from sneezing, wiping and blowing noses, from mouths, or from sores
    - Handling animals or cleaning up animal waste
    - Playing in sand, on wooden play sets, and outdoors
    - Cleaning or handling the garbage
    - Applying sunscreen and/or insect

TOOTH BRUSHING

INDICATOR #9

Tooth brushing with fluoride toothpaste occurs once daily. 45 CFR 1302.43

Guidance

- Look at toothpaste to determine if it has fluoride and toothpaste is not expired.
  - EHS (Under 3 years old): It is safe for young babies to have fluoride toothpaste regardless of age, but with a smear (not pea-sized size, which is recommended at age 3 years old). Recommendation only for young children.
  - HS (3 years and older): Pea-sized toothpaste, has to have fluoride on toothpaste.
- Observe tooth brushing process if it occurs sometime within the daily schedule, preferably after a meal.
- Toothpaste is out of reach of children.

INDICATOR #10

During the tooth brushing process, there is effective supervision and assistance if needed with staff encouraging proper brushing techniques. 45 CFR 1302.43; 1302.31 (e)(3)

Guidance

- **Resource:** https://eclkc.ohs.acf.hhs.gov/oral-health/article/brush-oral-health-tip-sheets
- Observe tooth brushing process, there should be an adult supervising the process. If children need assistance, teaching staff assist children brush their teeth with guidance.
- Smear of toothpaste (grain of rice size) recommended for under 3 years of age. Pea-size amount for 3-6 years of age.

INDICATOR #11

All toothbrushes are labeled with the child's name, properly stored and in good condition. 45 CFR 1302.47 (b)(2)(i) & (v)

Guidance

The American Dental Association's Toothbrush Care: Cleaning, Storage, and Replacement recommendations:
- Toothbrushes should be rinsed with water to clean off anything left on the bristles after brushing.
- Toothbrushes should be stored in an upright position to air dry.
- Wet toothbrush bristles should not be covered because bacteria can grow on the bristles if they are kept in closed, dark spaces.

- If several toothbrushes are stored in the same holder, make sure there is enough space between the toothbrushes so that they do not touch each other.
- Toothbrushes should not be frayed and be in good condition.

RESTROOM INSPECTIONS/OBSERVATIONS

INDICATOR #12

Toilets, hand sinks and items needed for hand washing and toileting should be easily accessible to children, and facilitate adult supervision.
45 CFR 1302.47 (b)(2)(i-iii); 22 CCR 101239 (e)(4)

Guidance
- Toilets and hand sinks should be accessible to children's usage or provided a stool to reach sink if necessary.
- All materials used by children are within reach (i.e. hand soap, paper towels, toilet paper, etc.)

INDICATOR #13

Children's sinks are at child's level or accessible by stable safety step.
45 CFR 1302.47 (b)(2)(ii)

Guidance
- Sinks should be placed at the child's height or be equipped with a stable step platform to make the sink available to children. If a platform is used, it should have slip-proof steps and platform surface.
- Some programs improvise and use other device as safety step. Assess if safe and suitable for use.
- Resource: http://nrckids.org/CFOC/Database/5.4.1.10.

INDICATOR #14

The restrooms are clean, free of odor, safe and well-maintained. 45 CFR 1302.47 (a) & (b)(1)(ix) & (b)(2)(i); 22 CCR 101239 (e)(4)

Guidance

- Check if toilets flush and faucets work.
- Toilets should be child-sized and reachable by children.
- Check if bathrooms are generally clean, should pass general norm of cleanliness.
- Check if lighting and ventilation are adequate.
- Toilet room door should be easily opened by children.

- Check if water temperature used by children is too hot.
- All toilets, handwashing and bathing facilities shall be maintained in safe and sanitary operating condition.
- Additional equipment, aids, and/or conveniences shall be provided as needed in centers that serve children with physical disabilities.
- EHS toilet rooms should have barriers that prevent entry by infants/toddlers who are unattended.

FACILITY/CLASSROOM INSPECTION

INDICATOR #15

Indoor premises are kept free of undesirable and hazardous materials and conditions (including excessive dust and cob webs). 45 CFR 1302.47 (b)(1); (2)(i)(v); 22 CCR 101238 (a)(1); 22 CCR 101239 (d)

Guidance

- Fresh air available in rooms occupied by children.
- Absence of sharp edges, rust, garbage, and hazardous materials (e.g., glass, needles, animal feces).
- No tip-over or tripping hazards in the classroom.
- Poisonous Plants: http://cfoc.nrckids.org/WebFiles/AppendicesUpload/AppendixY.pdf
- Provide lamps and lights, as necessary, in all rooms and other areas to ensure the comfort and safety of all persons in the child care center.
- *CFOC3 6.4.1.5: Balloons*
  - Infants, toddlers, and preschool children should not be permitted to inflate balloons, suck on or put balloons in their mouths nor have access to uninflated or underinflated balloons.
  - Children under eight should not have access to latex balloons or inflated latex objects that are treated as balloons and these objects should not be permitted in the child care facility.

INDICATOR #16

Center temperature is maintained between 68 degrees F and 85 degrees F (in cases of extreme heat, center temperature cannot exceed 20 degrees F or less than the outside temperature). 22 CCR 101239 (a)(1)(A)

Guidance

- Using observation, particularly during summer and winter, if room temperature feels particularly hot or cold; check thermostat in classroom.

- Do a visual observation of the children (Are they comfortable? Do they seem cold? Etc.)
- Interview staff if thermostat is not present on the premises/building.
- Refer to CFOC3 5.2.1.2 for additional information.

INDICATOR #17

Cleaning agents, flammable or poisonous supplies are labeled and stored in a locked room or cabinets and inaccessible to children. 45 CFR 1302.47 (b)(1)(iii); 22 CCR 101238 (g)(1); 101238.4 (d)

Guidance

- Observe classroom and conduct a walk through. Check cabinets to ensure chemicals/cleaning agent/flammable supplies are out of the reach of children.
- Any poisonous supplies should be stored in a locked cabinet.
- If unsure whether chemical/cleaning agent is poisonous, check/read the material safety data sheet (MSDS)/product label in the SDS binder.
- Personal products (lotions, perfumes, fragrances) should be out of the reach of children.
- The following items should be used as recommended by the manufacturer and should be stored in the original labeled containers:
  a. Cleaning materials;
  b. Detergents (in all forms, including pods);
  c. Automatic dishwasher detergents (in liquid or solid forms, including pods);
  d. Aerosol cans;
  e. Pesticides;
  f. Health and beauty aids;
  g. Medications;
  h. Lawn care chemicals;
  i. Marijuana (in all forms, including oils, liquids, and edible products);
  j. Liquid nicotine and tobacco products; and
  k. Other toxic materials. (1-6)
- Safety Data Sheets (SDS) must be available onsite for each hazardous chemical that is on the premises. If SDS is not in the classroom, ask staff if they are familiar with SDS and can articulate what it is and know how to access it in the premises of the facility.

INDICATOR #18

Garbage containers for disposing food or diapers are covered and contents are disposed of properly. 22 CCR 101239 (f)(1)

Guidance

- Containers used for storage of solid wastes, including moveable bins, need to have a tightfitting cover that is kept on when not in use, in good repair, leak-proof and rodent-proof.
- Garbage must be inaccessible to children (excluding paper waste).
- CFOC3 5.2.7.3 Containment of Garbage: http://cfoc.nrckids.org/CFOC/Database/5.2.7.3

INDICATOR #19

Rugs have a non-slip backing or strips to avoid slipping, lay flat and are not curled. 22 CCR 101237 (b)(1)

Guidance

- Inspect rugs in classroom for intact non-skid backing or strips.
- Test the rug for movement.
- CFOC3 5.3.1.6: http://cfoc.nrckids.org/CFOC/Database/5.3.1.6

INDICATOR #20

Portable heating/cooling devices including fans are inaccessible to children. 45 CFR 1302.47 (b)(1)(iv); 22 CCR 101239 (c)

Guidance

- If there's a portable heating/cooling device in the classroom, it should be attended to while in use and be turned off when unattended.
- Device should be inaccessible to children.
- Device should be **only** on the floor and at least 3 feet from curtains, papers, furniture and any flammable object
- CFOC3 5.2.1.11: http://cfoc.nrckids.org/CFOC/Database/5.2.1.11

INDICATOR #21

Step stools are safe and stable. 22 CCR 101239 (h)(1); 101239.2 (a)(2)

Guidance

- Make sure that step stool is stable and doesn't slip on the floor.
- Observe children while using step stool for stability.
- Observe if the area is sanitary and free of water/liquid.
- Step stool/stair should be appropriate for the age of the children (height).

INDICATOR #22

Children have access to clean, sanitary drinking water and should be readily available at all times (indoors). 45 CFR 1302.44 (a)(2)(ix); 22 CCR 101239.2 (a)(1)

Guidance

- For EHS classroom, water breaks should be included in the daily routine. Because children this age have limited verbal ability to ask for water, staff should be offering water; or drinking water could be visually observed so they can point to it.
- Fountain/faucet should be clean and in working order.
- If there is no faucet, pitchers of water and cups should be accessible to children.
- Resource: http://www.drinkingwateralliance.org/single-post/2017/03/23/New-CACFP-Regs-Say-Offer-Water-to-Children

INDICATOR #23

Children's belongings are stored separately from other children's belongings.
22 CCR 101238.4 (a)

Guidance

- Child's personal items and clothing should not be touching other children's belongings.
- Each child shall be provided an area to store belongings separately from other children's (e.g. cubbies, separate hooks for hanging jackets, etc.)

INDICATOR #24

Items that are marked "keep out of the reach of children," as well as staff and volunteer personal belongings (i.e., purses, backpacks and pet items) are stored in locked cabinets or out of the reach of children. 45 CFR 1302.47 (b)(2)(i) & (v); 22 CCR 101238 (a) & (g); 101438.1 (a)

Guidance

- Items indicated "keep out of the reach of children" shall be locked or inaccessible to children. (i.e. toothpaste, chemicals, batteries, personal medication, items for used for pets).
- Any items not listed in SDS binder should be locked and/or inaccessible to children.
- Observe areas where pets are placed to ensure pet items are not within reach of children.

INDICATOR #25

Equipment and play areas are safe, do not contain sharp points, corners, edges or splinters, and small parts cannot be pulled off and swallowed. 45 CFR 1302.47 (b)(2)(i) & (v); 22 CCR 101239 (n) & 101439(g)

Guidance

- Toys, materials, and furniture are age-appropriate.
- Observe furniture for any sharp corners, edges or splinters
- Inspect toy size for swallow, choking or pinching hazards.
- For more information: CFOC 3 6.4.1.2
    - Small objects, toys, and toy parts available to children under the age of three years should meet the federal small parts standards for toys.
    - The following toys or objects should not be accessible to children under three years of age:
        - Toys or objects with removable parts with a diameter less than one and one-quarter inches and a length between one inch and two and one-quarter inches;
        - Balls and toys with spherical, ovoid (egg shaped), or elliptical parts that are smaller than one and three-quarters inches in diameter;
        - Toys with sharp points and edges;
        - Plastic bags;
        - Styrofoam objects;
        - Coins;
        - Rubber or latex balloons;
        - Safety pins;

- Marbles;
- Magnets;
- Foam blocks, books, or objects;
- Other small objects;
- Latex gloves;
- Bulletin board tacks;
- Glitter

Resources: http://cfoc.nrckids.org/StandardView/StdNum/6.4.1.2 &
http://cfoc.nrckids.org/StandardView/5.3.1.1

INDICATOR #26

There is a designated area or container, out of the reach of children, for mouthed or contaminated toys, and toys are cleaned and sanitized on a regular basis.
22 CCR 101238 (a); 101438.1 (d); 45 CFR 1302.47 (b)(2)(i) & (v)

Guidance

- Locate the designated area or toy container and observe that it's inaccessible to the children.
- Refer to the Policy and Procedures for cleaning/sanitizing toys, interview staff.
- Objects used by infants that are mouthed shall be washed and disinfected at least daily.
- CFOC3 3.3.0.1, Appendix K, Routine schedule for cleaning, sanitizing and disinfecting.

INDICATOR #27

The classroom is clean, free of odor and well-maintained. 45 CFR 1302.47 (b)(1)(i-iv); 22 CCR 101238(a)

Guidance

- Observe classroom. Is it generally clean? Are the furniture and other structures in good condition and upkeep?
- Infant Care:
  https://govt.westlaw.com/calregs/Document/IBA88CB30D4C011DE8879F88E8B0DAAAE?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)
- *Infant Care: 101438.2 (e):* The indoor activity space shall be equipped with a variety of age-appropriate washable toys and equipment.
- Classroom should not have unpleasant odor.
- Check for peeling paint, ceiling tile, floor tile, furniture, countertops.

INDICATOR #28

The classroom is accessible to staff, parents and children with disabilities (i.e., furnishings not blocking pathways, etc.). 45 CFR 1302.61 (a)

Guidance

- Observe facilities and equipment. Are there provisions that are made for children with disabilities to ensure their safety, comfort, and participation?
- Observe aisles for accessibility, ramps for children whom are non-ambulatory and the height/level furniture.
- Observe/interview staff for reasonable accommodations.

SLEEPING ARRANGEMENTS

INDICATOR #29

A napping cot/mat is available for each child during nap/rest time, spaced and arranged so that each child has access to a walkway without having to walk on or over the cots/mats of other children. 45 CFR 1302.47 (b)(2); 22 CCR 101230 (b)(1); 101239.1 (d); 101439.1 (f);

Guidance

- For classes that are 6 hours and longer, there is a designated nap time and each child should have a mat or cot.
- For classes that are less than 6 hours, a rest or quiet time should be on the daily schedule and it does not have to be a scheduled nap time. In this situation, it is not required for each child to have a mat but and there should adequate mats available for those children who wish to take a nap. Observe if there is an individual mat provided to any child who wishes to take a nap.
- NOTE: This indicator is specific to providing individual mats and how mats are spaced for health and safety. There is a separate indicator under classroom observation checklist on daily schedule when naps should part of the routine.
- Placement of cribs, cots or mats allows for entry to/exit from the napping space
- Resource: http://nrckids.org/CFOC/Database/5.4.5.1; CFOC3 5.4.5.1

INDICATOR #30

Napping cots/mats are stored so that each mat and bedding does not touch the other.
22 CCR 101239.1 (c)(2)

Guidance

- Observe how the mats are stored, liner/plastic should be placed in between individual mats.
- Mats stored in the restroom should have adequate distance from toilet, or have covering to prevent from unsanitary fluids contaminating the mats.

INDICATOR #31

Napping cots/mats and bedding are cleaned weekly or when soiled, or when the cot/mat/bedding is to be occupied by another child.
22 CCR 101239.1 (b)(4) & (c)(1, 3 & 4)

Guidance

- Observe cleaning schedule.
- Interview staff regarding cleaning procedures.
- Observe if right child is using assigned individual mat. Mats are typically labeled with names.
- If a child uses the incorrect mat, mat must be cleaned and linen changed.
- Refer to agency Policy and Procedures for additional information.
- Additional guidance: CFOC3 5.4.5.1

WINDOWS

INDICATOR #32

Windows accessible to children open less than 4 inches or have window guards so that children cannot climb out. 45 CFR 1302.47 (b)(1)(i) & (iv); 22 CCR 101238 (a)

Guidance

- Observe all windows accessible to children.
- Resource: http://nrckids.org/CFOC/Database/5.1.3.2

INDICATOR #33

Window screens are in good repair and free from insects, dirt and debris. 22 CCR 101239 (b)

Guidance

- Observe all window screens, including window tracks/frames for dust, dirt and debris.

INDICATOR #34

Pull cords for blinds are out of the reach of children and free of knots. 45 CFR 1302.47 (b)(1)(iv); 22 CCR 101238 (a)

Guidance

- Observe pulls cords, if blinds have pull cords, children should not be able to reach them.
- Resource: CFOC3 3.4.6.1: Vertical blinds, continuous lop blinds, and drapery cords should have tension or tie-down devices to hold the cords tight. Inner cord stops should be installed.
- Resource: https://windowcoverings.org/

ELECTRICAL OUTLETS

INDICATOR #35

Electrical outlets are covered with approved safety covers when not in use. 45 CFR 1302.47 (b)(1)(iv); 22 CCR 101238 (b)

Guidance

- Observe all electrical outlets and surge protectors, cover should be in place when outlet is not in use.
- Outlets should have a tamper resistant electrical outlet. If you don't see an outlet cover, ask staff if outlets have the self-closing cover.
- Resource: CFOC3 5.2.4.2: Tamper resistant electrical outlets or securely attached safety covers prevent children from placing fingers or sticking objects into exposed electrical outlets and reduce the risks of electrical shock, electrical burns, and potential fires.

INDICATOR #36

Electrical cords and surge protectors are out of the reach of children and do not obstruct foot traffic or doorways. 45 CFR 1302.47 (b)(1)(iv); 22 CCR 101238 (a) & (c)

Guidance

- Resource: CFOC3 5.2.4.5: Extension cords should not be accessible to children, whether in use or when temporarily not in use but plugged in.
- Barrier to hide or keep away electrical cords and surge protectors from children's reach should be sturdy and not easily removed or broken by children (example, barriers cannot be cardboard/paper).

DOORS

INDICATOR #37

Doors open and close properly and have an adjustable door closing device and/or other device, including rubber stripping or gaskets, to prevent finger pinching. 45 CFR 1302.47 (b)(1)(iv) &(ix); 22 CCR 101238 (a) & (b)(1)

Guidance

- Open doors in classrooms and inspect door jamb for condition of rubber gasket.
- Resource: CFOC3 5.1.3.5: Finger-Pinch Protection Devices
  - Finger-pinch protection devices should be installed wherever doors, cupboards/cabinets, and gates are accessible to children. These devices include:
    - Flexible plastic and rubber devices that cover the gap created at the front and rear hinge-sides of a door or gate when it is opened;
    - Other types of flexible coverings for these gaps;
    - Adjustable door closing devices that slow the rate of door closing. Slowing the door closing rate helps prevent finger pinching in the latch area of the door or abrupt closing of the door against a small child.

INDICATOR #38

Exit doors are free of paper postings, are unobstructed and have a 3-foot clearance from exit and adjoining walls (i.e., decorations are 3 feet from door). 45 CFR 1302.47 (b)(7)(i-ii); CFC 1031.6; 19 CCR 3.11 (a-b)

Guidance

- Observe all exits for flammable decorations and exits are unobstructed.
- Resource**:** CFOC3 5.1.4.3: Path of Egress

- o The minimum width of any path of egress should be thirty-six inches. An exception is that doors should provide a minimum clear width of thirty-two inches. The width of doors should accommodate wheelchairs and the needs of individuals with physical disabilities.
- o Where exits are not immediately accessible from an open floor area, safe and continuous passageways, aisles, or corridors leading to every exit should be maintained and should be arranged to provide access for each occupant to at least two exits by separate ways of travel. Doorways, exit access paths, passageways, corridors and exits should be kept free of materials, furniture, equipment and debris to allow unobstructed egress travel from inside the child care facility to the outside.
- o **RATIONALE**
  - Unobstructed access to exits is essential to prompt evacuation (1). The hallways and door openings must be wide enough to permit easy exit in an emergency. The actual exit is the enclosed stair or the actual door to the outside; doors from most rooms and the travel along a corridor are considered exit access or the path of egress.

INDOOR CLIMBING EQUIPMENT

INDICATOR #39

Indoor climbing equipment has approved mats that extend at least three (3) feet from structure. 45 CFR 1302.47 (b)(2); CFOC3 6.2.3.1

Guidance

- CPSC 5119: Consumer Product Safety Alert: Never put Children's Climbing Gyms on Hard Surfaces

FIRST AID

INDICATOR #40

A First Aid kit is in the classroom, in a secured container, well-stocked and out of reach of children; but, accessible to staff. 29 CFR 1910.151 (b); 22 CCR 101226 (d)(1-8)

Guidance

- The first aid kit or supplies should be kept in a closed container, cabinet, or drawer that is labeled and stored in a location known to all staff, accessible to staff at all times, but locked or otherwise inaccessible to children.

- Along with all of the first aid supplies it should have a current American Academy of Pediatrics (AAP) standard first aid chart or equivalent first aid guide such as the AAP Pediatric First Aid for Caregivers and Teachers (PedFACTS) Manual
- First Aid kit should contain at least the following: current additional of first aid manual, sterile first aid dressing, bandages or roller bandages, adhesive tape, scissors, tweezers, thermometer, antiseptic solution.
- Resource: CFOC3 5.6.0.1: http://cfoc.nrckids.org/CFOC/Database/5.6.0.1

INDICATOR #41

A Bloodborne Pathogen spill kit is available and easily accessible. 29 CFR 1910.1030; 45 CFR 1302.47 (b)(6)(iii); CFOC3 3.2.3.4

Guidance

- Staff should have immediate access to the spill kit. Each classroom should, at a minimum have access to gloves, supplies for proper disposal of potentially contaminated objects or bodily fluids.
- Refer to agency's Bloodborne Pathogens Policies and Procedures.
- Resource: CFOC3 3.2.3.4: http://cfoc.nrckids.org/CFOC/Database/3.2.3.4

INDICATOR #42

Safety Data Sheet (SDS) book is easily accessible and all staff are aware of the SDS. 45 CFR 1302.47 (b)(4); CFC 407.2

Guidance

- Staff should be aware of the location of the Safety Data Sheets for chemicals used in the classroom.
- Staff should have access to a copy of the Safety Data Sheets(SDS), either electronic or physical copy.
- Updated and current version of SDS book should be available.
- Resource: CFOC3 5.2.1.6- http://cfoc.nrckids.org/CFOC/Database/5.2.9.1

INDICATOR #43

Fire extinguishers are mounted, accessible and clearly marked. 45 CFR 1302.47 (b)(7)(i-ii); CFC 906; 19 CCR 567.4

Guidance

- Inspect fire extinguishers. Are they mounted securely and strapped on the wall? If the fire extinguisher is in a case, is the key accessible?
- Sign displaying where the fire extinguisher is located.

INDICATOR #44

Fire extinguishers are inspected monthly and serviced annually from date of last inspection and evidenced by service tag. 19 CCR 574.5(a-c); 8 CCR 6151 (e)(1-2)

Guidance

- Front of service tag has been serviced annually from date of last inspection.
- Monthly visual inspections have been conducted and evidenced in the back of service tag.
- Fire Extinguisher pressure gauge is within the Green Zone.
- See Appendix - *How to Inspect a Fire Extinguisher*

INDICATOR #45

There are working smoke and carbon monoxide detectors, fire alarm and/or a sprinkler system in the classroom, properly located and tested regularly. HSC 1596.954; CBC 907.2.3 CFC 903.2.3; 907.2.29.4; 915.2.3 – 915.7

Guidance

- Inspect site for smoke and carbon monoxide detectors.
- During inspections, the Licensing Program Analyst (LPA) will ensure the presence of one or more State Fire Marshal approved CO detectors and shall ensure that the power/alarm light indicator is on.
- Resource: CFOC3 5.2.9.5 http://cfoc.nrckids.org/CFOC/Database/5.2.9.5
- Resource: http://osfm.fire.ca.gov/strucfireengineer/pdf/bml/List_CSFM_Approved.pdf
    - Based on the facilities geographical location, city ordinances may apply.
- Each classroom/site may present specific situations or challenges, QA Reviewer is encouraged to bring up for discussion during consensus meeting.

INDICATOR #46

Decorative materials, artwork or postings cover no more than 50% of the specific wall area to which they are attached, and curtains are treated with flame retardant. 19 CCR 3.08, CFC 807.5.2.2; 807.5.2.3; 45 CFR 1302.47 (b)(7)(ii)

Guidance

- Observe all classroom wall space for decorative materials, teaching materials and artwork. Parent, family, resource area and licensing requirement area are excluded from 50%.
- Curtains, fabrics, materials should be flame retardant and have evidence of when material was treated.
- For corridor walls only, 20% or less of the corridor wall space should have artwork or teaching materials
- Resource: http://osfm.fire.ca.gov/informationbulletin/pdf/2009/artworkforgroupeocc.pdf
- Resource: http://osfm.fire.ca.gov/strucfireengineer/pdf/flameretardant/FrRegs.pdf

DISASTER PREPAREDNESS

INDICATOR #47

Staff know the primary off-site evacuation location and procedure. 5 CFR 1302.47 (b)(7)(i-ii) & (8); 22 CCR 101174 (b)(2)(D) & (c)

Guidance

- Interview staff; attempt to interview the newest staff member. Location given by staff should match location on Emergency Disaster Plan (LIC 610).
- Observe fire, emergency drill.
- Refer to agency Policies and Procedures.

INDICATOR #48

Three day supply of emergency food and water for staff and children is accessible and stored securely. 45 CFR 1302.47 (b)(7)(i) & (8) ; CFOC3 4.9.0.8
http://nrckids.org/CFOC/Database/4.9.0.8; California Health and Safety Code (HSC)1596.867; Earthquake Preparedness Checklist (EPC) (LIC 9148)

Guidance

- Inspect if facility has supply of emergency food and water. Refer to agency policy and procedures regarding amount of emergency food in storage. Three-day supply is best practice recommended but if one day supply is available, it will still be compliant.
- Earthquake Preparedness Checklist (EPC)(LIC 9148)
- Resource: CFOC3 4.9.0.8: http://nrckids.org/CFOC/Database/4.9.0.8

INDICATOR #49

Emergency backpacks are well stocked, secured and accessible in each classroom.
45 CFR 1302.47 (b)(7)(i) & (8); California Health and Safety Code HSC 1596.867

Guidance

- CFOC3 5.6.0.1
  HTTP://CFOC.NRCKIDS.ORG/CFOC/DATABASE/5.6.0.1

INDICATOR #50

Emergency cards and daily class roster are readily accessible for evacuation.
45 CFR 1302.47 (b)(5)(iv), (7)(i) & (v) & (8); 22 CCR 101221 (b)(1-10)

Guidance

- Locate where the emergency cards are located within the classroom.
- Interview staff for procedures in case of emergency.
- Observe fire drill/evacuation if brought outside.
- Refer to agency's policies and procedures.

INDICATOR #51

There is emergency lighting available in case of an emergency. 45 CFR 1302.47 (b)(1)(v); California Building Code (CBC) §1008.

Guidance

- Observe: Is emergency lighting available to allow children and adults to clearly see pathways in case of a power failure?
- Observe fire drill to determine if emergency lighting works.
- Battery operated flashlights are available and in working order.

INDICATOR #52

Cabinets and bookcases are free of potential falling objects in case of an earthquake or explosion. 45 CFR 1302.47 (b)(1)(iv); California Health and Safety Code (HSC) 1596.867

Guidance

- Observe if heavy objects are on shelves or bookcases.
- Look for furniture that are easily movable be children or are not properly anchored.

INDICATOR #53

The program has an all-hazards emergency/disaster preparedness and response plan for more and less likely events including natural and manmade disasters and emergencies, and violence in or near programs. 45 CFR 1302.47 (b)(8); 22 CCR 101174

Guidance

- Review classroom's emergency/all hazards response plan including but not limited to:

  - natural disasters that are relevant to their location (such as earthquakes, tornados, tsunamis or flash floods, storms, and volcanoes)
  - all hazards/disasters that could occur in any location including acts of violence, bioterrorism/terrorism, exposure to hazardous agents, facility damage, fire, missing child, power outage, and other situations that may require evacuation, lock-down, or shelter-in-place.
  - Resource: http://cchp.ucsf.edu/sites/cchp.ucsf.edu/ files/CA-ChildCare-Disaster-Plan.pdf

INDICATOR #54

There is evidence that the staff have shared with the parent/ guardian the policies for health emergencies that require rapid response on the part of the staff or require immediate medical attention. 45 CFR 1302.41(b)(2)

Guidance

- Interview staff how parents are informed on policies and procedures in handling emergencies.
- Some ways program inform parents include: signed emergency cards, parent handbook, information provided during parent meetings and/or parent orientation.
- Review children's emergency cards signed by parents/guardians if it contains information on how parents will be notified in any type of emergencies (example, program will call 9-1-1; will call identified emergency contact names, etc.).

015. Meal Service

INDICATOR #1

Food preparation areas are kept clean and maintained in safe condition. The food preparation area is separate from the eating, restroom, diaper changing, and play areas. 22 CCR 101227 (a)(18); 45 CFR 1302.47 (b)(6)(ii)

Guidance

- If unsanitary conditions in food preparation areas present an immediate health hazard, refer to response level for required Corrective Action Plan timeline.
- Food-preparation area should be adequately equipped, clean and free of hazards
- All equipment (fixed or mobile), dishes and utensils shall be kept clean and maintained in safe condition.
- Food preparation should be in good repair, free of cracks, and made with nonporous material and be kept clean and sanitized. CFOC 4.8.0.3
- Observe food preparation area.
- Interview staff for safe hygiene practices.

INDICATOR #2

Chemicals are not stored with food. 22 CCR 101227 (a)(16) & (17)

Guidance

- Check to ensure that chemicals are not stored with food.
- Refer to response level for required Corrective Action Plan timeline.

INDICATOR #3

All enrolled children receive the appropriate number of meals and snacks. 45 CFR 1302.44 (a)(2)(i-iii), (vi) and (vii); 7 CCR 226.20 (n)(1); (B)(5)(c); 22 CCR 101227 (3)(4) & (5)(A-C)

Guidance

- If food and/or water is withheld as punishment – Personal Rights violation. Refer to response level for required Corrective Action Plan timeline
- All AM/ Full Day children:
- Breakfast should be offered to all children, including those who arrive late.
    - Breakfast: Must be served before 9:00 AM
    - Lunch: Must be served between 11: 00 Am and 1:30 PM
    - Snack: Serve no earlier than 2 hours after a meal.
      Reference: CA Dept. of Ed Section 10.1 meal service meal time

- Observe breakfast, lunch & snack, if applicable; review meal count forms.
- Review USDA meal pattern to ensure all children receive the required portions and food groups per meal

INDICATOR #4

Food is served in portions that are safe for a child to swallow. 22 CCR 101227 (a)(9); 45 CFR 1302.47 (b)(1)(iv)

Guidance

- Observe meal service and ensure that food is safe to swallow for children.
- For more information: https://www.fns.usda.gov/sites/default/files/supplementA.pdf

INDICATOR #5

The refrigerator, microwave, food warmer, food cart, and tables used for meals are clean. 7 CFR 226.20 (I); 45 CFR 1302.47 (b)(2)(i) & (v)

Guidance

- If unsanitary conditions in food preparation area and equipment present an immediate health hazard- refer to response level for required Corrective Action Plan timeline.
- Check to see if refrigerator gasket/seal and all surfaces (inside and outside) are clean and don't have any tears or holes.
- Check to ensure proper procedure is performed when tables are being cleaned and sanitized.
- Refer to Caring for our Children Appendix K.
  http://nrckids.org/files/appendix/AppendixK.pdf

INDICATOR #6

The program provides sufficient time for children to eat, does not force the child to participate during meal times or finish their food and does not use food as a reward or punishment. 45 CFR 1302.31 (e)(2); 45 CFR 1302.90 (c)(1)(ii)(D); 7 CFR 226.20 (p)

Guidance

- Observe mealtimes and ensure that children are not forced or rushed to finish food.
- Is food being used as a reward and punishment?

INDICATOR #7

Program follows safe food practices (storage/ refrigeration, preparation, heating procedures) per agency policy and procedures. 22 CCR 101227 (a)(1)

Guidance

- Perishable food is fresh and refrigerated up to one hour prior to serving (e.g. cartons or pitchers of milk not left on the counter for over an hour, etc.)
- Temperature Controls of Potentially Hazardous Food: https://www.cde.ca.gov/ls/nu/sf/mbnsdsfsp012008.asp
- Observe meal preparation; observe meal prep area.
- All foods or beverages capable of supporting the rapid and progressive growth of microorganisms that can cause food infections or food intoxications shall be stored in covered containers at 45 degrees F or less.

INDICATOR #8

Staff serve meals according to menu unless written notification has been received of changes from food services. CDE Manual section 9.1 Menu Planning: Menus

Guidance

- Observe meal prep area; observe meal service.
- Does the written menu match what was served today? If not, see if modifications have been noted.

INDICATOR #9

Meal counts are recorded at the time of meal service each day and do not exceed daily attendance records/sign-in sheets. 7 CFR 226.17 (b)(9)

Guidance

- Observe meal and count number of children seated at the table to eat. Staff should record at time of meal service (not later in the day or the following day).
- Review recorded meal count and attendance records.
- Check to ensure staff is recording meal service counts at the time of meal service and compare the number of children that are served the meal.

INDICATOR #10

All meals start by the appropriately scheduled time: a minimum of 3 hours between breakfast and lunch (AM only) and a minimum of 2 hours between a meal and a snack. 7 CFR 226.20 (k) cacfpmanualsec10-1.asp Meal Times and Spacing

Guidance

- Observe meals and verify if it is within timeframe;

  > Breakfast: Must be served before 9:00 AM
  > Lunch: Must be served between 11: 00 Am and 1:30 PM
  > Snack: Serve no earlier than 2 hours after a meal.

- Observe daily schedule.
- Not Applicable for Infant Care.

INDICATOR #11

All meals are consumed on-site and comply with the program's no outside food policy.
(SOP Center-based Program only per agency policy and procedures)

Guidance

- The agency should be following its No Outside Food Policy, if applicable.
- Observe meal service and activities in class.

INDICATOR #12

All meals are offered family-style in a manner in which children serve themselves and are seated while eating. 7 CCR 226.20 (n)(1-2); 45 CFR 1302.31 (e)(2)

Guidance

- Observe meal service.
- All meal components and recommended portion sizes for all children and staff must be presented on the table at the same time and served at once.
- No food item can be held back as a reward or treated as a dessert item.
- Food may not be held back for concerns of spillage, or for eating or drinking only one food. Milk cannot be held back until the children eat the solid foods.
- Observe serving and eating utensils for children and ensure that they are developmentally appropriate for children.
- Refer FNS Instruction 783-9 for additional information.

INDICATOR #13

Children participate in setting and clearing the table and are adequately supervised. 45 CFR 1302.31 (e)(2-3)

Guidance

- Observe table settings to see if children are given opportunities to set the table.
- HS should be offered once daily.
- EHS also should be offered daily if developmentally appropriate.
- Children should be observed clearing the table, if developmentally appropriate.

INDICATOR #14

Adults sit at the same time as children, are eating the same foods, role modeling and supervising at every meal. 7 CFR 226.20 (n)(1-2); 45 CFR 1302.44 (b)

Guidance

- Observe meal service. Staff should try some type of food ítem. Adults should be seated at the table for most of the meal time.

- With this family style type of meal service, the teaching staff models and develops key concepts for children including:
  - Opportunities to try new foods and politely decline food they have tasted and don't enjoy yet.
  - Understanding appropriate use of utensils.
  - Improved motor skills
  - Improved self-confidence
  - Expanded social skills
  - Practice using proper table manners.
- For more info: https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/docs/health-services-newsletter-201503.pdf

INDICATOR #15

Children are offered and encouraged to join in at mealtimes and to try all food; there is conversation during meals centered around the children's interests and may include foods and nutrition. 45 CFR 1302.31 (e)(2)

Guidance

- Observe meal service and look for interactions that support development and learning. listen for conversations that promote healthy eating, try new foods and food groups.

INDICATOR #16

Refrigerators have a thermometer located in the front and registers 40 degrees F or less; freezers, if used for children's food, have a thermometer in the front and registers 0 degrees F. 45 CFR 1302.47 (b)(1)(i); CFOC3 4.8.0.6; CACFP

Guidance

- If malfunctioning and does not pose an immediate risk, e.g., spoiled food, refer to appropriate response timeline for corrective action.
- The temperature sensor is positioned to register the warmest air in the refrigerated space to ensure adequate cooling.
- The doors have a good seal and close tightly to maintain the temperature and the efficiency of the unit.
- For more information: Proper Storage Temperatures for USDA Commodities
- Resource: https://www.cde.ca.gov/ls/nu/fd/mb00404.asp

INDICATOR #17

Faucets used by children for personal care shall deliver hot water that registers no less than 105 degrees F and no more than 120 degrees F, if applicable. 45 CFR 1302.47 (b)(1)(i); 22 CCR 101239 (e)(1-2); CFOC3 5.2.1.14

Guidance

- These facilities should be capable of heating water to at least 120°F. Hot water temperature at sinks used for handwashing, or where the hot water will be in direct contact with children, should be at a temperature of at least 60°F and not exceeding 120°F.

016. Classroom Observation

INDICATOR #1

Required staff-to-child ratios are maintained at all times per local, state, and Head Start regulations, whichever is more stringent (indoor and outdoor). 45 CFR 1302.21 (b)(1-4); CCL 101230 (c); 101216.3 (a); 101216.3 (c)(1)(B); 101216.3 (c)(1)(C); & 101216.3 (f)

Guidance

A class size that serves a majority of children that are:

Ages	Ratio	Group Size
3 years old	17:2	17
DOUBLE SESSION		
3 years old	15:2	15
4-5 years old	20:2	20
DOUBLE SESSION		
4-5 year old	17:2	17
EHS		
36 months and under	8:2 or 9:3	no more than 8 or 9 children.

Where state or local licensing requirements are more stringent than the teacher-child ratios and group size specifications in this section, a program must meet the stricter requirements.

According to CCL:

101216.3 TEACHER – CHILD RATIO

- The licensee may use teacher aides in a teacher-child ratio of one teacher and one aide for every 15 children.

- A ratio of one fully qualified teacher and one aide for every 18 children is allowed if the aide has six semester units of early childhood education from an accredited college.

- The director may be included in the teacher-child ratio when the director is actually teaching a group of children.

- Licensees shall maintain an up-to-date list of qualified substitutes.

- NOTE: There is a difference between Teacher (certain qualifications apply per HSPPS) and Adult staff (based on CA Child Care Licensing) in complying with teacher: child ratio.

Find out who the Teacher/Assistant Teacher (also referred to as Para educator or Teacher Aide in some agencies).

- NOTE: There are various scenarios re: staff: child and adult: child where this indicator may be marked Compliant/Non-Compliant. Reviewer should refer to agency's policy and procedures on ratio and supervision. Consult with QA Supervisor if unsure when to mark Complaint/Non-Compliant.
- A teacher/adult should not perform housekeeping or maintenance duties that prevent him/her from performing duties related to providing care and supervision to children.
- Persons employed for clerical, housekeeping and maintenance functions are not included as teachers in the teacher-child ratio.
- Staff should take head counts continuously throughout the day. Count may be recorded on a white board indoors and outdoors and should be large enough to see from a distance. Refer to agency's policy and procedures and/or interview staff regarding their specific procedures during transitions (e.g. in/out from outdoor play, etc.)
- When leaving for lunch or break, staff need to make sure existing staff know they are leaving and when they are returning. Do they ask for verbal acknowledgement and confirm teacher-child ratios?
- When arriving in a classroom, staff should count all children and confirm with the attendance roster as well as confirm the count verbally with staff already present.
- Parents and volunteers are not part of the teacher-child ratio and cannot be left alone to supervise children.
- Any support staff that removes a child from the classroom must alert/notify the classroom staff upon departure and return.
- A program must maintain appropriate ratios for brief absence of teaching staff member for no more than five minutes (Must check with CCL because it is the most stringent one) 5 minutes is allowed for the brief of 1-12).
- For Inclusion classes, refer to agency policy and procedures regarding role of Instructional Aides in the child: adult ratio

INDICATOR #2

Children are within sight and sound of teaching staff at all times and teacher's attention is focused on observing children, not on other activities. 45 CFR 1302.47 (b)(5)(iii); 1302.90 (c)(1)(V); 22 CCR 101229 (a)(1); 101429

Guidance

- Review program's Policies and Procedures and Classroom Safety Supervision Plans.
- Classroom should be arranged to ensure visibility is maximized.
- Doors should not be propped open.
- Barriers, dividers or items on top of shelves or furniture must not impede staff's ability to visually supervise children.

- Staff should position themselves strategically (indoors and outdoors) so that blind spots or where children may hide are supervised more closely (proper zoning).
- Staff should frequently scan the area even when working with one child or a small group.
- Staff should not post their back to the group.
- Staff should be aware of their surrounding environment and potential threats to staff and children's health and safety.
- Bathroom Supervision:
    o Staff should position themselves so that they maintain visual supervision of all areas of the bathroom while in use by children.
    o Barriers or dividers should not impede staff's ability to visually supervise the children.

INDICATOR #3

Each child is accounted for upon leaving from and returning to the classroom to ensure that no child will be left alone or unsupervised while under staff care. 45 CFR 1302.47 (b)(5)(iii); 1302.90 (c)(1)(v); 22 CCR 101229 (a)(1)

Guidance

- Review program's Policies & Procedures on Transitions. Refer to classroom safety and supervision plan. (e.g. use of white boards, transition logs).
- When arriving in a classroom, staff should count all children and confirm with the sign in and sign out sheets.

- Head counts are to be conducted <u>every time</u> a transition occurs that requires children leaving and re-entering the classroom during the hours of operation.
- Before returning to the classroom, each classroom must gather children in a designated area to ensure an accurate head count before entering the classroom and that all children are accounted for.
- Before re-entering from outside, staff must check all areas of the playground for children including under and inside the climbing structures, inside climbing tunnels, along fences and any other areas out of immediate view.
- Before exiting the classroom, staff must gather children in a designated area to ensure an accurate head count and that all children are accounted for.
- Before leaving the classroom, staff must check all areas of the classroom for children including bathrooms, kitchen areas, under and inside of lofts, and any other areas out of immediate view.
- Children will have an adult with them when a door is being opened for any circumstances.
- Only adults may open doors.
- When children from more than one group/classroom are combined:

- Staff should count children in their own group and confirm with sign in/sign out sheet.
  - Staff should verbally confirm the number of children present with staff responsible for the other group.
  - Staff should take a head count of total number of children in combined group.
- A Classroom Transition Form may be used and should be completed according to guidance on the form (required for SOP).

INDICATOR #4

Staff are trained and implement policies that ensure children are released only to a parent, legal guardian, or other formally designated individual. 45 CFR 1302.47 (b)(4)(i) & (b)(5)(iv); 22 CCR 101221 (b)(5)

Guidance

- Interview teaching staff as to when they received training.
- Ask them to describe what they do if someone they don't know comes to pick up a child.
  - Person picking up child must be listed on the child's Emergency Card as an authorized person to pick up the child
  - Staff need to request to see photo identification (i.e., driver's license, etc.) to verify identity.
  - If adult is not listed as authorized, staff must contact the parent by telephone and get verbal authorization to pick up child. (Procedures may vary between programs). Parent should add person to the emergency card as soon as possible.

INDICATOR #5

Staff use positive guidance when responding to undesirable behavior. 45 CFR 1302.31 (b)(1)(i); 1302.45 (a)(1); & 1302.90 (c)(1)(i-ii) (A-I); 22 CCR 101223 (a)(1-3), (6-7)

Guidance

- Look for clear, consistent, age appropriate classroom rules and expectations.
- Staff anticipate and prevent problems whenever possible and remind children about making positive choices.
- Staff handle discipline problems by stopping dangerous behavior, acknowledging feelings, helping children to understand consequences, encouraging expression of feelings in appropriate ways, and redirecting when necessary.
- Staff are aware of children's social/emotional needs and support their development in a positive way (i.e., acknowledging children's efforts, getting on child's level, taking time to listen, pleasant voice, physical warmth and holding, etc.).

INDICATOR #6

Staff greet each parent and child at arrival, and departure is in a pleasant and organized manner (i.e., parent greeted, child's things ready to go, talking to parent about child's day, etc.). 45 CFR 1302.31 (a); (b)(1)(i)

Guidance

- Observe drop off and pick up time, and observe positive interactions between parent, child, and teacher. Staff should acknowledge the presence of the child and parent/guardian (verbal or non-verbal).

INDICATOR #7

Teachers implement well-organized learning environments that include teacher directed and child initiated activities, active and quiet learning activities, and opportunities for individual, small group, and large group learning activities. (HS) 45 CFR 1302.31 (c)(2) & (e)(1); 22 CCR 101230 (a)

Guidance

- There is a balance of large group (large group time length is appropriate to the developmental level of the children), small group and individual activities indoors and out (formal or informal) with any necessary modifications for children with disabilities.
- There is adequate time for large and small motor activities throughout the day (indoors and out) (minimum ½ hr. outside time for part day and 1 hr. for full day).
- There is a balance of adult directed and child initiated activities throughout the day (numerous opportunities for children to make choices).
- There are variations made in the schedule to allow for spontaneous learning experiences and to meet individual needs or interests of children (i.e., shorter group time for child with short attention span; child working on project allowed to continue past scheduled time; slow eater may finish at own pace).
- All routines and transitions are timely (enough time is allowed for clean-up, etc.), predictable, consistent, and smooth, with minimal waiting times. Children are given notice about changes and know what will happen next.
- Diversity is appropriately included: foods, dramatic play props, music, books, etc.

INDICATOR #8

Teachers implement well-organized learning environments that promote relational learning and include individualized and small group activities that integrate appropriate daily routines into a flexible schedule of learning experiences. (EHS) 45 CFR 1302.31 (c)(1); 22 CCR 101230 (a)

Guidance

- Children are encouraged to explore, make choices and learn by investigation.
- Many opportunities throughout the day for children to develop self-help skills (i.e., set tables, dressing, toileting, cleaning up by themselves, etc.; environment supports independent choices and clean up).
- Staff encourage children to engage with other children or adults (children are not by themselves in the classroom, moving about the room aimlessly or sitting uninvolved or waiting).
- Staff consistently encourage and model pro-social behaviors, such as cooperating, helping and turn-taking.
- Diversity is appropriately included: foods, dramatic play props, music, books, etc.

INDICATOR #9

Lesson plans are generally followed and include developmentally appropriate learning experiences in languages, literacy, social and emotional development, math, science, social studies, creative arts, and physical development (all previous plans are available for the current year). 45 CFR 1302.31 (b)(iv); 1302.34 (b)(2)

Guidance

- Opportunities offered daily for creative self-expression (i.e., art, dramatic play, music and movement, writing).
- Sand or water play, outdoors or indoors, is offered weekly with enough space and toy variety for children to participate freely.
- Nature/science experiences are offered to children including outdoor experiences and elements in the classroom environment.
- Health and safety, mental health and nutrition activities are provided through books, music, dramatic play, cooking/food prep, fire drills, etc.)
- Variety of literacy activities provided: books, rhymes, finger plays, different methods of storytelling, etc.
- Variety of sensory and motor activities provided with support and stimulation from teachers: pushing, pulling, walking, climbing, coordination of small muscles and grasping. (EHS)
- Children are given numerous opportunities to link their spoken words with written language (i.e., dictation, labeling, drawings, etc.).
- Diversity is appropriately included: foods, dramatic play props, music, books, etc.

- Review current lesson plans and observe if they generally followed; allows for flexibility
- Check all lesson plans for the year.

INDICATOR #10

There is evidence that child assessment data was integrated into individual and group planning. 45 CFR 1302.31 (b)(1)(iii-iv)

Guidance

- Review lesson plans and activities.
- Refer to program's Policy and Procedures
- Interview teachers in how they use DRDP data (Learning Genie) (in conjunction with assessment schedule) in individual and group planning.
- If monitored before 60 days when 1st DRDP assessment (aggregated DRDP data results) is due, interview how they use observation tools in group or individual planning.
- Some programs utilize Learning Genie for assessment recordkeeping.
- Resource: https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/docs/ehs-ta-paper-15-observation.pdf

INDICATOR #11

Staff sustain and expand children's home language, while supporting the continued development of English. 45 CFR 1302.31 (b)(2)(i-iii), 1302.90 (d)(1)

Guidance

- Staff help children to understand language by frequent talking throughout the day in a way that is meaningful and personal to children and use simple sentences and descriptive words. (EHS)
- Staff learn a few words of the home language, invite family members or someone from the community to share language and culture, etc.
- Bilingualism and bi-literacy should be supported by implementation of selected research-based practices that focus on both English language acquisition and the continued development of the home language in classrooms where dual language is present.
- If staff do not speak the home language of all the children in the classroom, ask if the program provides volunteers who speak the children's home language and are trained to work in the classroom to support children's continued development of the home language.
- Parents should be educated about the benefits of bilingualism and for their children who are dual-language learners.
- Run ChildPlus Report (report #) of the languages that are spoken in the classroom.

- Refer to answers to Entrance Interview Question how program supports dual language learners.

INDICATOR #12

When a majority of children speak the same language, at least one classroom staff member or home visitor must speak such language. 45 CFR 1302.90 (d)(2)

Guidance

- Majority is 51%.
- Observe classroom and interview staff of languages spoken.
- Run ChildPlus Report (2180) to check languages spoken in classroom.

INDICATOR #13

The program implements an intentional, age appropriate approach to accommodate children's need to nap or rest. Centers operating 6 or more hours should provide a regular nap time and offer alternative quiet play. 45 CFR 1302.31 (e)(1)

Guidance

- Applies to both full-day and part-day. Check daily class schedule. Scheduled nap time (with use of napping cots) is required for classes that operate for 6 hours and more. For part-day classes (less than) 6 hours, rest period must be incorporated.
- Nap/Rest time is relaxing (e.g., shoes off, soft toys (if appropriate for age), music, quiet, dim lights, cots placed for privacy).
- Staff attempt to comfort children who need help relaxing.

INDICATOR #14

The program provides age-appropriate equipment, materials, supplies, and physical space for indoor and outdoor learning environments, including functional space, which is also accessible and accommodates children with disabilities. 45 CFR 1302.31 (d); 22 CCR 101238.2 (a)(c); 101238.3 (a)(1-3)

Guidance

Indoor Environment
- Sufficient furnishings and equipment are attractive, child sized, clean and in good repair. Adequate adaptive furniture is available/utilized for children with disabilities.
- A special cozy area protected from active play is used for reading or other quiet play. (EHS)

- There is adequate space available for all children's personal belongings. 22 CCR 101238.4(a)
- There is adequate space organized into at least 5 functional areas that encourage compatible play, are clearly defined by low furniture and shelves and easily recognized by children. (Art, block, housekeeping, manipulative, and reading/writing area, minimum). (HS)
- There is adequate space organized into at least 3 functional areas, clearly defined by low furniture and shelves and easily recognized by children: active play area, quiet play area, and messy materials are at a minimum. (EHS)
- Open shelving is accessible to children, neat, consistently labeled and organized for independent use by children.
  - Labeled in English and the home languages of the children present in the classroom.
- All interest areas are available for children to independently investigate and utilize materials.
- A variety of washable toys and equipment, including soft toys are accessible throughout the day.
- Equipment/materials range from simple to complex so that all children have choices and numerous opportunities for success.
- Equipment/materials support both large and small motor activities.
- Materials/activities support emerging numeracy development.
- A variety of materials encourage children's communication and language development (i.e., figures and animals in block area, puppets, books, phones and verbal play materials).
- Displays (posters, pictures) and/or materials (dolls, books, etc.) reflect diverse cultures, family compositions, genders, abilities and languages of children.
- Materials/activities used to promote inclusive awareness on an ongoing basis (i.e., disability puzzles, books, posters, photos, toys, props, etc.)
- Classroom has many colorful, simple pictures, posters and photographs of the children in the group and their families located at children's eye level.
- Children's art work (one and two dimensional) is displayed at children's level.

Outdoor Environment
- There is a variety of safe, developmentally varied equipment and materials for large motor/physical play, and small group/quiet play (stationary and portable gross motor equipment, trikes with and without pedals, digging and pouring materials, etc.).
- Adequate adaptive outdoor equipment is available when necessary (i.e., whirl-o-wheel bike, wagons, swings, etc.).
- The space is organized so that different types of activities do not interfere with one another (i.e., wheel toys safely separated from climbing equipment or swings, etc.).
- Staff consistently interact with children, expanding and enhancing learning opportunities during outside time.
- Children are regularly reminded of safety rules during outside time, if needed.

INDICATOR #15

The program changes materials intentionally and periodically to support children's interest, development and learning (indoor and outdoor). 45 CFR 1302.31 (d)

Guidance

- Interview staff how they incorporate changes in the classroom environment.
- May see "additions/changes to environment" listed on lesson plan.
- How do they accommodation children with disabilities?
- Any seasonal changes?

INDICATOR #16

Classrooms shared between two or more groups have clearly defined and safe divisions that limit noise from one group to another to prevent disruption of an effective learning environment. 45 CFR 1302.21 (d)(3); 5 CCR 14030 (m)(1-3)

Guidance

- There should be distinct separation between the classrooms.
- Observe noise level. Observe children's reaction to any loud noise level from adjoining classroom.
- Observe teacher voice level, classroom volume.
- Partition should be sturdy and safe for classroom.

017. Outside Safe Environments

<u>INDICATOR #1</u>

Playground is inspected daily and the outdoor areas are maintained and safe, free of trash, broken equipment and standing water. 45 CFR 1302.47 (b)(1)(i-iv) & (ix); (b)(2)(i-v); 22 CCR 101238.2 (d)(1-2); 101239 (o)(1)

<u>Guidance</u>

- Based on hazards observed, refer to response time line for corrective action to be taken.
- Safety inspections are conducted at least daily.
- Children are not exposed to environmental toxins or pollutants.
- Environments are clean and sanitary.
- Materials, equipment, and facilities are age-appropriate and accessible to children.
- Facilities are well maintained and in good repair.
- Environments are free from hazards and are designed to prevent injury or harm to children.
- The playground and equipment promote the safety of children, including:
  - No openings that could entrap a child's head or limbs.
  - Absence of sharp edges, rust, choking and/or strangulation hazards, garbage, and hazardous materials (e.g., glass, needles, animal feces).
  - No standing water in buckets or toys.

FY 2018 Office of Head Start Monitoring Protocol
- Review the results of the most current safety inspection for the setting you are observing.
- Are there any issues that are yet to be addressed?
- Additional guidance: CFOC3 5.2.9.10 http://nrckids.org/CFOC/Database/5.2.9.10
- Additional guidance: CFOC3 5.7.0.1 http://cfoc.nrckids.org/CFOC/Database/5.7.0.1
- Additional guidance: CFOC3 6.2.1.9 http://cfoc.nrckids.org/CFOC/Database/6.2.1.9

Additional information for QA Monitors:

http://caheadstart.org/2017HI/DeFillippo%20Playground%20Academy%20handouts.pdf

INDICATOR #2

Sandbox and sensory tables are clean and covered when not in use. 45 CFR 1302.47 (b)(2)(i) & (v); 22 CCR 101238.2 (f)

Guidance

- CCL 101238.2(f) - Sandboxes shall be inspected daily and kept free of hazardous foreign material.
- Please look at CFOC3:
  http://cfoc.nrckids.org/StandardView/6.2.4.2
  http://cfoc.nrckids.org/StandardView/6.2.4.1

INDICATOR #3

Wading pools should be inaccessible to children unless supervised and emptied after each use. 45 CFR 1302.47 (b)(1)(i) & (iv); (b)(2)(iii) & (v); 22 CCR 101238.5 (a)(1)

Guidance

- Observe staff/children when using wading pools
- Children should be closely supervised at all times.

INDICATOR #4

Outdoor area has some protection from the elements and is in good repair. 45 CFR 1302.47 (a); 22 CCR 101238.2 (b)(1)

Guidance

- CCL 101238.2(b)(1): The outdoor activity space shall be situated to: Provide a shaded rest area for the children.
- CFOC3 6.1.0.7 http://cfoc.nrckids.org/CFOC/Database/6.1.0.7

INDICATOR #5

The playground equipment has shock absorbing material under and around play equipment and the footings and hard anchoring are covered. 45 CFR 1302.47 (b)(1)(i), (iv) & (ix); 22 CCR 101238 (a) & (c); 101238.2 (d)(1) & (e)(1-2)

Guidance
- Observe and inspect the chute exit (slide drop zone) distance for slides.
- Public Playground Safety Handbook 5.3.6.4 https://cpsc.gov/s3fs-public/325.pdf
  - Chutes exit regions: EHS-no more than 6 inches above surface
  - HS- no more than 11 inches above the protective surfacing if the slide is no greater than 4 feet high. 7-15 inches above the protective surfacing if the slide is over 4 feet high.
- Public Playground Safety Handbook 2.4.2.2 https://cpsc.gov/s3fs-public/325.pdf
- Observe any footing and anchoring for covering
- What type of shock absorbing material? Commercially produced sand, woodchips, pea gravel and rubber mats are permitted
- Is the shock absorbing material in good repair? Has substantial support?
- Public Playground Safety Handbook 5.3.2.1.4 https://cpsc.gov/s3fs-public/325.pdf
  - Use zone should extend a minimum of 6 feet in all directions from the perimeter from the stand alone climber; 6 feet between equipment when adjacent designated play surfaces are no more than 30 inches high; 9 feet between equipment when adjacent designated surfaces are more than 30 inches high.

INDICATOR #6

Bike and trike paths are separate from other equipment. 45 CFR 1302.47 (b)(1)(i); 22 CCR 101238.2 (c)

Guidance

- Path used for bicycles and tricycles should have a designated area.
- The use of cones, traffic signs can designate area, or arrows or path on pavement.
- Observe staff to ensure safety while riding, conflicting activities (ex: playing with balls near riding area)

INDICATOR #7

The playground (of sites with a non-ambulatory license) is accessible to staff, parents and children with disabilities (i.e., ramps in good repair, furnishings not blocking pathways, etc.). 45 CFR 1302.61 (a); 29 USC 794 (a) & (b)(2)(a)(b)

Guidance

- 42 USC 12101 HTTPS://WWW.LAW.CORNELL.EDU/USCODE/TEXT/42/12101
- Observe if the pathways and equipment are accessible to children and adults with disabilities
- Are the ramps and equipment in good repair?
- Is the playground wheel chair accessible?

INDICATOR #8

The outdoor area is enclosed with a fence or natural barrier, at least 4 feet high, that allows for observation of children. (Minimum of two (2) working exits is Best Practice Recommendation) 45 CFR 1302.47 (b)(1)(i); 22 CCR 101238.2 (g)

Guidance

- CFOC3 6.1.0.8 http://cfoc.nrckids.org/CFOC/Database/6.1.0.8
- Observe play area enclosure. NOTE: Effective 2018-2019 program year, having minimum of 2 working exits is best practice recommendation, and will be <u>not</u> be marked as non-compliant if there are no two working exits.
- Fencing around entire playground area must be at least 4 feet tall.

INDICATOR #9

Playgrounds have self-closing gates with self-latching mechanisms that cannot be opened by children (latter is Best Practice Recommendation). 45 CFR 1302.47 (a); CFC 503.5.2; CFOC3 6.1.0.8

Guidance

- http://www.acf.hhs.gov/sites/default/files/ecd/caring_for_our_children_basics.pdf
- CFOC3 6.1.0.8 http://cfoc.nrckids.org/CFOC/Database/6.1.0.8
- NOTE: Effective 2018-2019 self-latching mechanisms that children can't open (to prevent children from going out of the enclosed playground without an adult) is a best practice recommendation only, and will be not be marked as non-compliant.

INDICATOR #10

Openings in outdoor playground equipment, fences or handrails are less than 3.5 inches or greater than nine (9) inches wide. 45 CFR 1302.47 (a); CFOC3 6.1.0.8; Public Playground Safety Handbook B.2.4.1

Guidance
- CFOC3 6.1.0.8 http://cfoc.nrckids.org/CFOC/Database/6.1.0.8
- Public Playground Safety Handbook B.2.4.1 https://cpsc.gov/s3fs-public/325.pdf

INDICATOR #11

Children have access to clean, sanitary drinking water and should be readily available at all times (outdoors). 45 CFR 1302.44 (a)(2)(ix); 22 CCR 101239.2 (a)(1) & (2)

Guidance

- CFOC3 4.2.0.6 http://cfoc.nrckids.org/CFOC/Database/4.2.0.6
- Observe outdoor play period, is drinking water offered and readily available, EHS, water break must actually be offered
- Check drinking fountain, is it in working condition? Clean? If no drinking fountain, is portable water brought outside and readily available
- Child shall be free to drink water as they wish, without asking for water step stool, if needed, to access water.

018. EHS Safe Environments

DAILY COMMUNICATION

INDICATOR #1

There is evidence of daily communication between parents and staff regarding current feeding schedule, elimination pattern and developmental change in feeding (i.e. Daily Information Exchange). 45 CFR 1302.41 (a); 22 CCR 101419.2(b)(1-3)(A)(4) & (c); 101428 (a)

Guidance

- During drop off and pick up time, observe communication between parents/staff regarding feeding schedule, elimination pattern and developmental changes.
- Review daily exchange information for accuracy and any additional updated information regarding their child.
- Resource: http://nrckids.org/CFOC/Database/4.2.0.5

EHS MEAL SERVICE

INDICATOR #2

Each infant has own feeding plan and staff discuss current feeding theory with the parent/authorized representative. 45 CFR 1302.44 (a)(2)(iv); 22 CCR 101427 (b)(1-5)(c)(A)

Guidance

- "Feeding theory" means adult offers food and infant/toddler decides what and how much to eat.
- Feeding plan shall include the following items:
  (A) Instructions from the infant's physician relating to special diet or feeding.
  (B) Feeding schedule.
  (C) Breast milk or kind of formula.
  (D) Schedule for introduction of solid and new foods.
  (E) Food consistency.
  (F) Food likes and dislikes.
  (G) Food allergies.
  (H) Schedule for introduction of cups and utensils.

- The plan shall be updated as often as the authorized representative wants, or as necessary to reflect changes in any of the areas specified above.

- The infant care center director or assistant director shall discuss current feeding theory with the authorized representative. This discussion should cover the dangers of honey.
- Review written feeding plan.
- Observe discussion and interaction with staff and parents regarding the child's feeding plan.
- Resource: CFOC3 4.3.1.1 http://cfoc.nrckids.org/CFOC/Database/4.3.1.1
- Resource: CFOC3 4.2.0.1 http://nrckids.org/CFOC/Database/4.2.0.1

INDICATOR #3

Programs serving infants provide appropriate food (commercially prepared formulas and jarred baby food) regardless if the parent/authorized representative elects to provide the food. 45 CFR 1302.44 (a)(2)(iv)

Guidance

- Observe if program provides commercially prepared formula (iron fortified). How are infants accommodated if they have special dietary needs (i.e. special formula, introduction to solid foods, etc.)?
- Infant formula and food should be provided and offered to each child.
- Resource: CFOC3 4.2.0.4: http://nrckids.org/cfoc.database/4.2.0.1

INDICATOR #4

Bottle-fed infants are fed at least once every four (4) hours; are held by an adult while fed and never laid down to sleep with a bottle. 45 CFR 1302.44 (a)(2)(iv) & (v); 22 CCR 101427 (c)(1)& (h)

Guidance

- Observe the staff feeding infants and appropriate assistance is provided.
- Observe the frequency of the infant being fed, every 4 hours or on demand.
- Resource: CFOC3 4.3.1.8- http://nrckids.org/CFOC/Database/4.3.1.8

INDICATOR #5

Infant bottles, dishes and containers containing food brought by the infant's parent/authorized representative are labeled with the child's name and the current date.
22 CCR 101427 (e)(1)(A) & (j)

Guidance
- Check infant bottles, dishes and containers if labeled with child's name.
- Resource: CFOC3 4.3.1.3- http://cfoc.nrckids.org/CFOC/Database/4.3.1.3

INDICATOR #6

Partially consumed formula/breast milk is discarded according to recommended safe practices. 22 CCR 101427 (j)(1)

Guidance

- Observe how formula/breastmilk is discarded.
- Breastmilk should be discarded within 2 hours after feeding.
- Formula should be discarded within 1 hour after feeding.
- Resource: CFOC 4.3.1.5 - http://nrckids.org/CFOC/Database/4.3.1.5
- Resource: https://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm

INDICATOR #7

Commercially prepared baby food in jars is transferred to a dish before being fed to infants, and any leftovers in the dish are discarded at end of the meal. 22 CCR 101427 (l)

Guidance

- Observe the solid food eating process, is the food being transferred to a clean dish?
- Is the food discarded once the feeding is completed?
- Resource: CFOC3 4.3.1.12- http://cfoc.nrckids.org/CFOC/Database/4.3.1.12

INDICATOR #8

Bottles, bottle caps and nipples maintained at the infant care site are sanitized after each use. 22 CCR 101427 (g) & (n)

Guidance

- Review Policies & Procedures and note if they are following it.
- Observe staff to see if they follow standard procedures and bottles, caps and nipples are cleaned and/or sanitized after each use.
- Are the bottles/caps/nipples provided by the parent returned to the parent daily?
- Resource: CFOC3 4.3.1.10- http://cfoc.nrckids.org/CFOC/Database/4.3.1.1

DIAPERING

INDICATOR #9

Diaper changing table is in good repair and safe condition, has raised sides at least three inches high and has a padded surface no less than one-inch thick, covered with washable vinyl or plastic. 22 CCR 101439 (h)(1-3)

Guidance

- Inspect diaper changing table to determine if it is in good repair/safe condition.
- Is there padding?
- Resource: CFOC3 5.4.2.4- http://cfoc.nrckids.org/CFOC/Database/5.4.2.4

INDICATOR #10

The diaper changing table is located within arm's reach of a sink (while in use) and is at no time located in the kitchen/food-preparation area. 22 CCR 101439 (h)(4-5)

Guidance

- Observe the location of the diaper changing table.
- Observe diapering procedure and if safety practices are followed.
- Is the diaper changing table located so staff can still have other children within sight/sound or within ratio?
- Resource: CFOC3 5.4.2.4- http://cfoc.nrckids.org/CFOC/Database/5.4.2.4

INDICATOR #11

Written toileting plan and diapering procedure are properly followed. 22 CCR 101428 (a)(1-5) & (d)(3)(a); 45 CFR 1302.47(b)(6)(i)

Guidance

- Observe the toileting/diapering procedure process. Is it reflective of the toileting/diapering procedure plan for the child?
- Review written toileting plan, if applicable.
- Resource: CFOC3 3.2.1.4   http://cfoc.nrckids.org/CFOC/Database/3.2.1.4
- Resource: CFOC3 3.2.1.5   http://cfoc.nrckids.org/CFOC/Database/3.2.1.5

SLEEPING ARRANGEMENTS

INDICATOR #12

Cribs meet Consumer Product Safety Commission (CPSC) or American Society for Testing and Materials (ASTM) Standards. 45 CFR 1302.47 (b)(2) & (5)(ii); 22 CCR 101439.1 (b)(5)(B-C)

Guidance

- Mattresses are set at the lowest position, side rails are locked in the highest position, and crib slats are spaced no more than 2 3/8 inches
- Floor mats and cots available for all infants able to climb out of a crib.
- Inspect crib for safety verification tag (Consumer Product Safety Commission (CPSC)).
- Resource: CFOC3 5.4.5.1 - http://nrckids.org/CFOC/Database/5.4.5.1
- Resource: CFOC3 5.4.5.2- http://cfoc.nrckids.org/CFOC/Database/5.4.5.2

INDICATOR #13

All cribs are equipped with firm, moisture-resistant mattresses and contain no soft bedding materials such as comforters, pillows, fluffy blankets or stuffed toys. 45 CFR 1302.47 (b)(2) & (5)(ii); 22 CCR 101439.1 (b)(4)(A)

Guidance

- Each infant child who spends more than four hours a day at the facility shall have an individual crib.
- No child should simultaneously share a crib, bed, or bedding with another child.
- Facilities should ensure that furniture and surfaces for sleeping are in compliance with the current U.S. Consumer Product Safety Commission (CPSC) and ASTM safety standards and have not been recalled by the manufacturer.

- Cribs should be placed at least 3 feet apart.
- Crib mattresses should fit snugly and be made specifically for the size crib in which they are placed.
- Infants should not be placed on an inflatable mattress due to potential of entrapment or suffocation
- Infant bedding shall be used for him/her only and bedding shall be changed daily, or more often if required.
- Soiled bedding shall be placed in a suitable container and made inaccessible to infants until washed or picked up by a commercial laundering service.
- Resource: CFOC3 5.4.5.1- http://nrckids.org/CFOC/Database/5.4.5.1

INDICATOR #14

The sleeping area for infants shall be physically separate from the indoor activity space.
22 CCR 101438.3 (c)(1)

Guidance

- Sleeping area should be either a separate room or partition
- Resource: CFOC3 3.1.4.1

PLAYGROUND INSPECTION/ OBSERVATION

INDICATOR #15

Outdoor area for EHS is physically separate from areas used by other children.
45 CFR 1302.47 (b)(1)(i) & (2)(iv); 22 CCR 101438.2 (b)

Guidance

- Observe outdoor area, if EHS area is separate from outdoor preschool/school age area
- Resource: CFOC3 6.1.0.1- http://cfoc.nrckids.org/CFOC/Database/6.1.0.1

019. Home-Based Program

<u>INDICATOR #1</u>

Home visitor provides one home visit per week per family lasting for a minimum of 1 ½ hours each. Missed home visits are documented clearly and rescheduled when possible based on staff and parent availability (minimum 32 for HS; 46 for EHS) 45 CFR 1302.22 (c)(1)(i), (2)(i), & (3)(i-ii)

<u>Guidance</u>

- If a 12-month program, the yearly amount of home visits can increase accordingly – approximately 42-48. Consult with QA supervisor or refer to agency's grant application document *"Program Approach Form"* for the total number of home visits each agency is obligated to complete.
- Review child's file for family contact notes and Home Visit Plans. Review if missed home visits are thoroughly documented and program's efforts to reschedule with family.
- Review home visit plan to determine the amount of time at the actual home visit.
- Refer to agency Policy and Procedure regarding the length of time for each sibling at a home visit.

<u>INDICATOR #2</u>

Home visit plans are completed accurately and include parent and staff signatures.
45 CFR 1302.101 (a)(1) & (4)

<u>Guidance</u>

- Refer to agency's Policy and Procedures in regards to recordkeeping for home-based.
- Review home visit plans to see if all section are completed or marked.
- See SETA Head Start and Early Head Start Home Visit Plan Guidance sheet.
- By reviewing the home visit plans, reviewer should be able to get a picture of services and activities provided by the program.

<u>INDICATOR #3</u>

The home visitor provides age and developmentally appropriate, structured child-focused learning experiences during the home visit. 45 CFR 1302.35 (b) (1) & (c)(1)

<u>Guidance</u>

- Observe home visit. Are learning experiences developmental appropriate? age-appropriate?
- Learning experiences facilitated by Home Visitor engages parent and child should be appropriate for child's age and abilities.

- Does the learning experience incorporate the Head Start Early Learning Outcomes Framework?
- HTTPS://ECLKC.OHS.ACF.HHS.GOV/INTERACTIVE-HEAD-START-EARLY-LEARNING-OUTCOMES-FRAMEWORK-AGES-BIRTH-FIVE

INDICATOR #4

The parent-child relationship is observed, and the home visitor positively reinforces and supports the parent's sense of competence during the home visit. 45 CFR 1302.35 (a) & (d)(1)(i)

Guidance

- Observe home visit for interactions, encouragement and acknowledgement of parent's competence and positive behavior.
- Observe if Home Visitor acknowledge parent's positive interaction with child. Some of observable behaviors that QA staff can observe in parents/guardians that Home Visitor must acknowledge:
    - Parent providing positive, descriptive acknowledgment (PDAs) to child- "*I see you are drawing straight and round lines*".
    - Parent enjoying activities together with his/her child.
    - Parent taking child's cues and following child's lead
    - Parent redirecting child's attention or challenging behavior to intervene with an inappropriate or undesirable behavior.
- Listen or look for how Home Visitor provides feedback to the parent/caregiver: verbal/nonverbal/tones/gestures/demeanor in acknowledging the parent.

INDICATOR #5

The home visitor promotes the home as a learning environment and as a resource for curriculum experiences. 45 CFR 1302.35 (c)(2) & (3)

Guidance

- Review Home Visit Plans.
- Observe home visit, is the home visitor utilizing items (materials/household items) within the home for learning activities?
- Interview parent/home visitor on how home environment is incorporated in the learning experience.

INDICATOR #6

The home visitor observes, assesses and/or screens the child's development skills during the home visit. (N/A permitted) 45 CFR 1302.35 (f)

Guidance

- Review Home Visit Plans for documentation, may include: Hawaii Early Learning Profile (HELP); Ages and Stages Questionnaire, Third Edition (ASQ-3); Ages and Stages Questionnaire Social-Emotional, Second Edition (ASQ:SE-2); and Fluharty-2 Preschool Speech and Language Screening Test - 2nd Edition (FPSLST-2)**.**
- Observe during home visit if screenings and assessments are implemented.

INDICATOR #7

The home visitor sustains and expands children's home language, while supporting the continued development of English. 45 CFR 1302.31 (b)(2)(i-iii); 45 CFR 1302.90 (d)(1)

Guidance

- Observe home visit to see if staff incorporates books and activities in child's home language. (picture cards with vocabulary words, books, songs in home language)
- If staff doesn't speak the home language, program utilizes services of interpreter, community resources or use family members if appropriate.
- Listen if Home Visitor encourages and acknowledges the parent and child in their use of their home language.
- Home Visitor incorporates English and home language in the learning experiences provided during home visit.

INDICATOR #8

During home visits, the family is greeted in a positive manner and there is effective and ongoing communication between the home visitors, enrolled family and an interpreter is provided if needed. 45 CFR 1302.35 (b)(1); 1302.50 (b)(2)

Guidance

- Observe home visit. Look for verbal and non-verbal ways that Home Visitor demonstrates in acknowledging the family and child in the beginning of the home visit.

INDICATOR #9

The home visitor implements strategies and activities that promote the parent's ability to support the child's cognitive, social, emotional, language, literacy and physical development. 45 CFR 1302.35 (c)(2)

Guidance

- Review Home Visit Plans for documentation of learning experiences that promote cognitive, social, emotional, language, literacy and physical development throughout the course of the program year.
- Observe home visit for activities implemented supporting learning objectives for the visit.

INDICATOR #10

The home visitor reviews and discusses the last session and "homework" activities with the parent at each home visit. 45 CFR 1302.35 (c)(5)

Guidance

- Review Home Visit Plans if they incorporate review of last visit's activities and home activities between visits to extend learning.
- "Homework" or activities planned in between home visits may also be referred as "*in-kind*" activities by other agencies.
- Observe home visit if staff and parent discuss homework completed in between visits.

INDICATOR #11

The home visitor discusses and addresses the child's developmental needs at the home visit. Information and guidance are provided. 45 CFR 1302.20 (b); 1302.33 (b)(1); 1302.35 (c)(2); & 1302.41(a)

Guidance

- Review Home Visit Plans to see if strategies and activities support different HSELOF domains: Approaches to learning, language and literacy, cognition, social-emotional, and perceptual, motor, and physical development.
- Depending of time of home visit, screenings and assessments are part of the home visit plan.
- Staff seek parent input in the activities and the home visit plan.
- Observe home visit if Home Visitor incorporates information and guidance related to ages and stages of child development. This should be done in a respectful manner,

and seamless in the conduct of home visit (i.e. not lecturing the parent or disrespecting the parent if he/she says or does something not developmentally appropriate.

INDICATOR #12

The child development goals of the session are articulated during the home visit.
45 CFR 1302.35 (c)

Guidance

- Review previous home visit plans for child development goals.
- Observe home visit to determine if the goals on the home visit plan meet the child's developmental needs (ages and stages of development).
- Observe during home visit if Home Visitor states in the plans or learning objectives for the visit.
- Depending on where family and Home Visitor are in their home visiting relationship, the goals may vary depending on rate of progress.

INDICATOR #13

Trained home visitors jointly plan the content of the home visits with the participation of the parent/primary caregiver. 45 CFR 1302.35 (b)(1-4); 1302.91 (e)(6)(i-ii)

Guidance

- Review home visit plans for documentation of parent/primary caregiver participation.
- Is there evidence recorded on the home visit plan for parent input and ideas?
- Were these ideas implemented at any following visits? How often does this happen?
- Ask or interview Home Visitor and/or parent how they plan together for the home visit.
- During the home visit, observe for ways how the Home Visitor encourages and engage the parent as equal partner in the process. Depending on parent's ability and level of engagement, family should provide input and direction in the implementation of the home visit goals and activities.
- Home visits must be conducted with the parent/primary caregiver, not a babysitter or temporary care-giver.

INDICATOR #14

The home visit ends with a review, goal setting, and a positive affirmation of the parent's efforts. 45 CFR 1302.35 (b)(1) & (c)(5)

Guidance

- Observe home visit. The Home Visitor reviews the components of the home visit with the parent.
- Homework is reviewed again with parent and staff provides positive affirmation and acknowledgment.

INDICATOR #15

Home visits contain, over the course of a month, elements of all Head Start program components. 45 CFR 1302.35 (c)(2)

Guidance

- Review past and present Home Visit Plans if various content areas: health, nutrition, school readiness, mental health, disabilities (if appropriate), family and community engagement are reflected in learning goals and objectives, activities, homework, etc.
- The program focus is to promote high-quality early learning experiences in language, literacy, mathematics, social and emotional functioning, approaches to learning, science, physical skills, and creative arts. Including the goals described in the Head Start Early Learning Outcomes Framework: Ages Birth to Five.

INDICATOR #16

The home visitor maintains an average caseload of 10 to 12 families per home visitor with a maximum of 12 families for any individual home visitor. 45 CFR 1302.22 (b)

Guidance

- Review ChildPlus Enrollment Roster.
- Review Home Visitor's attendance/enrollment record.
- Interview home visitor.
- NOTE: If QA Reviewer observes a different number (other than 10-12) of caseload assigned to home visitors in a program, consult with QA supervisor.

INDICATOR #17

If a majority of children in a home-based program speak the same language, at least one home visitor must speak such language.45 CFR 1302.90 (d)(2)

Guidance

- Determine the majority language used by children in ChildPlus.
- Interview staff regarding the languages they speak.
- Find out if other program staff (e.g. Community Resource Specialist, and/or Family Liaison) who speaks the same language participates in the home visits to accommodate any translation if program is unable to hire staff with appropriate language needs to meet needs of families.

INDICATOR #18

Tracking systems (child files and ChildPlus) are organized, clear, comprehensive, shows continuity in service delivery, timely, and current. 45 CFR 1302.42 (d) (2); 1302.101 (a)(4)

Guidance

- Documents in file should be clear and organized and follow the file cover sheet.
- If program only utilizes file documentation, it should be complete and there is no need to cross-reference with ChildPlus.
- Review of entire child's file should provide reviewer of a complete picture of services provided. If concerns are identified, there should be documented follow-up regarding status of parent concern or request.

020. Socialization

INDICATOR #1

The home-based program provides, at a minimum, two group socializations per month. Canceled socializations are rescheduled. (22-24 for EHS; 18-24 for HS per Agency Contract) 45 CFR 1302.22 (c)(1)(ii), (2)(ii), & (3)(i)

Guidance

- Refer to agency Program Approach form for number of socializations.
- Refer to socialization binder for records of past socializations events.
- Programs cannot replace home visits or scheduled group socialization activities for medical or social service appointments by the family for the purposes of meeting the minimum home visit requirements.
- Each family should be provided 2 socializations per month. (each one having own theme/activity)

INDICATOR #2

At group socializations, families are greeted in a warm, positive manner, there is effective ongoing two-way communication between the home visitors, enrolled families and an interpreter is provided if needed. 45 CFR 1302.35 (b)(1); 45 CFR 1302.50 (b)(2) & (5)

Guidance

- Observe the interactions between the home visitors and the parents/caregivers during the socialization.
- If an interpreter is provided, observe how the program utilizes this service for their families. Program staff should directly communicate with family and not just with the interpreter

INDICATOR #3

Group socializations are structured to provide appropriate activities for participating children that are intentionally aligned to school readiness goals, the Head Start Early Learning Outcomes Framework: Ages Birth to Five and the home-based curriculum. 45 CFR 1302.35(d)(1)(i-iii) & (e)(2)(i)

Guidance

- The Florida State University (FSU) Partners for a Healthy Baby Curriculum is used for EHS Pregnant Women. Refer to www.cpeip.fsu.edu for more information. Pregnant moms/or with newly born children can attend socializations.
- For EHS infants and toddlers, agencies use Creative Curriculum and HELP for curriculum.

- Each socialization event should have an agenda or a plan, check if activities are aligned with the Head Start Early Learning Outcomes Framework (school readiness goals).
- Interview staff so they can describe of how they develop the agenda for the socialization.
- For more additional information, refer to https://eclkc.ohs.acf.hhs.gov/school-readiness/article/head-start-early-learning-outcomes framework

INDICATOR #4

If the socialization is provided in a classroom setting, the program provides age-appropriate equipment, materials, supplies, and physical space for indoor and outdoor learning environments, including functional space. The equipment, materials, and supplies must include any necessary accommodations and the space must be accessible to children with disabilities. 45 CFR 1302.31 (d); 1302.35 (e)(1)

Guidance

- If socialization is conducted in the classroom setting, space should provide for variety of indoor/outdoor learning environments. Although it doesn't need to be a licensed facility, materials and equipment should be age-appropriate and safe to use.
- Observe socialization to see how children/family use various functional areas (housekeeping, art, block, manipulative, and or reading/writing areas).

INDICATOR #5

Staff facilitate and support parent-child interactions, promoting the parent's role as the child's teacher, and including the family's traditions, culture, values, and beliefs.
45 CFR 1302.35 (d)(1)(i)

Guidance

- Refer to Socialization plan for activities promoting parent-child interactions.
- Observe Socialization for staff strategies in facilitating and encouraging parent's role as the child's teacher.
- Observe parent-led activities.
- How is parent/primary caregiver participation encouraged and supported at socializations?

INDICATOR #6

The program facilitates access to community services and resources that are responsive to children and family's well-being, including family safety, health and economic stability.
45 CFR 1302.46 (b)(1-2); 1302.50 (b)(3); 1302.53 (a)(1) & (2)(i-viii)

Guidance

- Observe socialization and look for ways program shares resources and information with families in the following topics. Review records (socialization binder or other system of documentation) of past socialization events.
  Topic areas: Health & Safety; Pedestrian Safety Training; Dental; Mental Health; Prenatal/Post-Partum; Transition; Disabilities (including special education handbook); Nutrition; Parenting Skills/Child Development; Education/Literacy; Employment/Training; Substance Abuse; Domestic Violence; Male Involvement; Child Abuse/Neglect
- Interview parents/primary caregivers for ways the program assists them in learning about and utilizing community supports and resources.

INDICATOR #7

There is consistent and complete documentation (i.e., agendas, sign in sheets and minutes) of regular parent meetings (schedule is based on agency's policy and procedures). Parent meeting information is shared with parents (format for communication is based on agency's policy and procedures). 45 CFR 1302.50 (a) & (b)(2); 1302.101 (a)(4)

Guidance

- If socialization is observed and no parent meeting was held as part of the event:
  - (1) interview staff to find out when and how often parent meetings are

incorporated in socialization;
(2) review any socialization record to look for evidence if program has offered parent meetings or other form of facilitated group activity that fosters an exchange of communication and engages parents to communicate with each other.

- If during socialization a parent meeting is held, observe how the parent meeting is structured and how staff encourages and provides for opportunities for parents to interact, share ideas and foster relationship.

INDICATOR #8

The areas for learning, playing, sleeping, toileting, preparing food, and eating in facilities used for group socializations must meet the safety standards described in safety practices. 45 CFR 1302.22 (d); 1302.47 (b)(1) (ii-viii)

Guidance

- Observe socialization area.
  <u>Indoor socialization venues</u> (e.g. libraries, community centers, etc.) are not necessarily licensed child care facilities so CCL regulations do not apply. If using a classroom-type of setting, the following guidelines are helpful. However, please keep in mind that program staff do not own the facility but they should still remove any hazard that will endanger children and adults (example, removing chemicals away from children's reach, etc.)

  o Clean and free from pests
  o Free from pollutants, hazards and toxins that are accessible to children and could endanger children's safety
  o Designed to prevent child injury and free from hazards, including choking, strangulation, electrical and drowning hazards, hazards posed by appliances and all other safety hazards
  o Well lit, including emergency lighting;
  o Equipped with safety supplies that are readily accessible to staff, including, at a minimum, fully equipped and up to date first aid kits and appropriate fire safety supplies.
  o Free from firearms or other weapons that are accessible to children
  o Designed to operate toileting and diapering areas from areas for preparing food, cooking, eating, or children's activities.

  <u>Outdoor and/or public community areas </u>(e.g. public park, zoo, etc.) Program staff do not have control of the overall cleanliness or hazards of playground equipment available at these places. At a minimum, program staff should discuss and remind parents about areas in the public space that they recommend parents not go if there are safety issues.

- Refer to Caring for our children 5.7.0.2 for safety hazards.
  http://nrckids.org/CFOC/Database/5.7.0.2

INDICATOR #9

Children have access to clean, sanitary drinking water and should be readily available at all times (indoors & outdoors). 45 CFR 1302.44 (a)(2)(ix)

Guidance

- Observe socialization event if drinking water is offered at all times. The water should be accessible to parents & children.

INDICATOR #10

Sensory tables used for activities and water are inaccessible to children unless supervised and emptied after each use. 45 CFR 1302.47 (b)(1) & (b)(2)(iii) & (v)

Guidance

- Observe socialization event.
- Sensory tables shall be inspected before use and kept free of hazardous foreign material.
- Please look at CFOC3 6.2.4.3 http://cfoc.nrckids.org/CFOC/Database/6.2.4.3
- CFOC3 6.2.4.1 http://cfoc.nrckids.org/StandardView/6.2.4.1

INDICATOR #11

All staff wash their hands effectively after contact with blood or other bodily fluids, handling animals, treating a wound, toilet use/diapering and after removing gloves. (Bloodborne pathogen procedure is followed if needed) (N/A permitted) 45 CFR 1302.47 (b)(6)(i) & (iii)

Guidance

- Refer to program's policy & procedure on hand washing. During outdoor socialization events and there is no accessible or convenient supply of water for handwashing, it is acceptable for program to offer the use of diapering wipes in lieu of handwashing.
- Refer to Socialization Plan under Health and Safety section for additional information on how program educate families on hygiene and health and safety practices. In a respectful manner, staff should educate parents who do not follow proper hygiene practices.
- Children enrolled in the Home-Based option will be taught proper hand washing by demonstration, practice and providing the parent/guardian with educational material.

- If event is taking place at a classroom setting, use the following guide when hand washing should be observed. Handwashing shall occur before or after the following:
  - Upon arrival for the day, after breaks, or when moving from one child care group to another;
  - Before and after:
    - Preparing food or beverages;
    - Eating, handling food, or feeding a child;
    - Giving medication or applying a medical ointment or cream in which a break in the skin (e.g., sores, cuts, or scrapes) may be encountered;
    - Playing in water (including swimming) that is used by more than one person;
    - Diapering

- After:
  1. Using the toilet or helping a child use a toilet;
  2. Handling bodily fluid (mucus, blood, vomit), from sneezing, wiping and blowing noses, from mouths, or from sores;
  3. Handling animals or cleaning up animal waste;
  4. Playing in sand, on wooden play sets, and outdoors;
  5. Cleaning or handling the garbage;
  6. Applying sunscreen and/or insect

INDICATOR #12

Diaper mat is cleaned off by disinfectant after each use by parent/guardian. Contents (soiled diapers and wipes) are disposed of properly. 45 CFR 1302.47 (b)(6)(i) & (iii)

Guidance

- Cleaning agents and supplies are labeled and inaccessible to children.
- Observe the diapering process during the socialization. Parents have the responsibility to change diapers of their children.
- Look for any guidance offered by the home visitors which should be done in a respectful manner.
- N/A if a disposable liner was utilized.

INDICATOR #13

Food preparation areas are separate from the eating, restroom, diaper changing, and play areas. 45 CFR 1302.47 (b)(1)(viii)

Guidance

- A separate food preparation area should be available at socialization and not located by restroom, diaper changing area and play areas.
- Food preparation equipment should be clean an in operable condition.
- CFOC3 4.8.0.3: http://nrckids.org/CFOC/Database/4.8.0.3

INDICATOR #14

All staff wash their hands before and after food preparation, serving food to families, and eating. 45 CFR 1302.47 (a) & (b)(6)(i)(ii)

Guidance

- Refer to agency's policy & procedure on hand washing. During outdoor socialization events and there is no accessible or convenient supply of water for handwashing, it is acceptable for program to offer the use of diapering wipes in lieu of handwashing.
- Refer to Socialization Plan under Health and Safety section for additional information on how program educate families on hygiene and health and safety practices. In a respectful manner, staff should educate parents who do not follow proper hygiene practices.
- Children enrolled in the Home-Based option will be taught proper hand washing by demonstration, practice and providing the parent/guardian with educational material.
- If event is taking place at a classroom setting, use the following guide when hand washing should be observed. Handwashing shall occur before or after the following:
  - Upon arrival for the day, after breaks, or when moving from one child care group to another;
  - Before and after:
    - Preparing food or beverages;
    - Eating, handling food, or feeding a child;
    - Giving medication or applying a medical ointment or cream in which a break in the skin (e.g., sores, cuts, or scrapes) may be encountered;
    - Playing in water (including swimming) that is used by more than one person;
    - Diapering

- After:
  1. Using the toilet or helping a child use a toilet;
  2. Handling bodily fluid (mucus, blood, vomit), from sneezing, wiping and blowing noses, from mouths, or from sores;
  3. Handling animals or cleaning up animal waste;
  4. Playing in sand, on wooden play sets, and outdoors;
  5. Cleaning or handling the garbage;
  6. Applying sunscreen and/or insect

INDICATOR #15

Coolers used for food storage are clean, temperature is properly maintained, and wiped down after each socialization. 45 CFR 1302.47 (b)(2)(i) & (v)

Guidance

- Inspect food storage equipment if it is clean, sanitary and suitable for food that needs to be kept hot or cold.

INDICATOR #16

Nutritional snacks and meals are provided to each enrolled child who attends a socialization event and parents are aware of the socialization menu. (NOTE: Menu does not have to be on the lesson plan or posted.) 45 CFR 1302.44 (a)(2)(vii)

Guidance

- Observe socialization meal service.
- Review Sign-in Sheet
- Review meals for healthy options.
- Ask parents if they are informed that snacks and meals are served during socialization and they are aware of menu/food served.

INDICATOR #17

Food is served in portions that are safe for a child to swallow. 45 CFR 1302.47 (b)(1)(iv)

Guidance

- Observe socialization meal service. Check if foods posing a high risk of choking for infants and toddlers (e.g., hot dogs, whole grapes, hard raw vegetables, popcorn, whole nuts) are not given to them.

INDICATOR #18

Special diets with child's name and modifications are readily available during socialization and are accommodated per agency's policy and procedures. 45 CFR 1302.44 (a)(1); 1302.47 (b)(7)(vi)

Guidance

- Refer to agency's Policies and Procedures and observe if implemented during socialization. Different agencies use different ways to ensure foods are labeled and served correctly.
- All special diets/ food prohibitions should be available for review during socialization and accommodated.
- Agencies are only required to accommodate medically-based diets for children and there is should be proper documentation to support the accommodation. If based on family preference, agencies are not required to accommodate and serve the food preference, although programs typically offer options to ensure there is a food item or two for a socialization participant.

INDICATOR #19

There is a completed copy of the emergency card for each enrolled child or family and available for emergencies. 45 CFR 1302.47 (a) & (b)

Guidance

- Observe and review copies of emergency cards in at the socialization event. Does each home visitor have copies of their enrolled children with them or does the program keep the emergency cards in one location during the socialization? Program should have a system in place where emergency information for any family who attends the socialization is accessible whether or not their assigned Home Visitor is present at the socialization.
- Refer to agency's policy and procedures or ask Home-based Supervisor regarding pertinent information that must be completed on the emergency cards at socialization events (requirements may not be the same in center-based programs because it is not a licensed setting.)

INDICATOR #20

First Aid backpack is available, well-stocked, and out of reach of children; but accessible to staff during socialization. 45 CFR 1302.47 (b)(1)(vi)

Guidance

- Locate First Aid backpack at the socialization and check all expiration dates for items that can expire.
- Is First Aid backpack out of reach of children?
- Is First Aid backpack immediately accessible to staff?
- Refer to CFOC 5.6.0.1 -First Aid Supplies http://cfoc.nrckids.org/CFOC/Database/5.6.0.1

INDICATOR #21

Parents/Guardians are encouraged to role model for their child by eating the same food and offer their child to try all foods. 45 CFR 1302.35 (a) & (e)(2)(ii)

Guidance

- Observe socialization if staff are encouraging parents to role model for their children during meal service.
- Parent should be close to their child and eating the same foods.

INDICATOR #22

Programs serving infants provide appropriate food (commercially prepared formulas and jarred baby food) regardless if the parent/authorized representative elects to provide the food. 45 CFR 1302.44 (a)(2)(iv)

Guidance

- Observe socialization if program offers and provides age-appropriate food (e.g., prepared formula and jarred baby food). Just like table foods, formula and jarred food should be visible to families whose children are still consuming formula or jarred food.
- Refer to CFOC3 4.2.0 for more information.

INDICATOR #23

All meals are consumed at socialization activity (per Agency Policy and Procedures).
45 CFR 1302.47 (a)

Guidance

- Observe socialization's meal service and interview staff regarding this policy to check if implemented. Different agencies have different policy and procedures, N/A may apply.

INDICATOR #24

Tooth brushing with fluoride toothpaste is offered at socialization events held in a classroom setting. When socializations are mostly conducted in public spaces (e.g. parks, libraries) during the program year, there is evidence of dental education provided (e.g. toothbrushes and dental information provided) at any of the socialization events. 45 CFR 1302.43

Guidance

- Observe socialization. If socialization activity takes place in classroom setting and there is an accessible sink and water supply, programs are highly encouraged to observe tooth brushing with toothpaste onsite. If parents do not want their children to brush their teeth onsite, tooth brushes can be brought home by families.
- Refer to Socialization Plan under Health and Safety section if tooth brushing is part of the activity.
- If socialization takes place in a public park where access to water is not available, program doesn't have to offer tooth brushing. Review documentation of past socialization if dental education has been provided. If it has not occurred yet, interview staff and/or parents if dental education will be included in future socialization.

INDICATOR #25

The program provides a separate diaper changing area. (NOTE: Parents bring own diapers and supplies during socializations). 45 CFR 1302.47 (b)(6)(i)

Guidance

- Observe socialization if there is a separate diaper changing area (in public parks a disposable mat for changing should be available and not utilize the blanket where all children play or sleep)
- Inspect diaper changing equipment, mat is preferred but not required.

INDICATOR #26

Group socializations are planned jointly with families, conducted with both child and parent participation, occur in a classroom, community facility, home or field trip setting, as appropriate. 45 CFR 1302.35 (e)(1)

Guidance

- Review Socialization Plans if it reflects parent/family interest(s).
- Observe during socialization if staff seek parent's feedback and ask for input for future socializations. Some programs conduct parent surveys/questionnaires and utilize information?
- Interview parent/primary caregiver to see if their input is solicited in planning for socialization.

INDICATOR #27

Children have access only to materials that are appropriate for their age group. 45 CFR 1302.47 (b)(2)(ii)

Guidance

- Observe socialization if materials and supplies are age-appropriate.
- EHS – look to see if materials contain any choking hazards.

INDICATOR #28

Socialization plans are completed and available to parents. 45 CFR 1302.35 (d)(1)(iii) & (4)

Guidance

- Review the Socialization plan for the following early learning experiences: language, literacy, mathematics, social and emotional functioning, approaches to learning, science, physical skills, and creative arts.
- Is Socialization plan posted or displayed for parent/primary caregiver to review?

INDICATOR #29

Outdoor area has some protection from the elements and is in good repair. 45 CFR 1302.47 (a)

Guidance

- Observe socialization outdoor area if held in a child care or preschool facility. If held in a public space (e.g. parks or zoo, N/A)

- The outdoor activity space shall be situated to: Provide a shaded rest area for the children. The shaded area could be a tree, but it should not pose any hazards to children and adults. (e.g., heavy branches, splitting)
- For additional information, refer to CFOC3 6.1.0.7
  http://cfoc.nrckids.org/CFOC/Database/6.1.0.7

INDICATOR #30

There is documentation that the program integrates strategies to provide parents with opportunities to participate in the program as an employee or volunteer.
45 CFR 1302.50 (a) & (b)(4)

Guidance

- Observe socialization
- Interview parents/primary caregivers
- Does the program conduct parent surveys/questionnaires and utilize information?

INDICATOR #31

Parents are encouraged to share experiences related to their children's progress with other parents, to help promote their understanding of child development. 45 CFR 1302.35 (e)(2)(ii)

Guidance

- Observe opportunities for parents to engage in interactions example (e.g., parent meetings during socialization that encourage exchange of experience and ideas, staff encourage and promote parents to share experiences with one another.)

INDICATOR #32

Group socializations provide opportunities and encouragement for parents of EHS/preschoolers to observe and actively participate in activities that support parenting skill development or family partnership goals. 45 CFR 1302.35 (e)(3)

Guidance

- Observe socialization if activities allow parents opportunities to role-play, demonstrate parenting techniques to help them practice parenting skills.
- Observe if staff support and/or guide parents in their interactions with their kids.

021. Services for Pregnant Women

<u>INDICATOR #1</u>

Home visitor maintains an average caseload of 10 to 12 families per home visitor with a maximum of 12 families for any individual home visitor. 45 CFR 1302.22 (b)

<u>Guidance</u>

- Review ChildPlus Enrollment Roster.
- Review Home Visitor's attendance/enrollment record.
- Interview home visitor.
- If caseload is different from above, consult with QA supervisor.

<u>INDICATOR #2</u>

Home visitor provides one home visit per week per family lasting for a minimum of 1 ½ hours each. Missed home visits are documented clearly and rescheduled when possible based on staff and parent availability (minimum 32 for HS; 46 for EHS). 45 CFR 1302.22 (c)(1)(i), (2)(i), & (3)(i-ii)

<u>Guidance</u>

- Review child's file for family contact notes and Home Visit Plans.
- See if missed home visits are thoroughly documented and a make-up visit is offered and documented.

<u>INDICATOR #3</u>

There is evidence that within 30 days of enrollment, if the pregnant woman does not have access to ongoing health care the program has facilitated access to a source of care that will meet her needs. 45 CFR 1302.80 (a) & (b)

<u>Guidance</u>

- Review pregnant woman's Emergency Card and/or Health History for doctor information (name, phone number, etc.).
- Review contact notes for any documentation that staff consulted with the parent/guardian about ongoing sources of continuous accessible health care.
- Receipt of a current physical provided by a health care professional (not an emergency or urgent care facility) can be used as evidence that the child has ongoing health care and a medical home.
- Review family contact notes and Home Visit Plans.

INDICATOR #4

There is a completed emergency card for the enrolled pregnant woman. 45 CFR 1302.47 (b)(4)(i)(G) & (7)(i)

Guidance

- Refer to agency's recordkeeping policy and procedure for pertinent sections that must be completed (may or may not be the same as child's emergency card in home base program).
- Ensure signature and date is on the card, if applicable.

INDICATOR #5

Prenatal health and nutrition history forms are completed and in the file for all enrolled pregnant women. 45 CFR 1302.80 (a)

Guidance

- Review pregnant woman's Emergency Card and/or Health History for doctor information (name, phone number, etc.).
- Review contact notes for any documentation that staff consulted with the parent/guardian about ongoing sources of continuous accessible health care.
- Receipt of a current physical provided by a health care professional (not an emergency or urgent care facility) can be used as evidence that the child has ongoing health care and a medical home.
- Review family contact notes and Home Visit Plans.

INDICATOR #6

The program assists referrals of enrolled pregnant women to easily access comprehensive services. 45 CFR 1302.80 (c)

Guidance

- Review file for any request for follow up in the following areas and check for documentation of follow-up:
  Nutritional counseling, food assistance, oral health care, mental health services, substance abuse prevention and treatment, and emergency shelter or transitional housing in cases of domestic violence.

INDICATOR #7

During home visits, pregnant woman /family is greeted in a positive manner. There is effective ongoing communication between the home visitor, enrolled family and an interpreter is provided if needed. 45 CFR 1302.35 (b)(1) & 1302.50 (b)(2)

Guidance

- Observe home visit.
- Is there an interpreter provided for the family?
- How long is the interpreter provided for the family while enrolled in the program?
- Is the interpreter scheduled to attend socializations and for how long?
- Observe home visit interactions during arrival of home visit.

INDICATOR #8

The home visits contain discussions, activities, materials, and resources based on the pregnant woman's interest and issues during her pregnancy and needs of the family. Information and guidance are provided. 45 CFR 1302.20 (b); 1302.35 (d)(1) (i-iii); & 1302.41(a)

Guidance

- Refer to Partners for a Healthy Baby Before Baby Arrives
- Review home-visit plans and documentation on topics and with pregnant women if resources and guidance are provided. (e.g., breastfeeding, ages and stages of development, child care, hospital, post-partum depression)

INDICATOR #9

The home visitor positively reinforces and supports the pregnant woman's sense of competence during the home visit. 45 CFR 1302.35 (d)(1)(i)

Guidance

- Observe home visit for interactions between Home Visitor and pregnant woman that show encouragement and acknowledgement of pregnant mom's feelings, concerns and actions related to her pregnancy or other matters.

INDICATOR #10

Prenatal home visit plans are completed accurately and include parent and staff signatures.
45 CFR 1302.101 (a)(1) & (4)

Guidance

- Refer to program's Policy and Procedures for recordkeeping.

INDICATOR #11

If health concerns were suspected or identified on any health documents (i.e., Prenatal Health/Nutrition Histories, Prenatal Health Visit form), the file and/or ChildPlus show documentation of on-going follow up (i.e., discussion with pregnant woman, referral, further testing, evaluation, and treatment by the healthcare provider.) 45 CFR 1302.80 (c)

Guidance

- Review physical forms, nutrition & health history forms for any indication of concerns and see if staff has addressed it either through a referral or follow-up with a parent that the issue has been resolved.
- Any identified concern or issue on any of the form or paperwork should indicate staff follow-up or close out if it turned out to be no longer an issue or concern for the pregnant woman.

INDICATOR #12

The program provides enrolled pregnant women, fathers, partners and other relevant family members with the following information, education and services:
   • Prenatal/Postpartum recovery
   • Fetal development
   • Nutrition
   • Risks of alcohol, drugs and smoking
   • Labor and delivery
   • Parental depression
   • Infant care and safe sleep practices
   • Breastfeeding
   • Nurturing and responsive caregiving
   • Father engagement during pregnancy and early childhood
   45 CFR 1302.80 (d); 1302.81 (a) & (b); 1302.82 (a)

<u>Guidance</u>

OHS Comprehensive Services & School Readiness Monitoring Protocol EHS

- The program provides mothers and newborns timely, high-quality services that are:
  - o Based on the need of the family
  - o Sensitive to the context of the family (i.e., logistically appropriate, culturally and linguistically responsive)
  - o Strength-based

Examples of high-quality services include:

- Health staff who are trained and demonstrate an ability to build relationships with families and understand signs of parental distress and the availability of relevant community resources conduct the visits.
- The program connects mothers to resources and assesses the attachment between each mother and newborn in addition to supporting maternal and child mental health.
- Services may also include:
  - o Feeding support
  - o Child safety information
  - o Access to support networks and community resources
  - o Attachment assessment
  - o Transition plans to childcare

<u>INDICATOR #13</u>

A newborn visit by nurse was conducted to offer support and identify family needs. Visit was scheduled within 2 weeks or after baby's delivery, based on agency's policy and procedures. 45 CFR 1302.80 (d)

<u>Guidance</u>

- Review pregnant woman's file if the Public Health Nurse's visit was offered within 2 weeks (or after, refer to agency's policy and procedure) of baby's delivery. The scheduled visit and/or actual visit can occur after the two weeks, based on mother's preference or decision. Mother may decline the visit but look for evidence that it has been offered by the program.
- Review family contact notes.

INDICATOR #14

The program promotes breastfeeding, provides referrals to lactation consultants or counselors, if necessary, and makes accommodations for mothers who wish to breastfeed during program hours. 45 CFR 1302.44 (a)(2)(viii); 1302.81 (a)

Guidance

- Review family contact notes and Home Visit Plans
- Refer to program's Policy and Procedures
- Interview staff to find out how breastfeeding is promoted; through referrals, and lactation consultants.

INDICATOR #15

The program engages enrolled pregnant women and other relevant family members in discussions about program options, plan for the infant's transition to program enrollment, and support the family during the transition process, where appropriate. 45 CFR 1302.82 (b)

Guidance

- Review family contact notes and Home Visit Plans
- Refer to Partners for a Healthy Baby #14 FAQs sheet
- Interview staff in regards to transition from pregnancy to the child's birth.

INDICATOR #16

Trained home visitor jointly plans the content of the home visits with the participation of the pregnant woman. 45 CFR 1302.35 (b)(1-4) & 1302.91 (e)(6)(i-iii)

Guidance

- Review/observe home visit plans for documentation of participation.
- Is there evidence recorded on the home visit plan for parent input and ideas?
- Were these ideas implemented at any following visits? How often does this happen?
- Refer to Partners for a Healthy Baby –Before Baby Arrives

INDICATOR #17

The home visitor reviews and discusses the last session and "homework" activities with the pregnant woman at each home visit. 45 CFR 1302.35 (c)(5); 1302.51 (b)

Guidance

- Review Home Visit Plans
- Observe home visit if staff and pregnant woman discuss homework completed in between visits.
- May refer to "homework" as "in-kind"
- The research-based curriculum chosen for Sacramento County is Partners for a Healthy Baby.
- Home visitors use material from the curriculum to provide homework.

INDICATOR #18

Home visits contain, over the course of a month, elements of all Head Start program components. 45 CFR 1302.22 (a)

Guidance

- Review all home-visit plans to see if various all program components (Health, Nutrition, Mental Health, Family Engagement) were covered throughout the year.

INDICATOR #19

The home visit ends with a review, goal setting, and a positive affirmation of the pregnant woman's efforts. 45 CFR 1302.35 (b)(1)(2) & (c)(5)

- Observe home visit: The home visitor reviews the components of the home visit with the pregnant woman. Homework is reviewed again with pregnant woman and staff provides positive affirmation.
- Refer to Partners for a Healthy Baby- Before Baby Arrives (#5 & #6 on FAQs Sheet)

INDICATOR #20

If a majority of children/pregnant women in a home-based program speak the same language, at least one home visitor must speak such language. 45 CFR 1302.90 (d)(2)

Guidance

- Determine the majority language used by enrolled children/pregnant women in ChildPlus and find out how program accommodates for families who are non-English speaking.
- Interview staff regarding the languages they speak.
- Find out if there are other staff (e.g. Community Resource Specialist, Family Liaison, Nurse, etc.) or consultants in the team that speaks the language to accommodate translation and interpretation services.

INDICATOR #21

Tracking systems (child files and ChildPlus) are organized, clear, comprehensive, shows continuity in service delivery, timely, and current. 45 CFR 1302.42 (d)(2); 1302.101 (a)(4)

Guidance

- Review pregnant woman's files (e.g., family contact notes, enrollment forms, home-visit plans.) if it shows a coherent and organized description of services.
- If applicable, ChildPlus and File record should match the Home Visit Plan.

022. PDM Staff Licensing Records

INSTRUCTIONS: Complete one checklist for each teaching staff assigned to the class being monitored. Interview site supervisor/director regarding agency's policy and procedures for recordkeeping. Some agencies keep copy of records in their Human Resource Department or Administrative Offices.

INDICATOR #1

 Personnel Records (LIC 501) or application/resume

INDICATOR #2

Health Screening Report - Facility Personnel (LIC 503) <u>or</u> Physical Exam (per agency's policy and procedure)

INDICATOR #3

 Notice of Employee Rights (LIC 9052)

INDICATOR #4

 Criminal Record Statement (LIC 508)

INDICATOR #5

Child Abuse Index Check (LIC 198)- (Recordkeeping practice is based on agency's policy and procedure)

INDICATOR #6

Statement Acknowledging Requirement to Report Suspected Child Abuse (LIC 9108)

INDICATOR #7

TB Clearance (per agency policy and procedure)

INDICATOR #8

Proof of Immunizations (Influenza, Pertussis, Measles)

INDICATOR #9

If declining influenza immunization, written statement declining the vaccine is on file.

<u>INDICATOR #10</u>

Fingerprint Clearance- (Recordkeeping practice is based on agency's policy and procedure)

<u>INDICATOR #11</u>

Transcripts/Educational Degree (per agency policy and procedure)

023. PDM Program Training Records

INSTRUCTIONS: In preparation for the onsite visit, the following documents will be requested to be available at time of visit. If program keeps separate records for HS and EHS, both sets of documentation will be requested and separate checklists will be completed for HS and EHS, based on agency's organizational support structure.

- Professional Development Calendar (current year and past year)
- Documentation of staff training (e.g. training binder, electronic record-keeping system)
- Documentation of Governing Board, Policy Council training and Volunteer training
- Organizational Chart
- Current staff roster (leadership, support and teaching staff)
- List of newly hired staff (hired in the past 6 months)
- Policy and procedure on fingerprint clearance

A. Basic Program Training Requirements - ALL EMPLOYEES, CONTRACTED STAFF, CONSULTANTS AND VOLUNTEERS - within 3 months of hire. 45 CFR 1302.92 (a); 1302.90 (c)(1-2); 1302.47 (b)(4)(ii) & (b)(5)

INDICATOR #1

Program orientation (to include, at a minimum, the program goals, philosophy and ways of implementation)

INDICATOR #2

Information on program's safety practices to keep children safe during all activities, including at a minimum:
(1) child abuse and neglect reporting;
(2) safe sleep practices (for programs serving infants);
(3) appropriate indoor and outdoor supervision of children at all times;
(4) release of children only to appropriate adults;
(5) the program's emergency and disaster preparedness procedures.

INDICATOR #3

Information and training to abide by program's Standards of Conduct as described on 45 CFR 1302.90 (c) - within 3 months of hire and on-going

B. Basic Program Training Requirements - ALL GOVERNING BODY, POLICY COUNCIL, MANAGEMENT AND ELIGIBLITY STAFF - within 90 days for newly hired eligibility staff and on-going   45 CFR 1302.12 (k) & (m)(1)(i-iii); & (m)(2)

INDICATOR #4

Applicable federal regulations and program policies and procedures, at a minimum:
(a) methods on how to collect complete and accurate eligibility information from families and third party sources;
(b) incorporate strategies for treating families with dignity and respect and for dealing with possible issues of domestic violence, stigma and privacy;
(c) explain program policies and procedures that describe actions taken against staff, families or participants who attempt to provide or intentionally provide false information

024. PDM Required Safety Training

ALL STAFF WITH REGULAR CHILD CONTACT received an initial orientation training and ongoing training in the following:

INDICATOR #1

The prevention and control of infectious diseases (including immunizations).

INDICATOR #2

Prevention of sudden infant death syndrome and use of safe sleeping practices- (EHS programs serving infants only)

INDICATOR #3

Administration of medication, consistent with standards for parental consent.

INDICATOR #4

Prevention and response to medical emergencies due to food and allergic reactions.

INDICATOR #5

Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic.

INDICATOR #6

Recognition and reporting of child abuse and neglect, including prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

INDICATOR #7

Emergency preparedness and response planning for emergencies.

INDICATOR #8

Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants (Blood borne pathogen/Universal Precaution)

INDICATOR #9

First aid and cardiopulmonary resuscitation.

INDICATOR #10

Healthy Schools Act Requirement (Integrated Pest Management)

Annual IPM Training is required for any person who applies any pesticide on center grounds, including exempt pesticides (disinfectants and sanitizers). *ANTIMICROBIAL PESTICIDES are exempt pesticides.

http://apps.cdpr.ca.gov/schoolipm/school_ipm_law/hsa_compliance_childcare_packet.pdf

025. Staff Qualifications and Competencies

INSTRUCTIONS: Request pertinent agency documents to assess staff qualifications.

INDICATOR #1

Program must ensure staff and program consultants or contractors are familiar with ethnic backgrounds and heritages of families in the program and are able to serve and effectively communicate, either directly or through interpretation and translation, with children who are dual language learners and to the extent feasible, with families with limited English proficiency.

INDICATOR #2

EHS/HS Director- Bachelor's Degree Minimum; Experience in supervision, fiscal management and administration (if hired after November 7, 2016)

INDICATOR #3

Fiscal Officer- CPA, or Bachelor's Degree in business, accounting, fiscal management or a related field (if hired after November 7, 2016)

INDICATOR #4

Family, health, and Disabilities management- Family, health and disabilities- Bachelors' Degree preferably related to one or more of the disciplines above (if hired after November 7, 2016)

INDICATOR #5

Education management and Consultants (Managers, Coordinators, Curriculum Specialists)- BA or Advanced Degree in ECE OR a BA or Advanced Degree and equivalent coursework in ECE with early education teaching experience.

INDICATOR #6

EHS Center-Based teacher qualification requirements– CDA minimum or equivalent and have been trained or have equivalent coursework in ECE with focus on infant and toddler development

INDICATOR #7

HS Center-Based Teacher qualification requirements - AA/BA Minimum in Child Development or ECE

INDICATOR #8

HS Center-Based Associate Teacher (T/A) -CDA minimum or higher

INDICATOR #9

Home Visitors- CDA or equivalent minimum or equivalent coursework as part of AA or BA

INDICATOR #10

Staff who work directly on FPA process with families - Have within eighteen months of hire, at a minimum, a credential or certification in social work, human services, family services, counseling or a related field. (if hired after November 7, 2016)

INDICATOR #11

 Health Professionals, Mental Health Professionals and Registered Dietitians or Nutritionists- Applicable License or Certification
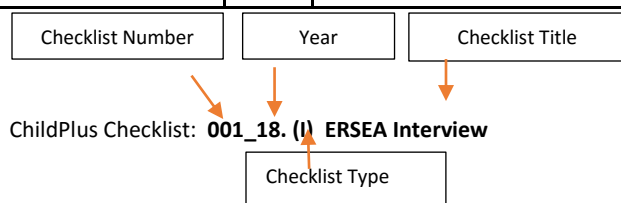
INDICATOR #12

 Coaches- BA in ECE or related field minimum (if applicable)

Appendices

Appendix – 2018 ChildPlus Checklist Chart (by Service Area)

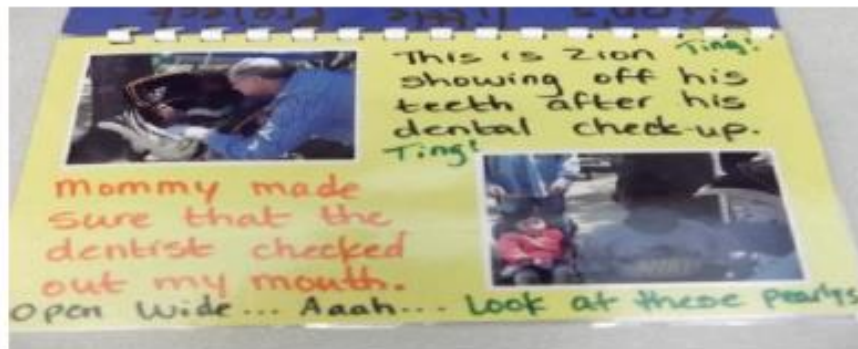| Service Area	Checklist # / Title		Number of Indicators	Checklist Type F = File Review O = Observation I = Interview
Disabilities	007.	Disability File Review	10	File Review (F)
Education	005.	Education File Review	13	File Review (F)
Education	016.	Classroom Observation	16	Observation (O)
ERSEA	001.	ERSEA Interview	6	Interview (I)
ERSEA	002.	ERSEA File Review	11	File Review (F)
ERSEA	011.	ERSEA Services	7	File Review / Observation (F/O)
FCE	008.	FPA Building & Follow Up	11	File Review (F)
FCE	013.	Family Community Engagement – Facilities	9	Observation (O)
Health	003.	Health Services File Review	25	File Review (F)
Home-Based	019.	Home-Based Program	18	File Review/ Observation (F/O)
Home-Based	020.	Socialization	32	Observation/Interview (O/I)
Home-Based	021.	Services for Pregnant Women	21	File Review (F)
Mental Health	006.	Mental Health File Review	6	File Review (F)
Nutrition	004.	Nutrition Services File Review	13	File Review (F)
Nutrition	015.	Meal Service	17	Observation (O)
PDM	022.	PDM Staff Licensing Records	11	File Review (F)
PDM	023.	PDM Program Training Records	4	File Review (F)
PDM	024.	PDM Required Safety Training	10	File Review (F)
PDM	025.	PDM Staff Qualifications and Competencies	12	File Review (F)
Safe Environments	009.	Special Diets	4	File Review/ Observation (F/O)
Safe Environments	010.	Care Plan/Medication	7	File Review/ Observation (F/O)
Safe Environments	012.	Required Postings	20	Observation (O)
Safe Environments	014.	Safe Environments	54	Observation (O)
Safe Environments	017.	Outside Safe Environments	11	Observation (O)
Safe Environments	018.	EHS Safe Environments	15	Observation (O)

Checklist Number   Year   Checklist Title

ChildPlus Checklist: **001_18. (I) ERSEA Interview**

Checklist Type

Appendix – Citation Code Reference

Citation Code Reference	
5 CCR	California Code of Regulations, Title 5 - Education
8 CCR	California Code of Regulations, Title 8 – Cal/OSHA
19 CCR	California Code of Regulations, Title 19 - Public Safety, Office of State Fire Marshal
22 CCR	California Code of Regulations: Title 22, Division 12 – Child Care Center
7 CFR	Federal Code of Regulations, Title 7 - USDA
29 CFR	Code of Federal Regulations, Title 29 - OSHA
45 CFR	Code of Federal Regulations: Title 45, Chapter XIII - Head Start Program Performance Standards
29 USC	U.S. Code: Title 29 - Labor
42 USC	U.S. Code: Title 42 – The Public Health and Welfare
CACFP	Child and Adult Care Food Program
CBC	California Building Code
CFC	California Fire Code
CFOC3	Caring for our Children, Third Edition
CPSC	Consumer Product Safety Commission
FNS	USDA – Food and Nutrition Services
HSC	California Health and Safety Code
NFPA	National Fire Protection Association
VC	Vehicle Code
EPDS	Edinburgh Postnatal Depression Scale

Appendix – Preparing Your Children for Comprehensive Screenings

SETA EARLY HEAD START AND PRESCHOOL
HOME BASE PROGRAM
Preparing your children for comprehensive screenings

This is Zion Ting! showing off his teeth after his dental check-up. Ting!

mommy made sure that the dentist checked out my mouth. Open Wide... Aaah... Look at these pearls

Our Early Head Start & Preschool Head Start Home base program provides various screenings throughout the school year. Possible screenings include speech, hearing, vision, dental, blood pressure, BMI, behavioral, academic/social screenings. Your Educator/Home Visitor will be talking to you about these screening during the home visits. After the screenings has been completed you will also receive the screening results. In an effort to decrease anxiety in children and for the best possible results, please talk to and prepare your child for the screenings.

- Tell the children in advance where, when and who will complete the screening and describe the type of screening.

- Role play the type of screening that is scheduled. For example if it is a vision screening, have the child cover one eye and ask him/her, "what do you see?" etc.

- Talk about the screening activity and discuss how the children felt about it.

If you have any question regarding this please talk to your **Educator/ Home visitor**

Appendix - How to Inspect a Fire Extinguisher

Instructions provided by Sacramento City Unified School District

HOW TO INSPECT FIRE EXTINGUISHER:

1. Insure access to the extinguisher is not blocked.
2. The pressure should be within the recommended level on extinguishers equipped with a gauge (such as that shown below). The needle should be in the green zone. If the needle is not in **green zone, the** extinguisher requires professional maintenance and this should be noted on the inspection report.
3. Verify the locking pin is intact and the tamper seal is not broken.
4. Visually inspect the hose and nozzle to ensure they are in good condition.
5. Visually inspect the extinguisher for dents, leaks, rust, chemical deposits or other signs of abuse/wear and note any findings on the inspection report. If the extinguisher is damaged or needs recharging, remove it from service and note this on the inspection report.
6. Verify the expiration date of the extinguisher. The date of expiration is one year from the date (month, day and year) punched on the inspection tag. If the extinguisher has an expired tag, report to the Facilities Licensing Specialist and Operations Specialist.

Gauge   Tag front   Tag back   Locking pin
and tamper seal intact

MAINTENANCE DEPARTMENT MONTHLY FIRE EXTINGUISHER INSPECTION CHECKLIST

Fire extinguishers require inspection on a monthly basis according to OSHA and state safety regulations. The

Maintenance Department is required to perform a more comprehensive check on an annual basis. The following is a list of items to check when performing a monthly inspection:

- ☑ Extinguisher should be in designated location (mounted and on bracket)

- ☑ Access is maintained (keep all items away from extinguisher)

- ☑ Pin is in place and tab is not broken

- ☑ The charge indicator should be in full range (green area)

- ☑ No indication of physical damage

- ☑ Inspection is documented – initial the tag on the extinguisher and indicate

month/year

Appendix - Child Abuse Central Index Check For State Licensed Facilities

CHILD ABUSE CENTRAL INDEX CHECK FOR STATE LICENSED FACILITIES

DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING
CAREGIVER BACKGROUND CHECK BUREAU
744 P ST., MS 9-15-62
SACRAMENTO, CA 95814

Complete ALL items checked (✔)

Include $15.00 for each Child Abuse Central Index Check. (There is no exemption from this fee) Make check or money order payable to the Department of Justice.

All persons subject to a background check are also subject to a Child Abuse Central Index (CACI) check, if the facility to which they are associated provides care and supervision to children. This includes all child care centers; family child care homes; children's residential homes and facilities; and adult residential facilities if, through an approved exception or a specialized license, they provide care to a person under age 18.

If the person is submitting fingerprints for a criminal record background check, a request for a check of the CACI will be transmitted to the Department of Justice at the same time.

If a CACI check is required subsequent to a California Department of Social Services (CDSS) processed criminal record background check, it is the licensee's responsiblity to submit this form and appropriate fees directly to the Department of Justice, P. O. Box 903417, Sacramento, CA 94203-4170.

TYPE OR PRINT INFORMATION   ✔ DATE SENT _____

NAME: ✔   LAST   FIRST   MIDDLE

DATE OF BIRTH — MO., DAY, YEAR ✔   SOCIAL SECURITY NUMBER - SEE PRIVACY STATEMENT ON PAGE 2. ✔

List all other names you have ever used:

MAIDEN NAME: ✔   NAME/AKA:

NAME/AKA: ✔   NAME/AKA:

CURRENT ADDRESS ✔   STREET   CITY   STATE   ZIP CODE

✔ ☐ MALE   ☐ FEMALE   FACILITY TELEPHONE NUMBER ✔   DRIVER'S LICENSE NUMBER ✔

✔ FACILITY NUMBER: _____

✔ FACILITY NAME: _____

✔ FACILITY ADDRESS: _____
              STREET   CITY   STATE   ZIP CODE

✔ PERSONNEL TYPE OPTIONS

A ☐	FACILITY ADMINISTRATOR/DIRECTOR	F ☐	CERTIFIED HOME (FFA)	S ☐	SPOUSE OF LICENSEE (Unless included as a licensee)	
C ☐	CORPORATION BOARD MEMBER	L ☐	LICENSEE/APPLICANT			
E ☐	EMPLOYEE	N ☐	NONCLIENT ADULT RESIDENT	U ☐	UNKNOWN	
		P ☐	PARTNERSHIP MEMBER			

FOR LICENSING OFFICE USE ONLY
FOR FOLLOW-UP ONLY

Original Date Sent _____   Date Re-sent _____

FOR DEPARTMENT OF JUSTICE USE ONLY

The result of a name search in the Child Abuse Central Index is as follows:

☐ The subject of the attached report **MAY** be the same as the subject of your inquiry.
☐ No record on the above listed person.
☐ Too many possible matches to identify. See attached listing.

LIC 198A (3/11)   PAGE 1 OF 2

PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present at, a licensed facility, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871). The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

NOTE: IMPORTANT INFORMATION
The Department is required to tell people who ask, including the press, if some one in a licensed facility has a crminal record exemption. The Department must also tell people who ask, the name of a licensed facility that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.

Appendix - Emergency Preparedness and Disaster Plan

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov

CDSS

WILL LIGHTBOURNE
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

January 31, 2018

PIN 18-02-CCP

TO: ALL LICENSED CHILD CARE FACILITIES

FROM: SHANICE ORUM
Program Administrator
Community Care Licensing Division

SUBJECT: **EMERGENCY PREPAREDNESS AND DISASTER PLANS**

Provider Information Notice (PIN) Summary

PIN 18-02-CCP… This PIN outlines the importance of licensees maintaining detailed up-to-date emergency disaster plans, conducting regular emergency drills, and ensuring timely communication regarding emergencies and disasters with their local Regional Office.

Unfortunately, in recent months California residents have been impacted by continuous natural disasters and there has also been an increase in human-caused disasters throughout the state. Emergencies and disasters cause tremendous stress which can be particularly difficult for children. Nonetheless, the overall impact of such can be reduced by developing clear, detailed and up-to-date emergency disaster response plans, and conducting regular emergency drills.

Different types of disasters must be considered when developing emergency plans including fire, flood, earthquakes and human-caused disasters. It is also important to be aware of and consider the particular risks and hazards in your local area. Your facility's disaster plans should take into consideration the possible need to evacuate, temporarily relocate, and shelter in place. Licensees should take time to ensure that these plans are always current and include alternative plans of action.

DISASTER AND MASS CASUALTY PLANS:

Licensing requires facilities to document disaster plans using the Emergency Disaster Plan for Child Care Centers (LIC 610) or the Emergency Disaster Plan for Family Child Care Homes (LIC 610a). Supporting documentation for detailed plans may be needed, though not a specific requirement. Posted plans should be made visible to adults (and children who are old enough) with all exits and fire escapes marked and clearly identified.

- For Child Care Centers, the plan must include, but is not limited to fire safety, including the means for exiting the facility, transportation arrangements, relocation sites that are equipped to provide safe temporary accommodations for children, plans for supervision of children during an evacuation or relocation, and the means of contact should the evacuation occur, as well as plans for contacting the appropriate authorities. The plan must also include the method and procedures for evacuating nonambulatory children.

- For Family Child Care Homes, the plan shall ensure the provider, the assistant provider, and other members of the household, and all children, age and ability permitting, be instructed in their duties under the disaster plan. Newly enrolled children, again, as age and ability permits, shall be informed promptly of their duties as required in the plan.

Because earthquakes are a natural disaster that can be a threat throughout California, all facilities should also have, and regularly review, a completed earthquake preparedness checklist (LIC 9148) available alongside the disaster and mass casualty plan. Posting this plan helps everyone, including families, to be prepared in the event of an earthquake.

Evacuation:

The Department encourages licensees to have a variety of possible evacuation locations. As evidenced in recent months, sometimes a planned evacuation location is closed or inaccessible and therefore multiple, alternate plans are recommended. Evacuation locations that are not in the vicinity of the child care center should be considered in the case of natural disasters, which can affect entire cities and counties. Relocation sites can include a family member's home, a church, school, or a designated shelter. Having ongoing communication with individuals who maintain the relocation sites is key. It is also important to communicate with families regarding planned relocation sites ahead of time because it may be difficult to contact individuals during a disaster to confirm your whereabouts should you need to evacuate.

As part of the evacuation plan, it is also important to develop a means of safe transportation for the children in care. Licensees should consider plans for transporting large numbers of children, which may include the need for appropriate child safety

seats for evacuation purposes. Utilization of assistance from staff, neighbors, families, and local transportation agencies should be considered before an emergency occurs.

Evacuation preparation:

In an effort to be on alert and prepared for an emergency situation, it is recommended that licensees closely monitor local news broadcasts, including local radio stations, to be quickly notified when voluntary evacuations are announced. Planning ahead and being prepared during voluntary evacuations can help prevent traffic hazards and allow for a safer and smoother relocation.

Sheltering in place:

If ever a situation arises when it is safer for those in a child care facility to shelter in place, it is ideal to have enough food and water to accommodate the staff and children in care for at least 72 hours, if necessary. Regularly check that emergency food and supplies are up-to-date, including water, which can expire.

If children cannot be safely reunited with families right away, it is best to shelter-in-place, when safe and possible, so that children can stay in a familiar environment with people they know. Licensed child care providers are responsible for the care and supervision of the children until someone with legal authority assumes responsibility. You may need materials to help keep children comfortable and distracted in case you are sheltered within a specific area of the facility for an extended time. It is also important to consider the need for temporary sleeping accommodations.

DISASTER DRILLS

Health and Safety Codes 1596.95(f) & 1597.54(b)(2) require licensees to conduct disaster drills at least once every six months. Best practices call for coordinating various types of drills on an ongoing, regular basis in an effort to be better prepared for any emergency situation. By preparing for natural and human-caused disasters, licensees can help staff, and children in their care, feel more at ease and prepared should a disaster occur. During and immediately following an emergency situation, face-to-name roll call is recommended to ensure all children are accounted for. When documenting disaster drills, please include the date and time of the drill and keep at the facility for at least one year.

Openly sharing information with families regarding the various drills conducted can help reassure and support young children. Families can assist in discussing the purpose of emergency drills with their children and helping to ease fears and anxiety their children may have regarding emergencies or the possibility of various threats to their safety.

COMMUNICATION WITH YOUR LICENSING OFFICE

In an emergency situation first call 911 and notify appropriate emergency response teams. As soon as it is safe to do so, it is important to notify your Regional Office and request to speak to the Duty Officer or assigned Licensing Program Analyst (LPA), if available. To help ensure seamless communications, licensees should be sure they always provide their most current contact information to their local licensing Regional Office.

The Child Care Licensing Program is here to work in collaboration with licensed facilities, particularly in the event of emergencies throughout the state. In such cases, the Department will reach out to licensed providers, often multiple times, to help assess the situation and plan for recovery efforts. The Department may contact the facility by phone and/or email, or conduct a welfare visit in the event the licensee or other facility staff cannot be reached. The purpose of this recurrent communication may be to determine the facility status (i.e. evacuation, closure, shelter in place, etc.), evaluate the health and safety of staff and children in care, and assess the availability of, and access to, child care in the community.

For more resources on planning for an emergency or evacuation, please visit the Community Care Licensing Child Care Program website at:

http://www.cdss.ca.gov/inforesources/Child-Care-Licensing

We also invite you to view our training videos for Parents and Providers on Disaster Planning and Fire Safety at:

Child Care Centers: https://ccld.childcarevideos.org/child-care-center-operators/disaster-planning-and-fire-safety/

Family Child Care Providers: https://ccld.childcarevideos.org/family-child-care-providers/disaster-planning-and-fire-safety/

If you have any questions, please contact your local licensing Regional Office.

Appendix – Required Postings and Detectors Checklist

Required Postings and Detectors Checklist

☐Facility License(s)-What license for, what age-groups, see if ambulatory, does it match to class, correct address
☐Notice of Site Visit (LIC 9213) (posted for 30 days)
☐Licensing Report with Type A citations (posted for 30 days)
☐Any Licensing Report/document verifying compliance or non-compliance to correct a Type A deficiency (posted for 30 days)

☐Personal Rights (LIC 613A)
☐Parent's Rights (PUB 393)
☐Civil Rights poster (11x17 "And Justice for All" poster)-Green color

☐Emergency Disaster Plan (LIC 610)-Earthquake posting attached/nearby
☐Earthquake Preparedness Checklist (LIC 9148)
☐Emergency numbers (accurate and posted near telephone in classroom)
☐Procedures: Poisoning, CPR, Choking and Dental emergencies (posted in classroom)

☐Onsite evacuation map (displayed by all exit doors in classroom and in other locations at site)-Clear identified route, showing paths of travel to evacuate room, including alternative route and meeting location
☐Exits-Clearly marked (letters no less than 6" high x ¾" wide) with signage in each classroom (lighting and marking must be adequate and appropriate)

☐Child Passenger Restraint System Poster (PUB 269)-Provides phone # of local health department

☐Daily Activity Schedule posted and available to parents and generally followed
☐Current Lesson Plan (posted in classroom)

☐Menu-Posted week in advance, review menu, match to what's offered
☐CACFP Meal Pattern (w/required portions)
☐Special Diets-posted with child's name & modifications near meal prep area
☐ "No nut policy"-posted & implemented in the program
☐Medication Storage Location (identified by sign or symbol) stored in locked box or in locked box in refrigerator. Rescue medications (i.e., Epi-Pen, inhaler, etc.) can be unlocked but inaccessible to children. All medications properly labeled and not expired. Rescue medications be kept ready for use at all times (indoors and outdoors.)

☐Handwashing Procedures-Posted in food preparation and toileting areas (EHS should have pictures of steps to properly wash hands)
☐Diapering procedure (including pull-ups and changing soiled clothing) posted in diapering area at all times

☐ "A tobacco-free" sign/sticker is posted
☐Working Smoke Detector(s)
☐Working Carbon Monoxide Detector(s)
☐Monthly Fire Drills and Scheduled (Quarterly) Earthquake Drills being performed

Appendix – Personal Rights

PERSONAL RIGHTS
Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

(a)   Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:

(1)   To be accorded dignity in his/her personal relationships with staff and other persons.

(2)   To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.

(3)   To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.

(4)   To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.

(5)   To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.

(6)   Not to be locked in any room, building, or facility premises by day or night.

(7)   Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

ADDRESS

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE: **PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)	(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)

LIC 613A (8/08)

Appendix – Emergency Disaster Plan For Family Child Care Homes

EMERGENCY DISASTER PLAN FOR FAMILY CHILD CARE HOMES

Type or print clearly. Post next to phone. Keep current - Return a copy to the licensing office.

LICENSEE NAME:

DATE:

1. **EMERGENCIES - LIFE THREATENING** - Call 9-1-1 - Tell them: Number Calling from:

HOME ADDRESS:

MAJOR CROSSROAD:

HOME DIRECTION FROM CROSSROAD:

2. **EMERGENCY NAMES AND TELEPHONE NUMBERS** (In addition to 9-1-1)

Fire/Paramedics:		Office of Emergency Services:	
Red Cross:	Licensing:	Ambulance:	Other:
Hospital:	Police/Sheriff:	Child Protective Services:	
	Poison Control:		

3. **FACILITY EVACUATION** - Some disasters require evacuation of the building. Using a copy of the Facility Sketch (LIC 999A), show arrows for the safest way to exit rooms. Be sure that exit doors are not locked from the inside. In the event of a fire, get everyone out, follow the escape routes, meet at a prearranged location, account for everyone, do not let anyone return to the building and call the fire department.

4. **TEMPORARY RELOCATION SITE(S)** - Some disasters require moving to a safe location. When relocating, determine whether you need food, water, blankets and flashlight and meet at a prearranged easily accessible location. Be sure to obtain permission from the property owner.

NAME:

PHONE:

ADDRESS:

NAME:

PHONE:

ADDRESS:

5. **UTILITY SHUT OFF** -Indicate locations on the Facility Sketch (LIC 999A) with the exit routes.

GAS:	GAS CO. PHONE:
ELECTRIC:	ELECTRIC CO. PHONE:
WATER:	WATER CO. PHONE:

6. **EQUIPMENT LOCATION** - The fire department may help you with installation information.

FIRE EXTINGUISHER LOCATION:	SMOKE DETECTOR LOCATION:
FIRE ALARM LOCATION (IF YOU HAVE ONE):	TYPE

7. **OTHER EMERGENCY EQUIPMENT** - Where appropriate identify location of first aid kit, blankets, food and water, flashlight, radio and other emergency equipment.

LOCATION:

LIC 610A (8/05) PUBLIC

EMERGENCY DISASTER PLAN FOR FAMILY CHILD CARE HOMES

Need help filling out the Emergency Disaster Plan Form?

Applicants need to submit a plan to handle possible emergencies. The Emergency Disaster Plan is a plan that identifies resources when an emergency occurs. A copy of the form must be posted in a conspicuous place near a telephone and a copy given to the licensing agency with the application packet. Licensee is responsible for updating information as required and all information should be typed or clearly handwritten.

1. **EMERGENCIES - LIFE THREATENING** - Whenever a life threatening emergency occurs, use the 9-1-1 telephone number. Operators are able to speed dial help for any life threatening emergency. If the call is interrupted, they are usually able to identify the home address from the open line. It is important to write out exactly what needs to be said to direct help to the home. This means that you need to write out the home phone, the address of the home, the nearest major cross street and directions to the home from the cross street.

2. **EMERGENCY NAMES AND TELEPHONE NUMBERS** (In addition to 9-1-1) - This is a list of additional emergency resources that you may need. Most of the numbers are listed on the form. The Office of Emergency Services (OES) assists local government and the public with emergencies that threaten lives, property and the environment. The telephone number for your local OES can be found in the white pages of the telephone book under Government Listings, County Government Offices, "Emergency Operations". It may also be found under County Sheriff's Department. The "Other" is extra space for other numbers that you think may be needed in an emergency.

3. **FACILITY EVACUATION** - The most important action in a fire emergency is getting the children safely out and grouped together in a safe location. As part of your application packet, you need to complete a facility sketch. Take a copy of the sketch and identify the quickest exiting routes from each room. Copies of the exiting routes should be posted in conspicuous locations. You also need to identify a safe location where everyone should gather to be sure everyone is counted and no one remains in the building. **You need to have regular fire drills with the children.** Your fire department is an excellent resource for fire and evacuation instructions.

4. **TEMPORARY RELOCATION SITES** - In the event of an emergency or disaster, you need to make arrangements to move to a temporary site, such as at the home of a friend or a local church. You need to identify a second site in the event the first site is not immediately available in the emergency. Be sure to get permission from the property owner of the relocation site.

5. **UTILITY SHUT OFF** - In emergencies such as floods and earthquakes, it may be necessary to shut the utilities off. It is important to identify the locations of the utility shut off for such emergencies. You should also have a wrench on hand for the gas line. It also may be helpful to put the utility shut off locations on the Facility Sketch.

6. **EQUIPMENT LOCATION** - Your home must contain a fire extinguisher and smoke detector device which meet the standards established by the State Fire Marshal. The fire extinguisher must be in a location that is easily accessible and identified in this plan. The local fire department may help you with the location of fire equipment. In addition to smoke alarms, you need to identify and locate any other emergency alarms that are on the premises. If a fire is just beginning, it may be possible to extinguish the fire with a fire extinguisher. However, the children should be safely relocated before attempting to extinguish any fire.

7. **OTHER EMERGENCY EQUIPMENT** - In the event of a flood or earthquake, it may be necessary to have a first aid kit, blankets, food and water, radio, flashlight and other provisions. The plan needs to identify where this other emergency equipment is kept.

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Appendix – Earthquake Preparedness Checklist

EARTHQUAKE PREPAREDNESS CHECKLIST (EPC) *

Health & Safety Code 1596.867 requires an Earthquake Preparedness Checklist be included as an attachment to the Emergency Disaster Plan (LIC 610, LIC 610A and 610A (SP)) and be made accessible to the public.   This form is intended to meet this requirement.

A.   ELIMINATE POTENTIAL HAZARDS IN CLASSROOMS AND THROUGHOUT THE SITE:

☐ Bolt bookcases in high-traffic areas securely to wall studs.

☐ Move heavy books and items from high to low shelves.

☐ Secure and latch filling cabinets.

☐ Secure cabinets in high traffic areas with child safety latches.

☐ Secure aquariums, computers, typewriters, TV/VCR equipment to surfaces (e.g., by using Velcro tabs).

☐ Make provisions for securing rolling portable items such as TV/VCRs, pianos and refrigerators.

☐ Move children's activities and play areas away from windows, or protect windows with blinds or adhesive plastic sheeting.

☐ Secure water heater to wall using plumber's tape.

☐ Assess and determine possible escape routes.

☐ Enlist parent and community resource assistance in securing emergency supplies or safeguarding the child care site.

☐ Store a 3-day supply of nonperishable food (including juice, canned food items, snacks, and infant formula).

☐ Store a 3-day supply of water and juice.

☐ Store food and water in an accessible location, such as portable plastic storage containers.

☐ Store other emergency supplies such as flashlights, a radio with extra batteries, heavy gloves, trash bags, and tools.

☐ Maintain a complete, up-to-date listing of children, emergency numbers, and contact people for each class-room stored with emergency supplies.

B.   ESTABLISH A COORDINATED RESPONSE PLAN INVOLVING ALL OF THE FOLLOWING:

CHILDREN:

☐ Teach children about earthquakes and what to do (see resource list below).

☐ Practice "duck, cover, and hold" earthquake drills under tables or desks no less than 4 times a year.

PARENTS:

☐ Post, or make available to parents, copies of the school earthquake safety plan (including procedures for reuniting parents or alternate guardians with children, location of planned evacuation site and method for leaving messages and communicating).

C.   CHILD CARE PERSONNEL AND LOCAL EMERGENCY AGENCIES:

☐ Identify and assign individual responsibilities for staff following an earthquake (including accounting for and evacuating children, injury control and damage assessment).

☐ Involve and train all staff members about the earthquake safety plan, including location and procedure for turning off utilities and gas.

☐ Contact nearby agencies (including police, fire, Red Cross, and local government) for information and materials in developing the child care earthquake safety plan.

* For more free resources contact:

(1)   Federal Emergency Management Agency (FEMA)

(2)   Office of Emergency Services (OES)

(3)   Red Cross

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