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**Section 1: CFRC OVERVIEW**

Creating connections with  
Families through  
Relationships, respect and  
Continuity

**PURPOSE AND PHILOSOPHY**
The fundamental purpose of the University of Nevada, Reno Child & Family Research Center (CFRC) is to provide a learning laboratory that supports the education and training of students in Early Childhood Education and other units on campus. The CFRC is a research site for investigations that focus on particular aspects of infancy, toddlerhood, preschool or family development. The CFRC serves the early childhood community as a model for early care and education best practice in northern Nevada.

**VISION**
It is the vision of the Child & Family Research Center that all children and families in our community have access to high quality early childhood services.

**MISSION**
It is the mission of the Child & Family Research Center, both in partnership with others and through direct services to provide education and training of university students, facilitate research and offer high quality, comprehensive early childhood services and support to our community. The center will be recognized as a model for excellent programs and practices that result in success for children, families and staff.

**CORE VALUES**
There are six core values that all CFRC staff members strive to use when making decisions, interacting with others and conducting their day to day work:

**Respect:** We treat each other, staff, families and community members in a respectful manner in all interactions. The definition of respect is to deem worthy of high regard.

**Excellence:** We maintain high standards and act as a model for the community, raising the bar on delivering high quality, comprehensive, early childhood services.

**Enjoyment:** We engage in humor and fun, even when time is short.

**Commitment:** We are committed to achieving our mission and making a difference in the lives of children and families.

**Diversity:** We accept, and value differences found in each other, families, the staff and our community.

**Judgment:** We make choices, compare and decide and come to opinions about issues or options with our core values in mind.

**ACCREDITATION**
The Child & Family Research Center was one of the first early childhood programs to earn accreditation from the National Association for the Education of Young Children (NAEYC), the nation’s leading organization of early childhood professionals.
The CFRC was last accredited in July 2013 using a new process established by NAEYC. To earn accreditation in the new system, the CFRC went through an extensive self-study process, measuring the program and its services against the ten new Early Childhood Program Standards and addressing more than 400 related accreditation criteria. CFRC received accreditation after an on-site visit by NAEYC assessors to ensure that the program meets each of the ten NAEYC program standards. NAEYC accredited programs are also subject to unannounced visits during their accreditation, which lasts five years.

NAEYC Accredited programs must meet the following standards of High-Quality Early Childhood Education:

1. Promote positive relationships for all children and adults to encourage each child’s sense of individual worth.
2. Implement a curriculum that fosters all areas of child development; cognitive, emotional, language, physical and social.
3. Use developmentally, culturally, and linguistically appropriate and effective teaching practices.
4. Provide ongoing assessments of a child’s learning and development and communicate the child’s progress to the family.
5. Promote the nutrition and health of children and protect children and staff from injury and illness.
6. Employ and support a teaching staff that has the educational qualifications, knowledge, and professional commitment necessary to promote children’s learning and development.
7. Establish and maintain collaborative relationships with each child’s family.
8. Establish relationships with and use the resources of the community to support the achievement of program goals.
9. Provide a safe and healthy physical environment.
10. Implement strong personnel, fiscal, and program management policies so that all children, families and staff have high quality experiences.

**LOCATIONS**
The Child & Family Research Center provides early care and education for children from 6 weeks to 6 years old. To be eligible for services, families must be students, staff, or faculty members of the University or qualify for Early Head Start. The center operates in six locations:
- Sarah Fleischmann Building – Three infant/toddler classrooms, integrated 3-year old and 4-year old preschool classrooms, and the CFRC main office
- WRB Center – Mixed age preschool classroom, Kindergarten/First Grade
- Comstock – two Early Head Start classrooms for 2-year old children
- Nelson Building – four Early Head Start classrooms for infants and toddlers, Early Head Start administrative offices and Home Visitor offices
- Sage Street – four Early Head Start classrooms for infants and toddlers
- NEIS Center – three Early Head Start classrooms for infants and toddlers

**PROGRAMS**
**Infant-Toddler Program**
Infant/toddler care is provided at the Sarah Fleischmann Building, the Comstock, Sage Street, NEIS, and Nelson Sites. The infant/toddler program emphasizes the importance of relationships in very young children’s lives, and acknowledges that the bonds an infant establishes during the first years of life provides the basis for all learning. The group care provided supports the child’s attachment to a special caregiver and group of children over time to promote the healthy growth and development of children.

Primary caregivers are consistent, following a group of children from birth to age three. This continuity helps very young children develop a sense of security in their world.

Parents are viewed as the primary source of affection and care, while caregivers also provide a warm, nurturing environment that promotes individual development.
Routines for eating, sleeping, and activity are the foundation of the daily curriculum for children under the age of three. These routine tasks are important opportunities to help children learn about their world and to regulate their own behavior. The routines also provide opportunities for caregivers to build close relationships with each child and are viewed as vital learning experiences. Routines are carried out in a way that respects each child’s developmental level as well as the diversity of the child and his family. A wide variety of activities including singing, movement and sensory experiences are planned as part of the daily curriculum.

**Preschool Programs**

Preschool programs are offered at the Sarah Fleischmann Building and the WRB sites. Preschool curriculum encourages children to be actively involved in the learning process. Children’s emerging interests are incorporated into daily activities with planned and spontaneous opportunities for learning. Teachers plan activities for children to:

- manipulate a wide variety of materials;
- play alone and with others in sensory, constructive, movement, creative and symbolic activities;
- develop concepts about themselves and their world;
- be physically active; and
- express their ideas in words, art and music

As children develop greater understanding and skills, teachers increase the complexity and challenge of activities. Children are encouraged to learn appropriate interactions with others and to develop a positive self-concept, intellectual curiosity, and enthusiasm for learning.

Each child can develop his/her own degree of independence through choices in the environment. Offering a child a choice provides the child with a sense of control over his/her environment. This enables the teacher to act as a guide for learning.

Parent input and involvement is essential in creating the best curriculum for individual children. Parents are encouraged to participate in the classroom and on any field trips that may be planned to extend children’s learning.

**Integrated Preschool Classrooms**

In conjunction with the Washoe County School District (WCSD), children between three and five years old who have special needs are integrated in the three and four-year-old classrooms at the Sarah Fleischmann Building site.

WCSD provides an Early Childhood Special Education teacher, a teaching assistant, and a classroom aide who work directly with children.

This inclusive program enriches the preschool experience for all the children involved. Children have opportunities to see and accept individual differences in others. It also benefits practicum students in special education, child development and early childhood education.

WCSD also provides transportation and support therapy as appropriate for children enrolled in this program.

**Mixed-Age Preschool Classroom**

A mixed-age preschool program for three, four and five year olds is offered at the WRB Site.

Mixed age grouping, involves placing children who are at least a year apart in age into the same classroom groups. Mixed-age grouping resembles family and neighborhood groupings, which throughout human history have informally provided much of children’s socialization and education.

Many young children now spend relatively little time in either large family or neighborhood settings and consequently have little of the kind of learning made possible by inter-age contact. Research indicates that social development can be enhanced by experiences available in mixed-age grouping. Leadership and pro-social behaviors have been observed to increase and intellectual development stimulated in mixed-age groups. The mixed-age classroom enriches the preschool experience for the child.

**Kindergarten/First Grade Program**
The WRB Site offers a full day kindergarten/first grade program, licensed by the state of Nevada, for children who are 5 years old by September 30. Children must attend full days to receive a kindergarten or first grade completion certificate (required for school entry in Nevada). Limited half-day sessions are available for children attending morning or afternoon kindergarten in public schools.

The curriculum is designed to meet the State of Nevada, Department of Education standards for both kindergarten and first grade and is individualized for each child’s unique needs.

**CHILD CARE LICENSING**

All CFRC locations meet current childcare licensing requirements. All locations (except for Sage Street) are licensed by the State of Nevada, Bureau of Services for Child Care. Sage Street is licensed by Washoe County Department of Social Services. Copies of the appropriate Child Care regulations are located at each site. Staff members are responsible for knowing the location of and being familiar with the regulations.

Child Care licensing reports are maintained at each site. Copies are sent to either the CFRC or EHS main office. Site supervisors are responsible for addressing any issues found during licensing inspections.

Inspection reports from the Health Department, Fire Marshall or any other entity can also be found at each site and the CFRC or EHS main office.

**CURRICULUM**

The Child & Family Research Center at UNR is inspired in much of its practice by the world-renowned schools of Reggio Emilia, Italy. What distinguishes this approach is the emphasis on children’s symbolic languages in the context of a project-oriented curriculum, made possible through a carefully articulated and collaborative approach to the care and education of young children.

The projects that make up the curriculum are ones that generate an enough interest and uncertainty to provoke children’s creative thinking and problem-solving and are open to different avenues of exploration. Projects begin with teachers observing and questioning children about the topic of interest. Based on children's responses, teachers introduce materials, questions, and opportunities that provoke children to further explore the topic. While some of these teacher provocations are anticipated, projects often move in unanticipated directions because of problems children identify. Thus, curriculum planning and implementation revolve around open-ended and often long-term projects that are based on the reciprocal nature of teacher-directed and child-initiated activity.

As children proceed in an investigation, generating and testing their hypotheses, they are encouraged to depict their understanding through many symbolic languages, including drawing, sculpture, dramatic play, and writing. They work together towards the resolution of problems that arise, toward the collective aim of better understanding the topic. The Reggio Emilia approach is well grounded in contemporary research and theory, which results in developmentally appropriate experiences for the young children of the Child & Family Research Center.

For children under the age of three, the Reggio Emilia approach emphasizes individual routines for eating, sleeping, arrival, departure, and diapering as the foundation for the daily curriculum. These routine tasks are important opportunities to help children learn about their world and to regulate their own behavior. Feeding, diapering and napping routines along with play activities provide opportunities for teachers and parents to build close relationships with each child, enhancing self-esteem, and security and are viewed as vital learning experiences. Routines are carried out in a way that respects each child’s individual developmental level, cultural practices and interests. During routines, children feel a sense of security and learn basic developmental skills in all areas, including, cognitive, language, social, emotional, gross and fine motor and adaptive self-help skills.

Care and interactions that are sensitive to each child’s temperament and are consistent with their needs and interests characterize our program.

**Early Literacy and Linguistic Diversity**
Early literacy refers to the experiences and developmental skills from birth through early childhood that promote the later development of reading and writing. The Child & Family Research Center has a responsibility to create an environment that is culturally responsive and rich in literacy experiences for all participating families. CFRC programs provide literacy experiences in a variety of settings by:

- providing child development experiences that promote the child’s cognitive and language skills;
- creating family literacy experiences that recognize a child’s parents as his or her primary teachers and that promote child development, adult education, and self-sufficiency; and
- supporting cultural diversity by recognizing the importance of the child’s home language and culture to his or her social, emotional, physical, and cognitive development.

**GOALS**

**Goals for Children**
- To develop positive and nurturing relationships with adults and peers
- To develop a sense of trust and security
- To identify and solve problems
- To express thoughts and feelings
- To think critically
- To respect the feelings and rights of others
- To use creativity and imagination
- To work independently and with others
- To develop literacy, numeracy, reasoning, and decision-making skills to form a foundation for school success

**Goals for Parents**
- To feel good about their role as parents and about their children
- To gain insight into the behavior of young children in general and their child in particular
- To provide an atmosphere of caring, acceptance, and support so parents and the program work as partners in the children’s education

**Goals for University Students**
- To gain practical experience, as well as professional skills for working with young children and their families
- To learn about developmentally appropriate practice in group settings for children
- To become familiar with tools, procedures, and purposes of observation and assessment

**Goals for the Community**
- To provide an environment for academic learning, observation, and developmental research

**RESEARCH AND OBSERVATION**

The Center is a research and practicum site serving UNR faculty, staff, students and alumni. All research projects to be carried out in the center will be cleared first through UNR’s Institutional Review Board and the center Research Committee. If a child is a potential subject to be included in a research project teachers will be fully informed in advance of the purpose and procedures involved in the planned study, and parental written consent must be obtained before the study begins. Children always have the right of refusal.

From time to time university students will be observing or completing assignments at the Center (in addition to student employees working at the Center). Supporting the work of university students is one of the primary purposes of the center. All visitors to the Center, including student observers, must check in with an office representative before being allowed access to the classrooms.

- It is appropriate for teachers to inform students about the best times for them to observe (or complete other assignments) always considering the children’s needs and the daily routine.
- It is also permissible for teachers or other staff members to request a copy of the assignment or course outline to be clear about the expectations.
- Teachers can limit the number of adult students in the classroom at any one time should that be necessary.

Students in the classroom must always under the visual supervision staff members.

**HOURS OF OPERATION**
All CFRC sites are open Monday through Friday from 7:30 am to 5:30 pm, year-round. The center is closed on all state holidays, on six pre-scheduled professional development days, the first week of July (Independence Day week) and a week during winter break.
Section 2: PARENTS & FAMILIES

COMMUNICATION
Communication with parents is essential to quality childcare. Teachers must provide informal and formal opportunities for parents to share and receive feedback on their child. Informal communication occurs through daily greetings, telephone, or face-to-face conversations, notes in the parents’ preferred language, and newsletters. Formal communication must occur each year through conferences and/or home visits. Teachers will confer with student staff in their room and provide direction on any parent communication.

Every staff member is responsible for effective two-way comprehensive communication with parents on a regular basis throughout the program year. Parents are encouraged to participate, and parent suggestions are always welcome. Communication with parents is conducted in the parents’ home language to the extent feasible. A variety of written and verbal methods are utilized to share information with families:

1. Daily activity reports for infants & toddlers (serves as a record of meals, naps, diaper changes, and other activities during the day)
2. Bulletin and whiteboards
   a. Each classroom should have a Classroom Identity Board outside the classroom or close to the entrance. This board should have short biographies and current pictures of all the regularly scheduled staff who are working in the classroom. It may be appropriate to post pictures of practicum and/or student interns who are assigned to the classroom for the semester.
3. Parent files
4. Newsletters
5. Home visits
6. Parent-teacher conferences are scheduled three times a year
7. Parent meetings
8. Play groups
9. Policy Council
10. Parent Advisory Board

Parent Handbooks
The CFRC Parent Handbook is given to parents at enrollment. The Parent Handbook is also available in Spanish.

Conflict Resolution
Resolution of conflict is expected to be practiced by individuals dealing directly with one another while maintaining professional demeanor, using non-inflammatory language, exhibiting excellent listening skills, and remaining open to compromise. If the conflict is not able to be resolved, a supervisor should be contacted for assistance.

Teachers and other staff use a variety of techniques to negotiate difficulties that arise in their interactions with family members. Arrangements are made (with the EHS interpreter or with other campus resources) to use these techniques in the family member’s preferred language. These techniques include, but are not limited to:

1. Assisting families in understanding program policies & procedures,
2. Scheduling parent conferences to provide enough time in a private setting to discuss issues,
3. Working with their supervisor to address difficulties, and
4. Referring families to the CFRC Director for issues that may need her support and involvement.

Handling Difficult Interactions
If a parent or other person becomes verbally abusive while at a site, the teacher will ensure the safety of the children and attempt to diffuse the situation. If not successful and the situation does not improve, 911 can be called to summon assistance. The caller will inform police that the child care facility needs immediate response.
If a parent becomes verbally abusive during a phone conversation, the teacher should remain calm and respectful and tell the parent that the supervisor needs to be contacted. The teacher should tell the parent they are hanging up, say goodbye, hang up and immediately notify the supervisor.

Staff should not attempt to handle on their own an unstable (i.e. intoxicated) parent whose behavior may pose a risk to a child or the group of children. If a situation like this occurs, staff should seek help from someone in the center for assistance. Staff must use their own judgment in determining an appropriate course of action. If an intoxicated parent wants to drive his or her child home, staff may be able to convince the parent to call someone else to drive, to take a taxi, etc. If the parent insists on taking the child from the center, the staff member should call the police with a description of the car (including license plate number, if possible) and the direction it was headed.

**Unavailable Parents or Guardians**

In the event parents or guardians are temporarily unable or unavailable to care for their children, the following options are available:

1. Parents can contact a friend or relative who is not affiliated with the Child & Family Research Center to assume responsibility for the child.
2. Parents can voluntarily sign custody of any child/children over to Child Protective Services for a specific period of time until the parents can assume responsibility for the child.
3. Parents can contact the Program Coordinator of Campus Child Care Connections to obtain a list of family child care providers who are licensed to care for children 24 hours per day.

All employees of the CFRC (faculty, classified, student staff) are strongly discouraged from assuming responsibility for any child/children outside of CFRC operating hours. Employees who do assume responsibility for children outside of CFRC operating hours also assume all liability related to the health, safety, and well-being of such child/children.

**Children in Foster Care**

Children in foster care are in the legal and physical custody of Washoe County Department of Social Services. Children in foster care usually have contact with their biological parents. Biological parents can make education and health decisions about their children. CFRC staff who work with children in foster care must coordinate services for children in foster care with both the foster parent and the biological parent, when the biological parent is regularly involved with their child at the CFRC.

**CHILD ATTENDANCE**

**Arrival**

To meet family needs, all centers are open from 7:30 am to 5:30 pm. Children and families will be warmly welcomed no matter what time they arrive. Staff must verbally welcome or acknowledge each child and parent upon arrival and help the child say good-bye to the parent.

1. **Staff will ask parents to:**
   a. Make sure a staff member is aware of each child’s arrival;
   b. Inform staff if there is any special information regarding the child including illness, loss of sleep, appetite, etc., that could affect a child’s disposition;
   c. Accompany his or her children into the classroom and:
      - Wash hands
      - Sign the child in on the attendance sheet. Childcare regulations require that children be signed in and out each day, including first and last name, time of arrival, and time of departure;
      - Fill out the daily record (in Infant & Toddler Classrooms);
      - Note any bumps or bruises;
      - Note expected pick-up time;
      - Have applied sunscreen to the child if needed.
2. **Staff will ask if a child has had breakfast.**
3. Staff will conduct a brief visual health check.

**Departures and Authorization for Pick Up**

1. Staff may only release children from the center to authorized persons whose names appear on the enrollment/emergency contact forms, on a written note from the parent, or with direct verbal authorization from the parent.
2. Anyone who is picking up a child and is unfamiliar to staff must show photo identification before the child will be released. Anyone who does not provide photo identification will be turned away.
3. The CFRC policy of releasing children only to authorized persons is applied as a daily routine, as well as during emergency or evacuation situations.

**Custodial Parent Policy**

Parents have the responsibility for authorizing who can drop off, pick up, or visit their child at the center. This information is gathered at enrollment and is used regularly by classroom staff to verify that children are only released to authorized adults. To maintain positive relationships with parents and to assure the safety of children and staff, center personnel will not become involved in custody disputes. Legal documentation of custodial agreements must be on file at the CFRC to amend any information provided at enrollment.

**Absences**

Teachers should instruct parents to notify them each day their child will not be at school due to illness or other reasons. If a child does not arrive at the center on a typically scheduled day by 10:00 am, and the parent does not notify the teacher of a late arrival or absence, the teacher will contact the parent within one hour to determine the reason for the absence. Document the absence in the Family Contact Notes with a phone call, a note from the parent, or a note from the doctor.

**Late policy**

1. The Child & Family Research Center is open from 7:30 am to 5:30 pm, Monday through Friday. Parents who pick up their children after 5:30 pm will be charged $25.00 for the first 15 minutes (until 5:45 pm). After 5:45 pm, the late fee is $5.00 per minute.
2. Staff will complete an Additional Care form each time a parent is late and will send it to the appropriate supervisor in the Weekly Information Report for processing.
3. Staff should never accept payments for late fees.
4. A classroom teacher will notify the supervisor if a family has three late pick-ups in a month.

**Late Pick-Up**

1. If staff has had no contact with the parent, at 5:30 pm staff will attempt to call parents and listed emergency contacts.
2. If staff has not heard from a parent by 6:00 pm, staff will contact a supervisor to notify her that she is calling the police as listed below. Staff will remain with the child until the child leaves the center site. Once the child leaves the teacher will notify the supervisor.

   **Reno Police Department**
   
   *After regular business hours*
   
   Phone (775) 334-2677(COPS)
   or dial 911

**KINDERGARTEN AND FIRST GRADE ATTENDANCE POLICY**

Regular school attendance for kindergarten and first grade is essential to students’ academic success and personal growth. To meet or exceed the state and district academic standards and develop self-discipline, responsibility and punctuality, students must regularly attend school and participate in the daily education program. Attendance is a shared responsibility and concern for students, parents/guardians and CFRC staff.

Children must be in attendance at least ninety percent (90%) of the school days to earn a kindergarten or first grade completion certificate.
Absences will be excused for:
- Illness
- Doctor or dentist appointments
- Medical treatment
- Religious observances
- Bereavement
- Pre-approved family business

Like absences, tardiness may adversely affect the learning process and should be avoided. The teacher will record absences and tardiness each day. Parents will receive an attendance report each semester or more frequently should conditions warrant.

Parents or guardians should telephone the school each day before 8:45 am to report each absence.

Parents are requested to notify the school in writing of any student health problems, verified by a medical professional, which may result in lengthy/chronic absences from school.

Parents agree to attend conferences relating to attendance when requested by the teacher or administrator.

**SEPARATION**
Depending on each child’s developmental stage, the impact of daily separation on the child and parent will vary. Staff should understand and communicate this variation to parents and work with parents to plan developmentally appropriate coping strategies for use at home and at the center. Staff can encourage parents to have a good-bye ritual that will help children learn to trust that the parent will return. Staff should encourage parents to express their feelings about separation issues. Parents should be reassured that staff will comfort and reassure children; encourage children to talk about feelings; play out themes of separation and reunion; and provide parents with evidence, such as photographs, that their child is being cared for and is enjoying the activities at the center.

**REFERRALS**
Teachers, Home Visitors and Family Services staff encourage and support families to make decisions about services that their children need, and encourage families to advocate for themselves to obtain needed services. EHS Family Services staff maintain a list of community agencies that provide health, mental health, assessment, educational and crisis intervention services (food, housing, transportation, etc.). The list is updated at least annually. Community Resources can also be found online at www.nevada211.org.

Referral Process and Follow up
If, after discussion with a family, it is appropriate to provide information about needed services, a referral should be made:

1. Parent requests resource information or expresses a need.
2. Staff member selects appropriate resource list to meet parent’s need, teacher writes their own name and phone number on the bottom of resource list, and gives the list to the parent.
3. Staff completes top half of referral form with a) child’s name b) parent’s name c) staff name d) date resource list was given to family e) follow up date 30 days from referral date f) check box of resource list provided.
4. If more than one type of resource list is given to the parent, a separate referral form is completed for each additional resource list.
5. Referral form is turned in with the Weekly Information Report to supervisor for classroom staff. Site supervisor will scan referral forms to EHS office staff with their WIR for data entry into ChildPlus. Home Visitors will scan referral forms and email to EHS office staff for data entry into ChildPlus.
6. Referral form(s) is placed in client file or on client clipboard for 30 days or until client uses resource, whichever is less time from date of referral.
7. Staff member follows up with parent about resources no later than 30 days from initial referral, asking parent which resources were used and completing an additional referral form for each agency parent used.
8. Staff member asks parent to complete the referral follow-up section on referral form.
a. If parent has used resource from resource list staff member writes the name of the agency used in the follow up section and checks the box for “I used services from this agency.” Parent completes the follow up section on the referral giving feedback about the services received. Referral is then turned in with WIR to site supervisor for classroom staff and will be submitted in the WIR for data entry in ChildPlus. Home Visitors will scan and email referral form to EHS office staff for data entry into ChildPlus.

b. If parent intends to use the referral and has an appointment check the "I have an appointment with this agency" box and follow up in 30 days.

c. If parent has not used the resource list(s) within 30 days of initial referral date, staff member tells parent to check “I decided not to use this referral” Referral form is turned in with WIR to site supervisor for classroom staff and will be forwarded to EHS office staff for data entry in ChildPlus. Home Visitors will scan and email referral form to EHS office staff for data entry into ChildPlus.

**EHS FAMILY SERVICES**

Early Head Start offers parents opportunities and support for growth, so they can identify their own strengths, needs and interests, and find their own solutions. Parents are supported as they identify and meet their own goals, nurture the development of their children in the context of their families and culture, and advocate for communities that are supportive of children and families of all cultures. This process should occur as soon after enrollment as possible and staff must take into consideration a family’s readiness and willingness to participate.

**Environmental Screening Questionnaire (ESQ)**

EHS staff uses the Environmental Screening Questionnaire (ESQ) to work with families to help assess family strengths, identify needs, and develop goals. The ESQ is used to assist families in identifying areas in which to set goals. These areas are: a) Education and Employment, b) Housing, Child and Family Health, d) Economic and Financial, e) Home and Family, and f) Community.

Unmet needs in these areas can negatively affect the development of children. Teachers and Home Visitors will complete the ESQ with their assigned families in November and March. If needed, referrals are made based on the families’ self-identified needs.

**How to Administer the ESQ**

The Environmental Screening Questionnaire (ESQ) was designed to identify risk and protective factors in a child’s environment that might affect a parent or other caregiver’s ability to support his or her child’s social-emotional development. See the ESQ for full details.

An explanation of the intent of the ESQ should be offered to parents/caregivers before it is completed. The explanation should include the measure’s purpose, which is to look at factors in the child’s environment that might affect the parents’ ability to support their child’s social-emotional development. All parent questions and concerns should be addressed to ensure that maximum comfort levels and understanding have been reached.

The preferred strategy for completing the ESQ is through parent (caregiver) interview.

1. Staff should read and discuss each item with the parent.
2. An interview format permits staff to explain items to parents, to answer questions that may arise, and to discuss issues that may surface for parents.

**Family Partnership Agreements**

After completing the ESQ, families are given the opportunity to develop a Family Partnership Agreement (FPA). The FPA describes family goals, responsibilities, timetables and strategies for achieving these goals as well as progress in achieving them. Staff must coordinate, to the extent possible, with families and other agencies to support the accomplishment of goals in pre-existing plans.

When completing the FPA:

1. There does not need to be a goal in every area.
2. Although a family may list an area of concern there may not be resources available to set and meet a goal in that area.
3. Prioritize goals so there are no more than two goals at any one time.
4. Every family must have a school readiness goal.
5. The *Family Partnership Agreement* form is used to document all activities, including follow-up.
6. A copy of the FPA is to be given to the parent and then submitted in the WIR.

**Postpartum Depression**

Postpartum depression impacts mother, her partner, the family, and mother-baby interactions. To screen for postpartum depression, UNR Early Head Start uses the *Edinburgh Postnatal Depression Scale*. Mothers in the home-based program will be screened at 6 weeks and 6 months postpartum.

The EPDS has 10 questions that ask new mothers to choose an answer that comes closest to how they have felt in the past seven days. Staff should use the scale to interview mothers.

The EPDS scoring yields a score between 0 and 30. Scores greater than 10 indicate further evaluation for depression is necessary. Any mother scoring above a 10 is referred for services outside of Early Head Start (such as the Downing Clinic).

Question 10 on the EPDS relates to suicide. If a mother answers this question with a “Yes, I quite often think of harming myself,” the home visitor or teacher should immediately help the parent contact the Crisis Call Center.

**Center-based Home Visits**

Home visits are valuable in building respectful relationships with parents and developing a broad understanding of every child. Home visits are opportunities for making connections between the home and program settings, learning more about parent-child relationships, identifying learning opportunities in home environments and focusing individualized attention on family strengths, interests and goals. Center based home visits occur twice each year. In the fall, home visits occur in August. In the spring, home visits occur in March. All families are to be offered home visits, and visits are scheduled at a time mutually convenient for staff and family members. The Center-Based Home Visit form is completed at the home visit. One copy of the completed form is left with the family; one copy is turned in with the Weekly Information Report. If a family refuses a home visit, a line should be drawn diagonally across the home visit form with the word “Refused” written on it. A parents’ signature is required on the form.

**PARENT ENGAGEMENT**

Parent engagement at the center is an important component of the program. Parents have the right to observe the program at any time and are welcome at any time during regular hours of operation (7:30 am to 5:30 pm). Parents’ engagement in their child’s school enhances the success of the program and the child. The variety of parent participation options offered each semester allows single-parent families and working parents to contribute even if they cannot come to the school to do so.

Families are encouraged to participate in and contribute to the success of their child and the CFRC by:

1. Serving on the Parent Advisory Board or Policy Council to provide input for policies and curriculum development;
2. Donating approved materials to the school;
3. Volunteering in the classroom or the center;
   a. Working with children
   b. Participating in workdays - clean up, painting, and maintenance of the center
   c. Assisting on fieldtrips
   d. Housekeeping - classroom and kitchen cleanup
   e. Participation in fundraiser events
4. Working on things at home for the school - repair books, making flannel stories, sewing;
5. Completing surveys geared toward program improvement;
6. Providing information about their child/children informally through written and verbal communication with teachers and formally by attending parent/teacher conferences;
7. Informing staff of concerns or asking questions about child development, curriculum, classroom management, or issues concerning their individual child/children or family circumstances; and/or
8. Attending parent meetings/events and sponsored community events, and trainings.

**CHILDREN’S PERSONAL BELONGINGS**
Teachers should explain to parents that things brought from home may occasionally disappear, get broken or become soiled. Teachers should discourage parents from bringing belongings with sentimental value to school. If parents bring a special toy or blanket from home, they will be asked to take the item home weekly to launder. (See Parent Handbook for more information.)

**Children’s Clothing**
Each child will have a labeled space for belongings. Staff will ask parents to leave two or three extra changes of clothing for infants or toddlers. Preschoolers should have at least one change of clothing. Children’s clothing will be changed if they become soiled from playing, eating, art activities, or toileting accidents. Extra clothing should be changed seasonally, or as the child grows.

**TRANSITIONS**

**To CFRC Programs**
Children and families need to be supported during transitions. Parents are assisted to understand what to expect in new environments, and staff assist children and parents throughout the year with transitions in and out of the programs. To support smooth transitions, CFRC staff:

1. Encourage children and parents to visit the classroom before the child begins to take part in activities, meet staff and other children and parents, and
2. Make orientation information available (Parent Handbooks, etc.).

**To Other Programs**
The CFRC provides annual parent meetings (in the spring semester) on transitioning from CFRC programs. Topics include transitioning from an infant/toddler program to a CFRC preschool program, transitioning from pre-school to kindergarten and transitioning from Kindergarten to Elementary School. Guest speakers from other programs (Head Start, Washoe County School District) are scheduled so parents can ask questions and obtain information about programs that are available.

**EHS Transitions**
To ensure the most appropriate placement and services following participation in Early Head Start, transition planning must be undertaken for each child and family at least six months prior to the child’s third birthday (between 29 and 30 months). The process must consider the child’s health status and developmental level, progress made by the child and family while in Early Head Start, current and changing family circumstances, and the availability of Head Start and other child development or child care services in the community.

1. UNR-EHS conducts outreach to encourage communication between Early Head Start and community partners.
   a. EHS supervisors are encouraged to visit other childcare facilities/programs to communicate with staff and parents.
   b. UNR EHS Staff work in conjunction with Head Start to refer eligible families to promote continuation of services.
   c. UNR-EHS Staff member’s attend meetings with parents for any transitional educational eligibility meeting to advocate for applicable services for children.
   d. If the transitioning child’s next placement requests records the transitioning family will need to complete the Consent to Release Information form.
2. UNR-EHS initiates joint transition-related collaboration between Early Head Start staff and other agencies that support successful transitions from Early Head Start.
3. UNR EHS provides information about the child’s progress during the program year and provide strategies for parents to continue their involvement in and advocacy for the education and development of their child.

4. Teachers (for center-based families) or Home Visitors (for home-based families) are responsible for initiating the transition plan six months prior to the child’s third birthday (between 29 and 30 months). The Transition Planning Form will be used to document the plan.
   a. A ChildPlus report will be distributed monthly to supervisors so that teachers and home visitors will be reminded to initiate the plan.
   b. The transition plan will be submitted in the Weekly Information Report.
   c. The Transition Plan must be updated at least twice prior to the child’s transition date.
   d. Each time the plan is updated in the working file, the updated plan must be submitted in the WIR.
   e. The Transition Plan must be finalized (indicating where the child will be going after they leave EHS) by July 31st.

5. Written information regarding early childhood programs, childcare subsidies, and other appropriate resources will be made available to families at the first transition meeting.

6. Transition Kits are given to families just prior to a child leaving the program. These kits are designed to ease the transition from EHS and include items such as: a lunch box, a back pack and information regarding healthy sack lunches.

Transition Timelines
As appropriate, a child may remain in Early Head Start, following his or her third birthday, for additional months until he or she can transition into Head Start or another program.

1. Children in the Two-year-old classrooms are expected to transition out by the end of the program year. There will be no exceptions.

2. Children in the Home Visiting program are expected to transition out of EHS as close as possible to the child’s third birthday.
   a. If, at the time of the final transition planning meeting, a parent feels that it may be appropriate for a child to transition later (due to the child's health status and developmental level, progress made by the child and family while in Early Head Start, current and changing family circumstances, and/or the availability of Head Start and other child development or child care services in the community), he or she must request a variance to the timeline.

3. Children who are eligible to receive Early Childhood Special Education Services from the Washoe County School District are generally expected to transition to those services when eligible (at age 3).

PROFESSIONAL BOUNDARIES
All CFRC staff members are expected to maintain appropriate professional boundaries with families. Questions about acceptable behavior should be discussed with the supervisor.

Babysitting/Child Care Arrangements
It is not the mission of the CFRC to provide childcare for its clients in any location other than CFRC centers during normal hours of operation. Any arrangement for childcare that does not take place at the CFRC center is strictly a private arrangement between the parents and the individual staff member. No such private arrangement shall be made during a staff member’s work shift, and no such arrangement may interfere with a staff member’s job responsibilities or performance. Parents and staff should understand that a babysitting arrangement is not within the course and scope of the staff member’s duties and that staff members are free to either accept or reject such requests from parents.

Letters of Support
Staff must forward any requests from parents for letters of support to their supervisor or the CFRC Director.
Section 3: PERSONNEL

REQUIREMENTS FOR ALL CFRC EMPLOYEES

Requirements for Employment
All CFRC employees, including volunteers, must maintain the following as a condition of employment:

1. Washoe County Child Care Work permit;
2. Tuberculin screening results;
3. New Staff Orientation

Orientation & Training

New teaching staff

1. Each teacher will provide classroom orientation to every student worker assigned to his or her classroom using the Classroom Orientation Checklist.
2. Each new center employee or volunteer who works (or may work) more than 15 hours a week with children in the classroom must complete at least 24 hours of training in childcare, of which not more than 3 hours may be in CPR training, within 12 months after commencing employment. The training required must be designed to ensure the protection of the health and safety of children; and promote the physical, moral, and mental wellbeing, of each child accommodated in the facility program.

Mandatory Training
All staff and volunteers working over 15 hours a week must complete the following mandatory trainings within the required timelines:

1. Upon hire (through UNR):
   a. Sexual harassment prevention training
   b. Fire extinguisher training (required annually thereafter). Employees without current and documented training are not authorized to use fire extinguishers.
   c. Blood borne Pathogens training (required annually thereafter). Staff without current documented training may never attend to blood or body fluids containing blood

2. Within 90 days of employment and as required by Child Care licensing thereafter (must be approved by the Nevada Registry):
   a. Child Abuse & Neglect Prevention (2 hours)
   b. Signs & Symptoms of Illness including Blood-borne Pathogens (2 hours)
   c. CPR and 1st Aid training (4 hours)
   d. SIDS training (2 hours)
   e. Child development/Positive guidance (3 hours)
   f. Obesity Prevention and Nutrition (2 hours)

Child Care Training Hours

1. All teaching staff and center directors/site supervisors, and any volunteer working more than 15 hours per week must participate in childcare training for at least 24 hours in each licensing year, of which not more than 3 hours may be in CPR training. The training may be in the form of college courses, workshops, conferences, or other approved training.
   a. The SFB site is licensed from November 1 through October 31.
   b. The WRB site is licensed January 1 through December 31.
   c. The Nelson, Comstock, Sage and NEIS sites are licensed from August 1 through July 31.

2. Evidence of completion of training (certificates or transcripts) must be kept in each employee’s personnel file in the CFRC main office and in the site files at Sage Street. Staff who fail to complete training requirements will be subject to disciplinary action.
General Hazard Communication Training
It is intended that personnel will receive general hazard communication training at the time of their employee orientation. This training is to be conducted by the Environmental Health & Safety (EH&S) Department and will be documented by EH&S. Training will include:
1. Location and availability of the University and Departmental Hazard Communication plans,
2. Details of the Hazard Communication Program, including an explanation of the labeling system, MSDS, and how employees can obtain and use chemical hazard information,
3. Methods used to detect hazardous chemicals (such as chemical monitoring, visual appearance, and odor),
4. General emergency procedures pertaining to hazardous chemicals, and
5. Hazard Information by hazard category.

Staff Health Requirements
Tuberculosis Screening
1. Before a person begins employment he/she must, have submitted evidence of one of the following:
   a. a Mantoux tuberculin skin test;
   b. a chest x-ray and examination by a provider of health who is authorized to diagnose active tuberculosis, that states that the person is free from active tuberculosis (evidence must be less than 12 months old); OR
   c. a Quantiferon TB Gold blood test with a negative result.
2. At least once every 24 months after the date of the skin test and/or chest x-ray, or blood test, staff must submit to and provide evidence of negative results of one of the following:
   a. a Mantoux tuberculin skin test;
   b. a chest x-ray and examination by a provider of health who is authorized to diagnose active tuberculosis; or
   c. a Quantiferon TB Gold blood test with a negative result.
3. The EHS Health Coordinator can conduct this screen by appointment only.

Physical Exam
1. Each staff member must have an initial health examination and a periodic re-examination (as recommended by the health care provider) to assure that they do not, because of communicable diseases, pose a significant risk to the health or safety of others in the program that cannot be reduced by reasonable accommodation.
   a. New faculty and classified staff must obtain the initial exam no later than one month after the effective date of health insurance coverage.
   b. New student staff must obtain the initial exam within one month of employment
   c. Periodic re-examinations must be conducted as recommended by the health care provider.
2. The results of the health exam must be documented on the Staff Health Examination - Physician’s Report form.
3. Staff medical records are not necessary and will not be accepted in lieu of the signed statement of the health care provider.

Staff Immunizations
The CFRC participates in the Nevada State Health Division’s “Cocooning Project”. The purpose of this project is to protect infants from being exposed to vaccine preventable diseases such as Pertussis (Whooping Cough) and influenza. Infants under the age of 6 months are just beginning to be immunized; they have not developed immunity to these potentially fatal diseases. By administering the TDaP and Influenza immunizations to all staff who care for or work around infants, protection is provided through the cocooning theory. Vaccines are provided to UNR/EHS from the state to provide these immunizations free of charge. Please contact the EHS Health Coordinator to verify your immunization status.
Workplace Safety
Staff are expected to follow all established safety rules, practice safe job procedures and avoid situations that can jeopardize the safety of children, themselves, or fellow workers. Staff are expected to immediately report unsafe conditions to a supervisor.

If an accident occurs involving an employee, the following steps should be taken:
1. Immediate first aid and medical care should be rendered to the injured individual;
2. The site should be secured to prevent any further injuries from occurring, as a result of the hazard.

Information that is gathered to complete the *Notice of Injury or Occupational Disease* (Incident Report) should include the following at a minimum:
1. Nature of the injury or incident;
2. Cause of the injury or incident (what object, substance, exposure or bodily motion inflicted or contributed to the injury/incident);
3. Description of the injury/incident;
4. Accident type;
5. Hazardous condition;
6. Location of injury, incident, unsafe act;
7. Actions taken for correction;
8. Date and time of incident/injury.

Worker’s Compensation information

**EMPLOYEE PROCEDURE WHEN A WORK-RELATED INJURY OCCURS**

Medical Care: If emergency care is needed, call 911. If you are unsure if you need emergency care, err on the side of caution and make the call.

If immediate or urgent care is needed, go to one of the following preferred clinics:

<table>
<thead>
<tr>
<th>Concentra Medical Center</th>
<th>Specialty Health Clinic</th>
<th>ARC Health &amp; Wellness Center/Sparks</th>
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<tbody>
<tr>
<td>6410 S Virginia Street</td>
<td>330 E Liberty Street, Suite 100</td>
<td>2205 Glendale Avenue</td>
</tr>
<tr>
<td>Reno, NV 89511</td>
<td>Reno, NV 89501</td>
<td>Sparks, NV 89431</td>
</tr>
<tr>
<td>(775) 322-5757</td>
<td>(775) 398-3630</td>
<td>(775) 331-3361</td>
</tr>
<tr>
<td>Monday through Friday</td>
<td>Monday through Friday</td>
<td>Monday through Friday</td>
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<tr>
<td>7:00 am to 7:00 pm</td>
<td>8:00 am to 5:00 pm</td>
<td>8:00 am to 6:00 pm</td>
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<tr>
<td>Saturday</td>
<td></td>
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<tr>
<td>9:00 am to 4:00 pm</td>
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**AFTER HOURS OR WEEKENDS**

<table>
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<tr>
<th>Saint Mary’s Urgent Care</th>
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<tbody>
<tr>
<td>1595 Robb Drive, Suite #2</td>
</tr>
<tr>
<td>Reno, NV 89523</td>
</tr>
<tr>
<td>(775) 284-5556</td>
</tr>
<tr>
<td>Monday through Friday</td>
</tr>
<tr>
<td>8:30 am to 6:00 pm</td>
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<tr>
<td>Saturday, Sunday</td>
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<tr>
<td>9:00 am to 5:00 pm</td>
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**MEDICAL/LIFE THREATENING EMERGENCIES:**

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<tr>
<th>Saint Mary’s Hospital</th>
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<tbody>
<tr>
<td>235 W Sixth Street</td>
</tr>
<tr>
<td>Reno, NV 89503</td>
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<table>
<thead>
<tr>
<th>Northern Nevada Medical Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>2375 E Prater Way</td>
</tr>
<tr>
<td>Sparks, NV 89434</td>
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</table>

You do not need an appointment to access medical care at the preferred clinics. Tell them that you are an employee of the university system. They will have you complete a form necessary to initiate your workers’ compensation claim.
Reporting: Report the injury to your supervisor as soon as possible and complete a C-1 form (Notice of Injury or Occupational Disease). Your supervisor should have this form. Have the supervisor review and sign the C-1 form and fax it to the BCN Workers’ Compensation Office.

Returning to Work: You cannot return to work without a release from a physician. After you have been treated at the hospital or clinic, you will be given a form that discusses your work status. You must provide your supervisor with a copy of this form as soon as possible, but no later than your next regularly scheduled work day. If you are unable to perform the duties of your regular job, every effort will be made to temporarily modify your job so it is compatible with your physical capabilities. If this is not possible, immediately contact the BCN Workers’ Compensation Office at 784-4394 or at www.unr.edu/hr/workerscomp.

Reducing Risks to Staff Health

Hepatitis B Vaccination

The Hepatitis B vaccination is available to all CFRC employees. The vaccination, a series of 3 injections within 6 months, is given at Student Health Services.

1. Upon hire staff may elect to receive the Hepatitis B vaccination (at no cost to the employee).
2. Staff may decline this free vaccine by completing the Declination of Hepatitis B Vaccine form. Staff who decline this vaccine continue to be at risk of acquiring Hepatitis B.
3. Staff who decline can later elect to receive the vaccine.
4. Staff who wish to receive the Hepatitis B vaccination must contact the CFRC office manager in Mackay Science Building, room 100 to receive further instructions.

Influenza

Influenza immunizations are recommended for child care providers of all children younger than 24 months of age. Research has shown that children less than 5 years of age are at high risk of serious flu-related complications. Because children younger than 6 months cannot get a vaccine or antiviral drugs, but are at high risk for serious flu-related complications, safeguarding them from influenza is especially important.

Cytomegalovirus (CMV)

Female employees of childbearing age should talk to their personal health care providers about CMV regarding the following:

1. The increased possibility of exposure to CMV in the child care setting;
2. The potential for fetal damage when CMV is acquired during pregnancy;
3. Hygiene measures (especially hand washing and avoiding contact with urine, saliva, and nasal secretions) aimed at reducing the acquisition of CMV;
4. The availability of counseling and testing for the serum antibody to CMV to determine the child care provider’s immune status.

Staff Exclusion

Staff members are as capable of spreading infectious disease as children are. See the section on Child Inclusion/Exclusion for policies that would apply to staff as well as children.

Standards of Conduct

All CFRC staff, consultants, contractors and volunteers must abide by the following standards of conduct:

1. Implement positive strategies to support children’s well-being and prevent and address challenging behavior.
2. Will not maltreat or endanger the health or safety of children, including, at a minimum, must not:
   a. Use corporal punishment;
   b. Use Isolation to discipline a child;
   c. Bind or tie a child to restrict movement or tape a child’s mouth;
   d. Use or withhold food as a punishment or reward;
   e. Use toilet learning/training methods that punish, demean, or humiliate at child;
f. Use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child;
g. Physically abuse a child;
h. Use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or child’s family; or
i. Use physical activity or outdoor time as a punishment or reward;

3. Respect and promote the unique identity of each child and family and refrain from stereotyping based on gender, race, ethnicity, culture, religion, disability, sexual orientation or family composition;
4. Staff, consultants, contractors, and volunteers are to comply with program confidentiality policies concerning personally identifiable information about children, families, and other staff members.
5. Ensure no child is left alone or unsupervised by staff, consultants, contractors, or volunteers while under their care.

If any person witnesses a staff member, family member, or other adult engaged in inappropriate behavior, an incident report shall be completed immediately and submitted to the site supervisor or director. The director will investigate the alleged incident. Depending on the investigation, appropriate actions will be taken, (i.e., disciplinary action for staff, dis-enrollment of child, or restricted access to the center or classroom.)

Employee Identification
Every CFRC employee is to be identified at work every day. Name tags are provided to each staff member. Teachers must wear one of the following approved identification:

1. A blue CFRC apron with her name on it, purchased by the CFRC. Aprons must be worn the first 2 weeks of each semester.
2. A nametag purchased by the CFRC.
3. Student Staff must wear either a red “student” apron or their personalized red apron,
4. Practicum students must wear name tags.

Teachers are responsible for posting and maintaining current photo documentation of staffing in their classrooms. They are also responsible for ensuring that all staff and practicum students working in their classrooms wear an approved form of identification.

Daily Sign-in
Every classroom must maintain a daily sign-in sheet. This form serves as a legal document recording children’s attendance, staff time worked, and staff/child ratios. State Child Care Licensing regulations, Head Start Performance Standards and the Child and Adult Care Food Program (CACFP) require these documents. Therefore, it is essential that they be accurately maintained.

All classroom staff must sign-in and out on the classroom daily sign-in sheet (at arrival, departure and break). The sign-in sheet must reflect actual times, NOT scheduled times.

Teachers must ensure that student staff sign-in and out as well. Parents are responsible for signing their children in and out. However, teachers must monitor this and record the arrival and departure of children who are not signed in or out by their parents.

Classified staff will be at their work station for the entire assigned time unless they have notified the immediate supervisor and have completed a leave slip.

Communication Channels
Questions, concerns, and comments about the work environment will be directed to the supervisor or to the director, and not to other staff, students, or parents.

Confidentiality
Confidentiality is mandatory. Employees are expected to maintain a professional attitude and observe the ethics of working in a university learning environment. The privacy of the children and families at the CFRC is to be respected always. Children and families are not to be discussed with anyone except in supervisory situations.
Teachers and Student Workers may be working with family files, personnel records, financial information, or client information, all of which is confidential. Information must be safeguarded while in use and filed in locked file cabinets when not in use. Family contact information must be kept in a location that is both accessible to staff, yet secure enough to maintain confidentiality of the information. Sign in sheets or appropriate password security is required for access to any file. Parents may only have access to their own child’s file.

University students may be given access to information in children’s files in certain situations. All partners and other service providers must conform to all confidentiality requirements.

**Medical information**

All medical information is confidential. This means it should not be shared with anyone unless you have permission from a parent or legal guardian. Most parents want their child’s caregivers to know about a child’s medical conditions, so their child gets the best care possible. Some parents may choose not to tell staff about a child’s medical condition because they are afraid their child might be treated differently. Early Head Start staff may not share medical information about anyone without the consent of a parent or legal guardian, even if you feel that person has the right to know. Contact your supervisor or the Health Coordinator if you have any questions regarding a child’s medical information or status.

**Photographs, Video and Audio Recordings**

Photographing, video-taping and or audio recording children can be helpful for documenting children’s learning and/or supporting staff professional growth. This type of documentation may be used only for CFRC supported activities (daily journals, staff reflection, etc.). Videos, audio recordings or photographs may not be posted on any individual’s social media outlet, website, or used for any other non-CFRC purpose.

Surreptitious or covert videotaping or audio recording of children, families or classroom activities is prohibited by law and Board of Regents policy.

**Center Computers and I-Pads**

Computers and I-Pads are available for staff use at every site. Center computers and I-Pads will be used only for center needs.

**Dress Code**

All employees must wear comfortable, neat, and modest clothing while on the job. Extremely short skirts, dresses and shorts, tube tops, halter-tops, spaghetti straps, visible undergarments, or midriff shirts are inappropriate in the classroom. T-shirts with inappropriate sayings (e.g. alcohol or tobacco related advertisements, foul language, sexual content, etc.) are not allowed. Good personal hygiene is required. Teachers are responsible for ensuring that all staff and practicum students working in their classrooms adhere to the dress code.

**Prohibited Substances**

Smoking, the use of chewing tobacco, alcohol, the use or possession of illegal drugs, over-use or inappropriate use of prescribed drugs, or unauthorized potentially toxic substances are prohibited in the facility at all times (including outdoor play areas) and during all times when caregivers are responsible for the supervision of children, including times when children are transported and during field trips.

Smoking is not allowed in or near any CFRC building, in any CFRC vehicle, or within sight of the children at any of the sites.

**Workplace Assignment**

The center/classroom in which a teacher or student worker is scheduled is the official “work station”. Teachers and student workers are required to remain in their work area unless specifically instructed by a supervisor to leave. This includes time scheduled to do paperwork or participate in site-based teacher meetings.
Timeliness
All staff are expected to be punctual in their arrival at work and ready to begin work at the assigned time. Timeliness used to evaluate performance and can be used to determine merit increases. Habitually late employees may be subject to disciplinary action.

Hourly Employees, Time Tracking
Hourly employees, casual labor and student staff, must clock in and out for each shift worked, and submit their hours in Workday. Supervisors will review and approve time worked. Please call (775) 682-6847 with questions.

Humanity for Scheduling
 Classified and Student Staff use the Humanity shift planning website. The web address is www.humanity.com. The Log-in is in the upper right.

Lunch and Breaks
Any adult working in a classroom will notify other staff in that classroom why he or she is leaving the classroom or playground, and when he or she will return.

Classified Staff
1. Every classified employee who works 6 consecutive hours or more is required to take a 30-minute unpaid lunch break. Work of any kind cannot be done during this unpaid lunch break, and the lunch break may not be skipped.
2. Teachers are responsible for informing their supervisor or the Assistant Director if there is not enough scheduled coverage to maintain ratios during lunch breaks.
3. Staff may never leave early because they did not take a lunch break.
4. Every classified employee who works 8 hours is also allowed one 15-minute rest break every 4 hours.
   a. 15-minute rest periods are scheduled in the morning and in the afternoon for all classified teachers.
   b. Rest periods must be taken during the assigned time on the schedules to comply with the laws and ratio requirements.
   c. Your rest time must be taken on site and you must return to your work station in the case of an emergency.
   d. CFRC is required to provide you an opportunity to take rest time; it is not required for you to take it. If you choose not to take your rest time at the assigned time, you may not request another rest time later in the day.
   e. You may not take your rest time in conjunction with arrival or departure of your normal shift, or added to your lunch break.
   f. Abuse of rest periods will result in disciplinary action.

Student Staff
1. Breaks: A student working a consecutive 4-hour work period is entitled to one 15- minute rest period with pay.
   a. For a consecutive work period that exceeds 6-hours a student worker is entitled to two 15-minute rest periods with pay.
   b. In general, rest periods should occur near the middle of the shift for a 4 to 6-hour shift.
   c. For shifts of more than 6 hours rest periods should be taken in the first and last third of the shift.
   d. Rest periods may not be taken at the beginning or end of the work period and are not cumulative.
2. Meals: In general, an unpaid meal period of ½ hour to 1 hour is required when a student employee is scheduled to work more than 6 hours.
   a. Under circumstances driven by operational needs, a student may waive the meal period, particularly when the need to work additional hours arises at the end of a scheduled shift.
   b. If a student works more than six hours and does not take a meal period, the reason for not taking a meal period must be documented on the time sheet by the student and approved (initialed) by the supervisor.
**Phone Use**
Personal cell phone use is not permitted in classrooms or on the playground. Incoming personal calls on the center phone should be limited to emergencies only.

**Social Networking**
Any employee who engages in social networking must be aware that online websites are available for public viewing and should take care to reflect CFRC in a positive and respectful light if referring to any of the following:
- their employment with the CFRC, including email address identification
- services provided by the CFRC
- other staff members, clients, and/or donors
- events sponsored by the CFRC

Activities related to social networking, whether on or off duty, are subject to the CFRC work performance standards, confidentiality policies, discrimination and harassment policies. Employees who violate this policy or who put the job performance of themselves or other staff members at risk are subject to discipline. Use of social networking sites is not allowable during work hours or on CFRC equipment unless it is a requirement of your job.

**Absence from Work Due to Illness**
1. All staff will notify (phone or text; not by email) their supervisor as soon as possible prior to the beginning of their shift if they will be absent due to illness.
2. Teachers and student staff who will be absent must complete the following prior to the start of the shift:
   a. Call or text the assistant director or the person in charge of scheduling to discuss substitute coverage.
   b. If you do not receive an acknowledgement from the assistant director or your supervisor, contact the Training Coordinator or the Center Director to ensure that your absence is known and can be covered.
   c. Notify co-teacher and/or co-worker at the site of his or her absence.
   d. Submit an iLeave request within 2 days of return from the absence.
3. Home visitors who will be absent must:
   a. Notify their supervisor.
   b. Ensure that families are notified when visits must be cancelled.
   c. Upon return to work call families to reschedule home visits.
   d. Submit an iLeave request within 2 days of return from the absence.

**Substitutes**
All teachers and student staff are expected to obtain substitutes for all absences. Substitute lists will be provided to employees via email each semester. It is each employee’s responsibility to have a current substitute/phone list at home and to follow the supervisor notification instructions on the substitute/phone list. Substitute forms, available at all sites, must be completed and returned to the immediate supervisor before any planned absence.

**Payroll**
Paydays for classified and student staff are on the 10th and the 25th of each month. Faculty are paid on the first working day of each month. Employees can set up direct deposit or participate in the payroll VISA debit card program. Contact the Payroll Department at (775) 784-6653 with any questions about payroll options.

**Child Abuse Reporting**
All center employees are mandated reporters and are required by law to report suspected child abuse or neglect to an agency that provides child protective services (CPS) or to a law enforcement agency. Childcare regulations require that a report be made no later than one (1) hour after there is a reason to believe that a child has been abused or neglected. Employees are encouraged to use the Child Abuse and Neglect Reporting form to document the report. The form can be obtained from a supervisor. Concerns should be discussed with a supervisor.

However, the employee who suspects child abuse and/or neglect is ultimately responsible for making the report within the prescribed time limit, without fear of reprisals or termination.
Procedures for Complaints
CFRC staff members will foster positive relationships by being proactive with parents and will conduct outreach to families through the CFRC Parent Advisory Board, EHS Policy Council and/or individual parent conferences to solicit constructive suggestions for quality improvement. The goal is to foster good relationships and avoid any complaints. The CFRC director and management staff are responsible for acting to resolve complaints about the program.

1. The procedures for addressing concerns and resolving complaints are as follows:
   a. If a complaint or concern is related to the conduct of a specific employee that matter must first be referred to the employee’s supervisor. If the direct supervisor is not available, the center director may be contacted.
   b. If a complaint or concern is related to program policy or procedures the matter should be directed to the center director.
   c. Complaints or concerns need to be made in writing and signed. Anonymous concerns or complaints will not be addressed.

2. The follow-up process to respond to all community inquiries is as follows:
   a. All inquiries will be reviewed by the CFRC management team at the weekly meetings;
   b. A written report from the Enrollment and Reporting coordinator and/or the CFRC director regarding the inquiry will be completed;
   c. The report will be presented at the next regularly scheduled Parent Advisory Board or Policy Council meeting (as appropriate), unless a special meeting is called to address the inquiry. Copies of the report will be forwarded to the Dean of the College of Education.
   d. The director will report the management decision to all involved parties.

Civil Rights Complaints
The CFRC participates in the USDA Child & Adult Care Food Program. In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating based on race, color, national origin, sex, age, or disability. The non-discrimination statement is as follows:

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex/gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual’s income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint_filing_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.
The U.S. Department of Agriculture (USDA) and the State of Nevada respond to concerns and complaints involving all USDA programs and activities. Anyone wishing to file a complaint may do so by writing a letter, submitting a form or providing verbal notice to the sponsor, USDA or State of Nevada in person or by telephone.

1. Complaint forms are kept on file at each site.
2. If anyone has a civil rights complaint, staff must provide the form and aid in completing and filing the form.
3. All complaints received by the CFRC staff must be logged in at the site and forwarded to the Early Head Start Enrollment and Reporting Coordinator.
4. The EHS Enrollment and Reporting Coordinator is responsible for forwarding a copy of the complaint to the Nevada Department of Education.
5. The person with a complaint may also submit the complaint directly to the State of Nevada or the USDA (see form for contact information).

**Sexual Harassment/Gender Discrimination**

Staff are trained and will abide by UNR affirmative action policies and procedures. More information can be found online at [www.unr.edu/affaction/harassment](http://www.unr.edu/affaction/harassment).

**Use of Center Vans**

The CFRC has two University owned vans available for center business. The vans may be driven by authorized employees with a valid driver’s license in their possession.

1. The blue van (a Dodge Caravan) is primarily for use of the staff in the Early Head Start Program. Priority is for delivery of daily lunches and other EHS business. Other approved uses for this van include travel for classroom field trips and transportation to required staff meetings. Classroom teachers, home visitors, and other staff members may schedule this van for use by calling the CFRC Office Manager at 682-6847.
2. The white van (a GMC Savana) is primarily for the use of the staff in the CFRC. Other approved uses of this van can be scheduled on the Savana calendar located in the public folders on Outlook.
3. Parking tickets or other citations received while driving a University van are the responsibility of the driver. Drivers will ensure that the inside of the vans are free of trash when returning, and will fill the gas tank at UNR’s motor pool when the gas gauge reads ¼ full.
4. Employees who are required to use the van to implement job requirements will need to take a defensive driving course.

**Building Security**

All staff will be assigned keys, cards, and/or codes to access work areas and secure the building when necessary. Staff will abide by the University of Nevada, Reno Key Policy and not loan keys, cards, and codes to anyone. Staff may not attempt to access buildings that they do not have authorization to enter. Staff who do not abide by the University of Nevada, Reno Facilities Services Department Key Control Policy, and Key Access Policy may be subject to disciplinary action and lose privilege to have access.

Staff will not be required to pay for their initially authorized keys but will be required to pay for additional keys replacing stolen or lost keys due to negligence.

Departments are required to submit an authorized key request form and pay for keys for temporary staff, students, and visiting faculty members. One key request must be completed per individual and everyone shall sign for their keys. Returned keys will be credited to the department.

All lost/stolen keys must be reported immediately to the Department, the Work Control Center, the Lock Shop and University Police Department.

Each building has procedures for opening and closing. Staff are required to become familiar with these procedures and ensure that they are followed.

**CLASSIFIED STAFF REQUIREMENTS**

**State of Nevada Employee Handbook**

The State of Nevada Employee Handbook for classified employees is available online at: [www.unr.edu/vpaf/hr/employment/recruitment.html#unrpacket](http://www.unr.edu/vpaf/hr/employment/recruitment.html#unrpacket) or at [http://dop.nv.gov/emphand.pdf](http://dop.nv.gov/emphand.pdf).
The Employee Handbook provides specific information and answers commonly asked questions that employees may have.

**Minimum Teacher Certification/Education Requirements**

Teachers are hired in the State series *Child Care Worker*.

All teachers must have a CDA, Nevada Registry Certificate, Nevada Apprenticeship Certificate, an ECE Certificate or a college degree to meet the Head Start requirements. There are additional requirements based on each level of education:

1. CDA (Child Development Associate Credential) or (Level 2.1 on the Career Ladder)
   a. CDA must be kept current and be in Infant/Toddler.
   b. Nevada Registry certificates must be renewed annually.
   c. Must be trained (or have equivalent coursework) in Infant Toddler Development

2. Nevada Apprenticeship Certificate (Level 3.1 on the Career Ladder)
   a. These do not expire.
   b. Must be trained (or have equivalent coursework) in Infant Toddler Development

3. ECE Certificate (earned at an accredited college) (Level 3.2 on the Career Ladder)
   a. Must be trained (or have equivalent coursework) in Infant Toddler Development

4. AA/AS or BA/BS in Early Childhood Education or Child Development (Levels 4 and 5)
   a. Must be trained (or have equivalent coursework) in Infant Toddler Development

5. AA/AS or BA/BS in a “related degree” (Human Development and Family Studies; Child & Family Studies, Child Psychology, etc.)
   a. The OHS has not defined a “related degree”.
   b. Must be trained (or have equivalent coursework) in Infant Toddler Development

6. AA/AS or BA/BS in another, non-related field
   a. Teachers must complete at least 8 college credits in ECE. (Level 2.1)
   b. Must be trained (or have equivalent coursework) in Infant Toddler Development
   c. The classes can be selected from the ECE courses approved for the Nevada Apprenticeship Certificate.

7. BA/BS in Elementary Education
   a. An endorsement in ECE is required (Level 5.1)
   b. Must be trained (or have equivalent coursework) in Infant Toddler Development

All teachers in licensed centers must apply to the Nevada Registry for placement on the Nevada Career Ladder. The Ladder is based on what national research shows about the importance of specialized training in early childhood education and the correlation between formal education and quality environments.

**Professional Development**

Regardless of previous education and experience, employees will be expected to continue their study and training in early childhood education. This continuing education may take place on the employee's own time and/or during regular working hours, as approved by the supervisor. Training may include, but will not be limited to, in-service training at the Center, parent meetings, community workshops, and enrollment in pertinent courses offered at UNR, TMCC or WNC.

1. Teachers must have the training and experience that enables them to develop consistent, stable, and supportive relationships with very young children and methods for communicating effectively with children, their parents, and other staff members.

2. The Child & Family Research Center requires a Nevada Registry professional development plan for every classified staff member. Individualized professional development plans and opportunities will be reviewed with immediate supervisors during annual performance appraisals to determine scheduling and the type of support the CFRC can provide.

3. Staff are expected to continue professional development in the following ways:
   a. Attendance at professional development days (all staff).
   b. Attendance at monthly collaboration meetings (teachers) and other all-staff and teacher meetings.
c. Staff are encouraged to participate in professional organizations. The immediate supervisor must approve professional organization work if it is scheduled during an employee’s work hours.

d. Staff are expected to register with the Nevada Registry within 90 days of employment. Forms and brochures can be downloaded at www.nevadaregistry.org. Currently, there are no fees charged to register.

Coaching
The CFRC has implemented a practice-based coaching model as a means of improving program quality. The coaching model utilizes the Classroom Assessment Scoring System (CLASS), Environmental Rating Scales (ITERS & ECERS), and Teaching Strategies Gold as a framework for developing individual or classroom goals and improvement plans. The coaching model includes coaching contracts between coaches and teachers to insure transparency. Teachers are expected to keep appointments with the CFRC Curriculum Coach and make regular progress toward identified goals. Coaching may include numerous levels of support as follows:

Teacher Focused Individualized Coaching: Newly hired teachers receive ongoing, structured coaching with the curriculum coach. Classroom observations are conducted by the coach, individual goals are established jointly with the teacher and the coach, and ongoing feedback, based on observations, is provided. Additionally, self-reflection is embedded in the process to assist teachers in developing the skill of observing and identifying evidence based practices. The goal of the Teacher Focused Individualized Coaching is to help familiarize new teachers with evidence based practices specific to the CFRC and to provide focused observations to support teachers’ individual goals.

Collaborative Coaching: Includes the development of class wide professional development plans to address the unique needs of each classroom. Collaborative coaching may include self-reflection and evaluation, peer coaching, and/or supervisors working with individual teaching staff on specific skills. Collaborative coaching is aimed at more experienced teachers with the goal of continually strengthening and enhancing their teaching skills.

Self-Coaching: Provides another option for experienced teaching staff that utilizes videos, research articles, books, and peer observation as a method of expanding and enhancing teachers’ skills and content knowledge.

What is Practice-Based Coaching?
Practice-Based Coaching is a cyclical process for supporting teachers’ use of effective teaching practices that lead to positive outcomes for children. The cyclical nature of Practice-Based Coaching emphasizes that expectations, understandings, and desired outcomes of coaching are regularly reviewed and updated.

Ethical Conduct
The Child & Family Research Center utilizes the Code of Ethical Conduct developed by the National Association for the Education of Young Children (NAEYC) to address ethical issues that arise in early childhood settings. The NAEYC Code of Ethical Conduct offers guidelines for responsible behavior and sets forth a common basis for resolving the principal ethical dilemmas encountered in early childhood care and education. All employees of the Child & Family
Research Center are expected to comply with the National Association for the Education of Young Children (NAEYC) Code of Ethical Conduct and to sign the Statement of Commitment.

**Special Events**
Parent participation is a vital element to building school and home partnerships. CFRC sponsors program-wide special events throughout the year to facilitate parents and staff interaction on a casual level, and to help build home/school relationships. Staff are encouraged to attend and be active participants (bring food, interact with families, etc.) at special events. Special events include, but are not limited to, the Fall Picnic and the Spring Fling.

**Staff Meetings**
All teachers are required to attend staff meetings and collaboration meetings as scheduled. Missing required meetings and events may impact an employee’s annual performance appraisal.

**Work Performance Standards**
Upon hire, classified staff are given a copy of the work performance standards applicable to the position. It is the employee’s responsibility to be aware of all job duties contained in the standards.

**Performance Appraisals**
1. Each employee is assigned a supervisor to meet with on a regular basis. Supervisors will directly observe the work of employees and offer suggestions for more effective classroom techniques. Videotaping of employees may be utilized to provide opportunities for observation and reflection between staff members and individual supervisors. Refer to the State of Nevada Employee Handbook for classified staff performance appraisal procedures.
2. Teachers will complete a minimum of one student staff evaluation per semester for each student working in the classroom.

**Job Assignment**
1. Teachers are hired for a specific site and classroom. The director and supervisors reserve the right to make staffing adjustments when determining the best placement of teachers in classrooms. It is the individual teacher’s responsibility to check for opportunities for change in work assignment.
2. Detailed explanations of transfer lists, tests, job hotline, etc., can be found in the Classified State Employee handbook, or online at www.state.nv.us/personnel.
3. Teachers can ask their supervisor for information on CFRC job openings that arise.

**Work Schedules**
Work schedules may change each semester. Attempts will be made to meet individual and family needs whenever possible, but cannot be guaranteed. The CFRC assistant director is responsible for all staff and student staff classroom scheduling and handles all schedule changes.

**Leave Request Policy**
1. Employees are responsible for knowing their leave balances. Records may be viewed by using your UNR Net ID and password to log into Workday. Any questions regarding leave balances should be directed to the College of Education leave keeper.
2. Annual leave or other time off for doctor or dental appointments may not be approved on professional development days, during the first two weeks of each school semester, finals week, and other transition periods.
3. Annual iLeave requests must be submitted and approved before leave is taken. Failure to submit forms may result in leave without pay (LWOP).
   a. The supervisor will schedule coverage if possible and approve the request.
   b. If subs cannot be scheduled, the leave request will be denied, and an email will be sent to the employee immediately.
   c. If the teacher can find their own subs, a new request should be submitted with the name of the sub in the notes section of the iLeave request.
   d. The supervisor will then reconsider the request.
If approved, the supervisors will approve the leave and enter approved leave information on the CFRC master calendar.

4. All other staff should submit requests to their supervisor for approval.
   a. Leave for all other staff must be entered on the “Non-teacher Leave Calendar” by the supervisor approving the leave.

5. No two classified staff who are partners in a classroom may take annual leave at the same time.

6. Annual and/or compensatory time must be used for the winter and summer breaks and must be approved before the closure.

7. Additional leave policies may be found in the State of Nevada Employee Handbook.

**Annual Leave for Teaching Staff**

One Week Vacations: Since staff to child ratios must always be maintained, teachers’ vacations must be covered by a floater or sub. To streamline the process and enable teachers to make vacation plans, teachers will be given the opportunity to apply for five consecutive days of annual leave each fiscal year (July 1 through June 30). This will generally take place in the preceding Spring semester.

1. A vacation calendar will be established which shows all the weeks that are available.
2. Teachers will be notified (based on seniority) when it is their turn to select time off.
3. Teachers must choose that time within 24 hours (one working day) and submit an iLeave request to their supervisor for the selected week.
4. After the schedule has been set for the year, if plans change, the teacher must notify the Training Coordinator or supervisor ASAP to reschedule (if possible) or cancel the approved leave. (No trading weeks.)

All other annual leave will be processed as described below:

1. After all teachers have had the chance to request a weeks’ vacation, annual leave requests will be considered on a first come/first served basis, subject to the availability of substitutes, scheduled center events, etc. within the fiscal year being scheduled. For example, if the process for requesting one week leave is completed by May 15th, then additional annual leave requests can be submitted for time off on days from May 16th through June 30th of the following year. The requests will be considered in order of the date and time that the request is received by each supervisor. If two requests are received on the same day, then seniority would be used when considering the requests.
2. Requests for time after June 30th of the next year will be denied until the process is repeated the following spring.

**Sick Leave**

1. The sick leave benefit is for employees who are unable to perform the duties of their position due to a medical condition or treatment for a medical condition (NAC 284.554). There are also a designated number of hours that may be used to care for the medical needs of family members (NAC 284-558).
   a. “Mental Health Days”. There are many mental health conditions that would qualify an employee to be approved for sick leave. However, please remember that the sick leave benefit is for employees who are unable to perform their duties due to a medical condition. When you submit and sign a sick leave slip, you are attesting to the fact that you are unable to perform the duties of your position. If you are in a position where you feel you need a day away from work, but you are not experiencing a medical condition that renders you unable to perform your duties, please consider that annual leave may be a more appropriate choice for your leave request.
2. To use accrued sick leave for medical appointments, an iLeave leave request must be completed and approved prior to the appointment. (see Leave Request Policy above)
   a. In the case of illness, leave requests must be submitted immediately upon return to work (within 48 hours)
3. All staff will submit requests to their supervisor.
4. For absences more than 3 consecutive working days, employees must submit a certificate from a health care provider indicating the need for the absence. (NAC 284.566)
5. Absences attributed to illness that occur when sick leave accruals have been exhausted are unauthorized and will incur a deduction of pay (NAC 284.594-2). Unauthorized absences are also subject to disciplinary action (NAC 284.594-3 and NAC 284.650-15).

6. Use of annual leave as a substitute for sick leave is not allowed because annual leave must be requested and approved in advance (NAC 284.539-1). However, you may use annual leave for future medical needs provided the annual leave is requested and approved in advance. Annual leave may also be used for illness if the employee is covered by the Family Medical Leave Act (NAC 284.5811).

7. FMLA is a federally mandated program that protects an employee’s position if they need an extended period away from work due to a qualifying medical condition or due to their need to care for an immediate family member with a qualifying medical condition.
   a. If an employee has a condition that may qualify under the Family Medical Leave Act (FMLA), the employee is encouraged to contact their supervisor or the Business Center North Benefits Office at (775) 784-1496 to explore options.
   b. FMLA additionally authorizes medical absences without supporting leave accruals. While pay is still deducted, the absence is not considered unauthorized.

8. If an employee believes that he or she may qualify for accommodation under the Americans with Disabilities Act (ADA), the employee is encouraged to contact the Office of Affirmative Action at (775) 784-1547 concerning individual rights and obligations.

9. If an employee is experiencing personal problems that may be interfering with job performance, the employee is encouraged to contact the Employee Assistance Program at (800) 873-2246.

10. If sick leave balances fall below 20 hours accrued, a Letter of Instruction will be issued.

11. Refer to the previous section, “Absence from Work” (pg. 27), for procedures on calling in sick.

Compensatory Time

1. Compensatory (comp) time is earned at the rate of time and a half per hour worked over forty (40) hours in one week on a variable work schedule.

2. Supervisors must approve comp time in advance.

3. Comp time may be earned for required staff meetings, training, center events, and holiday closure by working extra hours at activities such as parent meetings, home visits, enrollments, teacher conferences, and child care for EHS meetings. Staff who fail to obtain pre-approval for comp time may face disciplinary action.

4. Employees must clock in and out of Workday, to document their overtime hours. Staff who do not clock in and out in Workday, will have to request their supervisor, or the CFRC office manager adjust their time. Employees who regularly request an adjustment in Workday for undocumented comp time may face disciplinary action.

5. Accrued comp time will be used before annual leave.

6. The use of comp time must be requested and approved in advance on a leave form; therefore, comp time may be used in lieu of sick leave only for scheduled absences (appointments, etc.) not for unplanned absences (calling in sick).

Travel Procedures

1. CFRC personnel may have opportunities to travel in-state and out-of-state, for training, conferences, meetings, etc. This travel is considered a benefit of employment at the CFRC, not a requirement.

2. The costs associated with this travel will be reimbursed upon the traveler’s return following university procedures. Travelers may read these guidelines online at http://www.howler.unr.edu/controller/Travel_UAM.doc to ensure compliance. The following CFRC procedures must also be followed:
   a. The traveler will request permission to travel from their supervisor providing documentation of the intended trip (i.e., Conference or Training Announcements including venues, dates, and agendas).
   b. Priority for individual travel benefits will be determined by several factors including but not limited to, tenure at the center, membership in appropriate professional associations, participation in center professional development opportunities, etc.
c. All travel, including ground transportation, will be by the least expensive method available. Employees are encouraged to share hotel rooms to minimize expenses thus maximizing opportunities for travel. Travelers requiring individual rooms may be required to cover the costs for this request.
d. Employees will be held responsible for any penalties incurred if a trip is not taken because of their own actions.
e. Once approved, travel arrangements will be completed with the assistance of the CFRC Office Manager.

**STUDENT STAFF REQUIREMENTS**

Student staff are expected to comply with all policies and procedures of the CFRC, except for requirements for Classified Staff (Child Care Workers, Family Support Workers, etc.).

**University Requirements for Employment**

In addition to the requirements for employment, training and staff health listed in this section, student staff are required to maintain their eligibility for employment by:

1. Being an undergraduate or graduate student enrolled at least half-time (6 credits) per semester at UNR. Summer employees must be registered at least half time (6 credits) for the fall.
2. Maintaining the following cumulative GPA requirements:
   a. Undergraduate and 3.0 graduate
   b. International, undergrad - 12 credits per semester & 2.0 cum GPA
   c. International, graduate - 9 graduate credits per semester and a 3.0 cum GPA

**CFRC Requirements for Student Employees**

Student staff are also expected to meet the following center requirements by:

1. Attending a New Staff Orientation before hire,
2. Attending student staff trainings as scheduled and other required staff meetings;
3. Receiving satisfactory-or-better evaluations from the classroom teacher(s) with whom they work. At least once per semester, usually at midterm, teachers complete student staff evaluations. A second evaluation must be completed at the end of the semester if any part of the evaluation is given a number score of 1 (does not meet standards).
4. Students may be eligible for up to two $.25 per hour pay raises per year if the budget allows. Work attendance, ability to follow CFRC policies and procedures, completion of mandatory and childcare trainings, and classroom performance will be examined when raises are being considered. Evaluations are usually completed in November and May, with raises following if awarded.
5. Student staff who fail to fulfill the mandatory trainings and childcare training requirements will be terminated from work at the CFRC.
6. Student staff must wear a red apron and a nametag when they are working at any center site.
7. A student working a consecutive 4 hour work period is entitled to a 15-minute break with pay. A student working 6 hours or more are entitled to a 30 minute un-paid lunch break. A student working a full 8 hour day is entitled to two 15 minute breaks with pay and a 30 minute lunch break without pay. Lunches should be recorded on the student timesheet. Breaks should not be taken at the beginning or the end of the work period and are not cumulative.
8. Student staff must remember to sign out (on the classroom sign-in sheet) when taking a lunch break.

**Student Employees, Time Tracking**

1. Students must clock in and out for each shift worked, and submit their hours in Workday. Supervisors will review and approve time worked.

**Student Staff Job Responsibilities**

Students are hired as teaching assistants in classrooms with children from six weeks to six years old.

1. Student staff are expected to communicate effectively with other staff members and to be team players.
2. Under the supervision of teachers, students will assist in:
   a. Providing care and education of children in assigned group.
   b. Providing parent and/or family interaction in center programming.
c. Maintaining a safe and healthy classroom environment.

3. Student staff are directly responsible for providing these services when acting as a substitute for a Lead Teacher.

4. To fulfill these responsibilities, student staff must be familiar with the following in each classroom in which they are scheduled:
   a. Rules for children
   b. Location of supplies and materials
   c. Location and content of the emergency/disaster plan manual
   d. The emergency evacuation routes
   e. The location of children’s emergency contacts
   f. The location of postings regarding children’s allergies and food preferences
   g. The location of any child health care plans, including emergency procedures
   h. The opening and closing procedures (if scheduled at those times)

5. Student staff are most effective when they:
   a. Ask questions
   b. Show initiative
   c. Are aware of what is happening in all areas of the classroom, even when working with individual or small groups of children.
   d. Are familiar with the Supervision of Children section of this manual.

Supervision of Student Staff
Teachers are responsible for the daily supervision and evaluation of student staff.

1. Teachers will ensure that all student staff and other adults working in the room are trained in and aware of individual needs of the children, as well as health or medical concerns including but not limited to health or nutritional needs of children, allergies, seizures, asthma, diabetes, food allergies or other restrictions, and developmental needs of all children

2. Teachers will ensure that student staff are familiar with specific routines and classroom emergency plans that may differ in every classroom or at each Center site.

3. Student staff are utilized as classroom assistants and, once trained, as substitutes for teachers in the classroom. Student staff are responsible for knowing of any critical needs of the children as well as emergency procedures.

4. Teachers must ensure that student staff, practicum students, and volunteers sign in and out on the classroom sign-in sheet every workday.

5. Teachers are responsible for providing an orientation to all student staff assigned to their classroom. (See the New Staff Orientation section.)

6. Teachers must ensure that student workers supervise children during naps. It is not acceptable for staff to sleep, do homework or read (other than work related materials) during naptime.

7. Teachers must ensure that student staff follow all policies and procedures including the cell phone use policy.
Section 4: CLASSROOM OPERATIONS

CHILD TO STAFF RATIO AND GROUP SIZE

1. Child to staff ratios are 4:1 for infants and in all Early Head Start classrooms; 5:1 for toddlers; 6:1 for two-year olds, and 9:1 for preschoolers.
2. CFRC classroom group sizes are 8 for infants, 10 for toddlers, 12 for two-year olds, 18 for preschoolers, and 22 for kindergarten.
3. EHS group size is 8 children; inside and outside.
4. Ratios must be maintained inside as well as outside.
5. Children visiting with their parent(s) are the responsibility of their parent(s). Visiting parents must remain with their children to maintain appropriate group sizes and ratios.

Per State (NAC Chapter 432A) and Federal (45 CFR 1304) law, CFRC must maintain required child to staff ratios always. While CFRC management schedules classified and student staff to ensure coverage at the end of shifts, there are occasions beyond management control where such coverage is not available. Employee cooperation and flexibility is necessary to ensure classrooms are properly staffed. You are expected to:

1. Notify your supervisor in the morning if you must leave immediately at your scheduled end time due to an appointment or other need.
2. Notify management as soon as possible if ratios may be problematic at the end of the day.

CFRC management will attempt to provide you at least four hours’ notice if you are required to work past your scheduled shift. However, despite measures outlined above, there will be rare occasions where management cannot anticipate and plan for needed coverage. If at the end of your shift your classroom does not have proper ratios, you are expected to do the following:

1. Check with other classrooms in the building to shift staff if other classrooms exceed the required teacher ratio. If not possible, then;
2. Contact your immediate supervisor for assistance. If your immediate supervisor is not available, then;
3. Contact Michelle Saunders at 682-6842 or 233-5195 or Calena Long at 348-9585 or 232-1246. If neither are available, then;
4. Contact Sherry Waugh at 682-6840 or 750-8429.

If individuals in steps 1-4 are unavailable to assist, this is considered an emergency and you are expected to stay until coverage is appropriate. Upon arriving to work the subsequent day, immediately submit a request to adjust your schedule another day during the week or receive compensatory time if staying required you to exceed a 40 hour work week.

No employee may leave the worksite if appropriate coverage is not in place in accordance with (NAC Chapter 432A and 45 CFR 1304).

SUPERVISION OF CHILDREN

Indoor and Outdoor Supervision

1. Staff will directly supervise children by sight and sound always, even when children are in sleeping areas.
2. Appropriate child to staff ratios shall be met during all hours of operation, including indoor play, outdoor play, and field trips.
3. Staff will strategically place themselves close to groups of children, and at the children’s level, to facilitate social interactions, prevent conflict and ensure safety.
4. Staff will engage in active and positive supervision by watching carefully and intervene to avoid problems. They will maintain supervision of the whole group while working with one child or a small group.
5. Staff will be aware of and maintain balance between each child’s need for independent exploration and caregiver support.
6. Staff will follow safety precautions for specific areas and equipment.
7. Staff will supervise all areas always to ensure each child’s safety.
8. Staff will act quickly to solve problems in a comforting and supportive way.

Playground Safety Checks
1. Equipment and playgrounds shall be inspected daily prior to use by the children using the Daily Playground Safety Checklist and at least monthly using the Health and Safety checklist. The playground and all equipment must be kept clean and in good repair. Unsafe equipment must be removed immediately or be made inaccessible to children and reported to the supervisor.
2. Submit the Daily Playground Safety Checklist weekly in the WIR to supervisors.
3. Gate latches shall be utilized to prevent children from opening the gate, but will allow adults to open the gate.
4. Padlocks on gates that are to be used for evacuation during an emergency shall be unlocked during working hours.
5. Gates and emergency exits must not be blocked in any way.
6. Climbing equipment that is not required by the manufacturer to be anchored and is less than 3 feet in height at any point may be used on a loose sand or grass area. Children using this equipment must be closely supervised always.
7. Tricycles and riding toys are to be ridden in designated areas.
8. Toys are not allowed on the climbing equipment.

Supervision of Water Play
1. Wading pools are not used in the center.
2. Drinking faucets and all water sources are to be closely monitored always.
3. Staff will closely supervise children playing at a water table, and will ensure that no child drinks water from the water table.
4. Children are to wash their hands before and after using a communal water play table.
5. Only children without cuts, scratches, and sores on their hands, and without colds or runny noses, are permitted to use a communal water play table.
6. The water table is to be filled with fresh water immediately before children begin a water play activity at the table. Freely flowing fresh water is allowed during the play activity.
7. Water tables must be emptied when the activity is completed, or children leave the playground.
8. Staff must clean and sanitize the basin and toys when the activity is completed.

TRAM USE
Trams are used to introduce the outside world to infants and toddlers, and tram time should be interactive and stimulating. Staff should use tram rides to encourage language and extend learning by singing and talking to the children during the walk. Children should be engaged through their senses by exposing them to textures, smells, sounds, sights, and sensations (e.g., bumpy road). However, since it is so important to promote active physical play, children should not be kept in a tram longer than 30 minutes per day.

Only trams meeting the national safety standards will be used. Teachers must immediately report any problems with the trams (brakes, restraints, flat tires, etc.) to supervisors so that repairs can be made before the tram is used again. To accommodate fire regulations, trams are stored outside during the day and are placed inside after hours.

General Requirements
1. When leaving for a tram ride, a sign must be posted on the classroom door which indicates who is on the tram ride (children and adults), the time when leaving the center, the expected time of return and the cell phone number that is being taken for emergency contact use.
2. Water, cups, first aid kits, tissues, allergy information, emergency medications (if applicable), and emergency contact information should be carried always. One staff member’s cell phone should be left on for emergency contact use.
3. Adult-child ratios and group size requirements must be maintained during tram rides. At least one staff member should stay on-site to greet any late arrivals.
4. Children may not eat while on the trams.
5. Once leaving the center, routes should be planned to use sidewalks, pedestrian walkways, marked crosswalks etc. Staff should avoid using streets without sidewalks. If it is necessary to push the tram on the street, always walk facing traffic.

**Loading the Tram**

1. Teachers should physically demonstrate to new staff the correct way to load children on to trams.
2. Children in trams must be buckled into restraints. No child is to be left unsupervised in a tram at any time.
3. Children who are unable to climb into a tram will be lifted under their arms or by their trunks. Children are never to be lifted by the arms, hands, or feet.
4. Children who can climb into a tram unassisted will be closely supervised within arm’s reach, and immediately buckled in.
5. One person must remain with the tram and children always. While loading and unloading, one person must be near the tram to supervise the children.

**Infant and Ones Classrooms**

1. Children should not be kept in a tram longer than 30 minutes per day.
2. Trams are to be used for “walks”, not “field trips” so children must stay on tram while away from the center.
3. The trams should not be used to lull babies to sleep, nor should babies who fall asleep be left on the tram.
4. Written permission from a supervisor is required for walks that may exceed 30 minutes.

**Twos Classrooms**

1. Children may not be on the tram for more than 30 minutes a day or be away from the center for more than one hour.
2. When children are off the tram at a location away from the center; it is then considered a “field trip” and one additional person is required (per Child Care Licensing Regulations). An additional person means one more than what would normally be required for ratios.
3. Activities planned while children are off the tram must be reflected on the Curriculum forms.
4. Written permission from the supervisor is required for any walk/field trip that may exceed one hour. All other field trip requirements then apply (see below).

**FIELD TRIPS**

Teachers planning any classroom outing, other than daily tram rides for infants and toddlers and campus walks (lasting less than one hour) for older children, must secure prior written approval from a supervisor. Teachers must complete the event planning form and keep a signed copy to document this approval process.

1. Supervisors will inform center administration of any approved field trips at the appropriate management meeting and enter on the master calendar.
2. Teachers will inform parents of any approved field trip by sending home individual notes/consent forms including all pertinent details. Teachers must be certain that signed consent forms are returned for all participating children.
3. Teachers will post notes to parents at appropriate locations any time the children are not in the classroom or on their regularly assigned playground.
4. An additional adult is required to accompany the class on the field trip (per Child Care Licensing Regulations). An additional person means one more than what would normally be required for ratios.

**Transporting Children**

Children may be transported by parent volunteers (in their own vehicles), or by staff members (in CFRC or rental vehicles) for field trips and summer camp activities.
All drivers (Parent volunteers or staff members) must have a valid driver’s licenses to transport children. Teachers or other staff members may not provide transportation for children in their personal vehicles. Drivers of rental vans must be 21 years of age or older.

1. Staff will utilize the CFRC Transporting Children Checklist any time children are transported. The checklist includes the following:
   a. A list of items to take on the trip
   b. A pre-trip vehicle inspection
   c. Checklists to remind staff to count children after loading the vehicle, when leaving the vehicle and when re-boarding to ensure that no child is left unaccounted for.
   d. A post-trip checklist.

2. Each vehicle shall be equipped with a first aid kit, emergency identification and contact information for all children being transported, and a means of immediate communication to summon help (such as a cell phone).

3. When transporting children with chronic medical conditions (such as asthma, diabetes, or seizures), their emergency care plans and supplies or medications shall be available. The responsible adult shall be trained to recognize and respond appropriately to the emergency.

4. Smoking, the use of chewing tobacco, alcohol, the use or possession of illegal drugs, over-use or inappropriate use of prescribed drugs, or unauthorized potentially toxic substances are prohibited in the facility always (including outdoor play areas) and during all times when caregivers are responsible for the supervision of children, including times when children are transported and during field trips.

5. Children, as both passengers and pedestrians, shall be instructed in safe transportation behavior with terms and concepts appropriate for their age and stage of development.

6. The driver shall not play the radio/CD player loudly or use ear phones while children are in vehicles operated by the facility. Cellular phones shall be used only when the vehicle is stopped and in emergency situations only.

7. Adults who supervise drop-off and loading will see and assure that children are clear of the perimeter of all vehicles before any vehicle moves.

8. A child less than 6 years of age and weighing 60 lbs. or less shall be secured in a child restraint system while being transported in a motor vehicle. (NRS 484.474)

9. A child shall be transported only if the child is fastened in an approved developmentally appropriate safety seat, seat belt, or harness appropriate to the child's weight, and the restraint is installed and used in accordance with the manufacturers' instructions for the car seat and the motor vehicle. Each child must have an individual seat belt and be positioned in the vehicle in accordance with the requirements for the safe use of air bags in the back seat.

**GUIDANCE & DISCIPLINE**

Daily schedules, curriculum, classroom arrangements and staff members are chosen to promote positive and enjoyable learning experiences, including respectful and trusting relationships between adults and children. Positive, guiding communication is the primary method of helping children develop a sense of independence, confidence and competence in their own abilities to get along with peers and adults.

Discipline is most effective when it is consistent, reinforces desired behaviors, and offers natural and logical consequences for negative behaviors. An awareness of the developmental stages of children will enable the teacher to determine whether the behavior is inappropriate for the individual child. The teacher’s response to a child’s behavior will focus on redirecting the inappropriate actions, offering alternative choices, and teaching problem-solving skills. Staff are to refrain from telling children to “walk away” when problems between children occur.

Positive discipline techniques may include:

1. A brief, supervised separation from the group or withdrawal of privileges, such as playtime with other children;
2. Natural consequences of an action (if not associated with injury). For example, when a child misuses and breaks a toy, the toy does not work anymore;
3. Logical consequences of an action (such as not being able to play in the sandbox for a time because of throwing sand).

Special modifications of time-out may be used for Washoe County school children as specified in their IEP. Children with behavior issues may have a behavior plan.

**STUDENT CONDUCT POLICY**

1. The behaviors of children shall be addressed by classroom staff as outlined by the discipline policy of the Child & Family Research Center. This could include positive reinforcement for appropriate behavior, redirection, reminders of classroom rules, modifying the classroom environment and/or daily schedule, and providing a supervised quiet time for the child to gain control. Classroom staff shall observe all children and document these observations to help ascertain any patterns or precipitating factors of the problem behavior. At no time shall staff use shaming, withholding of food, or physical punishment of any kind.

2. When a child exhibits a problem behavior on a continual basis that is not resolved through appropriate behavior management strategies, the classroom staff will meet with supervisors and/or the center director to document the problem behavior and ask for further guidance.

3. If the behavior problem is still not resolved, the center staff shall request a meeting with the child’s parents to discuss the problem behavior. The center staff and parents will collaborate on the development of strategies to resolve the problem behavior. During this process, the classroom staff will keep the supervisor, the center director and child’s parents informed of progress in resolving the behavior problem. Classroom staff will provide information to the parents in written form with copies kept in the child’s file. If a child’s behavior results in an injury to another child or staff member, the child’s parents will be notified as soon as possible, and written documentation of the incident will be provided to the parents and placed in the child’s file.

4. If the center staff feel they need further assistance in resolving the behavior problem, the program may, with parental permission, request the assistance of an outside consultant. If the center staff feel the problem may be a result of a special need, the program may, with parental permission, refer the child for evaluation. If parental permission is refused and the problem behavior continues, the continued enrollment of the child will be reconsidered in accordance with the provisions of paragraph 6 below.

5. If the results of an outside evaluation suggest the need for accommodations for special needs, the program will provide these or other appropriate accommodations if they are not an undue hardship on the program as outlined in the Americans with Disabilities Act (ADA).

6. If all the above steps fail to resolve the behavior problem, the program may ask the parents to obtain care for the child at another center. The program will provide the parents with four weeks’ notice, except where such notice is not reasonable because of safety concerns, and will try to assist parents in obtaining alternative care.

7. Written documentation of all the above steps will be provided to the parents and placed in the child’s file.

**AGE APPROPRIATE TOYS**

1. Children under 3 years of age are not to have access to toys or objects with removable parts with a diameter less than 1¼ inch and a length less than 2¼ inches.

2. Other small objects that are not allowed include balls that are smaller than 1¾ inches in diameter, toys with sharp points and edges, plastic bags, Styrofoam objects, coins, safety pins, marbles, or other small objects.

3. Infants, toddlers, and preschool children are not permitted to inflate, suck on, or put balloons in their mouths. They may not have access to deflated or under-inflated balloons in the center.

4. Projectile toys, toy guns, and other toy weapons are not allowed at the center.

5. Donated toys are discouraged because of safety issues, and staff must consult their supervisor before adding any donated toys to the inside or outside environment.
**FLOOR TIME**
Children become more engaged, stimulated, and content when caregivers interact with them on their level, and babies need to have people on their level most of the time. Staff is encouraged to spend most of their day with babies on the floor interacting with them and modeling appropriate ways of interacting with others. Student staff and practicum students should assist in caregiving routines, as well as interacting with children on the floor.

1. Children are never to be lifted by the arms, hands, head, or feet.
2. Stationary activity centers (i.e., play tables with rotating seats) and bouncy chairs may pose a problem by delaying motor development, and may not be used. Baby walkers are never used (see Infant Care below).

**MUSIC IN CLASSROOMS**
Children are natural musicians and exposure to music promotes language development, creativity, coordination and social interaction. Music can be soothing for most infants. Toddlers and preschool children like to dance and sing to music or finger play games. Children should have opportunities to make their own music with rattles, bells, drums, xylophones, shakers, etc. Recorded music that is played in the classrooms also enhances development. The following guidelines are to be followed when incorporating music into the curriculum:

1. Recorded music must be appropriate for children. **Adult radio stations and adult music with adult content are not appropriate for children and may not be played in the classrooms.**
2. Music in the classroom should be purposeful. Staff must be sensitive to the needs of all children and other adults in the classroom; music that is used solely as background sound can over-stimulate and irritate some children and adults. Staff must watch for cues to ensure that music is enjoyed by all.
3. Instruments, homemade and manufactured, should be readily available to children.
4. Singing must be part of staff’s daily routine to communicate with infants and toddlers.
5. When choosing recorded music to play in the classrooms caregivers should offer a variety of music from other countries and ethnic groups. All music, but especially American holiday music, should be chosen carefully to respect the values and cultures of the families.

**CLASSROOM PARENT MEETINGS**
Every semester each classroom or pod (2 classrooms in the same building with the same age children) must plan and implement a meeting for parents to gather input about curriculum and discuss topics of interest to the parents (toilet learning, guidance strategies, etc.). Be certain to make a connection between the topic and school readiness for the children. Each parent meeting must have a flier to announce the date, time, location, and agenda for the meeting. At the meeting, parents must sign in. A copy of the flier, agenda and sign in sheet must be turned in with the next Weekly Information Report (Nelson, Comstock, Sage, and NEIS) or Monthly Information Report (SFB, WRB).

**CELEBRATION OF HOLIDAYS**
Staff members recognize, understand and value holidays that reflect the cultural diversity represented in the classrooms. Teachers will encourage all parents to propose the observance of holidays that reflect their family background and values. Before planning to include any celebration activity, teachers will make sure they can introduce them in a relevant, respectful way that connects to children’s own experiences. The goals for appropriate classroom holiday observance are to validate children’s experiences, make holiday activities fun and enjoyable, and promote connections among children and families.

**NAPS**
Teachers provide a restful environment for napping children. Children will be encouraged to rest, but may not sleep. Children nap in individual cribs or cots that are spaced at least three feet apart. Children may rest or have nap periods whenever they are tired or become ill, but may not sleep on a bare, uncovered surface.

Procedures before nap include:

1. putting on fresh sheets and blankets as required;
2. dimming the lights;
3. setting out cots and cribs, snuggles and blankets;
4. selecting appropriate soft background music;

Procedures during nap include:
1. maintaining sight and sound supervision and staff: child ratios;
2. accommodating children who do not nap or who awaken early. Children who awaken early or do not nap shall not be required to remain on their cots for the remainder of the nap period. Quiet activities must be provided for those children.
3. remaining awake at all times (adults); and
4. keeping a child within sight and sound supervision when a child moves to a different area before, during, or after naptime, until his or her safe arrival.

Procedures after nap include:
1. disinfecting cots, cribs, and mattresses with a bleach solution as required;
2. washing sheets and/or blankets as required; and
3. Returning cots to storage areas.

**INFANT CARE**

**Continuity of Care and Primary Caregiving**

Continuity of care is the practice of keeping children with the same teachers for more than one year. The Child & Family Research Center utilizes a continuity of care model for all age children. Infants and toddlers remain with the same teachers for up to three years and preschool age children remain with the same teacher for two years. Continuity of care promotes trusting relationships between children and their teachers. Most children and teachers move to new classrooms each year which provides consistency for the children while at the same time providing new and stimulating environments that promote learning. The Child & Family Research Center makes the most of continuity of care by also practicing primary caregiving. Primary caregiving in the concept of assigning a small group of children to one teacher to form long lasting relationships with parents and children as well as conducting screens, assessments, parent/teacher conferences, and home visits (Nelson, Comstock, NEIS and Sage Street families).

**Responsive Caregiving**

The relationship between an infant and his or her caregiver is at the heart of quality infant/toddler care. Through experiencing the warmth and support of caring adults, children gain a basis for development and learning in all domains: physical, cognitive, and social-emotional. Knowing how to read and to respond to infants’ cues appropriately is at the heart in infant/toddler caregiving. Teachers try to please children and make them comfortable. Young children cannot be spoiled, except by not giving them what they need. Infants and toddlers whose needs are met become easier to take care of, not harder, because they learn that they are not going to have to put up such a fuss to get attention. Infants and toddlers, whose caregivers respond promptly to their crying, cry less, not more.

**Infant Sleeping Supervision, Position, Equipment, and Supplies**

1. Staff must supervise infants, toddlers and two year olds by sight and sound at all times. An audio baby monitor may be used to augment supervision of sleeping areas, but must not be relied on in lieu of direct visual and auditory supervision.
2. Cribs may not be used with the drop side down.
3. The sides of the crib must be checked to ensure that they are up and locked.
4. Cribs and cots will be spaced at least three feet apart.
5. The mattress, mat, or cot used by infants and toddlers is either to be tightly fitted in the crib or placed where the child cannot fall to a lower surface while resting.
6. Cribs must be used until children are 18 months old. Child Care Licensing may approve the use of cots for children at 12 months of age.
7. Lofts in classrooms may not be used as sleeping areas. Car seats, infant seats or bouncy chairs, “boppy” pillows may not be used in a crib or as a substitute for a crib. Sofas, soft mattresses, pillows, and other soft surfaces may not be used as infant or toddler sleeping surfaces. If a child falls asleep anywhere but in a crib or on a cot, they must be placed in a crib or on a cot immediately.
8. No swaddling is permitted in the Child & Family Research Center. The National Resource Center for Health and Safety in Child Care in Early Education, states that swaddling is not necessary or recommended in child care centers due to the increased risks of SIDS or suffocation.

9. When infants can easily turn over from the back to the tummy position, they should be put down to sleep on their back, but allowed to adopt whatever position they prefer for sleep.

Reducing the Risk of SIDS

1. Always place the baby on his or her back to sleep.
2. Place the baby to sleep on a firm sleep surface, such as on a safety approved* crib mattress, covered by a fitted sheet. Never place the baby to sleep on pillows, quilts, sheepskins, or other soft surfaces.
3. Keep soft objects, toys, and loose bedding out of the baby’s sleep area. Do not use pillows, blankets, quilts, sheepskins, or pillow like crib bumpers in the baby’s sleep area.
4. Do not let the baby overheat during sleep. Dress the baby in light sleep clothing and keep the room at a temperature that is comfortable for an adult.

TOILET LEARNING

A child will show readiness for independent toileting in three ways: physically, cognitively and emotionally. A physically ready child can stay dry for two or more hours during the day, wake up dry from naps, and may wake up dry in the morning. Cognitive readiness is shown when children want to watch people using the toilet, want to flush the toilet, and ask questions about it. The signs of emotional readiness include asking to be changed when wet, pretending to use the toilet, and asking to use it. The presence of all three readiness signals indicates the most opportune time for learning toilet independence. This critical period usually emerges between ages two and four.

When the signs are all present, staff will make it convenient for the child to use the toilet and provide help as needed. Potty-chairs are not utilized in center based programs. Parents will be asked to assist in toilet learning by dressing the child in loose fitting clothing that the child and caregiver can easily remove. Use of diapers and pull-ups is not recommended during this time. Staff will be available and helpful but will not hover or push children. Staff members will not force a child to remain on the toilet or punish a child for wetting or soiling his or her clothing. Staff members will directly supervise children who are engaged in toilet learning and will not leave them unattended. All children will be instructed and assisted in washing their hands after using the toilet.

SCREENING

A timely and systematic approach toward screening indicates which children require a formal assessment of their developmental skills. An approach that uses multiple sources of information and is sensitive to a child’s cultural background provides a more valid picture of the child. The CFRC utilizes multiple sources of information on all aspects of each child’s development and behavior, including input from family members, teachers, and other relevant staff who are familiar with the child. The screening process identifies children who need to be referred for more formal assessments in vision, hearing, mental health, special education, or other related services. All children must be screened within 45 days of program entry to establish developmental baselines in all domains; plan appropriate curriculum; and determine developmental expectations. Screening instruments are chosen based on standardization procedures, reliability, validity, normed population, and comprehensiveness of information regarding developmental domains. Screening information along with assessment information and family and staff concerns are utilized to determine referrals for further evaluation.

The parent and/or staff completes the Ages and Stages Questionnaires (ASQ & ASQ-SE). Sensory (auditory and visual) screening information may be obtained from the ASQ or children’s physical examination reports. Staff interview parents to complete the Nutrition Assessment.
Ages & Stages Questionnaires (ASQ)

1. An ASQ must be completed for every child within prescribed timelines.
2. An ASQ must be completed for EHS children within 45 days of enrollment. The Administrative Assistant or Home Visitor gives the ASQ to parents at enrollment. The parent returns the screen to the teacher or home visitor for scoring and feedback. Teachers or home visitors will remind newly enrolled parents to return the screens.
3. An ASQ should be given to the parent two weeks before the child reaches the indicated age interval to be tested. (i.e., two weeks prior to 12 months).
4. A reminder and another ASQ should be given to the parent if the original ASQ has not been returned within one week. (i.e., one week prior to 12 months).
5. The teacher will complete the ASQ if the parent does not return the ASQ within one week. (i.e., 12 months).
6. Indicated age intervals for the ASQ are:
   a. Every one to two months until age 2: (2, 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24 months);
   b. Four times between age 2 and 3: (27, 30, 33, 36 months);
   c. Twice a year between age 3 and 4 (42, 48 months); and
d. Twice a year between age 4 and 5 (54, 60 months).
7. A child who was born 3 or more weeks early may need to use a Corrected Date of Birth (CDOB). The CDOB would be the date the child should have been born. For example, a child who was born one month early on June 1st would use the CDOB of July 1st, so the 2 month ASQ would be completed when the child is actually 3 months old.
   a. When an ASQ shows up on the Due Next Month report for a child who has a corrected date of birth; the following steps should be taken:
      i. Submit a copy of the appropriate ASQ Summary form. Indicate that the CDOB is being used and the date the ASQ will be administered.
      ii. The EHS office staff will enter this information into ChildPlus.
      iii. When an ASQ is being completed, indicate on the summary form that the CDOB is being used.

Ages & Stages Questionnaire-Social Emotional (ASQ-SE)

1. An ASQ-SE must be completed for all children within prescribed timelines.
2. An ASQ-SE is completed every 6 months until 36 months and every 12 months thereafter, (i.e., 6, 12, 18, 24, 30, 36, 48, and 60 months).
3. An ASQ-SE should be given to the parent two weeks before the child reaches the indicated age interval to be tested (i.e., two weeks prior to 12 months).
4. A reminder and another ASQ-SE should be given to the parent if the original ASQ-SE has not been returned within one week (i.e., one week prior to 12 months).
5. The teacher will complete the ASQ-SE if the parent does not return the ASQ-SE within one week (i.e., 12 months).
6. Additionally, each ASQ-SE questionnaire can be used within 3 months (for the 6 through 30 month intervals) or 6 months (for the 36 through 60 month intervals) of the chronological age targeted by the questionnaire. For example:
   a. the 6-month ASQ-SE can be used from 3 through 8 months;
   b. the 12-month ASQ-SE can be used for 9 through 14 months; and
   c. the 48-month questionnaire can be used for 42 through 53 months.
7. The ASQ-SE does not allow for the use of a corrected date of birth.

Record Keeping

1. Teachers will record each child’s screening results on the ASQ/ASQ-SE Tracking Form that is in each child’s individual classroom file. Staff will maintain an ASQ/ASQ-SE Tracking Form in each child’s classroom file.
2. Teachers will record screening results on the Early Childhood Screening Results form and share the results with parents.
3. Screens that are scored above the cut-off score on the ASQ-SE or in the monitoring area on the ASQ summary will be entered in the disability module of ChildPlus as an identified concern. A Disability Concerns report will be run monthly to monitor children who have had concerns identified in this way.

4. Teachers will discuss and develop a plan (see Developmental Concerns Referral Process flow chart) with the appropriate supervisor when an ASQ or ASQ-SE identifies an area of concern. (Appendix B)

5. Decisions to complete an ASQ and/or an ASQ-SE for children with an IFSP or an IEP will be made jointly by the parent, the teacher, the supervisor, and the disabilities consultant.

6. The EHS Enrollment and Reporting Coordinator will distribute “Past Due” reports monthly to ensure that screens are completed as required.
   a. If a screen is not conducted according to the timeline above; the T/HV should attempt to complete one as soon as possible, and before the next screen is due.
   b. Do not complete a missed screen after the next screen is due (for example, do not complete an 8 month ASQ after a child is 10 months (when the 10 month ASQ is due).
   c. If a screen is completely missed, submit the ASQ summary form in the WIR and clearly indicate that the screen was not completed.

The EHS office staff will enter the information into ChildPlus;

1. In the Health Module; select the appropriate ASQ from the list of Health Events.
2. Enter the date and status in the appropriate fields.
3. In the Description field, enter the scores in the order listed on the summary.
4. Check the Parent/Guardian Notified box. Add the parent’s name and the staff name in the appropriate fields; the date used is the date the parent signed the Screening Results form.
5. If there are concerns, detail them into the notes field, along with any action taken.
6. Concerns will also be entered in the Disability Module under the Concerns tab.
7. Select An Area of Concern has been identified, enter the date of the ASQ into the date field and select the appropriate status.
8. Enter specific concerns in to the notes field.

ASSESSMENT

The Child & Family Research Center staff believe that regular and ongoing assessment of children is integral to the success of the program. Assessment information is used to identify children’s interests and needs; describe children’s developmental progress and learning; improve curriculum; adapt teaching practices and the environment; plan program improvement; and communicate with families. The purpose of assessment is to obtain information to support children’s learning. Assessments are conducted in the natural setting of the classroom as part of the daily routines and activities throughout the year. A variety of methods are used to obtain assessment information, including but not limited to observations, checklists, rating scales, individually designed tests, and family interviews. Teaching staff utilize all assessment data gathered to:

1. Dialogue with parents about development;
2. Establish learning goals with parents;
3. Plan curriculum;
4. Develop the learning environment;
5. Determine if additional evaluation is required in any developmental areas; and
6. Adapt teaching methods.

Administrators utilize assessment data to:

1. Determine program effectiveness;
2. Determine school readiness;
3. Assist teaching staff and families in accessing further evaluative services;
4. Assist staff through reflective supervision as to individual teaching methods; and
5. Reflect on how teaching impacts learning.

Assessment results are shared formally with families through parent/teacher conferences. Family involvement in the planning and implementation of child assessment is critical to the success of the process.
The Child & Family Research Center utilizes a variety of assessment methods that are sensitive to and informed by family culture, experiences, children’s abilities and disabilities, and home language; are meaningful and accurate; and are used in settings familiar to the children. CFRC assessments obtain information in all developmental domains (cognitive, language, social-emotional, adaptive and physical) as well as phonological awareness. In addition to formalized assessments, informal methods of assessment include checklists, rating scales and work samples. Prior to choosing assessment instruments the CFRC management team evaluates information about standardization procedures, sample scoring, reliability and validity of the instrument to ensure the instruments’ purpose coincides with program mission, philosophy and goals.

Individual staff may create informal assessment tools to gather data about children to complete formal assessments, gain additional information about individual values, beliefs and characteristics and gain a comprehensive picture of children’s abilities and progress. These assessments must be appropriate and valid for their stated purposes; provide meaningful and stable results for all children, including English language learners and children with special needs; provide teachers with clear ideas for curriculum development and daily planning; and regularly reviewed to ensure they are providing the necessary information. Staff are trained to understand the purposes, values and uses of assessment to communicate most effectively with parents and others.

The assessment process utilized by the CFRC provides opportunities for families to share observations from home. Staff, administrators and families work together to determine appropriate assessment methods to best meet individual children’s needs. Family values, culture, identity and native language are considered when determining communication with families regarding children’s assessments. Families are provided with information about the choice, use, scoring and interpretation of screening and assessment methods through parent representatives from the Parent Advisory Board and Policy Council.

**Child Assessment – Teaching Strategies Gold (TSG)**

Teaching Strategies Gold (TSG) is a comprehensive assessment/evaluation system for children birth through Kindergarten. TSG connects assessment, goal development, intervention and ongoing monitoring and evaluation.

Child assessment is an ongoing process; teachers and home visitors are constantly collecting data by observing children, writing down those observations, updating TSG, etc. Using TSG, staff will finalize “checkpoints” three times per year on September 30, January 31, and May 31. The parent conference should be conducted within 30 days of the TSG checkpoint date. TSG shall be updated at least weekly for each child.

**Parent Conferences**

Parent conferences are conducted to enhance the knowledge and understanding of both staff and parents related to the educational and developmental progress and activities of children in the program. Conferences also provide a time for parents to share their observations of their children, ask questions, discuss their expectations, or express concerns. Conferences also offer opportunities to identify ways to improve a child’s learning in the home and program environments.

1. Parent Conferences must be offered after a TSG checkpoint.
2. Parent conferences should be completed within 30 days of the TSG checkpoint.
3. Parent conferences should be scheduled at a time convenient for both staff and parents, and at a time when the teacher and parent can sit down together. A parent conference should never be conducted while standing at the clipboards or sign-in sheets.
4. Probationary staff should schedule the parent conferences with their supervisor, so the supervisor can be present to offer the new staff member feedback and support.
5. Center-based parent conferences are usually scheduled at the center, but may be held in the child’s home. Parent conferences conducted in the child’s home may not be counted as a center-based home visit for Early Head Start.
6. Parent conferences are documented using the Teaching Strategies Gold Family Conference form.
   a. Staff should bring ideas regarding possible goals to the conference.
   b. The individualized goals should be completed during the conference, after discussing all the information offered by the staff and the parents.
PALS
The Phonological Awareness Literacy Screening (PALS) is a diagnostic tool that measures young children’s knowledge of phonological awareness, alphabet knowledge, knowledge of letter sounds, spelling, concept of word, word recognition in isolation, and oral passage reading. Kindergarten and first grade children are assessed once in the fall semester and once in the spring semester. Information from the PALS is provided during the parent-teacher conference.

Children with Special Needs
CFRC staff will work closely with families whose child has an Individualized Family Service Plan (IFSP) or an Individualized Education Plan (IEP) to ensure understanding of the child’s special needs and to support the goals in a plan. CFRC staff will work with the family and the LEA or EI Service provider to ensure accessibility and/or to develop plans to provide appropriate special furniture, equipment and materials if needed. With the parent’s permission, CFRC staff can be made available to participate in a child’s IFSP or IEP meetings.

Screening & Assessment of WCSD Children
The children enrolled in the Washoe County School District inclusion pre-school program are assessed by Washoe County School District staff using their screening and assessment instruments.

REFERRALS
If screening or assessment results raise concerns about a child’s development, that child may need further evaluation. Teachers who have concerns about a child must meet with the supervisor as outlined in the Developmental Concerns (Appendix B) and/or Behavioral Concerns (Appendix C) flow charts. Referrals may be made to:
1. Nevada Early Intervention Services (for infants and toddlers);
2. Child Find (for children ages 3-5); or
3. Other services as appropriate.

EARLY INTERVENTION SERVICES (0-3)
The Child & Family Research Center has an ongoing relationship with Nevada Early Intervention Services (NEIS) and other early intervention service providers. The Early Intervention Services form is used to document the services received.
1. Every child receiving early intervention services on-site should have a form placed on their clipboard.
2. All service providers (OT, PT, DS, SPA, etc.) are required to document the time spent in the classroom providing services on this form.
3. Teachers should remind early intervention service providers to complete a form every time they visit the classroom.
4. The form should be submitted in the Weekly Information Report.

DAILY JOURNALS
A Daily Journal documents the exploration of children and provides a window into the classroom. It can be written by the teacher or by the teacher in conjunction with children.

Purpose of a Daily Journal
1. To provide continuity of experiences,
2. To communicate classroom daily activities to families, colleagues, and visitors,
3. To present a strong, capable, and beautiful image of the child,
4. To present the teacher as observer and researcher interested in the daily activities of all the children (although not all are featured at one time),
5. To provide an opportunity for children, families and teachers to reflect on events in the school year,
6. To create a visual and written narrative of experiences: one without the other is incomplete,
7. A collaborative effort that helps the staff learn each other’s skills and points of view.

Format of the Daily Journal
1. One Page 8 1/2 x 11 using a basic font such as Times New Roman, Calibri, Cambria or Arial as large as comfortably fits on the page (title can be in a different font)
2. Photos, drawings, or an example of materials like paint strokes – no more than 2 (if you want more photos add a second page of just photos)
   a. If based on an invitation (see below) has photo of invitation as it was set up.
   b. Photo of children exploring, solving problems, etc.
3. Title, date, room/site at the top and teacher’s initials at the bottom
4. Gives observation or teacher goal that led to the activity
   a. This is one short paragraph (under 100 words)
5. Relates the action or reaction of the children who interacted and relates back to the goal.
   a. This is the second paragraph (under 100 words)
6. May include dialogue or quotes from the children
7. Is posted for others to see (including children)
8. Is sent to the supervisor of the site and Leah: sandersl@unr.edu
9. Prefer Word document, but can save/send in Pages from iPad. NO PDF.
10. Attachment should have this format: date, title (8-6-11 New Colors) – will be stored on an external hard drive.
11. Display a week at a time in the classroom, then
12. Put in a plastic sleeve that lends itself to becoming part of a notebook that documents the history of the classroom

Invitations
An “invitation” created by the teachers’ aims to interest children in exploring materials.
- Uses materials already in the classroom in a different way or materials gathered with children outside.
- Based on observation of the children and/or their development
- Designed for children to explore without adult instruction although an adult may be nearby either documenting or giving support/encouragement
- Can be the start of a longer exploration or part of a project
- Can take ideas from the children and add another level (Vygotsky)
- When it is set up depends on the class schedule
- May attract one or more children
- There can be more than one invitation out at any one time, but one is the focus of the teachers for documentation
- Can be inside or outside

Invitation-Daily Journal documents the exploration
1. Has photo of invitation as it was setup
2. Has photo of child/children interacting
3. Title, date, room, and teacher’s initials (at bottom)
4. Gives observation or teacher intent that led to creating invitation
5. Relates the thinking or perceived thinking of the children who interacted.
6. Is posted for others to see (including children)
7. Is sent to Leah: sandersl@unr.edu
8. Attachment should have this format: date, title (8-6-11 New Colors)

Note that Leah will reply to most Daily Journals and give feedback as appropriate, but when sent as a grouping, she will likely focus on one or a theme.
Uses for the daily journal pages

Daily Journal pages can be used:

1. As images for documentation panels or presentations at conferences to enter into dialogue with educators,
2. As pages in the children’s portfolios,
3. To revisit experiences with children and families,
4. To compile to serve as a journal of the year’s experiences in your classroom.

ANIMALS IN THE CLASSROOM

1. Any pet or animal present in the facility, indoors or outdoors, must be in good health, show no evidence of carrying any disease, and be a friendly companion to the children.
2. Any animal displaying evidence of any illness must be removed from the classroom until an exam can be conducted and which declares that the animal poses no health risk to the children or staff.
3. Any animal that displays behavior that could be considered “unfriendly” (e.g., biting, snapping, growling) will be removed from the classroom.
4. When immunizations are required, proof of current compliance signed by a veterinarian shall be kept on file at the facility where the pet is kept.
5. Cats, dogs, ferrets, turtles, reptiles, birds of the parrot family, or any wild, dangerous or exotic animals are not allowed as classroom pets.
6. All pets shall be cared for as recommended by the regulatory health agency (Nevada State Health). Teachers in the classroom where the animal is kept are responsible for written and posted procedures, and for the care and maintenance of the animal.
7. The living quarters of animals must be enclosed with removable bottoms and must be kept sanitary and clean of waste to reduce the risk of human contact with this waste. All animal waste must be immediately removed from children’s areas and disposed of properly.
8. Animal food supplies must be kept out of reach of the children.
9. If a child with known allergies to animals is enrolled, animals may not be kept in the same classroom as the child.

Aquariums

1. Aquariums must be constructed of non-breakable glass or plastic.
2. Aquariums must be set up on sturdy furniture to decrease the risk of falling and in such a way that eliminates the possibility of the aquarium being pulled off the furniture.
3. In classrooms with children under three, the aquarium should be set up in a cabinet or in such a way that children are prevented from reaching into or banging directly on the aquarium.
4. Teachers are responsible for developing and posting written procedures, and for the care and maintenance of the aquarium.
5. Aquarium food and supplies must be kept out of reach of the children.

Fish Bowls or other containers

One or two fish may be kept in glass containers in classrooms.

1. Fish bowls must be set up on sturdy furniture to decrease the risk of falling and in such a way that eliminates the possibility of the fish bowl being pulled off the furniture.
2. In classrooms with children under three, a fish bowl should be set up in a cabinet or in such a way that children are prevented from reaching into or banging directly on the bowl.
3. Teachers are responsible for developing and posting written procedures, and for the care and maintenance of the fish.
4. Fish food and supplies must be kept out of reach of the children.

If a glass container with fish breaks the following clean up procedure is to be followed:

1. Ensure no one is injured by broken glass. If injuries occur, apply first aid as necessary. In case of serious injury needing immediate medical attention call 911 and follow emergency procedures listed in this manual.
2. Place or direct children to a safe area away from broken glass.
3. Using tongs or heavy-duty latex rubber gloves (not diaper changing gloves) carefully pick up large pieces of broken glass and dispose of pieces into a heavy paper grocery bag.
4. Dispose of fish and plants that were in the container into a covered garbage can.
5. Clean up water and small pieces of broken glass using disposable towels. Place used towels in the heavy paper grocery bag.
6. Close bag securely (with tape if necessary), label “CAUTION- BROKEN GLASS” and place in covered garbage bag.
7. If there is a large amount of broken glass, call Facilities Management at (775) 784-8020 for assistance.

PLANTS IN THE CLASSROOM AND ON THE PLAYGROUND
House plants can brighten up a classroom with color and living energy. However, plants are among the most common substance that children ingest, so all houseplants must be kept out of children’s reach.

Poisonous or potentially harmful plants are not allowed in the classroom or on any playground. A list of poisonous and safe plants can be found at: http://www.poison.org/prevent/plants.asp#Non-Poisonous%20Plants.

VISITORS AND VOLUNTEERS
The Child & Family Research Center is a place of employment, and the care and safety of the children is the priority. To maintain high standards of care:
1. Staff or volunteers are not permitted to bring their own children unless the children are enrolled in the Child & Family Research Center,
2. Children visiting with their parent(s) are the responsibility of their parent(s). Visiting parents must remain with their children to maintain appropriate group sizes and ratios,
3. Friends or relatives who visit classroom teachers for more than one hour at any one time must complete volunteer requirements and will receive volunteer assignments from the Site Supervisor;
4. All volunteers must be 14 years of age or older. Volunteers under the age of 18 must present written permission to volunteer from parent or guardian along with other volunteer requirements,
5. All volunteers must complete time sheets that are in each classroom,
6. Volunteers may never be left alone with children,
7. Volunteers must abide by the Volunteer Code of Conduct and agree:
   a. To respect and promote the unique identity of each child and family and refrain from stereotyping based on gender, race, ethnicity, culture, religion or disability;
   b. To follow program confidentiality policies concerning information about children, families and other staff members. Confidentiality is mandatory. Employees and volunteers are expected to maintain a professional attitude and observe the ethics of working in a University learning environment. The privacy of the children and families is to be respected always. Children and families are not to be discussed with anyone except in supervisory situations;
   c. That no child will be left alone or unsupervised while under his or her care;
   d. To use positive methods of child guidance; never engaging in corporal punishment, emotional or physical abuse, or humiliation, or employing methods of discipline that involve isolation, the use of food as punishment or reward, or the denial of basic needs.
8. Teachers will conduct an orientation with all regularly scheduled volunteers using the Classroom Orientation Checklist.

CLASSROOM ENVIRONMENTS, AESTHETICS & SHARED SPACE

Point of View
The classroom environment is a key element in education. The spaces that are created for children introduce them to the colors, shapes, smells, and sounds of the world. These spaces also affect the teachers. An excellent setting for children must accommodate the needs of the teachers. A place that is comfortable for teachers supports their work. The classroom environment meets both the teacher’s needs and the children’s.

Reality
CFRC classrooms are all different and were not always built for children. The goal is to create the very best settings possible. Experts in child development and environmental design have contributed much to the knowledge base that underlies good classroom arrangement and use of space.

**Recommendation**

Teachers at the CFRC must work together to create aesthetically pleasing environments that blend soft, warm colors; plants; the sounds of living things; comfortable places; and a feeling of order and harmony. Care and cleaning of the classroom also convey respect for the children and the environments they deserve.

**Key Concepts**

Decisions about changes in the classroom environment should be made after teachers have analyzed the impact on the following key concepts (from The California Department of Education, 1990):

1. Ensure **safety**
2. Promote **health**
3. Provide **comfort**
4. Be **convenient**
5. Be **child-sized**
6. Maximize **flexibility**
7. Encourage **movement**
8. Allow for **choice**

Each classroom will have certain features that are fixed and may not be changed easily or at all. Teachers need to adapt their personal preferences to mesh with the realities of the assigned classroom and the preferences of the co-teacher or teaching partners with whom spaces are shared. The concepts of continuity and change should also guide the choices. When it comes time for teachers and children to rotate to their new classrooms some documentation or traces of projects may be left behind by those who have occupied the space before.

**Proposal**

Teachers who are ready to propose changes for their classroom should proceed as follows:

1. Submit a written proposal outlining possible classroom changes.
   a. When appropriate, children should be consulted regarding the change.
   b. Send a copy to each teacher who rotates into the space (and supervisors) involved via email. Hard copies must also go to each person. The proposal should include a photo or accurate sketch of the intended change.
2. All teachers sharing the space have two weeks to visit the classroom to better understand the possible impact and decide.
   a. Each teacher returns the written response form (attached to the proposal) within the 2 week deadline
   b. Response choices are:
      i. Accept as is
      ii. Accept with modifications
      iii. Reject
3. A two-thirds majority is needed to forward the proposal to the management team for final approval.
Section 5: HEALTH & SAFETY

It is the responsibility of staff to protect children and adults from hazards, including electrical shock, burns or scalding, slipping, tripping or falling. Each staff member is responsible for following all University safety policies. The policies in this manual reflect preventative practices that are more specific to the Child & Family Research Center. The University of Nevada, Reno handbook can be found at: University EHS Handbook.

Hand Washing
The importance of frequent hand washing by adults and children cannot be over emphasized. Children’s hygiene habits will be encouraged and guided by teachers while at the center. Children’s hands and faces will be washed as needed.

Hand washing procedures:
1. Use warm running water.
2. Moisten hands then apply liquid soap.
3. Rub hands vigorously for 20 seconds washing all surfaces including the backs of hands, wrists, between fingers and under nails.
4. Rinse hands well, leaving the water running.
5. Dry hands with a disposable paper towel.
6. Use a new paper towel to turn off the faucets.

When to wash:
Staff, volunteers, and children will wash their hands with soap and running water at least at the following times:
1. upon arrival for the day or when moving from one child care group to another;
2. before engaging in any cooking or food-preparation activity;
3. before and after:
   a. eating, handling food, or feeding a child;
   b. diapering;
   c. giving medications;
   d. treating or bandaging a wound;
   e. playing in water that is used by more than one person.
4. after:
   a. using the toilet or helping a child use a toilet;
   b. handling bodily fluid (mucus, blood, vomit), from sneezing, wiping and blowing noses, from mouths, or from sores;
   c. handling uncooked food, especially raw meat and poultry;
   d. handling pets and other animals;
   e. playing in sandboxes;
   f. cleaning; or
   g. handling garbage.

Pre-moistened, disposable, cleansing towelettes or other types of hand sanitizers do not effectively clean hands and should not be used as a substitute for washing hands with soap and running water. When running water is unavailable, pre-moistened towelettes or hand sanitizers may be used as a temporary measure until hands can be washed under running water.

Hand Sanitizers
The use of alcohol-based hand rubs in lieu of hand washing is not recommended. If these products must be used as a temporary measure, a sufficient amount must be used to keep the hands wet for 15 seconds.
Since alcohol-based hand rubs are toxic and flammable, they must be stored and used according to the manufacturer’s instructions.

**DIAPERING PROCEDURES**

The only items ever placed on diapering tables are children, diapers, and wipes. In addition, diapering areas must be separated from areas used for cooking, eating, or children’s activities. Sanitizing directions for the diaper tables are posted at each diapering area. Wearing gloves for diaper changes is optional, but mandatory when blood is present in the child’s diaper area or in the stool. Hands must always be washed after each diaper change, regardless of whether gloves are worn. Diapers are checked at least every two hours when children are awake and when children awaken. At all times, caregivers have a hand on the child when the child is changed on an elevated surface. The following procedure shall be used:

1. Wash hands
2. Prepare area with gloves, wipes, and diaper, bag for soiled clothes if needed
3. If cream is needed, put a small amount on a paper towel
4. Place child on table
5. Put on gloves (if used)
6. Remove clothes/bottom half, including pants and shoes
7. Remove diaper
8. Wipe baby’s bottom from front to back, one wipe per swipe
9. Wrap diaper, soiled side in
10. Wrap diaper with glove (if worn)
11. Remove the other glove
12. Place diaper in covered pail/garbage can (use hands-free devise to open can)
13. Use disposable wipe on yours and the child’s hands
14. Apply cream from paper towel as needed
15. Put clean diaper on child
16. Put clothes back on child (do not stand child on diaper table)
17. Wash child’s hands under warm running water with soap for 20 seconds
18. Place child back into group
19. Sanitize table with the following three step process:
   a. Wash table with soap solution
   b. Rinse with water
   c. Disinfect table with bleach solution. Leave bleach solution to air dry, or wipe off after two minutes.
20. Wash hands under warm running water for 20 seconds
21. Turn off water with a paper towel and use a clean paper towel to dry hands
22. Mark the diaper change on the child’s daily chart

**Cloth Diapers**

For children who use cloth diapers, the diaper must have an absorbent inner lining that is completely contained within an outer covering made of water-proof material that prevents the escape of feces and urine. Both the diaper and the outer covering must be changed as a unit. Soiled cloth diapers must be immediately placed in a plastic bag (without rinsing or avoidable handling) and sent home at the end of the day for laundering.

**EXPOSURE TO BODY FLUIDS**

**Standard Precautions**

The CFRC has adopted a modified version of Standard Precautions developed for use in hospitals by The Centers for Disease Control and Prevention. This modified version is used to handle caregivers’ potential exposure to blood, blood-containing body fluids and tissue discharges, or other potentially infectious fluids.

All staff are required to attend annual blood borne pathogens training provided by the university. Only staff with a current blood borne pathogens training certificate on file may attend to blood or body fluids containing blood.
Staff without a current training certificate may not attend to blood or body fluids containing blood, but will obtain help from a BBP trained staff person.

1. Appropriate barriers include disposable towels, non-porous disposable gloves, and surfaces that can be sanitized.
2. Glove use for staff is optional unless blood or body fluids containing blood are involved.
3. Gloves are not required for feeding breast milk or cleaning up of spills of breast milk.
4. When spills of urine, feces, blood, saliva, breast milk, nasal discharge, eye discharge, injury or tissue discharges, or any other body fluid discharge (excluding sweat) occur, all areas of contact are to be cleaned and sanitized immediately.
5. Any tools and equipment used to clean spills of body fluids will be cleaned and sanitized immediately. Staff will avoid touching surfaces of contaminated materials until those surfaces have been cleaned and sanitized.
6. For spills of blood or other potentially infectious body fluids:
   a. Staff will wear gloves and will take care to avoid splashing any contaminated materials into the eyes, nose, or mouth.
   b. Blood-contaminated material and diapers will be disposed of in a plastic bag with a secure tie.
   c. Blood contaminated washcloths will be separated so other laundry is not contaminated. Contaminated washcloths or clothing may be rinsed and stored in the washing machine until the washer is run.
   d. Blood on clothing will be rinsed with water as soon as possible.
   e. Dried blood is not a biohazard.
   f. Floors, rugs and carpeting that have been contaminated by body fluids will be cleaned in the following manner:
      i. Fluid will be blotted and removed as quickly as possible;
      ii. The contaminated area will be sanitized by spot-cleaning with a detergent-disinfectant;
      iii. The contaminated area will be shampooed or steam-cleaned. Notify the CFRC Office Manager to schedule the cleaning.

COMMUNICABLE DISEASES

Immunization Requirements
All children enrolled in a licensed child care facility in Nevada must be vaccinated against Diphtheria, Tetanus & Pertussis, Poliomyelitis, Haemophilus Influenza Type b (Hib), Streptococcus Pneumonia, Hepatitis A, Hepatitis B, Measles (Rubeola), Mumps & Rubella, and Varicella (Chicken Pox), unless excused because of medical or religious reasons. These vaccination requirements decrease the potential for spread of disease. Parents must provide a copy of their child’s immunization record. Teachers should keep a copy of the most current record in the working file and submit a copy in the Weekly or Monthly Information Report. Any questions regarding immunization status can be directed to the EHS Health Coordinator or the CFRC Office Manager.

1. If immunizations are not to be administered because of a medical condition, a statement from the child’s health care provider documenting the reason why the child is exempt shall be kept on file.
2. If immunizations are not given because of parents’ religious beliefs, a waiver signed by the parent shall be on file.
3. Children who have not received their age-appropriate immunizations three days of the due date (and do not have documented medical or religious exemptions) shall be excluded from care.
4. If vaccine preventable disease to which children are susceptible occurs in a facility, unimmunized children shall be excluded for the duration of the exposure or until the age-appropriate immunizations have been completed.

Immunization Recommendations
The U.S. Department of Health and Human Services-Center for Disease Control and Prevention (CDC) recommends additional vaccinations against rotavirus and influenza.
Immunization Records
The EHS Health Coordinator can access the Washoe County WebIZ database to print out current immunization records for enrolled children. A copy of this record should be kept in the child’s working file and the EHS central file.

1. The EHS Health Coordinator will run a ChildPlus report weekly to monitor children who may need to be excluded because of past due immunizations. She will notify the classroom teacher, supervisor and parent of any pending exclusions.
2. The EHS Health Coordinator will also monitor records to determine which children will be due for immunizations in the following month. The reminder letters will be given to teachers and home visitors to distribute to parents.
3. For information on required childhood immunizations contact the Health Coordinator or refer to the CDC website at: CDC Vaccines Website.

Exposure to a Communicable Disease
CFRC Management staff will follow the Washoe County Health District (WCHD) recommendations regarding notification of parents of children about the exposure of their child to a communicable disease. Child Care Licensing must also be notified when children have been exposed to a communicable disease. When notification is recommended, it shall be oral or written and will include the following information:

1. the diagnosed disease to which the child was exposed; whether there is one case or an outbreak, and the nature of the exposure (such as a child in the same room or facility)
2. signs & symptoms of the disease and mode of transmission,
3. period of communicability, and how long to watch for signs and symptoms of the disease,
4. disease prevention measures recommended by the WCHD, and
5. control measures that are being implemented by the center staff.

Staff will use the Washoe County Health District notice; Notice of Exposure to a Communicable Disease which is found at Washoe County Health District notice; Notice of Exposure to a Communicable Disease in the Daycare Class Booklet (Appendix II).

The CFRC Health Coordinator or the Child Care Health Consultants of the Washoe County Health District are available to provide advice should an outbreak occur. The Public Health Nurses can be contacted at (775) 328-2441. The Health Department will also provide current relevant health information as appropriate to the center.

INCLUSION AND EXCLUSION OF SICK CHILDREN
Short-term exclusion of children with many mild infectious diseases is likely to have only a minor impact on the incidence of infection among other children in the group. Caregivers and parents may have different opinions on how a child’s illness impacts other children in the center. The CFRC determines exclusion based on the needs and behavior of the ill child and the ability of the staff to meet those needs without compromising the care of other children in the group.

Children without fever who have mild symptoms associated with the common cold, sore throat, croup, bronchitis, rhinitis (runny nose), or otitis media (ear infection) shall not be denied admission to child care, sent home from child care, or separated from other children in the center. There is no evidence that the incidence of most acute diseases of the respiratory tract can be reduced among children in child care by any intervention other than routine sanitation and hygiene.

Teachers will consult a supervisor before calling a parent to pick up a sick child.

If a child becomes ill at school, parents will be requested to pick up their child within an hour of notification. CFRC staff will ask the parents to consult with the child’s health care provider and to inform them of the advice received from the health care provider. CFRC staff will temporarily exclude a child or send the child home as soon as possible if one or more of the following conditions exist:

1. The child’s illness prevents the child from participating comfortably in routine activities.
2. The illness results in a greater need for care than the staff can provide without compromising the needs or health and safety of the other children in the group.

3. The child has any of the following conditions:
   a. Fever, accompanied by behavior changes or other signs or symptoms of illness, until medical professional evaluation finds the child able to be included at the center;
   b. Symptoms and signs of possible severe illness until medical professional evaluation finds the child able to be included at the facility. Symptoms and signs of possible severe illness shall include:
      i. lethargy that is more than expected,
      ii. uncontrolled coughing,
      iii. inexplicable irritability or persistent crying,
      iv. difficult breathing or wheezing, or
      v. other unusual signs for the child;

4. Diarrhea, defined by increased frequency of passing watery stools not associated with changes in diet, and increased frequency of passing stool, that is not contained by the child’s ability to use the toilet;

5. Blood in stools not explainable by dietary change, medication, or hard stools;

6. Vomiting illness (two or more episodes of vomiting in the previous 24 hours);

7. Persistent abdominal pain (continues more than 2 hours) or intermittent pain associated with fever or other signs or symptoms;

8. Mouth sores with drooling, unless a healthcare provider or health department official determines that the child is non-infectious;

9. Rash with fever or behavior change;

10. Purulent conjunctivitis (pink or red conjunctiva with thick, white or yellow pus or eye discharge), until after treatment has been initiated;

11. Scabies, until after treatment has been completed;

12. Head lice, from the end of the day until after the first treatment;

13. Tuberculosis, until a health care provider states that the child is on appropriate therapy and can attend child care;

14. Impetigo, until 24 hours after treatment has been initiated;

15. Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and cessation of fever;

16. Chicken pox and Hand-Foot-and-Mouth Disease, until all sores have dried and crusted (usually 6 days);

17. Shingles, until cleared by a health care provider or health department;

18. Pertussis, until 5 days of appropriate antibiotic treatment (currently, erythromycin, which is given for 14 consecutive days) has been completed;

19. Mumps, until 9 days after onset of parotid gland swelling;

20. Hepatitis A virus, until 1 week after onset of illness, or as directed by the health department;

21. Measles, until 4 days after onset of rash;

22. Rubella, until 6 days after onset of rash;

A child with uncontrolled vomiting or diarrhea or any other illness that requires the child to be sent home shall be provided care separate from the other children, with extra attention to hygiene and sanitation, until the child’s parent arrives to remove the child.

**SPECIFIC ILLNESSES AND/OR SYMPTOMS**

**Diarrhea**
The presence of diarrhea, particularly in diapered children, and the presence of vomiting increase the likelihood of exposing other children to the infectious agents that cause these illnesses. Children with diarrheal illness of infectious origin generally may be allowed to return to childcare once the diarrhea resolves. Children with diarrhea caused by Salmonella typhi, Shigella or E coli 0157:H7 must have negative stool cultures before returning to childcare. Children whose stools remain loose but who otherwise seem well, and whose stool cultures are negative, need not be excluded. Diarrhea is considered resolved when the child seems well and has resumed a pre-illness
stool pattern, or when the child seems well and has developed a new but regular pattern of non-watery bowel movements for more than a week, even if this new pattern is more frequent and includes more loose bowel movements than was usual for the child before the diarrhea episode.

**Vomiting**

Vomiting with symptoms such as lethargy and/or dry skin or mucous membranes, or reduced urine output, may indicate dehydration. A child with these symptoms should be evaluated medically. A child who vomits should be observed carefully for other signs of illness and for dehydration. Any of these signs could indicate that your child is dehydrated or is becoming dehydrated:

1. Decreased urine output (more than six hours without a wet diaper or urine that looks darker in the diaper and smells stronger than usual)
2. Lethargy
3. A dry, parched mouth and lips
4. No tears while crying

If vomiting resolves or if a health care provider determines that the cause of the vomiting is not contagious, and the child is not in danger of dehydration, the child may continue to attend the center.

**Abdominal Pain**

A child who has persistent abdominal pain or intermittent pain associated with fever or other symptoms (drowsy, irritable, lack of appetite, unwilling to participate in usual activities) should be seen by a health care provider. Abdominal pain may be associated with viral, bacterial, or parasitic gastrointestinal tract illness, which is contagious, or with food poisoning.

**Fever**

Fever is defined as an oral temperature above 101 degrees F, rectal temperature above 102 degrees F, or axillary (armpit) temperature above 100 degrees F. Children’s temperatures may be elevated for a variety of reasons, all of which may not indicate serious illness or warrant exclusion from child care. The presence of fever alone has little relevance to the spread of disease and should not disallow a child’s participation in child care. Except for very young infants, serious illnesses with fever are associated with recognizable behavior change. Generally, children should be excluded whenever behavior changes, and signs or symptoms of illness that require parental evaluation accompany fever.

Very young infants may have serious illnesses without much change in behavior in the early stages of illness, and prudent practice would be to seek medical evaluation for infants under 4 months of age who have an unexplained fever. An infant less than 4 months of age with a fever on the day following an immunization need not be excluded as long as the child is acting normally.

**Head Lice**

Children are permitted to return to school or child care after appropriate treatment is started. The Center for Disease Control (CDC) states that “no-nits” policies that require a child to be free of nits before they can return to school are not recommended. Head lice can be a nuisance, but they have not been shown to spread disease. For more information, go to the CDC website at [CDC Head Lice Website](https://www.cdc.gov/parasites/lice/index.html).

**Rash**

Rash without fever or behavior change should be reported to the parent. Any rash that has open, weeping wounds and/or is not healing should be evaluated by a health care provider. A child with a rash and fever or behavior change will be readmitted to child care if a physician determines that these symptoms do not indicate a communicable disease.

Fifth Disease begins with a fever, headache, and muscle aches, and is followed by a rash, which is intensely red with a “slapped cheek” appearance. A lace-like rash appears on the rest of the body. Children who develop fifth disease can attend child care because they are no longer contagious when signs and symptoms appear.

**Pink Eye**
The lay term “pink eye” is used interchangeably with purulent conjunctivitis and non-purulent conjunctivitis. The infectious characteristics of purulent and non-purulent conjunctivitis, however, are quite different. Not all conjunctivitis (pink eye) is infectious. Some is caused by allergies or by chemical irritation, such as after swimming. Infectious non-purulent conjunctivitis is usually accompanied by a clear, watery eye discharge, without fever, eye pain, or redness of the eyelid. This type of conjunctivitis usually can be managed without excluding a child from the center. Exclusion will be required for non-purulent pink eye only if the health authority recommends it. Purulent conjunctivitis is defined as pink or red conjunctiva with white or yellow eye discharge, often with matted eyelids after sleep, and includes eye pain or redness of the eyelids or skin surrounding the eye. This type of conjunctivitis is more often caused by a bacterial infection, which may require antibiotic treatment. Children with purulent conjunctivitis should be excluded until the child’s healthcare provider has examined the child and cleared him or her for readmission to the center, with or without treatment.

CARING FOR ILL CHILDREN AT THE CENTER
Most ill children will rest in any setting if they are tired. While isolation of a child in a child care setting may not be an effective way to prevent the spread of disease, it is used in certain circumstances:

1. When an illness is considered to be contagious;
2. When an ill child has not already exposed the child care group, and is waiting to be transported home.
3. When an included child needs a less stimulating environment than the child’s usual care setting.

A child with uncontrolled vomiting, diarrhea or any other illness that requires that the child be sent home from the center will be provided care separate from the other children. Staff will give extra attention to hygiene and sanitation until the child’s parent arrives.

Furniture, fixtures, equipment, or supplies used with ill children will be cleaned and sanitized before being used by well children.

Certain conditions do not constitute a reason for automatically denying admission to, or sending a child home from child care. These conditions that do not require exclusion include:

1. Presence of bacteria or viruses in urine or feces in the absence of illness symptoms, like diarrhea;
2. Non-purulent conjunctivitis, defined as pink conjunctiva with a clear, watery eye discharge and without fever, eye pain, or eyelid redness;
3. Rash without fever and without behavior changes

CLEANING AND SANITIZING
Many types of infectious germs may be contained in human waste and body fluids. Infected people can carry communicable diseases without having symptoms, and many are contagious before they experience a symptom. Staff protect themselves and the children by conducting good cleaning and sanitizing procedures on a routine basis. These procedures of infection control are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection.

One of the most important steps in reducing the spread of infectious diseases among children and child care staff is cleaning and sanitizing of surfaces that could possibly pose a risk to children or staff:

1. Routine cleaning with detergent and water is the most useful method for removing germs from surfaces in the child care setting. Surfaces cleaned with a solution of detergent and water must be rinsed before sanitizing.
2. Some items and surfaces require an additional step after cleaning to reduce the number of germs on a surface to a level that is unlikely to transmit disease. This step is called sanitizing. A household chlorine bleach and water mixture can be used. The solution of bleach and water is easy to mix; non-toxic, safe if handled properly, and kills most infectious agents.

Sanitizer solutions can be applied in various ways:

1. Spray bottle for diaper changing surfaces, toilets, and tables;
2. Cloths rinsed in sanitizing solution for food preparation areas, large toys, books, and activity centers;
3. Dipping the object into a container filled with the sanitizing solution, for smaller toys.
It is best not to rinse off the sanitizer or wipe the object dry right away. A sanitizer must be in contact with the germs long enough to kill them (a minimum of 2 minutes for hard surfaces sprayed with the sanitizer or a minimum of 1 minute for eating utensils submerged in the sanitizer). Since chlorine bleach evaporates into the air leaving no residue, surfaces sanitized with bleach may be left to air dry.

**Keep all spray containers and bottles of sanitizer out of the reach of children.**

**Eye Wash Stations**
Eye wash stations are located at each site in the kitchen area. These can be used in case there is foreign matter or chemicals in the eye that need to be rinsed immediately.

**Preparing Sanitizing (Bleach) Solutions**
To make a sanitizing solution to spray on surfaces that have been detergent-cleaned and rinsed in bathrooms, diapering areas, countertops, tables, hard toys, door knobs and cabinet handles, phone receivers, hand washing sinks, floors, and surfaces contaminated by body fluids OR to submerge detergent cleaned and rinsed eating utensils, do the following:

1. Mix ¼ cup household bleach with 1 gallon of cool water, OR 1 tablespoon bleach with 1 quart of cool water
2. Place in a spray bottle that is clearly labeled with the OSHA approved label, OR use in a dishpan to submerge eating utensils that have been detergent cleaned and rinsed.
3. Tear a 1” to 2” strip of chlorine test paper from the dispenser. Match at once to the color chart located in the dispenser. The strip should turn very dark if the solution is properly mixed. Discard test strip.
4. When cleaning up a blood contaminated spill, mix 1 ½ cups bleach with 1 gallon water.

A solution of bleach and water loses its strength and is weakened by heat and sunlight.

1. Fresh bleach solution must be mixed every day for maximum effectiveness.
2. Leftover bleach solution must be discarded at the end of the day.
3. Staff who open the center sites in the morning are responsible for mixing fresh sanitizing solutions each day and for filling appropriately labeled spray bottles (including dishes washed in a dishwasher).

**Never mix bleach with any household cleaners (window cleaner, etc.).** When bleach is mixed with ammonia, toxic gases called chloramines are produced. Exposure to chloramine gases can cause:

- coughing
- chest pain
- nausea
- irritation to the throat, nose and eyes
- shortness of breath
- wheezing
- watery eyes
- pneumonia and fluid in the lungs

**Cleaning and Sanitizing Hard Toys and Hard Surfaces**
A toy that a child has placed in his or her mouth or that is otherwise contaminated by bodily secretion or excretion must be either washed by hand using detergent, and then rinsed, sanitized and air dried OR washed and dried in the dishwasher before being used by another child. Infant rooms should use a clearly labeled bin in which to put contaminated toys that need to be cleaned. For hand washing toys, the following procedure is followed:

1. Clean the surface using hot water and liquid detergent. Rinse the surface with clear water.
2. Apply the sanitizing solution so that areas or items are moderately or glistening wet, and do one of the following:
   a. Allow the area to air dry, or
   b. Dry with a clean towel after at least 2 minutes of contact time.

**Cleaning and Sanitizing Dishes**
All dishes, baby bottles, reusable food service equipment and eating utensils must be washed, rinsed, and sanitized according to the following procedure:

1. Dishwashing may be done by hand or in a dishwasher. Dishes need to be scraped to remove any leftover food and then washed thoroughly in hot water that contains a detergent solution.
   a. Dishwashers that reach a temperature of 160° or higher effectively sanitize the dishes.
b. Test strips must be used on a regular basis (at least monthly) to ensure that the proper temperature is reached.

c. Used test strips must be dated and attached to the Dishwasher Temperature Monitoring form. This form should be posted near the dishwasher, inside a cupboard door, etc.

2. Dishes must be rinsed thoroughly in a separate sink if hand washed or in the dishwasher if machine washed.

3. Dishes that have been washed and rinsed by hand or in a dishwasher that does not reach 160º or higher must be completely immersed in a sanitizing bleach solution (¼ cup household bleach with 1 gallon of cool tap water) and then air-dried.

**Cleaning Rags and Disposable Towels**
Sponges shall not be used for cleaning and sanitizing. Disposable paper towels or washable cloths that are used only once shall be used. Used cloths are to be placed in a covered receptacle that is out of reach of the children and laundered daily.

**Scheduled Classroom Cleaning and Sanitizing**
The CFRC Office Manager schedules carpet and floor cleaning quarterly for all classrooms, except infant classrooms, where the carpets are cleaned monthly. Center staff are responsible for entering dates on the Carpet Cleaning Log (as required by Child Care Licensing).

**SAFETY**

**Fire Drills, Disaster Drills and other Emergency Procedures**
The dates for conducting emergency drills are listed in the CFRC Staff Calendar. Procedures for conducting the mandatory drills are in the Disaster Plan and Emergency Procedure Manual which is located by the phone in every classroom. Please notify your supervisor should a manual be missing from the classroom.

**Classroom and Playground Safety**
Properly laid out play spaces, properly designed and maintained equipment, the proper use of fall zone mats, and adequate supervision help reduce both the potential and the severity of injury. Staff members observe all areas of the facility, both indoor and outdoor, and take steps to correct or avoid unsafe conditions.

1. Supervision and safety go hand-in-hand. All staff must be familiar with the policies regarding child supervision in this manual.

2. Fall zone mats are required next to lofts that have open sided slides. (Mats are not required at the end of the slide.)

3. Since products made for home use may not be safe for use in a child care center, staff may not use toys (slides, climbers, playhouses, etc.) that have been donated to the center without written approval of the CFRC Director.

4. Staff must be aware of potential safety hazards and remove unsafe equipment or materials immediately (and then inform a supervisor of the hazard).

5. Toys and materials used in classrooms must be suitable for the age of the children in the classroom.

6. Children under the age of three shall not have access to the following toys or objects;
   a. Toys or objects with removable parts with a diameter of less than 1¼ inches and a length of less than 2¼ inches;
   b. Balls that are smaller than 1 ¾ inches in diameter;
   c. Toys with sharp points and edges;
   d. Plastic bags;
   e. Styrofoam objects;
   f. Coins;
   g. Rubber balloons;
   h. Safety pins;
   i. Marbles;
   j. Old keys;
k. Other small objects.

7. Materials marked “Keep out of reach of children” (i.e. shaving cream) may not be used in the center.

Hazardous Substances

Material Safety Data Sheets (MSDS) and Hazardous Substances

1. An MSDS for all non-food items, including approved cleaning supplies and out-of-the-ordinary art supplies, must be maintained at each site where the product is present. The MSDS must state information on health hazards and precautions for safe use and handling and all staff must know where MSDS are located. Staff may not bring the following items from home for use in any CFRC site:
   a. cleaning products
   b. chemicals
   c. paints
   d. paint thinner
   e. insecticides, etc.

2. Any non-food items must be clearly labeled and must be stored in areas inaccessible to children or in locked cabinets. Poisonous or toxic materials must remain in their original labeled containers.

3. Cleaning agents may not be placed on the same shelf with food items, or stored on shelves above those holding food items.

4. Chemical air fresheners (aerosols, “plug-ins”, diffusers, etc.) shall not be used. These may cause nausea or an allergic response in some children. Odors shall be controlled by ventilation or sanitation.

Other Environmental Hazards

It is the goal of the University of Nevada, Reno to provide a safe place for employees, staff members and students to work and study. The University of Nevada, Reno office of Environmental Health & Safety should be contacted if there are any questions or concerns regarding possible environmental hazards in the centers.

Asbestos: The University has established a policy to control and/or eliminate potential asbestos exposures from fibers released from building materials during remodeling, renovation activities or from routine maintenance and repair activities and to assure compliance with all applicable Federal, State and local asbestos control regulations. This policy applies to all personnel on campus who are involved in telecommunications, construction, maintenance and those who may in any manner repair, remodel or renovate existing building construction materials. The Environmental Health & Safety Department (EH&S) will provide the necessary building material survey oversight, consulting and recordkeeping services.

Lead is a neuro-toxicant. Even at low levels of exposure, lead can cause a reduction in a child’s IQ and attention span, and result in reading and learning disabilities, hyperactivity and behavioral difficulties. Therefore, the CFRC takes precautions to reduce children’s risk of exposure:

1. Lead-based paint shall never be used in the child care centers, on toys, or on playground equipment.
2. Flaking or deteriorating paint on walls or equipment shall be reported immediately to Facility Services for repair.
3. Toys with flaking or deteriorating paint shall be discarded.
4. Other precautions to reduce the exposure to lead include:
   a. Frequent hand washing; especially after playing outside and before eating
   b. Removal of “street shoes” prior to entering infant rooms
   c. Preventing children’s access to keys as a play object. Keys can be a source of lead.

SAFETY CONSIDERATIONS WHILE CONDUCTING HOME VISITS

Because these visits take place in an uncontrolled environment, teachers and home visitors must take precautions to ensure their own safety. Even though EHS is required to offer home visits, staff members must use their own judgment when determining when to end the visit. If a staff member feels unsafe at any time, the home visit should be ended, and the staff members leave the home. The following precautions should be considered: Never give personal information (i.e. home phone number, etc.) to participants.
Prior to the Visit, Assess the Situation
1. Is there known violence in the home?
2. Are there weapons in the home?
3. Is the home located in a high crime area?
4. Is the location unfamiliar to you?
5. Is the location isolated?

Plan for the Visit
1. Contact the participant ahead of time to confirm the visit.
2. Ask if there are animals present. Advise the participant that any animals may need to be restrained or removed for the visit.
3. Obtain precise directions to the home.
4. Leave an itinerary at your office that includes the participant’s name, phone number, address, and time and length of visit.
5. Carry a cellular phone if one is available to you.
6. Plan ahead for the time of day for the visit. Morning visits often are safest.

Dress to protect yourself
1. Avoid wearing excessive or expensive jewelry.
2. Dress in non-restrictive clothing.
3. Wear shoes you can run in or remove quickly.
5. Don’t carry a purse; lock it in secure location (i.e., trunk of car) before leaving the worksite.
6. Carry keys in your hand when going to and from car.
7. Carry minimal cash.

Car Safety
1. Park in a visible location where your car is in view during the visit if possible.
2. Park in the direction you want to leave when you go home.
3. Be aware of dead-end streets.
4. Park on the street rather than in the driveway when possible.
5. Have a full tank of gas.
6. Drive with doors locked and windows up.
7. Lock your car.
8. Minimize the amount of supplies you take with you, preferably in one bag or case.
9. Don’t leave valuable items in view, lock your valuables in the trunk before leaving the office when possible.
10. Carry an area map.
11. Do not block mailboxes or put anything in mailboxes.

Neighborhood Safety
1. Be aware of regular visitors in the community.
2. Avoid dark alleys, bars, etc.
3. When possible, use visible access ways.
4. Show confidence by your demeanor.
5. Walk briskly and with purpose.
6. If you encounter hostility or feel uncomfortable in any way, walk away and reschedule.
7. Pay attention to warning signs such as “No Trespassing,” “Beware of Dog,” etc.
8. Be cautious of animals.
9. Look for places to go in case of emergency. Know where to go and have an emergency plan.

Potentially Dangerous Drug Environment
Be aware if methamphetamine (meth) labs are known to be in the area: Be observant but never place yourself in danger. Don’t let on when you suspect a meth lab.
Signs of a dangerous drug environment include an unusual supply of:
1. Cold meds, cold med boxes, (or requests for meds).
2. Denatured alcohol, hydrogen peroxide.
3. Lye, antifreeze, or ammonia.
4. Lighter fluid, propane fuel.
5. Solvents, paint thinners, or fingernail polish remover.
6. Pool chemicals, pesticides.
7. Coffee filters lying around.
8. Pillow cases or bed sheets stained red (used to filter red phosphorous), or containing a white powdery residue.
9. Blenders, jars, or batteries.
10. Matches, match boxes.
11. Funnels, hosing, and clamps.
12. Hot plates, gas tanks, or compressed gas cylinders.
13. Alcohol, ether, or heavy propane odors (actual meth gas is odorless, tasteless, and clear).

At the Home
1. Pause at the door and stand to the side before knocking. If you hear loud quarreling or fighting, leave immediately.
2. Sit as close to the door as possible.
3. Reschedule visit if primary caregiver is not available.
4. Be aware of all occupants in the home at time of visit.
5. Sit on the floor or choose a hard chair if possible. You reduce the risk of carrying home unwanted visitors such as fleas or lice and/or sitting on unknown substances.
6. Ask that any animals be restrained or removed. Do not assume they will not hurt you.
7. Ask permission before going to another part of the home or using the telephone.
8. Do not go into another area of the home first; have the participant lead you.

In Case of an Emergency
1. Don’t show fear.
2. Try not to show facial expression.
3. Control your breathing.
4. Speak slowly and lower the pitch of your voice.
5. Maintain eye contact.
6. Be assertive, but do not challenge.
7. Repeat the purpose of your visit.
8. Stand up and leave. Call 911 if needed.

If a home visit is ever ended because of a safety consideration, the staff member must report it to the supervisor. Once the staff member is safely away from the home, the supervisor must be called immediately. The staff member must follow up with a written statement once they return.

EMERGENCY RESPONSE PLANS

Rapid Response Emergency Procedures
The Childhood Emergencies Quick Reference Book is posted by the telephone in each classroom. It contains medical and dental action plans for emergencies that require rapid response on the part of staff (e.g., a child choking).

Emergency, Fire, and Evacuation Information
Staff have access to and receive training in the following emergency information on a regular basis:
1. The Emergency Plans binder (located in each classroom). It includes:
   a. OSHA information
b. Hazard communication plan
c. CFRC disaster plan
d. Blood borne pathogens control plan
e. Work performance standards
f. Specific emergency and evacuation plans and procedures for each CFRC site

2. The UNR Emergency Response Guide spiral notebook (located in each classroom and office);
3. Emergency evacuation routes (posted in each classroom & building). Fire drills are conducted monthly in each classroom and emergency drills are conducted quarterly;
4. All drills must be documented on the Fire Drill and Emergency Drill log kept at each center.
5. Locations and telephone numbers of emergency response systems (posted by the telephone at each CFRC site). To facilitate access by emergency response teams, the exact address and location of the center site is also posted by each telephone;
6. A staff member certified in CPR and First Aid is always on duty at each site.

School Closing and/or Community Emergencies
In cases of severe weather, the center will close only when authorized by the University President. Local radio and television stations will be notified and the UNR website will have the current update.

Staff will follow emergency procedures posted at each site.

In case of emergency (e.g., flooding, evacuation of school) teachers will attempt to reach all parents by telephone to inform them of the need to pick up their child. If for some reason staff are unable to contact parents, teachers will post the evacuation location at appropriate locations at each site, and ensure that it is announced on local radio stations.

FIRST AID KITS
First aid kits are accessible to staff members in each classroom and on playgrounds and are kept out of the reach of children. A first aid kit should be taken on any walks or other excursions. Supplies to replenish the kit should be ordered on the weekly supply list. Supplies in each kit are: scissors, tweezers, baby fingernail clippers, large gauze bandage roll, roll of Medical tape, Band-Aids, sterile gauze pads, antiseptic wipes, safety pins, Q-tips, and a thermometer.

HOT LIQUIDS AND SNACK FOODS
To keep children safe and provide positive role models for healthy nutrition:
1. Adults must consume hot liquids (> 110 degrees) from covered travel-type mugs;
2. Adults will keep hot liquids and hot foods out of the reach of children;
3. Adults will keep hot liquids and foods away from counter or table edges and out of children’s reach while holding or working with a child;
4. Adults will not bring cold drink bottles or cans, fast-food cups, candy or snack foods into the classroom or outside play areas.

EMERGENCY CONTACT INFORMATION
Parents must provide a list of names and phone numbers of individuals who are authorized by the parent to care for the child in case of illness or emergency if parents cannot be reached. Teachers should encourage parents to be sure that the persons whose names they give are aware that they have been listed for this purpose.

Teachers will remind parents to update the emergency list whenever there are changes. Update forms are available in each classroom.

Parents must leave an alternate number on the daily sign-in sheet when they will not be available at their regular contact number.
INJURIES & ACCIDENTS

Minor Injuries and Accidents
1. In case of minor injury staff will perform routine hygienic measures, such as washing wounds and applying bandages.
2. Staff will contact parents each time a child receives an injury that leaves a visible mark, or whenever a child hits his or her head.
3. If a child becomes seriously ill or injured in a child care facility, he must be immediately isolated from other children and placed under appropriate supervision. A parent, a person designated by the parent or a physician designated by a parent, must be notified and the child must be removed from the facility as quickly as possible.”
4. An Accident Report Form will be filled out and given to the parent upon their arrival. Parents are asked to sign the form and are given a copy. The original should be turned in with the weekly or monthly education report.
5. Center staff will contact a parent if a child requires medical treatment because of an accident at the center, and will document the conversation in the child's file.
6. A child who has a cut or sore that is leaking body fluid that cannot be covered will be excluded until the sore is scabbed over or healed.

Medical Emergency Procedures
When an immediate medical emergency response is required, the following procedures are followed:
1. First aid is initiated. If circumstances require immediate or professional care, 911 services will be called. The center staff will respond as necessary until emergency services arrive.
2. The parent or parent’s emergency contact person is notified by telephone as soon as practical. Staff will identify themselves, state the nature of the emergency and the plan for the child’s care.
3. CFRC staff will not transport children to an emergency facility, but a staff member will accompany the child to the hospital and will stay with the child until the parent or emergency contact person arrives.
4. Once the emergency care has been provided and the parents notified, staff will complete an Accident Report Form documenting what happened. Parents will be given a copy, and the original will be submitted in the Weekly Information Report.
5. A supervisor and the Bureau of Services for Child Care (Child Care Licensing) must be notified immediately after emergency medical treatment is provided.
6. Costs incurred from treatment of an injury or illnesses occurring within the program are the parent’s responsibility. The center does have an insurance policy that can be utilized to cover expenses not covered by the parent’s policy.

ALLERGIES AND MEDICAL CONDITIONS
1. Each child with any allergy or medical condition shall have:
   a. written instructions regarding the child’s allergic condition and steps that need to be taken to avoid that food or substance;
   b. written descriptions of specific symptoms that would indicate an allergic reaction;
   c. a detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of administration of any medications.
2. Teachers ask parents of a child with food allergies to give consent for posting information about that child's food allergy along with a picture of the child. If consent is given, the teacher will post the information in the food preparation and serving areas of the center and classroom, so it is a visual reminder to all those who interact with the child throughout the day.
3. Treatment Plans are kept in individual classroom files as well as on the Allergy/Medical clipboard located in each classroom.
4. Staff will routinely carry written information on medical conditions (i.e., bee allergies) on field trips or transport out of the center.
5. In case of emergency (seizure, allergic reaction, and hypoglycemia), 911 will be called. The center staff will respond as necessary until emergency services arrive.

6. The parent or parent’s emergency contact person is notified by telephone as soon as practical. Staff will identify themselves, state the nature of the emergency and the plan for the child’s care.

7. CFRC staff will not transport children to an emergency facility, but a staff member will accompany the child to the hospital and will stay with the child until the parent or emergency contact person arrives.

8. Once the emergency care has been provided and the parents notified, staff will complete an Accident Report Form documenting what happened. Parents will be given a copy, and the original will be submitted in the Weekly Information Report.

9. A supervisor and the Bureau of Services for Child Care (Child Care Licensing) must be notified immediately after emergency medical treatment is provided.

10. Costs incurred from treatment of an injury or illnesses occurring within the program are the parent’s responsibility. The center does have an insurance policy that can be utilized to cover expenses not covered by the parent’s policy.

**MEDICATION ADMINISTRATION**

**Medications**

The following Medication Procedures will be followed:

1. Medications must be in the original container and labeled with the child’s name, dose and frequency of administration. Check the expiration date. If expired, return medication to parent. Do not administer medication that has expired. All medications, including those required for staff and volunteers, will be stored out of reach of children and refrigerated if necessary.

2. Parents should check with the child’s physician to see if a dosing schedule can be arranged that does not involve the hours that the child is in the center. Parents may come to administer medication to their own child during the childcare day. Parents will give the Form for Medication Administration and the medicine to the teacher in the classroom.

3. The Form for Medication Administration:
   a. Must be filled out in ink
   b. If a recording error is made, do not use “white-out”. Simply put a line through the error and sign your initials and record it correctly on the next line.

4. Staff may administer oral, rectal, eye, and ear medication to any child with written consent from both the child’s doctor and parent. Staff may not recommend or solicit permission to administer medications. A lead teacher in each classroom handles and stores child medications as required by State Child Care Licensing Regulations. The designated lead teachers will:
   a. maintain an individual record on the Medication Authorization form of all medications dispensed, and review the form regularly with the child’s parents;
   b. record changes in a child’s behavior on the form for Administering Medication,
   c. assist parents in communicating with their physician regarding the effect of the medication on their child.
   d. If any medication error (Wrong Child, Wrong Medication, Wrong Dose) is made:
      i. The parent must be notified immediately
      ii. An Incident report must be made
      iii. Contact Poison Control for further advice, (800) 222-1222

5. The Health Coordinator will provide staff training and demonstrate proper techniques for administering, handling, and storing medication, including the use of any necessary equipment to administer medication.

6. Wash your hands before administering any medication.

7. Medications may be given ½ hour before or ½ hour after the designated time.

8. Observe the child swallowing their medication.
9. If the child refuses to take their medication, notify the parent immediately. If the child spits up part of a liquid medication, do NOT repeat the dose, call the parents and receive further instructions from the child’s primary health care provider.

10. If any prescription or over-the-counter medication is administered at school, the following forms must be on file:
   b. A Form for Administering Medication with written information completed by the parent. The parent will complete the Form for Administering Medication each time the child needs medication dispensed while at school. The parent will clearly write the hours and dosage of all medications.

11. Over the Counter (OTC) topical medications, that do not normally need a prescription from the doctor, including topical creams, lotions, sprays, or ointments, may be administered with parent permission and a current Medication Administration form completed and signed. Parents are responsible for providing all OTC medications.

12. Maintenance medications or oral OTC medication prescriptions from the doctor must be renewed yearly.

13. All medications (oral and topical) must be stored in a locked Medication Box away from the reach of children. If medications must be refrigerated, they must be kept in a separate container to prevent contamination of food, and not accessible to children.

14. When the medication has been administered and the form is complete, please submit in your Weekly information report.

Special Care Plans
Children requiring special medical procedures (i.e. G-I tube feeding, epi-pens, nebulizer treatments, rectal medication, etc.) shall have a written care plan in place and staff shall be trained and demonstrate competence in administering these procedures. Training must be conducted by an appropriate person; Health Coordinator, NEIS personnel, Registered Dietician, etc. If an epi-pen is kept at the center for a child with a special care plan, the expiration date should be noted so that the teacher can remind the parent when to provide a new epi-pen. The expired pen should be returned to the parent.

Children who may require special procedures due to food allergies or asthma must have a written care plan, approved by the child’s parents and health care provider. Forms can be obtained from a supervisor, the Health Coordinator or the EHS Enrollment and Reporting Coordinator.

Sunscreen
Children need to be protected from the sun by using a sunscreen with UVB-ray and UVA-ray protection of SPF-15 or higher. Staff will make every effort to protect children from sunburn. Sunscreen will be applied to exposed skin, except for the eyelids, 30 minutes before exposure to the sun and every two hours while in the sun. Sunscreen shall be applied according to the instructions provided by the manufacturer.

The use of hats and other sun-protective clothing is also recommended, especially between the hours of 10:00 am and 2:00 pm. All hats and other outer clothing should be labeled.

Procedure:
1. Parents will apply sunscreen every morning, prior to arriving at school. Parents are responsible for providing sunscreen for staff to apply to their child while at school.
2. If sunscreen is not provided, staff will use “center” sunscreen for the day, and will request that parents provide sunscreen.
3. Staff will use sunscreen as directed; i.e. if the manufacturer’s instructions state that the product is for children 6 months and older, staff will not apply the product on a child less than six months old, even with parent permission.
4. In the event of an allergic reaction (rash, etc.) staff will discontinue the use of sunscreen and notify the parent. A prescription from a health care provider will be required to continue the use of sunscreen at this point.
5. A current Sunscreen Permission slip, signed by the parent, will be kept in the child’s classroom file.
Outdoor Play
Children of all ages have daily opportunities for outdoor play, when weather, air quality and environmental safety conditions do not pose a health risk. Outdoor play for infants may include riding in a carriage or stroller; however, infants shall be offered opportunities for gross motor play outdoors, as well. When outdoor opportunities for large motor activities are not possible because of conditions, teachers must provide similar activities inside.

Teachers will ensure that children are dressed appropriately for the weather; dry and layered clothing (i.e. coats, hats and gloves) for warmth in cold weather. Parents will be asked to provide appropriate clothing for each season. If a child does not have the appropriate clothing, a child may wear center clothing or stay indoors.

Weather
Weather that poses a significant risk shall include wind chill at or below 15° and heat index at or above 90°, as identified by the National Weather Service. This information can be obtained at Weather Channel for Reno. Click on map or select Reno from the drop-down menu.

Sunny weather:
- Children should be protected from the sun by using shade, sun-protective clothing, and sunscreen with UVB-ray and UVA-ray protection of SPF 15 or higher, (with permission from parents/guardians);
- Children should wear sun-protective clothing, such as hats, when playing outdoors between the hours of 10:00 am and 2:00 pm.

Warm weather:
- Children should be well hydrated before engaging in prolonged periods of physical activity and encouraged to drink water during periods of prolonged physical activity;
- Caregivers/teachers should encourage parents/guardians to have children dress in clothing that is light-colored, lightweight, and limited to one layer of absorbent material that will maximize the evaporation of sweat;
- On hot days, infants receiving human milk in a bottle can be given additional human milk in bottle but should not be given water, especially in the first six months of life. Infants receiving formula and water can be given additional formula in a bottle.

Cold weather:
- Children should wear layers of loose-fitting, lightweight clothing. Outer garments such as coats should be tightly woven, and be at least water repellent when precipitation is present, such as rain or snow;
- Children should wear a hat, coat, and gloves/mittens kept snug at the wrist;
- Caregivers/teachers should check children’s extremities for maintenance of normal color and warmth at least every fifteen minutes.

Air Quality
When air quality is in question, during fire season, inversions, etc., a manager will call the Washoe County Air Quality Management Division to find out the Air Quality Index (AQI) for the day. If restrictions are necessary based on the AQI, then the centers will be notified. Any questions regarding activity modifications should be addressed with a supervisor.

Air quality can be monitored at Northern Nevada Air Quality or by calling the Washoe County Air Quality Management Division at (775) 785-4110. Both these resources use the Air Quality Index to report current conditions.

Understanding the AQI
Each category corresponds to a different level of health concern. The six levels of health concern and what they mean are:

1. "Good" The AQI value for your community is between 0 and 50. Air quality is considered satisfactory, and air pollution poses little or no risk.
2. "Moderate" The AQI for your community is between 51 and 100. Air quality is acceptable; however, for some pollutants there may be a moderate health concern for a very small number of people. For example, people who are unusually sensitive to ozone may experience respiratory symptoms.
   a. Parents of children with asthma or other health conditions may request that their child be allowed to stay indoors.

3. "Unhealthy for Sensitive Groups" When AQI values are between 101 and 150, members of sensitive groups may experience health effects. This means they are likely to be affected at lower levels than the general public. For example, people with lung disease are at greater risk from exposure to ozone, while people with either lung disease or heart disease are at greater risk from exposure to particle pollution. The general public is not likely to be affected when the AQI is in this range.
   a. The recommendation is to reduce prolonged or heavy exertion. CFRC Staff will accomplish this by limiting outdoor play time for children in the infant/toddler and preschool program to no more than 30 minutes in the morning and the afternoon.
   b. Summer camp staff will reduce prolonged or heavy exertion by using the van to shuttle children (instead of walking), modifying the schedule to reduce the length of time outdoors and by planning activities that do not require heavy exertion.
   c. Children with asthma, or other health conditions should not be allowed outside without written parent permission. Staff members must be extra diligent in monitoring all children for any respiratory symptoms under these conditions.

If the AQI is in any of these ranges, all children must stay indoors:
1. "Unhealthy" Everyone may begin to experience health effects when AQI values are between 151 and 200. Members of sensitive groups may experience more serious health effects.
2. "Very Unhealthy" AQI values between 201 and 300 trigger a health alert, meaning everyone may experience more serious health effects.
3. "Hazardous" AQI values over 300 trigger health warnings of emergency conditions. The entire population is more likely to be affected.

Prevention of Insect Borne disease:
The center follows the Washoe County Health District recommendations regarding the use of insect repellents to prevent outbreaks of disease such as West Nile Virus. Medication administration policies and procedures apply.

Health and Safety Checklist
The Health and Safety Checklist is utilized monthly at all CFRC sites. After carrying out the checklist, the reviewer completes a Health & Safety Checklist Report, has a teacher sign it, and then distributes copies as indicated on the form. Supervisors develop corrective action plans with the staff and complete the follow-up. The EHS Enrollment and Reporting Coordinator maintains the EHS files for reference, the CFRC Assistant Director maintains the SFB and WRB records.
Section 6: CHILD NUTRITION

MEAL SUPERVISION

Food Allergies
1. Children’s food allergies are to be posted prominently in the classroom and/or wherever food is served, with parental consent. See the Health Section for more information.
2. Staff will notify parents of any ingestion of or contact with a known problem food, whether or not a reaction occurs.
3. In addition, see Allergies and Medical Conditions, in Section 6: Health & Safety.
4. All classrooms are nut-free zones (tree nuts and peanuts). Teachers must check all food labels for nuts and/or peanuts before serving foods to children.
5. Staff will notify a parent of any suspected food reactions.

Choking Hazards
Children under the age of 4 years are not to be offered round, hard, small, thick and sticky, smooth, or slippery foods implicated in choking incidents. Examples of these foods are hot dogs (whole or sliced into rounds), raw carrot rounds, whole grapes, hard candy, nuts, seeds, raw peas, hard pretzels, chips, peanuts, popcorn, marshmallows, spoonsful of peanut butter, and chunks of meat larger than can be swallowed whole.

Staff cut food into pieces no larger than ¼ inch for infants and ½ inch for toddlers/twos, according to each child’s chewing and swallowing capabilities.

USDA Food Programs
The CFRC participates in the USDA Special Milk Program (at SFB & WRB) and the Child and Adult Care Food Program (CACFP) (at EHS sites) to obtain financial support for serving nutritious meals and snacks.

Meal and Snack Pattern
The CFRC follows meal pattern guidelines from the USDA Child & Adult Care Food Program (CACFP) when creating menus for meals provided by the program. CFRC provides snacks at the SFB and WRB Centers and breakfast, lunch and snacks at the EHS centers. Menus are developed and/or reviewed by the CFRC Nutrition Consultant to ensure compliance with CACFP Meal Patterns. Menus are posted where families can see them, and copies are made available for parents to take home.
1. A nutritious snack, including milk or water, will be offered to all children in mid-morning and in mid-afternoon.
2. Children are offered food at intervals at least 2 hours apart and not more than 3 hours apart unless the child is asleep.
3. Full-strength 100% fruit juice in a cup is offered at specific meals and snacks instead of continuously throughout the day.
4. Clean, sanitary drinking water is to be readily available and offered to children throughout the day and be made available upon their request.

Meals brought from home
1. Teachers will work with families to ensure that lunches brought from home meet the CACFP food guidelines. Information on the meal patterns can be found in Appendix D.
2. Lunches must be clearly marked with the child’s name.
3. A refrigerator is provided to ensure that food stays cold until served.
4. Teachers will provide food to supplement what is brought from home if necessary.
5. Teachers will recommend to parents that foods brought from home for sharing among children are either whole fruits or commercially prepared packaged foods in factory sealed containers.
6. CFRC centers are “nut free”. Items made with nut or seed butter should not be sent in lunches.

CACFP Record-Keeping
All Early Head Start teachers must complete CACFP training each year.
1. The Meal Count and Attendance form must be used.
2. Meal counts must be taken at the time the meal is served.
3. Meals are reimbursable only when served at the following times;
   a. Breakfast – 7:30 to 9:30 am
   b. Lunch – 11:30 am to 1:30 pm
   c. PM Snack – 3:00 to 4:00 pm
4. Children who are hungry can and should be fed at any time. The meals are not reimbursable when served outside the times listed above.
5. Infants age 0-11 months do not have to adhere to the time restrictions. Young infants will be fed on demand. Older infants will be transitioned to these meal times as they are ready.
6. Breast milk is reimbursable and should be counted in meal counts.
7. Parent provided meals are not counted on the meal count as they are not reimbursable.
8. Meals that are sent home with children are not reimbursable.
9. Current Monthly menus must be posted on the parent boards.

**Mealtime Supervision and Socialization**

Group meals are times for children to eat and be nourished. They also provide important opportunities for learning and social interaction. During mealtimes, young children develop lifelong attitudes toward food and the experience of eating. Children feel competent when they can decide what, when and how much to eat from what is offered. In a relaxed setting, they form positive attitudes and learn vital skills. The following guidelines should be followed when feeding children:

1. All foods planned for a meal or snack will be offered to children at the same time. Staff do not hold back favorite foods as a reward for eating certain food groups; food is not used as punishment or reward.
2. Staff introduce drinking from a cup to infants around age 7 or 8 months, and they encourage toddlers to hold and drink from a cup, to use a spoon, and to use their fingers for self-feeding. Children in mid-infancy who are learning to feed themselves are to be supervised by an adult seated within arm’s reach of them at all times while being fed. Children over 12 months of age who can feed themselves are to be supervised by an adult who is seated at the same table or within arm’s reach of the child’s highchair or feeding table.
3. A variety of foods are served, new foods are introduced periodically, and each child is encouraged but not forced to eat or taste his or her food. This helps them to broaden each child’s food experiences and helps them learn to enjoy eating a variety of healthy foods. Adults will encourage social interaction and conversation at mealtimes on topics such as colors, quantities, number, temperature of the foods, and about the events of the day.
4. Adults feed very young infants and aid with feeding as needed to older infants and young toddlers. Older children and classroom staff eat meals and snacks family style as soon as they are able. Sufficient time is allowed for each child to eat, with extra assistance and time provided for slow eaters to ensure an enjoyable experience. Staff will ensure that children are seated while they are eating or drinking.
5. Medically based diets or other dietary requirements are accommodated. A Medical Statement to Request Special Meals and/or Accommodations form is required to ensure that children’s nutritional needs and CACFP meal pattern requirements are met.
6. Children who cannot consume cow’s milk (lactose reduced milk is considered cow’s milk) due to a medical or other special dietary need, other than a disability, may be served non-dairy beverages that are nutritionally equivalent to milk.
   a. The parent must submit a written request (use the Medical Statement to Request Special Meals and/or Accommodations form) which identifies the medical or special dietary need that restricts the diet of the child, and the beverage that is being requested.
   b. Contact the Nutrition Consultant or the EHS Enrollment and Reporting Coordinator for a list of approved beverages.
7. If a child’s dietary requirements result in a substantial variation to the cycle menu (vegetarian, allergies, etc.) the Nutrition Consultant must be contacted to develop an individualized menu for that child.
MEALS FOR INFANTS

Feeding Infants
Early relationships between an infant and caregivers involving feeding set the stage for an infant to develop eating patterns for life. Staff should be gentle, patient, sensitive, and reassuring by responding appropriately to the infant’s feeding cues. Cues such as opening the mouth, making sucking sounds, and moving the hands at random are all ways an infant may indicate that she is hungry. Waiting for an infant to cry to indicate hunger is not necessary or desirable. Feeding children who are alert and interested in interpersonal interaction, but who are not showing signs of hunger, is not appropriate. Cues for hunger or interaction-seeking may be different from infant to infant and child to child. Observation and understanding of each child’s cues for hunger and satiety will allow staff to respond appropriately.

CFRC staff feed infants on demand to meet the infant's nutritional and emotional needs. Providing an immediate response to the infant helps ensure trust and feelings of security. Whenever possible, the same staff member will feed a specific infant for as many of their daily feedings as possible. When a staff member regularly works with a child, he or she is more likely to understand that child’s cues and to respond appropriately. After a time of transition, feeding of toddlers is done more at set intervals and at regular meal times. A parent or a child's health care provider may give written instructions otherwise.

Using and Storing Expressed Breast Milk
1. Breast milk will be used only with a mother’s own child.
2. The breast milk must be stored in ready-to-feed sanitary containers and must be labeled with the infant’s name and date.
3. Breast milk must be placed in the refrigerator immediately upon arrival and stored for no longer than 48 hours, or 24 hours if previously frozen.
4. Breast milk may be stored in a freezer, at 0° or below, for no longer than 3 months.
5. Frozen breast milk will be thawed in the refrigerator or under cold, running water. It may not be placed on a counter to thaw at room temperature. It may be warmed in water at no more than 120° for no more than 5 minutes.
6. Breast milk should be gently mixed, not shaken, before feeding to preserve the special infection-fighting and nutritional components of human milk.
7. Breast milk will be discarded if it is in an unsanitary bottle; if it has been unrefrigerated for an hour or more; or if it is in a bottle that has been fed over a period that exceeds an hour from the beginning of the feeding.

Storing and Preparing Formula
1. Prepared bottles of formula from powder, concentrate, or ready-to-feed formula are to be labeled with the child’s name and date of preparation.
2. Each bottle of formula and container of food is to be stored in accordance with the instructions from the manufacturer of the formula or food.
3. Containers of ready-to-feed or concentrated formula must be covered and refrigerated after they are opened, and must be discarded after 48 hours.
4. SFB Staff will return unused bottles to the appropriate parent each day.
5. Bottles of formula or breast milk may not be left out unrefrigerated for more than one hour. After that time, they must be discarded. Once used, a bottle may not be refrigerated and reused but must be discarded.

Warming Bottles and Infant Foods
1. Bottles and infant foods should not be warmed in a microwave. They can be heated under running warm tap water, or in a heated crock-pot filled with water for 5 minutes or less.
2. Bottles should be mixed gently after warming and the temperature of the milk tested before feeding. Infant foods should be carefully stirred to evenly distribute the heat.
3. Crock-pots are to be emptied, sanitized, and refilled with fresh water daily.
Cleaning Bottle Feeding Equipment

Bottles, bottle caps, nipples and other equipment used for bottle feeding must be cleaned and sanitized before use either by:

1. wash in a dishwasher followed by rinsing in sanitizing bleach solution and then by rinsing in plain water,
2. or, hand washing, rinsing and boiling for one minute.

Bottle Feeding

The manner in which food is given to infants is conducive to the development of sound eating habits for life. Caregivers should promote proper oral hygiene and feeding practices, including proper use of the bottle for all infants and toddlers.

1. Bottles are not allowed in cribs or on cots. Staff will allow children to comfort themselves with finger, thumb, or pacifier, rather than by giving a bottle in bed.
2. Children are not permitted to carry bottles with them.
3. When bottle-feeding, staff will either hold infants or feed them sitting up. Infants who are unable to sit will always be held for bottle-feeding.
4. Babies’ heads should be elevated when drinking from a bottle.
   a. If there are not enough caregivers to hold each child or if a child does not want to be held, staff can balance a baby in their legs, or have the baby sit near them with their bottle.
   b. A child who demonstrates a preference for holding a bottle during feeding may hold his own bottle and need not be held by a caretaker if the caretaker is directly observing the child.
5. Solid food will not be fed in a bottle or in an infant feeder unless the child has specific medical reasons and written instructions from a health care professional to do so.

Cow’s Milk

Children less than 12 months old are not given cow’s milk. Children 12 to 24 months are served whole milk. After age two, low fat (1%) milk is provided.

Preparing and Feeding Solid Foods to Infants

Teachers offer solid foods and fruit juices to infants younger than 6 months only if recommended in writing by the child’s health care provider and approved by parents.

1. If parents provide baby food, each container of food will be labeled with the name of the child to whom it belongs;
2. Staff will examine food carefully when removing it from baby food jars to make sure there are not glass pieces or foreign objects in the food.
3. Commercially packaged baby food must be heated and/or served from a dish, not directly from the container.
4. Staff will discard any food that is left in a serving dish after a meal.
5. Unserved food can be kept in the original container, labeled with the child’s name and the date it was opened and stored in the refrigerator.
6. Food may not be shared among children using the same dish or spoon.

Mealtimes with infants and toddlers are not a time to worry about mess. Exploring food is often as important as eating. Children should be encouraged to use utensils and utensils should be offered to children when developmentally appropriate.

Progression of Food Experiences

To avoid problems of food sensitivity in very young children, staff will obtain a list of foods that have already been introduced by the child’s parents before serving these foods to the child. Staff will discuss new foods with the parents prior to their introduction at the center.

1. Infants are fed foods that are age and developmentally appropriate. Foods progress from pureed to ground, to finely mashed, to finely chopped as an infant develops.
2. When children are ready for chopped foods, these foods are cut into small pieces no larger than ¼ inch cubes or thin slices. For toddlers, foods are cut up in small pieces no larger than ½ inch cubes.
3. Menus are designed to offer familiar foods and to introduce a variety of healthful foods that may not be familiar, but that meet a child’s nutritional needs. Staff should discuss religious and cultural food preferences with parents. The appropriate supervisor should be notified of any child’s special dietary needs.

**Encouraging Self-feeding**

As children enter their second year of life, they are interested in doing things for themselves. Self-feeding appropriately separates the responsibilities of adults and children. The adult is responsible for providing nutritious food in a clean, quiet, pleasant environment, and the child is responsible for deciding what to eat and how much to eat. To allow for the proper development of motor skills and eating habits, children need to be allowed to practice learning to feed themselves. Teachers shall encourage toddlers to hold and drink from a cup, to use a spoon, and to use their fingers for self-feeding.

1. Teachers should offer children fluids from a cup as soon as they are developmentally ready. Infants may be able to drink from a sippy cup as early as five months of age.
2. Weaning a child from a bottle to a cup is an individual process which occurs over time.
3. The American Academy of Pediatrics recommends weaning from the bottle to a cup by the child’s first birthday.
4. Child sized utensils and dishes are provided for children to encourage self-feeding.

**FOOD PREPARATION**

**Safe Food Supply**

The following precautions are to be observed for a safe food supply:

1. Home-canned food, food from dented, rusted, bulging, or leaking cans, and food from cans without labels shall not be used;
2. Foods is to be inspected daily for spoilage or signs of mold, and foods that are spoiled or moldy shall be discarded;
3. Raw, unpasteurized milk and milk products; unpasteurized fruit juices; and raw or undercooked eggs shall not be used.

**Preparing Food**

1. Food provided from home must be labeled with the child’s name, and is to be served in containers provided by the parent.
2. The food preparation area shall be separate from eating, play, laundry, toilet, bathroom areas and from areas where animals are permitted, and shall not be used as a passageway while food is being prepared.
3. Staff will wash their hands and the hands of each child before preparing and serving food.
4. Utensils must be used in the preparation and serving of food.
5. Children shall never be in the kitchen unless a caregiver directly supervises them.
6. Foodstuffs used for sensory bins (flour, cornmeal, etc.) may be stored in the kitchen, must be labeled “Not for Consumption”, and may not be stored in containers labeled for other uses. Dried kidney beans may not be used in sensory bins.

**Tableware and Feeding Utensils**

1. Disposable tableware (such as plates, cups, utensils) and single-service articles (such as napkins, paper, placemats, paper tablecloths, and paper towels) are to be discarded after one use.
2. The center does not use Styrofoam tableware for children.
3. Washable placemats, bibs, napkins, and tablecloths, if used, must be laundered or washed, rinsed, and sanitized after each meal. Fabric articles must be sanitized by being machine washed and dried after each use.
4. Plates and all items used in food service that are not disposable are to be washed, rinsed, and sanitized.
5. Tables and highchair trays that are used for eating shall be washed, rinsed, and sanitized just before and right after they are used for eating. Children who eat at tables shall have disposable or washed and sanitized plates for their food.
**Storage of Food in the Refrigerator**

To ensure the safety of food stored, the following procedures are to be followed:

1. Food returned to the kitchen from individual plates and family style serving bowls shall be discarded.
2. Unserved food shall be tightly covered, labeled with the date, and refrigerated immediately.
3. Prepared perishable foods that have been out of the safe temperature zones, cold foods below 40° and hot foods above 135°, for 2 hours or more shall be discarded.
4. Refrigerators and freezers are to be cleaned and sanitized as often as necessary. Spills should be cleaned up immediately. Thermometers in center refrigerators and freezers should be readily visible and should be checked by staff periodically to ensure that the refrigerator is 40° or below and the freezer is 32° or below. The temperatures will be checked during Health and Safety checks and any problems, including missing thermometers, will be reported to the supervisor.

**Food Safety during Transport**

Food shall be transported promptly in clean, covered, and insulated containers. Hot foods shall be maintained at 140° or higher and cold foods shall be maintained at temperatures of 40° or lower. Hot foods will be allowed to cool to 110° before serving to young children if the food is cooked to appropriate temperatures and the time at room temperature does not exceed 2 hours. The temperature of foods shall be checked with a working food-grade, metal probe thermometer.

**Lunch Run Procedures**

Children in the center-based programs receive hot lunches provided through contract with Chartwell’s at UNR. The EHS student worker is responsible for picking up the lunches and delivering them to the EHS sites; Comstock, Nelson, NEIS and Sage. To ensure food safety, the following materials and procedures are required.

**EQUIPMENT**

1. **Warming Oven:** The Child and Adult Care Food Program (CACFP) Regulations require that hot food be at or above 140° when received. Chartwell’s has warming ovens where the food will be kept at 165° until pickup.
2. **Containers:** Chartwell’s provides stainless steel pans which can be kept warm in their oven, and which fit in the warmers.
3. **Thermal Food Bags:** The food carriers are certified by NSF International for transporting food.
4. **Thermometer:** A food thermometer is kept at each site; it must be sanitized prior to each use.
5. **Lunch Delivery Sheet:** Recorded temperatures are kept on a two-part NCR form for CACFP documentation.

**PROCEDURE FOR STUDENT WORKER**

1. Around 10:30 am collect the outgoing mail for each site from the out basket in the Nelson Office.
2. Pick up the thermal food bags from the Nelson Ones kitchen. Teachers are responsible for filling the thermal bag with the previous day’s clean food containers.
3. Deliver and pick up mail from the Office Manager at Mackay Science 100.
4. Arrive at Chartwell’s loading dock located at the Down Under Café on Sierra Street. Park in the loading garage.
5. Carry the four thermal food bags, and the pans collected from the centers into the kitchen.
6. Put the empty pans on the dish rack located on the right side of the Chartwell’s kitchen.
7. Take the empty thermal bags to the kitchen located on the far-left side of Chartwell’s.
8. Remove food from the warming oven, located in the back corner and marked “Food for Child Care.”
9. Review the Lunch Delivery Receipt to make sure all items on the menu are provided in the appropriate amounts, and that Chartwell’s staff have recorded the food temperatures.
10. Load the food into each thermal bag by site. Warm items on the bottom, cool items on the top.
11. Sign the Lunch Delivery Receipt, tearing off the white portion for EHS records.
12. Load food into the van and drive to each site in the following order: Comstock, NEIS, WRB, Sage Street, and Nelson.
13. Stop at WRB to deliver/pick up mail, located in outbox on top of the Pre-K file cabinet. Check the tuition box for payments. Store any loose forms or checks in an empty envelope.
14. Carry thermal bag into the site kitchen, ensuring that center staff know that the food has arrived. Remove cold items from the bags and place in the refrigerator. Leave hot items in the bags to maintain temperature.
15. Distribute any mail as necessary.
16. Collect any empty pans and warmers and put them in the delivery van.
17. Drive to the next delivery site and repeat steps 14-16.
18. At Nelson, wash hands and divide lunches into three parts; Ones A, Ones B, and Infants. Serving bowls must be kept covered until the food is served.
19. Deliver lunches to these classrooms.
20. The lunch run should be completed by 12:05 pm, see schedule below for delivery times.
21. File the Lunch Delivery Receipt into the CACFP monthly folders. Distribute mail as necessary. Any mail that is to be delivered to another site the following day can be placed into the appropriate outgoing mail spots.

Delivery Schedule:

<table>
<thead>
<tr>
<th>Center</th>
<th>Delivery from</th>
<th>to no later than</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comstock</td>
<td>11:15 am</td>
<td>11:25 am</td>
</tr>
<tr>
<td>NEIS</td>
<td>11:25 am</td>
<td>11:35 am</td>
</tr>
<tr>
<td>Sage Street</td>
<td>11:35 am</td>
<td>11:45 am</td>
</tr>
<tr>
<td>Nelson</td>
<td>11:45 am</td>
<td>11:55 am</td>
</tr>
<tr>
<td>Nelson classrooms</td>
<td>11:55 am</td>
<td>12:05 pm</td>
</tr>
</tbody>
</table>

The lunch delivery employee will notify sites if the lunches will not be delivered by the ‘to no later than’ time. Center staff should call the site supervisor if lunches are not received on time and they have not been notified of a late delivery.

Center Staff responsibilities
1. Remove and divide food into serving dishes for each classroom. Refer to the posted menus with portion sizes that are provided each month.
2. Rinse out thermal food bags if any food has spilled during transport.
3. Place clean, empty food pans from the previous day into bags for next day pick-up.

EHS Nutrition Assessments
EHS staff and families must work together to identify each child’s nutritional needs, assess current intake, review nutrition related data (growth charts, etc.), and discuss the child’s feeding requirements, family eating patterns, food security, cultural preferences, or any special dietary requirements. Therefore, Infant/Child Nutrition Assessments shall be conducted upon entry into the program (within 45 days), when transferring from home-based to center-based, and at 6, 12, 18, 24, 30, 36 and 42 months of age. Teachers and Home Visitors complete the appropriate assessment form while interviewing the parent. The Nutrition Consultant reviews every assessment and will request or supply additional information as needed. Staff should contact the Nutrition Consultant if there are any questions or concerns, or to schedule a follow-up meeting with a family.

Nutrition Assessment (NA) Data Processing
1. Teachers submit completed NA in the WIR.
2. Office staff/home visitors enter basic info in CP using the Health Module; Event date, agency worker = (T/HV name), Provider Type = (Head Start staff), description = (see attachment) and Status = (Review Needed).
3. Office staff/home visitors scan NA and add as an attachment to the child’s CP file; naming document using document name (i.e. 6 mo. NA) and date.
4. Once a month, the office staff will run report #3065 selecting all Nutrition Assessments with a status of “Review Needed” and send the report to the EHS Enrollment and Reporting Coordinator and to the Nutrition Consultant.
5. When reviewing the NA, the Nutrition Consultant will do the following:
   a. Open Attachment
   b. Add comments
   c. Insert any handouts to attachment
   d. Save attachment
   e. Click on email icon; send copy to teacher/home visitor
   f. Update status (Concerns or No Concerns)
   g. Add any notes

**ORAL HYGIENE**
The development of tooth decay-producing plaque begins when an infant’s first tooth appears in his/her mouth. Tooth brushing at home may not be enough, especially when children eat most of their meals and snacks during a full day in child care. The ability to do a good job brushing the teeth is a learned skill, improved by practice. Very few preschool age children have the hand-eye coordination or the fine motor skills necessary to complete the complex process of tooth brushing.

In sites where tooth brushing is an activity, staff promotes the habit of regular tooth brushing by helping infants and children brush their teeth after lunch.

1. Only pre-pasted disposable toothbrushes are used. They must be moistened under running water prior to use.
2. A teacher will either brush a child’s teeth or supervise as the child brushes his/her own teeth. The younger the child the more the teacher needs to be involved. The teacher will evaluate each child’s motor activity and teach the child the correct method of tooth brushing when the child is capable of doing this activity.
3. Staff thoroughly brushes the child’s teeth after the child has finished brushing.
4. Children are taught how to “rinse and spit” after brushing their teeth.
5. Staff wash their hands after assisting each child.
6. Each child uses his or her own toothbrush, and sharing or borrowing is not allowed.
7. Staff ensures that toothbrushes are not contaminated by contact with other toothbrushes, surfaces, or bodily fluids.
8. Contaminated toothbrushes are discarded and replaced.
9. Gloves must be worn when assisting children with bleeding gums.
10. Infants’ teeth and gums are wiped after feeding with a moist gauze square to remove any remaining liquid that coats the teeth and gums.
Section 7: HOME VISITING PROGRAM OPERATIONS

The Early Head Start Home Visiting program is a child development and parent education program. The purpose of the home visit is to help parents improve their parenting skills and to assist them in the use of the home as the child’s primary learning environment. Families meet with their assigned home visitor once a week for an hour and a half. All families are offered at least 48 home visits per program year. Weekly home visits are planned jointly by the home visitor and the parent with the focus on the parent’s interactions with the child. Home visits are conducted with the child’s parents or the child’s legal guardians. Home visits are conducted in the child’s home except in extraordinary circumstances when a short-term alternative arrangement may be necessary; for example, if the safety of the child, parent or staff member is in jeopardy or the family becomes homeless.

Home visitors also offer services to pregnant mothers. The curriculum for pregnant mothers includes the unique stages of pregnancy, preparing for childbirth, ensuring medical care and treatment, discussing the transition to parenthood and health and wellness issues. Parents are also given information regarding attachment, breastfeeding, and birth spacing.

Curriculum
The Home Visiting program uses the Parents as Teachers (PAT) curriculum to provide a weekly lesson focusing on parent education, child development and parent and child time together. The comprehensive services of health, nutrition, mental health, social services, parent involvement and education are woven into the weekly lessons. Staff must be trained and certified by PAT before using the PAT curriculum.

Each home visit should focus on the parent as the child’s most important relationship and first teacher, and through the parent, focus on the needs of the child. Child development experiences, which focus on the relationship and interaction between the parent and child, should occur during each home visit. There may be times when a parent is so distracted by personal needs that it is difficult to establish the focus on the child. It is important at these times to ensure that the parent gets the support he or she needs so that he or she can then be available to meet the child’s needs. The home visitor in this circumstance might guide the focus back to the child by first listening to the parent’s concerns, identifying resources, and then helping the parents understand how the family circumstances affect the child. The home visitor should ensure that the child development goals of the Early Head Start program are being addressed while the needs of the parents are supported.

Screening and Assessment
The home visitor must complete all required developmental and health screenings (ASQ and ASQSE, TB, lead, and Nutrition), and assessments (TSG) with the parents. Parents and home visitors exchange information based on observations of the child and the ongoing infant-toddler assessments (TSG) conducted by the home visitor with the parents. Home visitors follow the parents’ lead in establishing goals for their infants or toddlers and support parents as they engage in sensitive and responsive interactions. Home visitors also provide education and guidance and empower parents to advocate on behalf of their young children. See Section 4 for more detailed information on conducting screenings and assessments.

Services for Pregnant Women
Pregnant women enrolled in Early Head Start receive services through the home-visiting program, although visits do not have to occur in the home. The Parents as Teachers and Maternal Mental Health curricula are utilized to promote the importance of early and consistent pre-natal care, healthy food choices, preparation for labor and delivery, breastfeeding, and attachment and bonding. Home visits occur weekly and should last 60 to 90 minutes depending upon the needs of the family.

Nutrition Assessments for Pregnant Women
EHS Home Visitors conduct nutrition assessments with pregnant women upon enrollment, and then update once every trimester until delivery. The Nutrition Consultant reviews every assessment and will request or supply
additional information as needed. Staff should contact the Nutrition Consultant if there are any questions or concerns, or to schedule a follow-up meeting with a family.

**Postpartum Health Visit**

Within two weeks of birth, EHS programs are required to arrange for health staff to visit the newborn to ensure the well-being of the mother and child [45 CFR 1304.40 (i)(6)]. This first postpartum visit offers the opportunity to assess such things as success with nursing, sleeping and feeding issues, and the mother’s emotional state, as well as the family’s resources and social support for coping with challenges.

The home visitor must schedule the postpartum visit with the Health Services Coordinator. The Home visitor will accompany the Health Coordinator on the visit, as the home visitor has an existing relationship with the mother and the family. This visit must be documented using the *EHS Postpartum Visit* form.

**Recordkeeping**

Participants in the home-based program must be offered at least 48 home visits a year. Home visitors usually schedule families for the same time every week. Home visits that cannot be scheduled on the “regular” day due to planned closures such as holidays, Professional Development days, or planned days off are expected to be rescheduled within the week. For example, if a home visitor usually meets with the Jones family on Mondays, and there is a holiday on Monday the next week, the home visitor is expected to offer at least one (but preferably three) alternate times to visit that week. All attempts to reschedule should be documented in the notes for the child on the attendance page of ChildPlus.

When home visits are not scheduled due to summer or winter break, they do not need to be rescheduled and home visit forms do not need to be submitted.

**Recordkeeping for Home Visit Attendance:**

1. A home visit form must be attached in ChildPlus for each home visit completed during the week.
2. Home Visits that did not occur during a week will need to show the following documentation in ChildPlus:
   a. Using the date the visit was scheduled to occur, indicate the reason why the visit didn’t occur. Examples would be:
      i. Family not home, this means that you were at the home to make the visit, but no one was home. It does not mean that the family was out-of-town for the day!
      ii. Family cancelled; parent was sick, doctor’s appointment, vacation, court appearance, etc. Always indicate a reason when known, otherwise write “unknown reason”.
3. Document all attempts to reschedule in Child Plus. List all alternate times offered to family for rescheduling and their reason refusing.

**Data Entry for Home Visit Attendance:**

The Home visitors are responsible for entering home visits into ChildPlus.

1. All holidays, professional development days and other days the center is closed must be entered for each home-based group. Enter on the upper right hand side of the screen using the *Classroom Status* drop down menu.
2. Open ChildPlus and select Entry Express tab.
3. Select the Attendance tab.
4. Select the name of the participant
   a. If the home visit was completed, enter P for present in the *Attendance column*, and then enter the start and end time of the home visit. (see note #1)
   b. If there are two or more enrolled children present, enter the time once for the focus child and enter N for the sibling. (see note #2)
5. If a home visit did not occur during the week for any family reason, enter A for absent in the *Attendance column*. (see note #3)
   a. Then choose the appropriate absence code to be entered in the Absence column:
i. Sick (enrolled person was sick) Medical/Dental Appointment (the enrolled person had appointment)

ii. Family cancelled (HB) - This means that the visit was cancelled prior to the scheduled time. Use the Notes tab at the lower left of the screen to indicate the reason (i.e. non-enrolled family member sick, etc.)

iii. Family not home (the HV went to the house, no one at home) Use this code only if the HV went to the home and was unable to do the visit. This code should not be used when the family is out-of-town.

iv. If a home visit did not occur because you were not able to contact the parent to schedule, use the “Unknown Reason” absence code. Use the notes section to document your attempts to contact the family.

6. If home visits were not scheduled due to the home visitor’s annual leave, sick leave, furlough or staff training then enter N for Not Scheduled in the Attendance column and choose the appropriate absence code.

7. If the Home Visitor attempted to reschedule but family refused those days/times enter “A-Absent” on the date they offered and “Staff offered/parent refused” for the code (along with the N for the day the HV cancelled the visit).

8. Explanations for Not Scheduled should be entered under the notes tab at the bottom left of the screen. Notes must be dated.

9. If the center was closed for the day due to a holiday, Professional Development day, or break then close the entire day so that home visits cannot be entered for that day.

10. The entries coded absent or present are counted to determine home visit completion rates. Every enrolled participant should have at least one attendance entry each week, but only one “P- Present” or one “A-Absent”. If there is an exception to this (i.e. 2 home visits were completed in one week due to rescheduling) and explanation must be included in the notes section.

11. After each visit, the home visitor will complete the Home Visit Form and provide the family with a copy. The home visitor will keep a copy in the family’s binder after scanning a copy into ChildPlus.

Other Data Entry Instructions

Home Visitors are responsible for inputting the information generated from all screenings, assessments, and Family Partnership Agreements into Child Plus and then attaching the documentation under the correct heading. After a visit, return to the office and scan all documents and save them in a file on your computer labeled Child Plus. Name each document so you can find it again and attach it under the appropriate module in Child Plus.

Home Visit Forms: Open Child Plus and click on Entry Express. On the next page that comes up, click the Attendance Option. After clicking on the date the visit occurred, push the Attachment button on the top of the page. When the next page opens, click Add Attachment on the bottom left of the screen. On the next screen, click Browse and retrieve the file you are attaching from the ChildPlus folder on your computer. Fill in all the boxes on this page and click ‘OK’.

ASQ’s and ASQ-SE’s: Open Child Plus and click on the Services tab. Select the child you are adding information for and then click the Health tab. Click the green ‘Add Event’ tab, and select the event from the drop-down menu. Fill in the Event Date and pick a Status from the drop-down menu. In the Results box, transfer the child’s scores. Click the box that Parents have been notified and fill in who was notified, by whom, and the date. Click on the Attachments button at the top of the page and browse to add the file you have scanned and stored in the folder on your computer. Fill in all the informational boxes and click ‘OK’.

Nutrition Screenings: Open Child Plus and click on the Services tab. Select the child you are adding information for and click the Health tab. Click on the green ‘Add Event’ tab and select the appropriate nutrition event from the drop-down menu. Fill in the event date and then select “Review Needed” from the Status drop down menu. Click on the Attachments button on the top of the page and browse to add the file you have already scanned and stored in the Child Plus folder. Fill in all the informational boxes and click ‘OK’.
Maternal Nutrition Assessments: Open Child Plus and click on the Services tab. Select the mother you are adding information for and click the Health tab. Click on the green ‘Add Event’ tab and select Nutrition Questionnaire-Mother from the drop down menu. Fill in the Event Date and select Review Needed from the Status drop down menu. Click on the Attachments button on the top of the page and browse to add the file you have already scanned and stored in the Child Plus folder. Fill in all the informational boxes and click ‘OK’.

Initial Screenings and Nutrition: Initial nutrition and ASQ screenings must be entered in Child Plus separately from age related nutrition and ASQ’s. If a nutrition or an ASQ is doing double duty, as both an initial screening and an age related screening, it must be entered into Child Plus twice. Follow the above steps for entering an age related screening and select either Initial Screen-PAT/ ASQ or Nutrition-Initial Assessment. The document only needs to be attached to the module once. Maternal nutrition does not require the designation Initial, only Nutrition Questionnaire-Mother.

Transition Plans: Open Child Plus and click on the Services tab. Select the child you are adding information on and click the Health tab. Click on the green ‘Add Event’ tab and select ‘Transition Plan’ from the drop down menu. Fill in the Event Date and then select “Review Needed” from the Status drop down menu. Click on the Attachments button on the top of the page and browse to find the file saved in your ChildPlus Folder. Fill in all the informational boxes and click ‘OK’.

Parent Conferences: Open ChildPlus and click on the Services tab. Select the child you are adding information for and click on the Education tab. Enter the date for the conference in the appropriate Parent Conference box. Click on the Attachments button at the top of the page and browse to find the file saved in the Child Plus folder on your computer. Fill in all the informational boxes and click ‘OK’.

FPA’s and ESQ’s: Open ChildPlus and click on the Services tab. Select the child you are adding information for and then pick the Family Services tab. Once on the Family Services page, select the Family Services Information tab under the colored banner at the top of the page. Scroll down the page and input the information requested under both the Needs Assessment and Family Partnership Agreement headings. Both documents are valid for 6 months after they have been completed with the family. Click on the Attachments button at the top of the page and browse to find the file saved in the ChildPlus folder on your computer. Fill in all the informational boxes and click ‘OK’. Families with more than one child must have their information entered under each child separately. The documents only need to be attached once.

Referrals: All referrals are scanned and immediately attached to an e-mail and sent EHS office staff.

TB and Lead Screenings: Instead of scanning the TB or Lead Screens, make copies of the documents. Place one copy in the Health Coordinator’s box and place one copy in the child’s binder until receiving the reviewed document from the Health Coordinator.

Socializations (Play Groups)
Home visitors are required to offer two playgroups a month and parents are encouraged to attend at least once each month. The playgroup activities are focused on both the child and the parents. Playgroups for infants and toddlers are concerned with the relationship between very young children and their primary caregivers as opposed to the relationships between infants and toddlers and their peers. Playgroups for infants and toddlers have a very distinct purpose which is to support child development by strengthening the relationship between parent and child. Socializations are conducted with parents or the child’s legal guardian and may not be conducted with child care providers and other substitute caregivers.

A snack or meal will be offered at every playgroup. Home visitors must follow the CACFP meal pattern requirements. Normally a snack is provided (unless the play group is scheduled at lunch time). Home visitors should work with parents to plan the menu for the play groups using the CACFP approved elements. Formula should also be available for children under 12 months in attendance at the playgroup.

Socializations that are cancelled by staff must be rescheduled within the same month.

Interpretation and Translation Services
EHS has an interpreter available for Spanish speaking families. Home visitors should work with the translator to arrange visits. The interpreter is responsible for interpreting the information shared between the home visitor and the family as well as translating the home visitor notes for the family.

**Personal Vehicles**
Home visitors are required to use their personal vehicle for home visits. It is the responsibility of the Home Visitor to carry appropriate insurance coverage on their vehicle. They are reimbursed for their mileage at the current approved rate and must document beginning and ending mileage on the mileage form. Mileage Reimbursement forms are to be submitted to the supervisor at the end of the month. Home visitors are NOT ALLOWED to transport clients in their personal vehicles. They may use state vehicles to transport adults with prior approval from their supervisor. Children must never be transported by staff in any vehicle.

**Leave Requests**
Since Home Visitors do not have the classroom coverage restraints that classroom teachers have, home visitors are not subject to the leave request schedule described in Section 3. Home visitors must submit annual leave requests a minimum of two weeks prior to requesting time off and must have received approval prior to taking leave.
Section 8: PROGRAM ADMINISTRATION

PROGRAM SELF-ASSESSMENT AND MONITORING
The CFRC conducts regular self-assessment and monitoring activities as a method of measuring agency accomplishments, strengths, and weaknesses. Self-assessment supports the continuous improvement of program quality and service delivery methods. The self-assessment process also provides an opportunity for involving parents and community stakeholders, and for making staff more aware of how the program is viewed by its consumers.

At least once each program year, with the consultation and participation of the policy groups, and as appropriate other community members, the program conducts a self-assessment of their effectiveness and progress in meeting program goals and objectives and in implementing all applicable regulations.

1. The self-assessment is scheduled to be concluded by October of each year.
2. The CFRC Training Coordinator is responsible for coordinating the self-assessment.
3. Policy Council and Parent Committee members and/or other community members as appropriate are solicited to participate in the self-assessment activities.
4. A written report is delivered to parents, staff and community partners upon completion.
5. The management team develops a plan for implementing changes to increase the program’s effectiveness and progress in meeting program goals and objectives and in implementing federal regulations. This plan must take into consideration Policy Council input and approval.

ONGOING MONITORING
Regular ongoing monitoring helps assess program operations, to ensure that necessary steps are being undertaken to meet Federal regulations as well as agency goals and objectives, and to ensure that appropriate interventions are taken in a timely manner. This internal monitoring is an ongoing process in which the management team analyzes program reports, self-assessment findings, written plans, and other important documents on a regular basis. The monitoring system is connected and inter-related with the systems of communication, planning, self-assessment, record keeping and reporting with each impacted by the others and all influencing and influence by program services.

A key document of the ongoing monitoring schedule is the Reporting and Monitoring Schedule. The EHS Enrollment and Reporting Coordinator is responsible for maintaining and implementing this schedule. The bulk of the reports on this schedule are obtained from the ChildPlus database. This schedule describes how often which reports will be reviewed; how to set up the report; who is responsible for running the report; the distribution of the report; what action or follow-up is needed and where the records will be kept. This schedule is a working document that is revised as needed.

RECORD-KEEPING SYSTEMS
The program establishes and maintains efficient and effective record-keeping systems to provide accurate and timely information regarding children, families, and staff and must ensure appropriate confidentiality of this information.

Every CFRC staff person has recordkeeping responsibilities. The flow of these records is intertwined with the reporting system.

1. ChildPlus and EZ-Care are used as the database programs for managing all the child and family information and producing reports.
2. The Weekly Information Report (WIR) lists the types of records that are required and documents the transfer of records from teachers and home visitors, to the administrative assistants (AA’s) for entry into the appropriate database.
   a. Organize the documents submitted with the WIR in the order they appear on the WIR.
b. The WIR is due to the site supervisor by noon on Monday. The site supervisor must review the documents for clarity, completion and accuracy.

c. The site supervisor then scans the WIR to the appropriate AA for data entry and routes the Meal Counts and Sign-in Sheets to office staff for filing.

d. The office staff will input all data from the WIR by close of business on Friday. If there is a delay, the EHS Enrollment and Reporting Coordinator must be notified immediately to develop a plan for completion of this task.

e. The office staff will file all documents by noon the following Tuesday. If there is a delay, the EHS Enrollment and Reporting Coordinator must be notified immediately to develop a plan for completion of this task.

3. The teachers and home visitors are responsible for maintaining “working files” and use the appropriate file checklist to organize those files. Supervisors are responsible for conducting periodic file reviews to monitor those files.

4. Teachers have additional recordkeeping responsibilities, including:

a. The Daily Activity Reports for Infants and for Toddlers is to be completed by teachers to record communication from parents such as eating patterns, diapering/toileting information, and anecdotal observation information. These forms are kept in the classroom until the child transitions. If space in the classroom file is an issue, these forms can be forwarded to the office (clipped together by child) and kept in the central file.

b. The CACFP Daily Meal Count & Attendance Record is used to record attendance and meals served in EHS classrooms. This is submitted with the WIR.
   i. Meals should be recorded at time of service
   ii. Absence reasons must be noted. If parents do not call or otherwise let the teacher know that the child will be absent, the teacher should call the parent and document the call on the Family Contact Notes form. If the teacher has not been informed by the parent the reason for the absence, the reason should be listed as Unknown. The reason Spent time with family should be used only if you know that the child did not attend because the parent wanted to spend time at home with the child.
   iii. This form must be signed by a teacher prior to submission in the WIR.

c. Daily Sign-in Sheets;
   i. Teachers and children must be signed in and out properly each day.
   ii. Teachers are responsible for monitoring the sign-in sheet to ensure that each child is properly signed in and out. If a parent does not sign a child in or out, the teacher should enter the information and initial their entry.
   iii. The sign-in sheet is a legal record and is used to document:
      1. That proper group size and ratios are being met.
      2. That children were present during mealtimes and when meals have been claimed for reimbursement
      3. To account for everyone who may be present during an evacuation or an emergency.
      4. Average daily attendance in each classroom.
      5. The presence of university students observing or completing assignments in the classroom.
   iv. Daily sign-in sheets are to be submitted in the WIR. Should there be any discrepancy with the sign-in sheets (i.e. one is missing) staff must contact their supervisor immediately.

d. Classroom and/or Kitchen cleaning checklists

e. Medication Administration documentation

f. Family Contact notes

5. Home Visitors are responsible for completing and/or entering the following records:

a. Any Parents as Teachers (PAT) specific records

b. Home Visit Summary Form

c. Mileage Reimbursement Request
d. Family Contact notes, ESQ and FPA

e. Screenings and Assessments

f. Parent Conferences

g. Transition Plans

6. The Administrative Assistant maintains the central files including

a. Enrollment and Eligibility documentation

b. Daily Activity Reports

c. Other overflow documents

d. Once a child transitions or drops from the program, the working file and central file are reconciled.

   All subsequent paperwork for the child or family members will be entered into the appropriate database and then added to the archived file. All duplicate documents are shredded, and the file is archived.

e. Archived files are stored in banker’s boxes and the index to these files is maintained in Paper Tiger. Each box is clearly marked and numbered. A list of files in a box is also posted on the inside of the box.

7. The AA is responsible for maintaining the following records:

a. CACFP records which include menus, meals served/meal counts, kitchen cleaning records, monitoring reports, management plan, program instructions/correspondence and other related documents.

b. Applications for enrollment and supporting documentation

c. Selection Criteria form for each qualifying application

d. Policy Council agendas, minutes, hand-outs and sign-in sheets.

e. Parent Meeting and Training agendas, minutes and sign-in sheets

8. EHS Enrollment and Reporting Coordinator is responsible for the following:

a. Volunteer forms (demographics and timesheets)

b. Wrap-Around Files and Reimbursement Requests

9. The CFRC Office Manager is responsible for:

a. Purchasing Card documentation

b. Travel Request documentation

c. BPO/IPO/RFP/JV/ICA documentation for all EHS accounts

d. Site Licensing Renewals and any needed follow-up from Child Care Licensing or Health Inspections. Site supervisors or other site staff must forward copies of all inspections to the CFRC Office Manager and place originals in Site File.

e. Maintaining hard copy personnel files for all faculty, classified staff, students and volunteers, which contain:

   i. Background check documentation; Consent & Release forms and Clearance Memos for Comstock, NEIS, Nelson, SFB and WRB employees, and Sheriff’s cards for all employees

   ii. Negative TB test results

   iii. Evidence of meeting UNR Campus and licensing required training documentation; New Employee Orientation, CPR & First Aid, CAN, Positive Guidance/Child Development, SIDS, Signs & Symptoms of Illness training with Bloodborne Pathogens, Wellness-Nutrition & Physical Development, Nevada Registry Certification, Prevention of Sexual Harassment training, Fire Extinguisher training, Bloodborne Pathogens training

   iv. Evidence of training to meet the 24 hours per licensing year requirement for employees working with children and or in classrooms

   v. Evidence of degrees and or certificates earned

   vi. Performance Appraisals, Work Performance Standards, Essential Functions and any other performance related documents

   vii. Emergency contact information

f. Maintaining electronic personnel records for all faculty, staff, students and volunteers which contain:

   i. All documentation listed in the hard copy personnel files

   ii. Personnel Action Forms (PAFs), and all hiring documents
iii. Policy acknowledgements
iv. Copies of grant-in-aid documents

**STAFF TRAINING RECORDS**

For CFRC sponsored trainings: Professional Development Days, staff trainings, etc., the CFRC Training Coordinator will:

1. Request approval from the Nevada Registry
2. Generate the official sign-in sheet and route to trainer prior to the training.
3. Fax completed sign-in sheet to the Nevada Registry.
4. Send the sign in sheets to the CFRC Office Manager.

The CFRC Office Manager will:

1. Save sign in sheets to the server.
2. Generate and distribute training certificates
   a. hard copy in personnel file
   b. electronic copy on server
3. Enter info into ChildPlus.

For all other trainings, staff gives a copy of any other training certificate to their supervisor or the CFRC Office Manager. Supervisors will forward any training certificates to the CFRC Office Manager for processing.

**CONFIDENTIALITY**

Confidentiality is part of every staff member’s work performance standards and addressed in the Operations Manual. In addition, the following office procedures apply:

1. All client and personnel information must be kept in locked files.
2. Shredders are used to destroy extra copies of confidential material.
3. Computers are password protected and the sharing of log-in passwords is prohibited.
4. File check-out cards are utilized to track access to children’s central files.
5. A “Review of Child Record” log is maintained in each file which tracks any non-staff access to the file.
6. The EHS Enrollment and Reporting Coordinator is responsible for setting access rights to the ChildPlus.

**Personnel Files**

Confidential personnel files, including applications with record of experience, transcripts of education, health-assessment records, documentation of ongoing professional development, and results of performance evaluation, are kept in a secure location in the CFRC Office Manager’s Office. Online records can be accessed only by supervisors and other key personnel.

**ARCHIVING PROCEDURES**

**CACFP Documents**

1. Each CACFP claim should be organized in the following manner:
   a. Each week of the CACFP program year will have a labeled folder to include all necessary documentation for the CACFP claim.
   b. Sign-In Sheets, Shopping Lists, and Meal Counts will all be separated into their week’s manila folder.
   c. At the end of each month the folders will be included with the CACFP claim and stored into 1 archive folder, labeled with the Month and Year.
2. At the beginning of each new CACFP program year, October 1st, the previous years’ documents will be filed away into a neatly labeled Banker’s Box.
3. The box will then be stored in an assigned area of the file storage room in Nelson Room 113A, label facing outward.
Children’s Files
When a child completes or drops the program, the child’s files (central and working) will need to be archived together. Each child will have a labeled accordion folder where the Daily Activity Reports, enrollment documents, and overflow paper work is stored.

1. If the child has a working file, put the contents into the back of the folder, behind the Daily Activity Reports. Store the empty working file folder so that it can be reused.
2. Log in to Paper Tiger at http://thepapertiger.com
   a. Determine the appropriate archive box for the file:
      i. Click on EHS Archive File Boxes in the upper right hand corner
      ii. If client was admitted under the ARRA Grant, the archive file MUST be placed in an ARRA archive box, clients not ARRA funded are NOT to be placed in ARRA archive boxes
      iii. Determine the program year (PY) from which the client was dropped
      iv. Choose an archive box that corresponds to that program year
3. Enter client’s information into Paper Tiger
   a. Select the box number you wish to contain the newly archived file
   b. Click NEW
   c. Enter the client’s name (last, first) in the Item Name box
   d. Enter client’s date of birth and drop date in the Key Words box, example: DOB 12/10/2007 DROP 12/10/2010
   e. Click Add
4. File client’s archive folder in the archive box corresponding to the Paper Tiger box number.
5. Archived children’s files can be destroyed after five grant years have passed. The Grant year runs from 8/1 - 7/31, for example, if a child drops in Oct 09, the file can be destroyed after 7/31/15; five years after the end of the 09-10 grant year.

REPORTING
The CFRC staff generates periodic reports of financial status and program operations in order to control program quality, maintain program accountability, and advise governing bodies, the Policy Council, and staff of program progress. These reports include:

<table>
<thead>
<tr>
<th>Report Name</th>
<th>Submitted to:</th>
<th>Due Date:</th>
<th>Prepared by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Program Report</td>
<td>Policy Council, Gov Body</td>
<td>Policy Council Mt</td>
<td>EHS Enrollment and Reporting Coord</td>
</tr>
<tr>
<td>NAEYC Accreditation Report</td>
<td>NAEYC</td>
<td>July 31st</td>
<td>CFRC Assistant Director</td>
</tr>
<tr>
<td>CFRC Annual Report</td>
<td>College Dean, Dept Chair</td>
<td>November 15th</td>
<td>Education &amp; Parent Engagement Coord</td>
</tr>
</tbody>
</table>
CFRC Staff also generate official reports for Federal, State and local authorities, as required by applicable law. These reports include:

<table>
<thead>
<tr>
<th>Report Name</th>
<th>Submitted to</th>
<th>Due Date</th>
<th>Person Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effort Reporting for Grant funded positions</td>
<td>UNR OSPA, online</td>
<td>Classified Staff, monthly Admin Faculty, semester</td>
<td>Each individual staff member</td>
</tr>
<tr>
<td>Program information Report</td>
<td>Office of Head Start</td>
<td>August 31st</td>
<td>EHS Enrollment and Reporting Coord</td>
</tr>
<tr>
<td>SF-425 Financial Report (EHS)</td>
<td>ACF/Region IX</td>
<td>Feb 28th, August 30th and October 30th</td>
<td>OSPA Staff submits with info from EHS Finance</td>
</tr>
</tbody>
</table>

**CFRC Annual Report**

The CFRC Annual Report will be completed for the EHS fiscal year, August 1 to July 31. The report must contain following information:

- The CFRC overall program goals, as described in the CFRC Strategic Goals Report,
- The information required for the Early Head Start program, as indicated in the Head Start Act [644(a)(2)(A-H)]
- Site accomplishments, and
- Staff accomplishments

The report will be completed by November 15 of each year. The CFRC Annual Report will be distributed at Governing Body and Policy Council, to the Dean of the College of Education, emailed to parents and other stakeholders, displayed on the CFRC website and on Parent Boards located at each site.

**Effort Reporting**

All staff who work on grant-funded projects must be trained in the UNR Effort Reporting System and file reports as required by UNR policy; monthly for classified staff and each semester for Administrative Faculty.

Child Care Workers (teachers) who are assigned as “floaters” must maintain a timesheet that identifies the sites worked at each day. The EHS Budget Manager will then calculate the actual effort based on the time sheet and adjust the cost accordingly in the effort reporting system and by submitting a PR-45.

**COMMUNICATION**

The CFRC establishes and implements systems to ensure that timely and accurate information is provided to parents, policy groups, staff, and the general community.

**Communication with Families**

Communication with parents is essential to quality program services. Teachers and Home Visitors must provide informal and formal opportunities for parents to share and receive feedback on their child. Informal communication occurs through daily greetings, telephone or face-to-face conversations, notes in the parents’ preferred language, and newsletters. Formal communication must occur each year through conferences and/or home visits. Specific examples of communication tools are:

1. Daily Activity Reports
2. Home Visit Plans
3. Family Contact notes
4. Parent Pages (Monthly newsletter)
5. Posters/flyers
6. Parent Meetings
7. Home Visits
8. Parent Conferences
When feasible, communication with parents is made in the parents preferred language by utilizing:

1. Bi-lingual staff,
2. Interpreters,
3. Materials written in preferred language.

**Communication among Staff**

In addition to regular face-to-face contact with supervisors and each other, a systematic approach to staff meetings has been developed to increase the effectiveness of this mode of communication. The CFRC Meeting plan outlines the purpose of each regularly scheduled meeting. (Appendix E)

**PROGRAM PLANNING**

*(Approved by the Policy Council on 10/19/16 and by Governing Body on 10/17/16)*

It is the CFRC policy to have in place a systematic, ongoing process of program planning that includes consultation with the agency’s Governing Body, policy groups, including the Policy Council and program staff, and with other community organizations that serve Head Start or other low-income families with young children in accordance with the Head Start Performance Standards. CFRC-EHS program planning shall include on-going assessment and evaluation, comprehensive goal-setting, and plans for continuous improvement.

Program planning includes:

1. An assessment of community strengths, needs and resources through completion of the Community Assessment, once every three years and updated annually, in accordance with the requirements of 45 CFR part 1305.3. The CFRC/Early Head Start Community Assessment (CA) process is as follows:
   a. The Family and Community Partnership Coordinator will create a Community Assessment Planning Team, with expertise in the areas indicated below, and schedule meetings.
   b. At the first meeting ideas are generated regarding possible data sources for the CA.
   c. The CFRC Management team then gathers the data and reconvenes the group. Based on the data sources collected, the Community Assessment Team gives input on the data analysis.
   d. The F&C Partnership Coordinator is responsible for writing a report summarizing the team findings.
   e. The CA report is then presented to the Parent Advisory Board and Policy Council for review and approval. A summary of CA is submitted with the EHS grant application, and used in program planning, developing goals and objectives and used to guide other program decisions.
2. The formulation of both multi-year “long-range” program goals and short-term program and financial objectives that address the findings of the Community Assessment, are consistent with the philosophy of Early Head Start and Head Start, and reflect the findings of the program's annual self-assessment;
3. The development of written plan(s) for implementing services in each of the program areas covered by this part (e.g., Early Childhood Development and Health Services, Family and Community Partnerships, and Program Design and Management).
4. All written plans for implementing services, and the progress in meeting them, are reviewed by the grantee or delegate agency staff and reviewed and approved by the Policy Council or Policy Committee at least annually, and are revised and updated as needed.
5. Service Area Plans are utilized as the written plans for implementing services.
6. These plans are revised, reviewed and approved by staff and the policy council annually, in July of each year.

**Annual Planning Calendar:**

On an annual basis, CFRC staff develop a calendar to ensure that all the necessary program planning activities take place in a timely and effective manner throughout the year. This calendar is developed in August of each year.
**EARLY HEAD START PROGRAM GOVERNANCE**

**Shared Governance Philosophy**  
*(Approved by the PC on 11/16/16) and by the Governing Body on 2/6/17)*

The Head Start Performance Standards require that governance of the University of Nevada, Reno-Early Head Start (UNR-EHS) program be shared between the Governing Body and the Policy Council. Shared governance provides parents and other stakeholders with the authority and opportunity to participate in decision-making concerning the design and implementation of the UNR-EHS Head Start program. UNR-EHS implements this shared governance function through numerous policies and procedures that require the participation of both the Policy Council and the Governing Body. UNR-EHS ensures the sharing of decision-making by providing the Governing Body and the Policy Council with the following information in a timely manner: (1) procedures and timetables for program planning; (2) policies, guidelines, and other communications from HHS; (3) program and financial reports; and (4) program plans, policies, procedures, and Early Head Start and Head Start grant applications.

In addition, UNR-EHS facilitates productive, on-going shared decision-making using a number of strategies, including, without limitation:

1. Providing for concurrent membership of selected individuals on both the Governing Body and the Policy Council, whether as ex-officio, non-voting members or as voting members;
2. Utilizing joint resolutions, executed by both the Policy Council and the Governing Body, to record in writing the decisions of both groups on matters of importance or substantial length or complexity;
3. Providing for the exchange of minutes from Policy Council and Governing Body meetings;
4. Organizing forums for open discussions between members of the Policy Council and the Governing Body;
5. Organizing annual meetings for the Policy Council and Governing Body for strategic planning, self-assessment and other issues as necessary;
6. Organizing joint social events for members of the Policy Council and the Governing Body;
7. Organizing joint fundraising events for members of the Policy Council and the Governing Body; and
8. Requesting the participation of Policy Council members in UNR-EHS staff meetings.

**Information Sharing between Policy Council and the Governing Body**  
*(Approved by the Governing Body on 10/17/16)*

UNR-EHS ensures the sharing of accurate and regular information for use by the Governing Body (GB) and the Policy Council (PC), about program planning, policies, and Early Head Start agency operations.

The following information is to be included in the monthly Policy Council packets and sent to both PC and GB members:

1. Monthly financial statements, including credit card expenditures;  
   a. The monthly CAIS Balance and Activity Reports will be reviewed in detail by the Policy Council Finance Committee. (These reports include detailed descriptions of credit card expenditures).
   b. The EHS Enrollment and Reporting Coordinator will research and report back to the committee any questions that arise from the review of this document.
   c. The monthly CAIS Balance and Activity Report will be given to the Policy Council and Governing Body members each month for review.
2. Monthly Program Information Summaries; The EHS Enrollment and Reporting Coordinator will prepare a monthly report for Policy Council and the Governing Body which will include the following required information  
   a. program enrollment reports, including attendance reports for children whose care is partially subsidized by another public agency;
   b. monthly reports of meals and snacks provided through programs of the Department of Agriculture;
   c. other program information as needed to assess progress towards goals, and/or any current action plans.
3. Any pertinent findings from the Annual Financial A-133 Audit of the institution will be shared with the PC and GB within 60 days of publication. The complete audit and management letter are available on the UNR website at: UNR OSPA Reports

4. The annual self-assessment, including any findings related to such assessment; the Training Coordinator will present a final self-assessment report and improvement plan as scheduled in the annual planning calendar.

5. The community wide strategic planning and needs assessment of the Head Start agency, including any applicable updates; The Family & Community Partnership Coordinator will present a full Community Assessment report (year 1 in the grant cycle) and any updates (Year 2 through 5 in the grant cycle) as scheduled in the annual planning calendar.

6. Communication and guidance from the Secretary of Health & Human Services; The EHS Enrollment and Reporting Coordinator will ensure that all communications will be presented to the PC & GB in the monthly meeting packets. This information will include a summary of any program action that is needed.

7. The Program Information Reports (PIR). The EHS Enrollment and Reporting Coordinator will distribute the full PIR report with the September meeting packets and any follow-up reports (Performance Indicators, etc.) as made available.

8. The Policy Council and Governing Body meeting agendas will be created to ensure that all required information is reviewed and discussed. The minutes will document the discussions and any actions taken.

Conflict of Interest
(Approved by the Governing Body 2/6/17)

The UNR-EHS Governing Body shall be responsible for establishing, adopting, and periodically updating written standards of conduct that establish standards and formal procedures for disclosing, addressing, and resolving any conflict of interest, and any appearance of a conflict of interest, by members of the governing body, officers and employees of UNR-EHS, and consultants and agents who provide services or furnish goods to UNR-EHS.

Procedure:

1. The University of Nevada, Reno has established the University Policy on Conflicts of Interest and all employees are required to abide by this policy which includes completing the UNR Annual Summary of Outside Interests and Activities and the Nevada System of Higher Education Procurement Policies. These existing policies address all areas of conduct expressed in the Head Start Act (as amended 12/07/07)

2. The University Policy on Conflicts of Interest applies to all University Employees. Non-employee members of the Governing Body are considered “external collaborators” and must also comply with this policy as described in Section C. Applicability.

3. The Governing Body shall review the University Policy on Conflicts of Interest annually to ensure that the policy meets the requirements of the Head Start Act or other regulations. If the Governing Body determines that updates to the policy are necessary to meet the requirements of the Head Start Act, recommendations for changes shall be presented to the Administrative Manual Committee for review and approval and then submitted to the President for approval.

Impasse Procedure
(Approved by PC on 1/18/17 and approved by GB on 2/6/17)

When the Governing Board and the Policy Council cannot concur on a decision requiring their mutual agreement the following procedure will take place:

STEP I

1. The Policy Council and the Governing Board will notify the other in writing why it does not accept the decision.

2. The Policy Council and the Governing Board will each select two of its members to meet within five days of the impasse. The four representatives will convene, and each will present the rational for voting as they did; this is a time for negotiation. The EHS Director may join this Committee as a resource person only.
He/she may not attempt to influence the decisions. The representatives will take the information back to their respective bodies for reconsideration of the issue within 5 days of this meeting.

3. If either the Governing Board or the Policy Council changes its decision, it will promptly notify the EHS Director in writing and he/she will notify the other body.

4. If agreement has not been reached a second meeting of the representatives will occur within five days and each side will share its evaluation or reevaluation of the issue, and further negotiation will result, if feasible. The EHS Director may serve in the same capacity as stated above.

5. When it is evident that no accord can be reached, Step II will be implemented.

**STEP II**

1. The Governing Board and the Policy Council will select two representatives each who will meet within ten working days and agree upon a third party mediator and participate in a formal process of mediation that leads to a resolution of the dispute.

2. It is critical that prompt decisions are made. If the four representatives cannot decide on a third party mediator during this meeting, one qualified (i.e.: neutral & impartial) name will be drawn at random to serve as the mediator.

3. If no resolution is reached with a mediator, the Governing Body and Policy Council must select a mutually agreeable arbitrator whose decision is final.

**Policy Group Composition and Formation**

*(Approved by Policy Council 6/6/16 and Governing Body on 10/17/16)*

Each grantee governing body operating an Early Head Start program must (except where such authority is ceded to the Policy Council or Policy Committee) propose, within the framework of the regulations, the total size of their respective policy groups (based on the number of centers, classrooms or other program option units, and the number of children served by their Early Head Start or Head Start program), the procedures for the election of parent members, and the procedure for the selection of community representatives.

1. These proposals must be approved by the Policy Council or Committee.
   
   a. These policies and procedures are to be reviewed, revised (if need be) and approved annually.

2. Policy Councils and Policy Committees must be comprised of two types of representatives: parents of currently enrolled children and community representatives. At least 51 percent of the members of these policy groups must be the parents of currently enrolled children (see 45 CFR 1305.2 for a definition of a Head Start parent).
   
   a. As indicated in the PC By-laws, UNR-EHS Policy Council will be comprised of not more than 27 members; 22 are to be parents of currently enrolled children, up to 5 are to be community representatives.

3. Community representatives must be drawn from the local community: businesses; public or private community, civic, and professional organizations; and others who are familiar with resources and services for low-income children and families. Community representatives may include the parents of formerly enrolled children.
   
   a. PC By-laws state that Community Representatives will be recruited during the summer and approved at the September meetings. At the June meeting, the PC must discuss recruitment possibilities, including continued participation of current community reps. (The 5 year term limit applies).

4. All parent members of Policy Councils or Policy Committees must stand for election or re-election annually. All community representatives also must be elected annually.
   
   a. The PC By-laws state “Parent representatives and alternates must be elected by their parent committees before October 15th of each year.” The following timeline should be followed to ensure that this happens:
<table>
<thead>
<tr>
<th>Activity</th>
<th>When</th>
<th>Who</th>
</tr>
</thead>
<tbody>
<tr>
<td>Announce vacancies and begin to gather names of interested parents</td>
<td>August Parent Committee Meeting- Distribute flyers to all parents Put article in Parent Newsletter</td>
<td>AAIII</td>
</tr>
<tr>
<td>Present slate of candidates</td>
<td>September Parent Committee Meeting</td>
<td>AAIII</td>
</tr>
<tr>
<td>Election</td>
<td>September Parent Committee if October meeting is after Oct 15th, or October Parent Committee Meeting</td>
<td>AAIII</td>
</tr>
</tbody>
</table>

5. If parents from all centers and program options attend the same Parent Committee meeting, only parents from a particular classroom may vote for their representative. For example, only parents with children enrolled at the Nelson Infants A may vote for the Nelson Infants A Parent Representatives.

6. Ideally, there should be a parent from each classroom or home visitor caseload; however, if no parents are recruited from a classroom, 2 parents may be elected from the other classroom.

7. A secret (paper) ballot must be used. Ballots must be counted and verified by the AAIII. Ballots are to be kept in a sealed envelope and submitted to the Enrollment and Reporting Coordinator after the election.
   a. A separate election will be held for Representatives and Alternates. For example, if a center is electing 2 representatives, that ballot will be decided first. If a person on that ballot does not win, they can then request to be added to the slate for alternates.

8. The proposed community representatives must be finalized before the September meeting, for inclusion on the ballot at that meeting. All parents eligible to vote and present at the meeting can vote for the community representatives.

9. Policy Councils must limit the number of one-year terms any individual may serve on either body to a combined total of five terms.
   a. The PC Bylaws limit the terms.

10. No grantee or delegate agency staff (or members of their immediate families) may serve on Policy Councils except parents who occasionally substitute for regular Early Head Start staff.
   a. If a PC member applies for a job with UNR-EHS the PC member must take a leave of absence from the PC if contacted for an interview. Upon selection for the position, the PC member must then submit a letter of resignation to the Policy Council.

11. Parents of children currently enrolled in all program options must be proportionately represented on established policy groups. There will be:
   a. One representative and one alternate for each center-based classroom,
   b. One representative and one alternate for every eight home based participants (including pregnant women), and
   c. Center-based slots provided through contract with other agencies shall be represented based on the number served, i.e. a contract to serve 32 children would have four representatives and four alternates.

**Personnel Policies Overview**
*Approved by the Policy Council on 2/15/17; approved by the Governing Body on 2/6/17*

The UNR-EHS Policy Council must work in partnership with key management staff and the governing body to develop, review, and approve or disapprove, program personnel policies and subsequent changes to those policies, in accordance with 45 CFR1302.90, including standards of conduct for program staff, consultants and volunteers.

Personnel Policies and documents that apply are:

- Nevada Revised Statutes (NRS 284)
- Nevada Administrative Code (NAC 284)
- State of Nevada Employee Handbook
Board of Regents Handbook
University Administrative Manual
CFRC Operations Manual

NRS, NAC and the State of Nevada Employee Handbook are developed at the state level.

- Statutes are the laws enacted by the state legislature.
- The Administrative Code is the system of accepted laws and regulations that govern procedures or behavior in particular circumstances or within a particular profession.
- The State of Nevada Employee Handbook was developed to present the NRS and NAC laws and regulations in a way that is easy for state employees to use and understand. The CFRC Operations Manual was developed to further explain policies procedure and how they are enacted at the center. The Policy Council will review the personnel section of this manual annually and approve and submit it to the Governing Body.

Standards of Conduct:

- There are Work Performance Standards for all classified staff. These standards include standards of conduct consistent with 1302.90(c)(1)(ii)(a-i).
- Student workers, volunteers and Professional (Administrative Faculty) all complete a Standards of Conduct form which is kept in the CFRC personnel files.

Funding Applications
Policy Councils and Policy Committees must work in partnership with key management staff and the governing bodies to develop, review, and approve or disapprove all funding applications and amendments to funding applications for Early Head Start, including administrative services, prior to the submission of such applications (to DHHS).

1. Consistent with the three-year grant application process, UNR-EHS shall have an annual grant planning schedule for submitting the Head Start grant application by its due date of May 1st of each year.
2. At least one month prior to the date the application must be submitted, UNR-EHS staff shall present to the Governing Body and the Policy Council the information to be included in the annual funding application for review.
3. The funding application must be approved by the Policy Council prior to submission. The Governing Body Chair must sign the federal documents prior to submission.
4. Amendments to the annual application supplemental funds and one-time funds shall be handled on a case-by-case basis, depending upon the circumstances, and in all cases Policy Council approval must be obtained prior to submission.

Policy Council and Parent Committee reimbursement
(Approved by Policy Council 11/16/16 and by the Governing Body on 2/6/17)

To enable parent members on the Policy Council to participate fully in their duties and, as necessary, to enable Parent Committee members to participate in trainings, workshops and conferences, UNR-EHS will provide reimbursement for reasonable expenses incurred by such members. Such expenses may include food, travel, lodging and childcare as well as other, similar costs depending on budget availability. Priority in budgeting for such costs shall go to expenses of parent members of the UNR-EHS Policy Council. Reimbursement requests, documentation requirements and other related matters will be handled in accordance with current policies and procedures of UNR-EHS applicable to staff.

1. Annually, UNR-EHS, as part of its refunding application, shall budget for parent reimbursements by first estimating the cost of participation in Policy Council meetings and then budgeting for other activities including conferences, workshops and Parent Committee meetings.
2. Parents who seek to have expenses reimbursed under this policy should ask the EHS Enrollment and Reporting Coordinator for assistance in understanding documentation requirements for reimbursement.
3. In cases of overnight travel, UNR-EHS staff shall provide parents with per diem payments in advance.

**EHS ELIGIBILITY, RECRUITMENT, SELECTION, ENROLLMENT & ATTENDANCE (ERSEA)**

The Head Start Act (as amended Dec. 12, 2007) requires that the Governing Body establish procedures and criteria for recruitment, selection, and enrollment of children. The Policy Council shall approve and submit to the Governing Body decisions about program recruitment, selections, and enrollment priorities.

**Early Head Start Eligibility Requirements**

To be considered eligible for UNR Early Head Start program, applicants must meet the following requirements:

1. Applicant must be pregnant or have a child under the age of three and
2. Applicant’s family must fall under the federal poverty guidelines or be deemed categorically eligible for services.

Families that meet the following criteria are considered categorically eligible for Early Head Start services:

1. Families experiencing homelessness
2. Families with members in the foster care system
3. Additionally, families receiving public assistance (i.e., TANF) or Supplemental Security Income are considered income-eligible.

Any ERSEA Staff who intentionally violates federal and program eligibility determination regulations and who enroll pregnant women and children that are not eligible to receive Early Head Start services will be subject to disciplinary action under NAC 284.650. Appropriate disciplinary or corrective action may be taken for an employee who falsifies any records.

Policy Council and Governing Body receive annual training on eligibility within 180 days of the new program year. Any new ERSEA Staff receive training on eligibility within 90 days of accepting their position.

**EHS Recruitment Plan**

To reach those most in need of Head Start services, UNR-EHS must develop and implement a recruitment process that is designed to actively inform all families with Head Start eligible children within the recruitment area of the availability of services and encourage them to apply for admission to the program. This process may include canvassing the local community, use of news releases and advertising, and use of family referrals and referrals from other public and private agencies.

1. ERSEA Staff ensures that current application packets are mailed within 48 hours to local community agencies as requests occur. A record is maintained by staff to document when applications are mailed.
2. To target pregnant women, application packets will be sent as requested to Planned Parenthood, Washoe Pregnancy Center, Casa de Vida, Crisis Pregnancy Center, Washoe County School District Counselors, the hospital child birth education programs and other agencies. When program staff visit the community agencies listed above, application packets and home visiting brochures are made available to further facilitate referrals of pregnant women to UNR EHS.
3. The UNR Office of Communications coordinates press releases and radio P.S.A.s for Early Head Start. Information regarding Early Head Start will be shared with parenting students at UNR via Campus Child Care Connections who maintain the university’s childcare center waitlist.
4. Requests made by individuals who hear about Early Head Start via word of mouth and local agency referral generally occur by phone. Once the request is made, an application packet will be sent out within one business day.
5. Program staff will participate in community events, attend staff meetings of community partners and share information on UNR EHS to increase awareness of the program and recruit families.

**Early Head Start Application Process**

ERSEAS Staff receives all applications and does the following:

1. Reviews the application and determines if the family meets eligibility requirements.
2. Contacts the applicant by phone to:
   a. Request additional information;
b. verify program eligibility with applicant
c. inform the applicant they are on the waitlist

3. Enters the application into ChildPlus.

When slots become available, the ERSEA Staff reviews the applications to determine which applicant has the highest number of points and the lowest percentage of poverty level and then contacts the applicant to offer them an Early Head Start slot.

Selection Process
Each Head Start program must have a formal process for establishing selection criteria and for selecting children and families that considers all eligible applicants for Head Start services.

Based on the results of the most recent community assessment and the long and short-term program goals and objectives; priority is given to the following types of children and families:

1. Families with adults that are in school or in job training or those that would like to improve their education and could do so with the support of EHS
2. An applicant whose primary language is not English and whose English skills are poor
3. Pregnant applicants
4. Applicants that are currently enrolled in middle or high school
5. Children with special needs
6. Parents with a documented delay or disability
7. Parents who have a child currently enrolled in Early Head Start
8. Homeless families

Applications are ranked considering points first (highest to lowest), then percent of income to poverty guidelines (lowest to highest). This will allow the program to select families that meet the programs goals and objectives.

<table>
<thead>
<tr>
<th>Criteria for 2016/2017: (This information comes from the application.)</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant is currently an elementary, middle or high school student</td>
<td>1</td>
</tr>
<tr>
<td>Applicant is under 21 years of age</td>
<td>1</td>
</tr>
<tr>
<td>Applicant’s English skills rated “not well” or “not at all”</td>
<td>1</td>
</tr>
<tr>
<td>Applicant is currently pregnant (first/second trimester = 2 points, third trimester = 1 point)</td>
<td>1-2</td>
</tr>
<tr>
<td>Applicant is in school, in job training program, substance abuse treatment program or GED program</td>
<td>1</td>
</tr>
<tr>
<td>Applicant has a paying job (either full-time or part time)</td>
<td>1</td>
</tr>
<tr>
<td>Child has a documented special need</td>
<td>1</td>
</tr>
<tr>
<td>Parent with a documented delay or disability</td>
<td>1</td>
</tr>
<tr>
<td>Parents who have a child currently enrolled in Early Head Start</td>
<td>1</td>
</tr>
<tr>
<td>Homeless families</td>
<td>2</td>
</tr>
<tr>
<td>Referral from community agency</td>
<td>1</td>
</tr>
<tr>
<td>Child is in foster care</td>
<td>1</td>
</tr>
<tr>
<td>Family has an active safety plan with Washoe County Social Services</td>
<td>1</td>
</tr>
<tr>
<td>Applicant is incarcerated, active duty military, or has a spouse that is currently deployed</td>
<td>1</td>
</tr>
<tr>
<td>Child is less than one year of age</td>
<td>1</td>
</tr>
<tr>
<td>Family is in the MIHOPE control group (CB enrollment only)</td>
<td>1</td>
</tr>
</tbody>
</table>

Enrollment Priorities
UNR-Early Head Start’s funded enrollment is 210. There are 104 full-day, full-year center-based slots, 24 combination program slots (WCSD) and 82 slots in the Home Visiting program. If a vacancy occurs in either the center based or home-based programs, that vacancy must be filled within 30 calendar days.

UNR-EHS receives additional Child Care Development Funds (Wrap-Around) from the Children’s Cabinet for some of the center-based slots, and only families who meet the requirements of that program can be billed for reimbursement. Since not all the slots available in the center-based program are funded through wrap-around, UNR-EHS may serve some children who may not meet the more stringent Wrap-around requirements. Special
needs that justify full day services are considered when a family no longer meets the requirements of Wraparound, but needs center-based care. The needs may include situations such as extended job searches, temporary decrease in scheduled hours of employment, a parent’s disability, recommendations from Social Services, Foster care, a child’s physician, NEIS or a temporary change in school schedules. When staff are assessing these special needs, a child’s attendance will be taken into consideration before a decision is made. This gives staff flexibility when working with families, and since families’ needs can change frequently, it is not always in the best interest of the child or family to move back and forth from center-based to home-based. Children in center-based care whose families do not meet the requirements of the Wrap-around program, will have documentation in their file of how staff determined the “special needs” to justify full day care.

Early Head Start Enrollment Process
Once it has been determined which family will be offered a recently vacated spot ERSEA Staff will contact the parent to confirm eligibility and complete the enrollment process.

Center-based vacancies
Home-based families who need center-based services must complete the Request for Center-based Services form to be place on the waitlist for center-based openings. When a vacancy occurs in the center-based ERSEA Staff will review the list of age-eligible children who are currently enrolled in the Home Visiting program and prioritize the family’s current situation and need for full day/full year center-based services, using the point system described above in selection criteria. If the family meets (or is likely to meet within 30 days) the Head Start requirements for full-day services, then that family will be offered the slot.

If there isn’t a home-based family interested or eligible in the spot, the general waiting list will be used to choose the applicant who meets the criteria with the highest points and lowest income percentage. If a family has requested a center-to-center transfer, those requests will be considered before a home-based to center-based transfer. Families needing a CB-to-CB transfer must notify ERSEA Staff.

Center-based Enrollment Procedure
The first portion of the center-based enrollment is conducted by ERSEA Staff. In this meeting the following steps occur:

1. ERSEA Staff gets in-person verbal confirmation of the enrollee’s eligibility from the application.
2. ERSEA Staff completes the Eligibility Confirmation Interview portion on the Selection Criteria form. The “Accepted Date” is the date of the first portion of the enrollment process.
3. ERSEA Staff completes the Head Start Eligibility Verification form.
4. At the enrollment the ERSEA Staff completes the following forms:
   a. Demographic Information (Primary Adult Applicant, Secondary Adult, Eligible Child)
   b. Emergency Contacts
   c. Authorization to Release Medical Information
   d. Authorization for Release of Agency Information (if applicable)
   e. Consents, Authorizations, and Releases
   f. Health Services Assessment
   g. Permission to Use Sunscreen
   h. Children’s Cabinet Wrap Around Form
   i. Purpose of Care forms
5. Additionally, enrollees will receive a flyer detailing the CACFP program and Civil Rights Complaint Procedure, as well as a letter from the Health Consultant detailing the health services the program provides.
6. At the end of the first portion of the enrollment, the second portion of the enrollment with the enrollee and the classroom teachers will be scheduled.
7. ERSEA Staff will enter first portion of enrollment into ChildPlus and enter child as “accepted.”

The second portion of the enrollment will occur in the classroom with ERSEA Staff, teacher, and enrollee present and the following steps will occur:
1. The teacher will review the CFRC/Early Head Start Parent Handbook and parent will sign the Parent Handbook Receipt, Child Care Licensing Information, and File Review Consent.
2. The teacher and parent will review and sign the Parent/Teacher Agreement.
3. The teacher will review the Daily Activity Report form with the parent.
4. If the child is under the age of one the teacher will interview the parent and fill out All About Baby form.
5. Teacher will interview parent and complete Nutrition Assessment.
6. Teacher will provide parent with appropriate Ages and Stages Questionnaire to complete.
7. Teacher, parent, and ERSEA Staff will discuss child’s start date in the classroom.
8. Teacher will provide ERSEA Staff with enrollment documents to enter in ChildPlus.
9. ERSEA Staff will enter the child as “enrolled” on the date the teacher portion of the enrollment was completed.

For families transferring from home based to center based, it is not necessary to re-verify income or eligibility; however, emergency contacts, consents, releases, and teacher forms should be updated as described in the steps above, with the home visitor taking the place of ERSEA Staff. Home-based to Center-based transfer documents should then be given to ERSEA Staff for entry into ChildPlus.

**Home-based vacancies**

When a vacancy occurs in the home-based program the waiting list is reviewed and the applicant with the highest points and lowest income percentage is contacted. If that applicant is not interested, the next application with the highest points and the lowest percentage is contacted, until the vacancy is filled. All home-based vacancies need to be filled within 30 calendar days.

If a currently enrolled home-based family wants to add a child/pregnancy to an existing caseload (provided they still income qualify) that child/pregnancy will be enrolled. The family does not need to compete with the general waiting list regarding points and percentage because that family already has a home-based position and therefore is not taking away an available spot.

**Home-based Enrollments**

In the home-based program it’s important that families feel connected with their home visitor, and enrollments are conducted by the home visitor to build rapport. For home-based enrollments, the following steps occur:

1. The ERSEA Staff will contact the potential home-based family and offer an in-person or telephone interview to confirm eligibility. Depending on the family’s preference, the eligibility confirmation will either be conducted immediately over the phone or scheduled at the Early Head Start office in-person.
2. The ERSEA Staff will conduct the interview and complete the Eligibility Confirmation Interview portion on the Early Head Start Selection Criteria form, as well as the Head Start Eligibility Verification. If the applicant prefers the interview be completed via phone, a reason must be provided.
3. Once the interview is complete and information confirmed, ERSEA Staff will inform the applicant that a home visitor will be contacting them to schedule their enrollment and complete their first home visit.
4. The home visitor will receive the applicant’s application packet and will schedule the enrollment.
5. At the enrollment the home visitor completes the following forms:
   a. Demographic Information (Primary Adult Applicant, Secondary Adult, Eligible Child)
   b. Pregnancy History Form (if applicable)
   c. Emergency Contacts
   d. Authorization to Release Medical Information
   e. Authorization for Release of Agency Information (if applicable)
   f. Consents, Authorizations, and Releases
   g. Health Services Assessment
6. At the enrollment the home visitor will also review the Home Visiting Parent Handbook with the parent and have them sign a Receipt of Parent Handbook form.
7. Once the enrollment paperwork is complete, the home visitor will complete the first home visit and Home Visit Form.
8. Completed enrollment forms are given to ERSEA Staff for entry into ChildPlus
EHS Attendance Policy
In accordance with section 1305.8 of the Head Start Performance Standards, the UNR Early Head Start program will track children’s attendance, follow-up when children are absent, determine monthly average attendance rates, analyze attendance patterns and work with families to maintain child attendance in center and home-based programs. EHS runs attendance reports monthly to monitor classroom attendance. If the program’s center-based attendance falls below 85%, classrooms which have attendance that falls below the 85% threshold will be analyzed. Supervisors follow-up with teachers and families to see what the reasons for the low attendance are and help parents overcome any barriers which are impacting their attendance.

Center-based Attendance Policy
For children and parents to gain the greatest benefit from participation in the center-based program children need to attend the center regularly so it becomes part of their routine. If a child does not arrive at the center on a typically scheduled classroom day by 10:00 am, and the parent does not notify classroom staff of a late arrival or absence, the teacher will contact the parent within one hour to determine the reason for the absence. Teachers will document this call in the family contact notes. Absences are considered excused for the following reasons:

- Medical/Dental Appointment
- Sick
- Spent time with Family
- Transportation
- Vacation

Unexcused absences will be documented as unknown. If a child has four consecutive unexcused absences ERSEA staff will follow up with the family to see if there are barriers to their attendance. If a child attends less than 75% of open days for the program year, or if a child attends less than 50% of the time that the center is open, ERSEA staff will send an attendance letter to the parents that will emphasize the benefits of regular attendance, request a meeting with the parents and require their future attendance to improve to the standards. If the child continues to have poor attendance their spot would be considered vacant, the home-based program option will be offered as an alternative service and the family will receive a letter informing them of the change. Copies of all letters sent to parent about attendance are scanned and saved in ChildPlus.

Home-based Attendance Policy
For children and parents to gain the greatest benefit from participation in the home-based program they need to be available for home visits. If a family enrolled in the home-based program misses three consecutive weeks of home visits the home visitor will let their supervisor know of these absences. They will determine whether it is appropriate to talk with the family about their attendance or to send the home-based interest letter. If the family continues to have chronic absenteeism, then the slot must be considered vacant and a letter sent to the family informing them of this change. Copies of all letters sent to parents about attendance are scanned and saved in ChildPlus.

Wrap-Around Funding
UNR-EHS receives additional Child Care Development Funds (Wrap-Around) from the Children’s Cabinet for most of the center-based slots, and only families who meet the requirements of that program can be billed for reimbursement.

Wrap Around Reimbursement Procedures:
1. Calculate the days of service for the month by counting the number of days Early Head Start was open.
2. Run Enrollment Report # to determine which children were enrolled for the month.
3. Run the Arrival/Departure Time Report #.
4. For each child who attended at least one day during the month, choose a day the child attended and record the time the child was signed in and out on the Enrollment Attendance Verification (EAV) form supplied by Children’s Cabinet.
5. Determine the child’s enrollment/attendance status for the month and mark the status on the EAV.

Adding a Child to Wrap Around
The family completes the Wrap Around and Purpose of Care forms. EHS staff completes the eligibility section for the family on the Wrap Around form. The Wrap Around form must be signed by the family between the 16th and the 30th of the month prior to the first month of reimbursement.

**Purpose of Care Audits**

A Purpose of Care Audit is conducted quarterly to ensure families remain eligible for center-based services. The EHS Enrollment and Reporting Coordinator sends a letter and Purpose of Care form to each family. Within one week of the letter date, parents must provide evidence of employment and/or school enrollment 28 hours each week to remain eligible for center-based services.

**Attendance Audits**

Twice each year Children’s Cabinet conducts Attendance Audits. The Enrollment & Reporting Coordinator copies one sign in sheet for each classroom and sends it to Children’s Cabinet to comply with audit requirements.

**Over-income enrollment**

1302.12 (c)(2) At least 90% of the children who are enrolled in each Head Start program must be from low-income families. Up to 10% of the children who are enrolled may be from families that exceed the income guidelines but who meet the criteria that the program has established for selecting such children and who would benefit from Head Start services.

The established recruitment, selection and enrollment criteria must be used, with the following exceptions:

1. The staff member responsible for enrollment will maintain a waiting list of children with disabilities who exceed the income guidelines.
2. Over-income families will be considered when staff has determined that the percentage of children with disabilities enrolled is less than 11% or is expected to fall to less than 11% based on enrollment projections (transition dates, etc.)
3. Applications are ranked considering points first (highest to lowest), then percent of income to poverty guidelines (lowest to highest).
4. All over-income enrollments must have written approval from the EHS Enrollment and Reporting Coordinator (as indicated by a signature on the income verification form).

**Community Complaint Procedures**

(Approved by Policy Council 2/15/17)

The EHS Policy Council (PC) must establish and maintain procedures for working with the grantee (University of Nevada, Reno) to resolve community complaints about the program.

The goal is to foster good community relations and resolve any community complaints. Policy Council Members will:

1. Foster positive community relations by being proactive with local agencies;
2. Conduct outreach to community agencies or individuals to solicit constructive suggestions for quality improvement.

The procedures for addressing community concerns and resolving complaints are as follows:

1. If a complaint or concern is regarding the conduct of a specific employee that matter must be first be referred to the employee's supervisor.
2. If a complaint or concern is regarding program policy or procedures, then the matter should be directed to the PC chair for follow up (see below).
3. Community complaints or concerns need to be made in writing and signed (anonymous concerns or complaints will not be presented to the PC).

The follow-up process to respond to all community complaints is as follows:

1. All community complaints will be forwarded to the policy council for review;
2. The PC Chair will request a written report from the program coordinator and/or the CFRC director regarding the inquiry;
3. The report will be presented at the next regularly scheduled PC meeting, unless a special meeting is called to address the inquiry. The report will include staff recommendations.
4. The PC chair will respond to the inquiry in writing.

**Parent Activities and Activity Funds**

UNR EHS budgets $25 for each funded enrollment for use as parent activity funds.

Parent Committees are allowed broad latitude when planning, coordinating and organizing activities. The Policy Council, as well as staff, are available to support the parent committee in planning these activities by:

1. Encouraging parents to discuss all parent activities that the program currently sponsors and to assess the effectiveness of those activities.
2. Obtaining input from parents about what they would like to do in the program;
3. Assisting in securing funding, personnel, and other resources to support desired activities;
4. Discussing when to use parent activity funds to help carry out proposed activities; and
5. Encouraging Parent Committees to take responsibility for submitting a recommended budget for parent activity funds for the following year to the policy council.

For the purpose of this policy, activity is defined as:

1. An educational procedure designed to stimulate learning by firsthand experience
2. A form of organized, supervised, often extracurricular recreation.

The intent of parent activity funds is to provide funds for parent activities, not child or classroom activities. These activities may be either:

1. Educational activities designed to stimulate learning by firsthand experience; or
2. Organized, supervised, often extracurricular recreational activities, which somehow contribute to the physical, emotional, social or cognitive growth of parents.

Examples of Parent Activities are:

1. Traditional training events on almost any topic. Funds can be used to pay speakers, provide refreshments, etc.
2. Some creative training events might be;
   a. “make-over” / i.e. “how to present well for an interview”
   b. Art workshops, such as; “stamping”, watercolor, scrap booking, etc.
   c. Yoga or other fitness activities
   d. Book clubs

Some ideas that might be fun or educational, but aren’t really parent activities, so parent activity funds could not be used, are:

1. Going out to dinner
2. Buying massage gift certificates
3. Buying tickets to Wild Waters

**Policy Council Responsibilities**

The Policy Council must approve and submit to the Governing Body activities to support the active involvement of parents in supporting program operations. This is scheduled to be completed at the January Policy Council meeting.

The UNR-EHS Policy Council By-laws state:

*The Finance Committee shall:*

Review and make recommendations to the Policy Council on requests for, and use of, parent activity funds;

The budget for parent activity funds may be organized by program option, center or program. The parent committee must submit budget requests for the parent activity funds by the January Parent Committee meeting, so it can be presented to the Policy Council for approval at the February PC meeting. The PC Parent
Representatives are responsible for bringing specific payment requests to the Policy Council for approval, using the Parent Activity Fund Request form.

**HUMAN RESOURCES MANAGEMENT**

**Staff qualifications – general**
The CFRC ensures that staff have the knowledge, skills, and experience they need to perform their assigned functions responsibly.

1. Staff personnel files will contain documentation of staff qualifications
2. In addition, the CFRC ensures that only candidates with the qualifications specified in this Part and in 45 CFR 1306.21 are hired.
   a. Qualifications listed will be incorporated into the minimum qualifications needed for each position in accordance with Nevada State regulations.
3. Current and former Early Head Start and Head Start parents receive preference for employment vacancies for which they are qualified.
   a. Job Announcements are posted at each EHS site and listed in the parent newsletters.
   b. Staff will assist parents in completing the State Application form if necessary.
   c. Successful applicants will be asked if they have Early Head Start experience during the interview, to determine their status as a current or former parent.
4. Staff and program consultants are familiar with the ethnic background and heritage of families in the program and can serve and effectively communicate, to the extent feasible, with children and families with no or limited English proficiency.
   a. When applicable, job announcements will indicate when bi-lingual applicants are preferred.
5. The CFRC complies with section 648A of the Head Start Act and any subsequent amendments regarding the qualifications of classroom teachers.

**EARLY HEAD START FISCAL POLICIES AND PROCEDURES**
The University of Nevada, Reno (UNR) has institutional policies and procedures to safeguard the use of federal funds. In some instances, specific requirements of the Early Head Start grant are not addressed in the UNR manuals. This document will cross-reference UNR and State of Nevada documents as well as detailing program specific practices so that the fiscal operations of the UNR-EHS program are easily understood. The following documents/reports are referenced:

1. Current and prior financial statements (CAIS reports)
2. Detailed general ledger or A/P disbursements journal (CAIS Reports)
3. Written accounting procedures (University Administrative Manual)
4. Program budget planning documents (Sponsored Projects Administration)
5. Chart of accounts (CAIS)
6. Audit reports
7. Grant proposals
8. Notice of grant award
9. Indirect cost agreement
10. Lease agreements
11. Property inventory and files for recent major purchases
12. Procurement policies
13. Codes of conduct from personnel policies
14. Payroll journal
15. SF-425
16. PMS-272s
17. Insurance policies
18. Interagency agreements
19. Disabilities service plan
Accounting and Budget Practices

1. There are written accounting procedures to determine allowability, allocability, and reasonableness of costs and ensure that costs were incurred during the funding period. [45 CFR Part 301.(b)(4), 75.303 (a)-(e)]
   a. See the OSPA Manual,
2. For new grantees and/or delegate agencies, accounting systems have been certified. Note: HHS requires recipient to use OMB approved standard information collections.
   a. The UNR accounting system is certified.
3. Appropriate internal controls have been established to safeguard Federal funds, interest income from Federal funds, and program income and controls include the hiring of a qualified fiscal officer and annual audits. [45 CFR Part 75.500-75.520]
   a. See the UAM
4. There is a method so that budgeted costs are compared to actual costs. [45 CFR Part 75.320(b)(5)]
   a. The CAIS accounting system produces those reports. They are reviewed by the Finance Officer and the PC Finance Committee and presented to the Policy Council monthly and Governing Body quarterly.
5. Financial reports are communicated regularly to governing bodies, program management, and policy groups. [1302.102(d)(1)(i)]
   a. The CAIS report Balance and Activity Report is distributed to the PC Finance Committee, the Director and the EHS Enrollment & Reporting coordinator monthly, and the GB quarterly. The detail of each expense item is listed in this report. Staff removes sensitive information, such as social security numbers, prior to distribution of the report. The Finance Officer adds explanatory text as needed. Management team members can have direct access to the CAIS system.
6. Requests for change which require prior approval were submitted for approval prior to making changes.
   a. The OSPA Budget Revision Form requests this information.
7. All funds must be used for the intended federally funded activities. [45 b CFR Parts 75.302(b)(3)(4)]
   a. UNR Accounting Services request Head Start funds after expenses are incurred, thereby eliminating the possibility of funding non intended purposes.
8. If grantee is operating a multi-funded program, records adequately identify the other costs and reimbursement amounts. [45 CFR Part 75.405(a)(2)(3), Part 75.405(c) and (d)]
   a. The University has established separate accounts for the various programs.
9. Financial data and records were used in preparing the SF-425s and PMS-272s for the budget period.
   a. Grants & Contracts prepares and submits the reports as required and works with the EHS Enrollment and Reporting Coordinator to ensure that deadlines are met
   b. The SF-425 reports are due at the following times:
   c. Feb. 28; Semi-annual report for the budget period 8/1 through 1/31.
   d. Aug. 31; semi-annual report for the budget period ending 7/31.
   e. Oct. 30 for the final report
   f. To ensure timely submission of the reports, the EHS Finance Officer is responsible for submitting current cost share information at least 2 weeks prior to the report due dates.
   g. The Fiscal Analyst responsible for preparing the reports will forward a copy of the completed report to the EHS Finance Officer upon submission to the ACF Regional Office.
   h. If the EHS Finance Officer does not receive notification of submission of the report, the Director of Sponsored Projects will be notified and will follow-up with the Fiscal Analyst to ensure that the deadline is met.
10. There is a method by which financial data is related to performance data, and unit cost information is developed whenever practical. [45 CFR 75.301]
11. Previous audit deficiencies have been addressed and/or corrective actions have been implemented. [45 CFR Parts 75.511(a)]
a. UNR Grants and Accounting have the responsibility for addressing any audit deficiencies.

**Cost Allocation Plan**

The purpose of this plan is to document the fair allocation of costs among funding sources to ensure that federal Head Start dollars are not being used to support the non-Head Start portion of the Child & family Research Center programs. This plan uses appropriate methods as described in CFR 45 Subtitle A, Subchapter A, Part 75.405 Allocable Costs. Cost allocation methodologies must assign costs proportionally and equitably to applicable funding sources. The following examples illustrate appropriate methods.

1. Program-wide technology costs (i.e. TSG and Humanity.com) are split between funding sources based on the percentage of users from each funding source. TSG sells licenses for access to child assessment, so the split is determined by the number of children funded by each program. For example:

<table>
<thead>
<tr>
<th>Funding source</th>
<th># of children</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFB self-funded</td>
<td>104</td>
<td>33%</td>
</tr>
<tr>
<td>EHS funded</td>
<td>180</td>
<td>57%</td>
</tr>
<tr>
<td>MIECHV funded</td>
<td>30</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Total # of children served</strong></td>
<td><strong>314</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

2. The home visiting program is funded by EHS and MIECHV. Cost allocation is as follows:
   a. Mileage: Home visitors indicate funding source on the mileage record and the split is determined by the actual mileage used to travel to each home visit.
   b. Salaries: the University has an effort reporting system that is used to document employee activity on grant funded projects. The EHS Finance Officer pre-reviews the home visitor’s effort by determining the funding source for the families served by each home visitor each month. The home visitor then reviews the report and certifies their effort, Payroll adjustments are made at the time the effort is certified by submitting PR-45s.
   c. Supplies for the home-visiting program will be split based on funded enrollment as follows:

<table>
<thead>
<tr>
<th>Funding source</th>
<th># of children</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>EHS Home Visiting</td>
<td>52</td>
<td>63%</td>
</tr>
<tr>
<td>MIECHV funded</td>
<td>30</td>
<td>37%</td>
</tr>
<tr>
<td><strong>Total # of children served</strong></td>
<td><strong>82</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

3. General supplies purchased for the all centers (Costco, etc.) shall be allocated based on percentage of FTE children served at the centers.

<table>
<thead>
<tr>
<th>Funding source</th>
<th># of children</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>EHS Home Visiting</td>
<td>52</td>
<td>63%</td>
</tr>
<tr>
<td>MIECHV funded</td>
<td>30</td>
<td>37%</td>
</tr>
<tr>
<td><strong>Total # of children served</strong></td>
<td><strong>82</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

4. As to EHS funded supplies, if Home Visit supplies are purchased the EHS funded items are further allocation with the 63%/37% ratio described above.

5. Expenses related to staff training are split based on the percentage of staff funded by each source. For example, teachers and home visitors are funded as follows:

<table>
<thead>
<tr>
<th>Funding source</th>
<th># staff (FTE)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFB Self-funded</td>
<td>10</td>
<td>24%</td>
</tr>
<tr>
<td>Funding source</td>
<td># staff (FTE)</td>
<td>%</td>
</tr>
<tr>
<td>--------------------</td>
<td>--------------</td>
<td>----</td>
</tr>
<tr>
<td>EHS funded</td>
<td>29.5</td>
<td>70%</td>
</tr>
<tr>
<td>MIECHV funded</td>
<td>2.5</td>
<td>6%</td>
</tr>
<tr>
<td><strong>Total staff</strong></td>
<td><strong>42</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

6. Each expense record (invoice, PAF, receipt, etc.) is clearly marked with the percentage charged. Percentages should be rounded to the nearest full percentage (i.e. 88.89% becomes 89%).

**Development and Administrative Costs**

1. Enrollment
2. Costs for development and administration are necessary and of benefit to the program and do not exceed 15% of total costs unless a waiver has been granted. [1303.5(a)(10)]
   a. The anticipated administrative costs are indicated in the annual budget.
   b. Staff analyzes the actual costs using the default administrative percentages as identified by the Office of head Start Enterprise System. Many of the default percentages are not utilized since our Facilities and Administration costs already include these indirect costs. When that is not the case an explanation and/or documentation is added to justify.
3. Costs of organization-wide management are charged and categorized as development and administrative costs. [1303.5(a)(2)(i)-(v)]
   a. The Indirect Costs are classified as administrative in the annual budget. [1303.5(a)(2)(iv)]
4. Costs directly associated with delivery of program services are charged and categorized as program costs. These costs are not classified as administrative in the annual budget [75.412375.413 in its entirety]
5. The grantee has identified and appropriately allocated the portion of costs that are dual benefit costs. [1303.5(a)(2)(iii)]
   a. Costs that are dual benefit are pro-rated according to the program. For instance, if a trainer is paid to train all CFRC teachers and 60% work primarily for EHS and 40% work primarily for CFRC then the cost of the trainer would be split 60% EHS/40 % CFRC.
6. Indirect costs which are categorized as administrative or program costs are fully explained in the budget. [1303.5(a) in its entirety]
   a. The University of Nevada Reno maintains an approved Negotiated Agreement with the US Department of Health and Human Services. The approved F&A rates exceed the 15% maximum allowed by Head Start, so the Office of Sponsored Projects has approved a lesser rate which takes into consideration admin costs that are directly charged. Approval must be renewed annually prior to the submission of the funding proposal.
   b. Since building and operations and maintenance costs are considered program costs by Head Start (and subject to 5% admin), the portion of the unrecovered indirect that has been negotiated in those categories is used to meet the non-federal share requirements. This is fully explained in the funding applications.

**Reporting of Administrative Costs**

Administrative Costs must be properly documented and reported on the final SF-425 report.

1. The EHS Finance Officer is responsible for reviewing and verifying the cost allocations for accuracy. The cost allocation plan is utilized during the budget preparation process and verified when costs are coded during the purchasing process. The EHS Finance Officer then prepares a summary which shows both the admin costs associated with the non-federal share contributions and the admin costs that were paid directly. This report is then forwarded to OSPA post-award staff for review and inclusion in the final SF-425 report.
2. OSPA staff are responsible for submitting the SF-425 report.

**Indirect Costs**
1. If the grantee charges indirect costs, these costs are supported by agreement. [45 CFR 75.414(c) and 75.306 part (c)]
   a. UNR has negotiated Indirect Cost rates with the federal Department of Health and Human Services dated December 10, 2012. A copy of the current agreement is available through the Office of Sponsored Projects Administration.

2. Costs included in the indirect cost pool are appropriate to Head Start. [45 CFR 75.414(c) and 75.306 part (c)]
   a. The approved rate is much higher than the 15% administrative cap and includes things such as library, etc. The Office of Sponsored Projects Administration has agreed to a rate of 8% for the Early Head Start grant. This rate includes only administrative services such as accounting, personnel, purchasing, grants and contracts, payroll, etc. It does not include the costs associated with occupancy, janitorial, computer support, etc. Those items are accounted for separately and as non-federal share.

3. The grantee correctly calculated and recorded indirect costs in the organization’s financial records and charged them properly on the SF-425 report (e.g., not also listed as direct). [45 CFR 75.303, 75.414]

Non-Federal Share
1. The Federal financial assistance award to the grantee does not exceed 80% of the total grantee budget unless a waiver has been granted. [45 CFR 75.306]
2. The source, use and accounting of non-Federal funds meets requirements, and accounting of funds is supported by the proper source documents. [45 CFR 75.306]
   a. The non-federal share records are kept in the EHS program office. The costs are itemized in the annual budget and accounted for using volunteer timesheets, classroom attendance records, meeting sign-in sheets, etc.
3. Volunteer services are accounted for properly. [45 CFR 75.306]
   a. Volunteer timesheets are kept in the EHS office and are signed by both the volunteer and a staff member.
   b. The value of a classroom volunteer is based on the average wage of student workers.
   c. The value of other services (painting, maintenance, etc.) is based on the entry level wage for similar positions in the state classified system, as documented by the state job specifications for each position.
   d. Nevada Early Intervention Service (NEIS) services provided in EHS classrooms is documented using the NEIS Summary Report Form and submitted monthly in the Weekly Information Report. (See page 45 for more information.)

Property Management
[Note: all items in this section are covered by 45 CFR 75.316 through and including 75.322 and 1303.40 through 1303.56]

1. Grantee property management standards for nonexpendable personal property include requirements for (a) accurate property records (including vehicle titles) covering all items over $5,000 or lower, if a lower threshold is defined by the local agency; (b) conducting a physical inventory at least once every two years; and (c) a control system to ensure adequate safeguards to prevent loss, damage, or theft to the property and to investigate and document any loss. [45 CFR Parts 74.30, 74.33-74.34, 92.31-92.32]
   a. Property Management is handled through the UNR Purchasing department. Annual inventories are taken of all items costing over $2,000.00.
2. If the grantee owns any of the facilities used for the program during the budget period, the grantee only charges a depreciation or use allowance based upon the purchase price.
   a. The University does not charge the EHS program for program space.
3. If the grantee rents any facilities, lease agreements show that charges are reasonable.
4. If the grantee is using occupancy costs as non-Federal share, values are calculated appropriately.
   a. The occupancy costs are calculated using the percentage indicated in the indirect cost agreement.
5. Renovations included in the grant are appropriate and charged in accordance with the cost principles and ACF guidance.
   a. Renovations that are funded by the grant are monitored closely. A separate budget line-item is established, and expenses are tracked on that line-item. Indirect costs are not charged to renovation expenses.

Procurement
1. The University of Nevada Reno has established written procurement policies and procedures which, at a minimum, provide for a review of proposed procurements to determine need and possible alternatives, requests for bids that contain clear specifications and do not contain features which unduly restrict competition, positive efforts to use small and minority-owned businesses, price comparisons or cost analysis on all procurements, checking of invoices against purchase orders and receiving reports, goods and services being provided prior to payment, maintenance of files for all large purchases, contractor follow-up, reviews of recent purchases over the simplified acquisition threshold of $100,000. Also, contractors are excluded from bidding on items in which they have a prior interest. [45 CFR 75.327]
   a. See the UAM, Section 1500, for details.
2. All procurement transactions are conducted in a manner providing maximum open and free competition. [45 CFR 75.328]
   a. See the UAM, Section 1500, for details.
3. The grantee maintains a code of conduct as part of personnel policies and procedures which requires that officers, employees, or agents engaged in the award and administration of contracts do not accept gratuities, favors, or anything of monetary value from contractors or potential contractors. [45 CFR 75.327 (c)(1)]
   a. See the UAM, Section 1500, for details.
4. UNR Early Head Start follows the Procurement by Micro-purchases procedure. Procurement by micro-purchase is the acquisition of supplies or services, the aggregate dollar amount of which does not exceed the micro-purchase threshold (See micro-purchase). To the extent practicable, the non-Federal entity must distribute micro-purchases equitably among qualifies suppliers. Micro-purchases may be awarded without soliciting competitive quotations if the non-Federal entity considers the price to be reasonable [45 CFR 75.329(a)]
5. Arrangements are made for bonding those authorized to disburse program funds. [45 CFR 75.334]
6. There is proof that the agency has all required insurance (e.g., liability insurance, insurance on vehicles, student accident). [1303.12, 45 CFR 75.317]
   a. The University maintains self-insurance in compliance with NRS Chapter 41. CFRC purchases a separate insurance policy covering child accidents.
7. UNR Procurements are handled in accordance with all applicable provisions under 45 CFR 75.
   a. See UAM, section 500 for more detail.

USDA and Food Costs
1. The UNR Early Head Start Program uses funds from USDA Food, Nutrition, and Consumer Services child nutrition programs as the primary source of payment for meal services. UNR EHS is reimbursed for these costs based on a child’s attendance during specified times for breakfast, lunch and afternoon snack. Additional qualified food costs not covered by this reimbursement program are covered by EHS funding. [1302.44()]
   a. UNR-EHS maintains records as required by the State of Nevada (which administers the USDA program)
2. The procedure for obtaining reimbursement form CACFP is as follows:
   a. The Nutrition Consultant prepares the Daily Lunch Delivery Receipt form for Chartwell’s which indicates the number and amounts of meals required.
   b. The Lunch delivery person checks the Daily Lunch Delivery Receipts when picking up the meals for delivery to ensure that the proper amount of meals have been prepared.
   c. A daily record is kept of the number of children present during each meal and snack service. At the end of the week, these records are submitted in the weekly information report.
d. After the attendance has been input into the database, the attendance documentation is forwarded to the main office where office staff double checks the number of meals and snacks served to ensure the meals claimed are reimbursable. Office staff then organizes and files the attendance and meal count sheets in the appropriate CACFP file. Once the final week in the month has been audited for accuracy the AA then notifies the EHS Budget Manager that the claim is ready to be filed.

3. Budgeted food costs compare reasonably with the actual food costs recorded in the grantee financial records.

4. USDA income guidelines are used in preparing the documentation submitted to USDA for application for Child Care Food Program participation.
   a. EHS income eligible families are considered USDA CACFP eligible.

Fiscal Support of Program Services

1. UNR EHS observes the standards of organization, management, and administration that will ensure, so far as reasonably possible, that all program activities are conducted in a manner consistent with the purpose of the Act and the objective of providing assistance effectively, efficiently, and free of any taint or bias of person or family favoritism. [1303.10]

2. Fiscal resources support appropriate space, equipment, and materials for the conduct of program activities and a physical environment conducive to learning. [1302.47(a)(1)(2)]
   a. Program staff conduct regular assessments of environments using the Health and Safety Checklist. Any deficiencies discovered are adequately addressed to ensure that appropriate materials are available to conduct program activities. [1302.47(a)(4) through (7)]

3. The EHS Enrollment and Reporting Coordinator ensures that a Health and Safety Inspection is conducted monthly in all EHS classrooms. Results from the inspection are left with the site staff and copies are sent to the supervisors and the Program Coordinator. The site visit report form is utilized to document this.

4. Facilities meet the licensing requirements of 1302.21(d)(1).
   a. The centers operated in UNR facilities are licensed by the State of Nevada, Bureau of Child Care licensing. EHS programs operated off campus (i.e. Sage Street of the Sierra) are licensed by the Washoe County Department of Social Services, Child Care Services Unit. Licensing records for all sites are maintained in the EHS office as well as at each site.

5. The grantee or delegate agency provides for the maintenance, repair, safety, and security of all facilities, materials, and equipment through an ongoing system of preventative maintenance. [1303.47 Parts (b)(ix) and (c)(v).]
   a. UNR-EHS conducts a monthly Health & Safety inspection. Records are maintained in the EHS office. See item 2 above.
   b. The university system of work orders allows for the timely repair of facilities, materials and equipment.

6. Budget requests and plans address implementation of the service plan, including the plan for serving children with disabilities, and there is documentation of a sufficient level of fiscal support to meet needs and to implement the objectives of the plan. [1302.61, 1302.62]
   a. UNR-EHS has a strong relationship with the local Part C provider to obtain needed supplies and services.

7. When funds are used for medical or dental services, there is documentation of efforts to access other sources of funding. [1302.42, 1302.43]

8. UNR-EHS documents budgeted funds support parent activities. [1302 Subpart E]
   a. UNR-EHS budgets $25.00 per funded enrollment to support parent activities. These funds are in addition to parent travel funds used to support parent participation at conferences.

Mileage Reimbursement
Employees using personal vehicles for home visits will be allowed reimbursement at the standard mileage reimbursement rate allowed for travel under federal income tax laws. The Campus Business website has the current mileage reimbursement rates.

1. Approval of the employee's use of a personal car for the convenience of the university must be obtained by the employee in advance, in writing, from the appropriate vice president or dean. The CFRC Office Manager will make the request on behalf of the employee.

2. The university approval must be attached to each "Claim for Employee Travel Expense" form when submitted to the Controller's Office.

3. Employees must maintain a Mileage Reimbursement Documentation form to submit with the travel claim.
   a. This form is meant to be used as travel occurs. Enter the starting mileage before you leave and the ending mileage when you return.
   b. Inform your supervisor if you forget to record the mileage at the time of the travel so a correction can be made.
   c. Use the name of the enrolled participant who is the focus of the visit that day in the “destination” column. (This facilitates comparing the mileage request with the attendance record.)
   d. A round trip for one home visit can be entered on one row of the mileage form.
   e. For “serial” home visits put a “dash” in the “return to” column to indicate that you went directly to another home visit after leaving the first destination. (See sample form.)

If two employees travel in a private vehicle on university business, only one employee is entitled to mileage reimbursement.

Mileage will be reimbursed based on the commonly used route. Reimbursement will not be made for extra miles logged from a roundabout route. If there are detours along the commonly used route, please note on mileage form. Supervisors must spot check claims to online mapping programs to verify mileage.

The University shall not reimburse University employees for any increased insurance premiums or fuel expenses attributable to use of their vehicle for University business. Reimbursement for insurance and fuel is reflected in the mileage reimbursement rate. In the event of an accident while an employee is driving a private vehicle on state business, the employee's insurance is primary for all coverage.

Travel expenses incurred between an employee's home and work location are commuting expense and will not be reimbursed. Mileage between the last destination of the day and home cannot be included for reimbursement unless there is remaining mileage after the regular commuting miles have been deducted.
Staff suspects child abuse or neglect. One hour clock starts

Staff brings concern to a supervisor.

Staff decides to report

NO

Document concerns in case notes.

YES

Staff completes the CAN Reporting form.

Call CPS to make the report.

CPS handles report.

Report is given to supervisor.

Report is sent to F&CP Coordinator and filed by program year.

Refer to CFRC Operations manual for more information. The CAN Reporting Form can be obtained from a supervisor, or the CFRC Office Manager
CAN = Child, Abuse, & Neglect
CPS = Washoe County Department of Social Services, Child Protective Services (Phone: 785-8600)
As mandated reporters, suspicions of CAN must be reported within 1 hour.
APPENDIX A

DEVELOPMENTAL CONCERNS REFERRAL PROCESS
Revised 10/17/12

T/HV/Parent has concern.

T/HV gather data.

Review with Supervisor.

Consult with DC?

YES

Consultation includes: Review of EHS Information and/or discussion with T/HV and/or observation of child.

YES

Referral to NEIS needed?

NO

Monitor future ASQ’s closely.

NO

Parents agree to referral?

NO

Document in file.

YES

T/HV (and Supervisor or DC, if needed) meet with parents to discuss referral.

Parents agree to evaluation?

NO

Document refusal or lack of contact.

DC sends referral and NEIS form to NEIS (45 day clock starts).

T/HV completes the NEIS referral form and supervisor sends copy to CD.

NEIS liaison reviews information and sends to Intake Team within 2 days.

NEIS Intake Team contacts Parents.

YES

NEIS Liaison cc copies to EHS.

Schedule evaluations.

YES

NO

Parents agree to evaluation?

NO

Document refusal or lack of contact.

ASQ = Ages & Stages Questionnaire (including Social Emotional)
DC = Disabilities Coordinator
EHS = Early Head Start
HV = Home Visitor
NEIS = Nevada Early Intervention Services
T = Teacher
TSG = Teaching Strategies Gold
APPENDIX B

MENTAL HEALTH-BEHAVIOR CONCERNS REFERRAL PROCESS

Revised 10/03/06

T/HV/Parent has concern

T/HV gather data

Review with Supervisor

Meet with parents?

YES

Consultation includes: Review of data, and/or discussion with T/HV and/or observation of child and preparation of plan.

Behavior plan includes home and classroom activities.

External referral needed?

YES

T/HV, Supervisor and MH Consultant meet with parents to discuss referral.

NO

Supervisor monitors classroom behavior plan implementation.

Does behavior improve?

YES

Continue to complete regular screenings and assessments.

Document in file.

Parents agree to referral?

YES

MHC assesses parent resources and makes appropriate referral.

NO

Does family follow through?

YES

Parent accesses services

NO

Document on referral form.

ASQ-SE = Ages & Stages Questionnaire - Social Emotional
EHS = Early Head Start
HV = Home Visitor
MHC = Mental Health Consultant
NEIS = Nevada Early Intervention Services
T = Teacher
## APPENDIX C

### CACFP LUNCH MEAL PATTERN FOR CHILDREN

<table>
<thead>
<tr>
<th>LUNCH/SUPPER</th>
<th>Milk + Meat + 2 Vegetable/Fruit + Grain</th>
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</thead>
<tbody>
<tr>
<td><strong>Food Components</strong></td>
<td><strong>Age 1 - 2</strong></td>
</tr>
<tr>
<td>Milk, fluid</td>
<td>½ cup (2)</td>
</tr>
<tr>
<td><strong>Vegetables and Fruits</strong> (3)</td>
<td>½ slice</td>
</tr>
<tr>
<td>Vegetables and/or fruits</td>
<td>¼ cup total</td>
</tr>
<tr>
<td><strong>Bread and Bread Alternates</strong> (4)</td>
<td>½ slice</td>
</tr>
<tr>
<td>Bread or cornbread, biscuits, rolls, muffins, etc. (5) or cooked pasta or noodle products or cooked cereal grains or an equivalent of any combination of bread/bread alternate.</td>
<td>¼ cup</td>
</tr>
<tr>
<td><strong>Meat and Meat Alternates</strong></td>
<td>1 ounce</td>
</tr>
<tr>
<td>Lean meat or poultry or fish (6) or alternate protein products (7) or cheese or egg (large) or cooked dry beans or peas or peanut butter or soy nut butter or other nut or seed butters or peanuts or soy nuts or tree nuts or seeds (8) or yogurt, plain or flavored, unsweetened or sweetened or an equivalent quantity of any combination of the above meat/meat alternates.</td>
<td>½</td>
</tr>
<tr>
<td></td>
<td>1 ounce</td>
</tr>
<tr>
<td></td>
<td>¼ cup</td>
</tr>
<tr>
<td></td>
<td>2 tablespoons</td>
</tr>
<tr>
<td></td>
<td>¾ oz (9) = 50%</td>
</tr>
<tr>
<td></td>
<td>½ cup</td>
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</tbody>
</table>

(1) Children age 12 and up may be served adult size portions based on the greater food needs of older boys and girls, but shall be served not less than the minimum quantities specified in this section for children age 6 up to 12.

(2) For purposes of the requirements outlined in this subsection, a cup means a standard measuring cup.

(3) Serve 2 or more kinds of vegetable(s) and/or fruit(s). Full-strength vegetable or fruit juice maybe counted to meet not more than one-half of this requirement.

(4) Bread, pasta or noodle products, and cereal grains, shall be whole grain or enriched; cornbread, biscuits, rolls, muffins, etc., shall be made with whole grain or enriched meal or flour.

(5) Serving sizes and equivalents are published in Appendix C of Building Blocks for Fun and Healthy Meals Manual.

(6) Edible portion as served.

(7) Must meet the requirements in Appendix A of this part.

(8) Tree nuts and seeds that may be used as meat alternates are listed in program guidance.

(9) No more than 50% of the requirement shall be met with nuts or seeds. Nuts or seeds shall be combined with another meat/meat alternate to fulfill the requirement. For purpose of determining combinations, 1 ounce of nuts or seeds is equal to 1 ounce of cooked lean meat, poultry, or fish.
CFRC Meeting Plan: Creating a Culture of Collaboration

*Meaning is all we want.*
*Choices are all we make.*
*Relationships are all we have—Sandy Schulman*

### WEEKLY STRATEGIC

<table>
<thead>
<tr>
<th>Who</th>
<th>When/Where</th>
<th>Why</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management Team</td>
<td>Wednesdays 12:00-2:00</td>
<td>A 60 second report of each person’s primary activities for the week. A 5-10 minute progress review related to the center’s key goals. Real time agenda of specific short term topics focused on two overriding goals; the resolution of issues and the reinforcement of clarity.</td>
</tr>
</tbody>
</table>

### MONTHLY STRATEGIC

<table>
<thead>
<tr>
<th>Who</th>
<th>When/Where</th>
<th>Why</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management Team</td>
<td>3rd or 4th Thursday of the month 9:30-1:30</td>
<td>The team wrestles with, analyzes, debates and decides on critical issues that affect the center in fundamental ways. At least 2 hours per topic is allotted to discuss critical issues that come up during weekly tactical meetings. Team members know the topics in advance to do research and preparation ahead of time.</td>
</tr>
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</table>

### AD HOC STRATEGIC

<table>
<thead>
<tr>
<th>Who</th>
<th>When/Where</th>
<th>Why</th>
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</thead>
<tbody>
<tr>
<td>Management Team</td>
<td>3-4 hours, whenever practical, location tbd</td>
<td>To discuss a critical issue that can’t wait for the next Monthly Strategic. Past strategic topics (either Monthly or Ad hoc) include: screening and assessment, transition planning, data base transition, Work Performance Standards, floater supervision, CFRC Annual report, Faculty roles, teaching teams.</td>
</tr>
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</table>

### QUARTERLY REVIEW

<table>
<thead>
<tr>
<th>Who</th>
<th>When/Where</th>
<th>Why</th>
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<tbody>
<tr>
<td>Management Team</td>
<td>Offsite, location tbd 8:30-4:30</td>
<td>An opportunity to regularly step away from the daily, weekly, and monthly issues to review the center in a holistic, long term manner. Topics for reflection and discussion include: Comprehensive strategy review, Team Review, Personnel Review, Competitive &amp; Industry review (ECE, UNR, etc.)</td>
</tr>
</tbody>
</table>

### LEAH & THE SUPES

<table>
<thead>
<tr>
<th>Who</th>
<th>When/Where</th>
<th>Why</th>
</tr>
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</table>
| Mentor/Coach & Site Supervisors | Biweekly | Regular conversation between Leah and the supervisors to:  
  • Provide coordinated support for Leah’s work with teachers,  
  • Increase the clarity of expectations and goals for teachers surrounding classroom provocations, daily journals, and public documentation,  
  • Create a forum for discussion and follow through on projects. |
# EHS Weekly Briefing

<table>
<thead>
<tr>
<th>Who</th>
<th>When/Where</th>
<th>Why</th>
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</thead>
<tbody>
<tr>
<td>Management Team, EHS Budget Manager, EHS Health Coord, EHS Admin, WCSD Partners</td>
<td>Wednesdays 10:00-11:00 Nelson Conf</td>
<td>A quick forum to make sure that nothing falls through the cracks. Can eliminate the need for unnecessary and time consuming email chains about schedule coordination. Review of past week and update on current week activities such as lunch delivery, meeting attendance, and EHS enrollment. Implementation of EHS monitoring plan with a review of specific database reports each week.</td>
</tr>
</tbody>
</table>

# CFRC²

<table>
<thead>
<tr>
<th>Who</th>
<th>When/Where</th>
<th>Why</th>
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</thead>
<tbody>
<tr>
<td>Management Team, Mentor/Coach, COE Faculty</td>
<td>monthly, schedule varies 2-3 hours</td>
<td>To increase linkages and coordination between the HDFS academic program and the CFRC. To ensure the best policies and practices in the center are in line with best practices in the field. To increase the quality of experiences for both UNR students and CFRC staff who work and learn in the center.</td>
</tr>
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</table>

# Teacher Meetings

<table>
<thead>
<tr>
<th>Who</th>
<th>When/Where</th>
<th>Why</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching Teams and sub groups Supervisors, Mentor/Coach or Director, as requested</td>
<td>tbd by supervisors</td>
<td>Review and reflect together on the planning and implementation of curriculum in the classroom. An opportunity to both help and get help from peers. Focus on connecting the data provided from screening and assessment of the children to what is done in the classroom every day.</td>
</tr>
</tbody>
</table>

# Teacher Collaboration/Professional Learning Communities

<table>
<thead>
<tr>
<th>Who</th>
<th>When/Where</th>
<th>Why</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care Worker II’s, Management Team, Mentor/Coach</td>
<td>bi-monthly</td>
<td>To see, talk with and learn from each other. To engage in reflective dialogue. To share successes and challenges. To create culture of collaboration.</td>
</tr>
</tbody>
</table>

# EHS Family Services Meeting

<table>
<thead>
<tr>
<th>Who</th>
<th>When/Where</th>
<th>Why</th>
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</thead>
<tbody>
<tr>
<td>EHS Home Based Option Supervisor, Enrollment &amp; Reporting Coord, Parent Involvement &amp; Education Coord, Home Visitors</td>
<td>Weekly as scheduled; Nelson 118</td>
<td>To see, talk with and learn from each other. To engage in reflective dialogue. To share successes and challenges. To create culture of collaboration. Review of monitoring reports.</td>
</tr>
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REFERENCES

The CFRC Policies and Procedures Manual was designed to support staff in applying high quality standards to their daily practice. This manual quotes directly or borrows heavily from a few key documents including:

- The University Administrative Manual:  
- The UNR Sponsored Projects Manual:  
# Glossary of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>AA</td>
<td>Administrative Assistant</td>
</tr>
<tr>
<td>AA</td>
<td>Associate of Arts</td>
</tr>
<tr>
<td>AS</td>
<td>Associate of Science</td>
</tr>
<tr>
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