



Missoula Early Head Start

A Program of Ravalli Head Start, Inc.

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POLICIES, PROCEDURES, PROTOCOLS & GUIDELINES OF SPECIAL INTEREST TO FAMILIES

(All original documents are available in the MEHS Family Resource Center and available upon request)

The following is a synopsis of some of the POLICIES, PROCEDURES, PROTOCOLS & GUIDELINES of special interest to families served by Missoula Early Head Start (MEHS). These were developed over the history of the program by the Policy Council, Board of Directors, Staff and Families of MEHS together with our grantee: Ravalli Head Start, Inc. All Policies, Procedures, Protocols and Guidelines are available in their entirety for your review. They are located in the Family Resource Center, with the MEHS Administrative Assistant and the MEHS Management Team. Feel free to request copies from your child's Teacher, Case Manager, a Program Manager or the Director.

Alcohol and Illegal Drug Policy

- All facilities of Ravalli Head Start, Inc. are Drug and Alcohol free workplaces
- All employees and other adults are prohibited from dispensing, consuming and or having any alcohol or drugs on the premises
- Head Start will provide staff with a copy of the policy and enlist the aid of community and state agencies with drug and alcohol information and rehabilitation programs to provide information

Blood Borne Pathogens Policy

- The blood borne pathogens policy is available for employee review and is available in each department
- Purpose is to limit occupational exposure to blood and other potentially infectious materials, as any exposure could result in transmission of blood borne pathogens that could lead to disease or death
- Exposure to control is done by determining exposure risk, practicing safe work practices with employee training and Hepatitis B vaccinations for employees.
- Safe work practices include but are not limited to:
 - 1.) Washing hands before and after being in contact with blood or body fluids
 - 2.) Wearing gloves to protect from such fluids and discarding appropriately
 - 3.) Discarding trash in the usual manner
 - 4.) Bag linen in the usual manner
 - 5.) Label all contaminated linen
 - 6.) If significant exposure to blood occurs, report to supervisor for evaluation and follow up

7.) Work site to be routinely cleaned and disinfected

- If employee becomes exposed to blood, in case HIV is present or unknown, you must contact supervisor and complete the Exposure Incident Report with the Health Manager.

Child Abuse and Neglect Policy and Procedure

- All employees of Ravalli Head Start Inc. including Missoula Early Head Start are mandatory reporters and subject to all local, stat, federal, and tribal laws regarding child abuse and neglect.
- Documentation of all incidents on the Child Abuse and Neglect Report Form and give the completed form to the **Family and Community partnerships Manager or Early Head Start Director** and as appropriate, this information will be reported to the **Executive Director**.
- Document all interactions in a non-judgmental manner. Do not take pictures. Include an observational report of the behavior of physical evidence that concerned you. Do not interrogate child. Details are important: description and size of marks, frequency, and interaction with the parent
- If appropriate and if personal safety is not a concern, discuss concerns with the parent and inform them a referral is being made. Offer the supportive resources of Ravalli Head Start Inc.
- All reports are confidential

Child Guidance Policy

- The primary function of the staff is to encourage, facilitate, and model learning.
- Staff will encourage learning through play and involvement
- Staff will establish routines for the children
- Staff will provide positive encouragement for all children in care, praising their accomplishments and focusing on their inner delight
- Staff will be patient with the children in care, not rushing them to accomplish tasks or interfere with what a child is trying to say

Community Complaint Policy and Procedure

- This procedure should be presented to any person expressing concerns or complaints regarding any aspect of the programs operated by Ravalli head Start, Inc.
 - 1.) The complaint must be in writing and signed by the individual initiating the complaint. This must be done within five working days of the incident.
 - 2.) The written report must include date of complaint, description of circumstances surrounding complaint, reasons for the complaint, location of the incident and must identify the individual(s) the complaint is against.
- If the complaint is made against an employee of Ravalli Head Start, Inc. the Supervisor of the employee will be informed. If it is brought against a program of Ravalli Head Start, Inc. then the Executive Director/EHS Director will receive the complaint and attempt to resolve it. If the complaint is brought by the Policy Council for resolution then the chairperson shall either call an emergency meeting, or put the grievance on the agenda for the next meeting.

Confidentiality Policy

- Everyone working with Missoula Early Head Start is entrusted with something extremely important---protecting the private lives of each family and the personal nature of each child and parent. Breach of confidentiality by MEHS staff may result in disciplinary action up to and including dismissal.
- All Employees, including substitutes, volunteers and parents/guardians must sign the MEHS Confidentiality Agreement.
- MEHS Release of Information forms are needed before obtaining information regarding family case management
- MEHS requests families not pass personal information observed at to anyone outside our service area.

Diaper Changing Policy

- MEHS follows “Universal Precautions” regarding sanitation and handwashing.
- Diapers shall be checked for wetness and feces at least hourly, visually inspected at least every two hours, and whenever the infant/child indicates discomfort or exhibits behavior that suggests a soiled or wet diaper. Diapers shall be changed when they are found to be wet or soiled.
- Diapering will only be done in a designated diapering area by teachers only, no volunteers can or will change diapers. Food handling will not be permitted in diapering areas.
- Diapering areas will be kept clean, waterproof, and free of cracks, tears, and crevices.
- All creams and lotions shall be labeled with each child’s name and instructions and stored off the diapering surface and out of reach of children
- Universal precautions will be utilized when encountering all bodily fluids, including diapering
- Hand washing must be done before and after each child has a diaper change

Disability Recruitment Guidelines

- Missoula Early Head Start has a commitment to serve children with developmental delays or diagnosed disabilities. A minimum of 10% of enrolled children in Missoula early Head Start will have a diagnosed disability or developmental delay.
- EHS will implement recruitment procedures so that these positions are filled.
- The disabilities service coordinator will review applications that reflect suspected disability or developmental delay to determine appropriate follow up for the child and family
- Missoula Early Head Start provides an inclusive early interaction experience for all children. Children receiving special education services are included in all aspects of the daily program with modifications and adaptive equipment as needed.

Emergency Medical/Dental Policy and Procedure

- First adult on scene must assess the emergency: check for bleeding and apply appropriate first aid
- Second adult on scene: call 911 if necessary, assist first adult by obtaining needed supplies; notify parents or emergency contact as directed in contact information.
- A staff member will remain with the child until a parent or guardian assumes responsibility for the child
- In the event of an accident to the tongue, lips, cheek or teeth employee should attempt to calm the child. All incidents should be handled quietly and calmly: a panicky child may cause further trauma. Check for bleeding
- Follow appropriate steps to stop bleeding

Enrollment Selection Procedure

Application Scoring

Each application is scored with the Early Head Start (EHS) Selection Criteria detailed below. Families with the highest needs are determined from the EHS Community Needs Assessment. The Selection Criteria is approved by the Policy Council and Board of Directors.

Selection

Based on the Selection Criteria, each application is assigned a score. This score is then charted on the Wait List under the option for which the family is applying (Home-based, Center-based or Prenatal). Applications with the highest scores in each option are given the highest priority for entering the program. When scores are identical, the child and/or family with the highest needs (based on the information provided with the application) is selected.

Enrollment Criteria

Families are eligible with incomes at or below the **U.S. Annual Poverty Income Guidelines**. Early Head Start may enroll up to 10% from families whose incomes are *over-income (higher than the Poverty Guidelines)*. The total Early Head Start population must have a minimum of 10% enrolled children with a *disability*.

SELECTION CRITERIA

PARENTAL STATUS

Single parent	3
Foster, Kinship Foster, Legal Guardian	2
Two parents (Living in same household)	1

DISABILITY STATUS (Maximum of 1 factor)

IFSP (Individualized Family Service Plan)	6
Diagnosed	3
Low developmental screening/score	1
Potential/suspected	1

STATUS – U.S. Poverty Income Guidelines

TANF/SSI/Homeless	7
75% below poverty guidelines	7
50% below poverty guidelines	6
25% below poverty guidelines	5
Eligible income at/below 100% poverty level	4
101%-110% over-income	1
111% + over-income	0

AGE BY SEPTEMBER 10th

Pregnancy (Prenatal Program)	8
0 – 5.9 months	7
6 – 11.9 months	6
12 – 23.9 months	3
24 – 36 months	2

SOCIAL SERVICE NEEDS

Maximum of 8 points

First Time Parent	4
Teen Parent (19 or under during pregnancy)	4
High Risk Pregnancy (Prenatal, only)	4
High Social Service Need (Example: Parent Disability, Substance Abuse, Rehab, Child Abuse/Neglect, etc.)	4
Child Health Problems (Example: Obesity, Prematurity, Diabetes, Asthma, Anemia, etc.)	3
Family Crisis (Example: Terminal Illness, Jobless, Desertion, Death, Homeless, Incarceration/Probation, etc.)	2
High Risk Family (Example: Mental Illness, Domestic Violence, Parent Health, Cognitive Delays, etc.)	2

OTHER FACTORS

Referral (Agency/Professional/Peer)	3
Sibling in EHS/RHS	2
Bilingual/English Language Learner/ASL Sign	2
Returning child or child from other EHS Program	2
Applied for State-Paid Childcare verified (Center, only)	2

Note: MEHS/REHS within-program transfers will receive 9 points.

Confidentiality Statement: All information shared with Missoula and Ravalli Early Head Start will be kept strictly confidential, unless a release is authorized in writing.

Non-Discrimination Clause: U.S. Federal Law prohibits Missoula and Ravalli Early Head Start from discrimination on the basis of race, sex, age, color, national origin, or disabilities in provision of services and employment.

Feeding Policy

- Infants are fed on demand, but at least every four hours and usually no more than hourly. Exceptions are made because of medical concerns
- Breastfeeding mothers can bring in expressed breast milk to the center if frozen or kept cold in transit. Must be kept in hard plastic or glass or double bagged storage bags
- Formula will be provided by EHS
- Microwaves are never used to warm breast milk or formula
- All infants are held while being fed
- Children will be given cereal and then solid foods based on recommendations and new foods that baby has tried
- Infants and children will be fed nutritious food
- The center based option provides two meals and a snack for children over the age of one
- All food follows CACFP guidelines
- No volunteers will feed infants and or toddlers
- Staff will not use food as art projects or sensory experiences

Holiday Policy

- Holidays, are not a focus for our planning, and Early Head Start will not plan celebrations or center or group activities around holiday themes.
- During Home Visits case managers can facilitate holiday related activities at the parent's request, but holiday will not be celebrated at group

Home Safety Checklist

1. The Home Safety Checklist must be completed within 45 days of the first home visit.
2. The Home Safety Checklist is completed for all the homes the child lives in. Therefore, if parents are living in separate houses and the child is spending time at both places, two Home Safety Checklists must be done.
3. The Home Safety Checklist is reviewed annually, when a family moves, or if the Case Manager or Teacher feels it should be reviewed earlier.
4. Any NO answers must be addressed by the Case Manager or Teacher:
 - a. Can be added to the lesson plan
 - b. Can be added to the FPA goal
 - c. Can be staffed
5. When a family completes a home safety task that initially had a NO answer, it must be dated on the COMPLETED section of the Home Safety Checklist.
6. When a line item doesn't apply to a family, (ex. Automatic garage door working properly), mark N/A over the line item.
7. In the case of a family refusing to address a safety issue (ex. refuses to put outlet covers on unused outlets), staff will provide education pertaining to the specific issue and document in the child's file.

If the staff member has reasonable cause to suspect neglect due to the safety issue, the Child Abuse and Neglect Policy and Procedure must be followed.

Hand Washing Plan

- Staff and children shall wash their hands whenever hands are contaminated with bodily fluids and at the least before food preparation, handling or serving of food, after toileting or changing diapers, after assisting a child with toileting, before and after eating meals or snacks, after inside/outside play or messy activity
- Staff must follow hand washing procedures

Impasse Resolution Procedure (This is revised annually for Policy Council & Board of Director Members)

Information Resource Parent/Child Interaction Groups

- The purpose of group experiences for infants and toddlers is to support their development by strengthening their relationship with their parents. Groups offer many opportunities for parents to interact with their child and are structured so parents and children can have fun together.
- The main interactions with children at groups should always be with their parents. MEHS staff is there to help facilitate interactions

Late Pick Up Policy

Early Head Start's closing time is 3:00 pm. Parents/Guardians are expected to arrive to pickup their child by that time. If the parent/guardian arrives after 3:00 pm, it will be considered to be a Late Pick Up. EHS Infant/Toddler Teachers will allow a 5 minute grace period, just reminding parents of the 3:00 pick up time. If a child is picked up more than 5 minutes late, the parent/guardian will be requested to sign a *Late Pick Up Form*. The Infant/Toddler Teacher will provide the parent/guardian a copy of the *Late Pick Up Form* and the *Late Pick Up Policy*. The original form will be given to the Early Childhood Development & Disabilities Manager to review and file. If a parent is habitually late, this 5 minute grace period may be revoked for that individual.

When an adult other than the child's parent/guardian arrives late to pick up the child, that individual will be asked to sign the *Late Pick Up Form* by "Other Adult Transporting Child." The *Late Pick Up Form* will be kept by the Early Childhood Development & Disabilities Manager for the parent/guardian to review and sign the next day.

If a family receives three *Late Pick Up Forms* within one calendar year, the parent/guardian will be required to meet with the Early Childhood Development & Disabilities Manager (ECDDM) and/or the Director, prior to their child returning to the center. The ECDDM and/or Director will assist the family in understanding the need for picking up their child on time, and on identifying and overcoming obstacles to arriving on time. If this intervention is not successful and late pick ups become chronic, the Director has the option of presenting the situation at staffing/management meeting to consider possible termination of service.

It is the parent/guardian's responsibility to pick up their child no later than 3:00 pm each day. If a child has not been picked up by 3:10 pm, the Infant/Toddler Teacher will attempt to contact the parent/guardian or an Emergency Contact to pick up the child.

Medication Policy

Early Head Start, (EHS), requires that all medications be given at home whenever possible. Under certain circumstances it may be necessary for medications to be administered to a child during the day. When a child requires medication to be administered at EHS, a parent must make arrangements to give the first dose at home so that the child may be observed for any reactions to the medication. The parent will also be encouraged to come to EHS to give the medication during lunch and breaks. If that is not possible, designated EHS staff will administer medication to children for whom the medication Administration Procedures has been followed and the Consent & Log has been completed.

Medication Administration Procedures

The following procedures must be followed for the administration of medication at EHS:

1. Medication may be administered with written parental permission by trained EHS staff.
2. EHS staff designated to administer medication must complete policy and procedure training prior to administration of medications.

3. All prescription medications provided by parents or legal guardians must:
 - Be in a child-resistant container that has the original pharmacy label.
 - Have been prescribed by a licensed health professional. The name of the health professional who ordered the medication must be on the container.
 - Have the date the prescription was filled.
 - Have the expiration date.
 - Have specific instructions for giving, and storing of the medication.
4. EHS staff will not administer over-the-counter medication without a documented recommendation by the child's health care provider. A child-resistant container will be provided and appropriately labeled and dated with child's first and last name; instructions for use and storage; and the name of the health care provider who suggested the medication.
5. EHS staff will apply topical non-steroid medication (sunscreen, diaper ointment, and Polysporin and/or Triple Antibiotic Ointment (Bacitracin) only with a signed waiver from the parents/guardians, along with a signature and instructions from the child's health care provider. A record of administration does need to be kept for topical non-steroid medication.
6. Instructions for the dose, frequency, route and duration of treatment for prescribed and over-the-counter medication will be provided to the staff in writing by the parent.
7. Prescribed and over-the-counter medications will be kept in a locked storage box at the recommended temperature as prescribed on the label.

Outdoor Play Policy

Children shall play outdoors daily for 45 minutes when weather and air quality conditions do not pose a health risk. Outdoor play provides infants and toddlers with an opportunity for learning in a different environment and working on their gross motor skills and provides many health benefits. The amount of time spent outdoors will depend on the children, the temperature and the air quality.

Points to Remember:

- Parents/guardians are required to bring extra clothes that are appropriate for the season.
- Most infants and toddlers are unable to tell their teachers if they are too hot or cold.
- In cooler or cold months children should be dressed in layers to keep them warm. Winter jackets, boots, hats, and mittens are essential for winter outdoor play.
- Dress children in lightweight cotton or cotton-like fabrics during the warmer months.
- Apply sunscreen (with written consent) and play in shaded areas to protect children from the sun during warmer months.
- Provide drinking water while playing outdoors during warmer months.

Temperature (in Fahrenheit) guideline for appropriate outdoor play

- **Between 34°F and 79°F** –Most children may play outdoors and be comfortable. Infants and toddlers tolerate shorter periods of outdoor play.
- **11°F to 32°F and 80°F to 100°F** –Teachers must use caution and closely observe the infant/toddler for signs of being too hot or cold while outdoors. Shorten the length of outdoor time.
- **Below 10°F and above 100°F** –Most infants and toddlers should not play outdoors due to the health risk.

Wildfire Smoke (air quality) guideline for appropriate outdoor play

- **Good, Marginal, Poor** –Outdoor play as usual.
- **Stage 1 Air Alert** –Children with compromised immune system should stay indoors. Healthy children may go outdoors for a short period without extreme exertion.
- **Stage 2 Air Warning**- No outdoor activity
-

Pedestrian Safety Procedure and Parking Lot Safety

- Turn off vehicle engine if driver leaves vehicle, car keys should never be left in ignition
- Do not leave children unattended in car
- Hold child’s hand while walking in parking lot
- Children should sit in appropriate car seats
- Close all gates leading into EHS yard
- Walk facing traffic, and don’t run when crossing the street
- Do not jaywalk

Sibling Childcare Guidelines

- Home based and center based parent child interaction groups are designed to focus only on the child enrolled in the program. Groups are designed with that in mind
- Early Head Start offers sibling childcare for the following: Parent Committee meetings, Policy Council meetings, Parent Child Interaction Groups and occasional Parent Support Groups and of Family Socials
- EHS does not provide childcare for children over 13
- Refer to the Parent Handbook concerning Early Head Start Sibling Care Procedure During Group

Sick Child Policy

Home-Based

Please be conscious of your health and the health of your family members. If you suspect that you are sick or that someone in your home may be sick, please remember to call and reschedule your home visit and notify and EHS staff if you can’t come to group. This helps to avoid spreading the illness to others!

Procedure: Someone in your family is sick if he/she has one or more of the following symptoms:

- **Has a fever of 100.5 or greater.** (Please make sure you or your family member has been free of fever, vomiting, and diarrhea for at least 24 hours before the re-scheduled visit is completed.)
- **Has been vomiting or had diarrhea.**
- **Has had** (without at least 24 hours of antibiotics) **strep throat, impetigo, conjunctivitis** (pink eye), **or other skin infections of unknown causes.**
- **Has a rash of unknown cause that a doctor has not yet seen.**
- **Has lice or scabies or is not nit free since treatment.**

Parents, you may not be able to attend group or a home visit may need to be rescheduled if you or your child presents symptoms of illness, if your child displays unusual behavior, or if your child does not want to participate in activities.

If anyone in your household has thick green or yellow discharge from the nose, any eye drainage, ear pain, or a persistent cough of unknown cause, please let your case manager know as soon as possible before the scheduled visit. You may need an evaluation by your child's doctor before the visit can be rescheduled.

Center-Based

To protect all the children and staff at Early Head Start (EHS), we ask that parents not send their child to EHS when he or she is sick.

Procedure: EHS shall temporarily exclude a child or send the child home as soon as possible if one or more of the following conditions exists:

- **A confirmed diagnosis of a reportable disease (i.e. whooping cough, hepatitis A, etc.).**
 - Child may return according to the state health department's exclusion policy
- **Fevers of 101°F or greater**
 - children may return when they have been without fever for 24 hours
- **Vomiting on two (2) or more occasions**
 - children may return 24 hours after the symptoms have stopped
- **Diarrhea of two (2) or more watery stools that are not contained by diapers or toilet use or bloody stools (unexplained by dietary, medication, or hard stools)**

- children may return 24 hours after the symptoms have stopped
- **The following infections: strep throat, impetigo, conjunctivitis (pink eye), ringworm, pinworm, other skin infections (draining burns, sores that can't be covered)**
 - these must be treated for 24 hours before returning to the center
- **Generalized rashes over more than one part of the body.**
 - The child must be evaluated by a health care provider before returning to the center
- **Lice or scabies**
 - Child must be treated and nit free before returning to the center
- **Chicken pox**
 - Child may return when all lesions have dried/crusted over

SIDS Prevention Policy

Providing infants with a safe environment in which to grow and learn is of extreme importance to us. Early Head Start is aware of the risk of Sudden Infant Death Syndrome (SIDS) and has implemented a policy to create a safe sleep environment for your infant. SIDS is “the sudden death of an infant under 1 year of age, which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history.”

Smoking and Tobacco Use Policy

Smoking and/or tobacco use is prohibited in the Early Head Start Facility and on the grounds.

Children should not be exposed to tobacco smoke. Inhaling second hand cigarette smoke has been linked to respiratory problems in children, including acute and chronic infections. Children with asthma are especially at risk for having their conditions worsen when they are exposed to cigarette smoke. Smoking in rooms other than those which children occupy is not an acceptable remedy. Smoke enters the ventilation system and is distributed throughout the building. Therefore, no smoking should be allowed at any time in the Early Head Start facility.

Smoking on the Missoula Early Head Start grounds is strictly prohibited with the exception of the front sidewalk facing 39th Street. This will be the Early Head Start designated smoking area.

Smoking on the Ravalli Early Head Start grounds is strictly prohibited because the facility is located on school district property. Smokers and tobacco users should cross 9th Street or Main Street to smoke.

Transitions

- **Orientation into the MEHS Program:** The Family & Community Partnership Manager will introduce you to the program and to your new teacher and/or case manager. During your orientation into the program, you will also tour the facilities and review the Family Handbook that contains your resources for program participation. Your Teacher/Case Manager will also visit your family in your home for the “First Home Visit” to further individualize and orient you to the Early Head Start experience
- **Transition from the MEHS Program:** Preparing families for transition begins the moment of enrollment. Formal MEHS exit transition planning begins six months prior to your child’s third birthday. ***Please remember that a placement may not offer the same level of services as Early Head Start.*** Extended MEHS comprehensive services will only be done on an individual basis and must be outlined in a service provision plan with the family and other community agencies.
 - Six months prior to the third birthday:**
 - The MEHS *Transition Handbook* will be introduced for the first time to assist in planning options for your child’s placement after our MEHS experience ends.
 - Parents and Teacher/Case Manager complete the *Transition Interview Guide*.
 - Obtain *Release of Information* for all agencies involved with transition.
 - Include formal transition goals on the FPA.
- **Three to six months prior to third birthday:**
 - Arrange and complete application and tours of programs your child may attend after our MEHS experience.
 - MEHS Transition Meeting: includes MEHS staff, your family and the staff of your child’s placement.
 - For families who have children with a disability, a “Team Meeting” will be arranged:
 - ❖ Keep in mind that MEHS works primarily with CDC (Child Development Center) and Head Start works primarily with Missoula Public School District. Therefore, if a child with a disability is involved, a representative from CDC **and** the appropriate school district should be invited to the Transition Meeting.
 - ❖ If the child has a disability, the MEHS Education/Disabilities Manager should either be at the meeting or be working with Case Manager/Teacher regarding the meeting.
 - ❖ *Transition Meeting Minutes* are filled out at this meeting and objectives are outlined.
- **Three months prior to third birthday and up to your child’s exit from MEHS:**
 - The MEHS document called *This is Me* is completed jointly with family and MEHS Teacher/Case Manager.
 - *Screenings and assessments are completed and current.*
 - Health records are current and updated.
 - Transition plans include a specific date when services end with MEHS and begin with your child’s new placement.
 - Records and documents are copied for your family and new placement.
 - Families are given a special Transition Packet that includes personalized MEHS mementos, special community resources, emerging literacy resources, a special age-appropriate book for your child, and School Readiness resources.

Transportation Policy

- Transportation is not provided to Missoula Early Head Start
- MEHS will help arrange transportation services for children with disabilities to and from the program if a community resource is not available

- MEHS can help family work with community partners and resources to coordinate transportation needs for enrolled families

Health and Nutrition Services

This is a list of health & nutrition services offered by Missoula Early Head Start. For information contact:

***Laura Balis, M.S., Health & Nutrition Program Manager
Sue Huse, R.D., Health & Nutrition Program Manager***

Assistance with finding a doctor and dentist

- We can provide lists of area doctors and dentists with information on what types of insurance they accept

Assistance with applying for health insurance

- Several staff members are trained as Healthy Montana Kids Enrollment Partners. We can help with other types of health insurance, too

Car seat checks

- We have a certified Child Passenger Safety Technician on staff

Health information

- We have brochures and handouts on many different topics

Health screenings: vision, hearing, lead, and dental

- Your Case Manager or Teacher will complete vision, hearing, and lead screenings on your child
- If there are any hearing concerns, a Health and Nutrition Manager can complete an Ero-Scan hearing test
- Your Case Manager or a Health and Nutrition Manager will complete a dental screening on your child

Hemoglobin and lead testing

- The hemoglobin test can tell you if your child has low iron levels
- The lead test can tell you if your child has been exposed to lead, which can harm their health

Home safety checklists

- Your Teacher or Case Manager will complete the checklist with you

Lactation Consultant

- We have a certified Lactation Consultant on staff who can meet with pregnant and postpartum moms to provide breastfeeding support

Nutrition services

- We have a Registered Dietician who can meet with families to help reach nutrition goals or set up meal plans
- Our Registered Dietician can provide information on infants starting solids, prenatal nutrition or any other nutrition/food related questions

Physical activity consultations

- A Health and Nutrition Manager can help you set up a plan to reach your physical activity goals

Postpartum Services

- A Health and Nutrition Manager will visit all postpartum women and infants to do a health check and screen for postpartum depression

Special health classes

- CPR is offered if enough parents are interested
- Health Care Institute is an annual training event

Child Abuse Prevention & Awareness

Information provided by Missoula Early Head Start through THE PARENTING PLACE

If you suspect or witness child abuse or neglect:

Call the Montana statewide toll-free **Child Abuse Hotline** (available 24 hours a day, 7 days a week). Always call this number instead of your local Child & Family Services office! **REPORTS ARE CONFIDENTIAL!**
**To report a possible case of child abuse or neglect, call toll-free:
 1-866-820-5437 (1-866-820-KIDS).**

Montana's Child & Family Services Division

The **Child and Family Services Division (CFSD)** is a part of the **Montana Department of Public Health and Human Services (DPHHS)**. Its mission is to keep Montana's children safe and families strong. The division provides state and federally mandated protective services to children who are abused, neglected, or abandoned. This includes receiving and investigating reports of child abuse and neglect, working to prevent domestic violence, helping families to stay together or reunite, and finding placements in foster or adoptive homes. The division operates a toll-free child abuse hotline 24 hours a day, 7 days a week. **Centralized Intake specialists** screen calls, assess the level of risk to children, and prioritize reports of abuse, neglect, and abandonment according to the urgency with which social workers need to respond. The specialists forward reports of suspected child abuse, neglect, or abandonment to social workers in county offices for investigation. Social workers investigate reports and help parents find solutions to problems.

Missoula Resource for Abuse Prevention:

The Parenting Place, a family strengthening non-profit organization, assists families by promoting positive parenting through parenting classes, home visiting services, respite child care, and children's programs. The program's vision is to see children thriving in nurturing, healthy and safe environments. For more information please call 728-KIDS (5437).

FREE Respite Care is provided for parents to take a break on Monday & Wednesday nights from 5:30-8:30 p.m. Call for reservations!

What is child abuse & neglect?

A "child" is any person under 18 years of age. Abuse & neglect includes physical or psychological harm to a child by the acts or omissions of a person responsible for the child's welfare. This includes maintaining the child's physical, mental and emotional health, quality of the child's living environment, quality of caregiving and protection, and no exposure to criminal acts including dangerous drugs.

What is a "Mandatory Reporter?"

Montana's child abuse & neglect mandatory reporting laws apply equally to all persons who have responsibility for children (examples: educators & school officials; counselors, psychologists & social workers, medical professionals, law enforcement, day care providers, etc.). The penalty for failure to report is prosecuted as a misdemeanor.

Remember the Child Abuse & Neglect “RISK FACTORS!”

Child abuse and neglect occurs in all segments of our society, but the risk factors are greater in families

where parents:

- **Seem to be having economic, housing or personal problems**
- **Are isolated from their family or community**
- **Have difficulty controlling anger or stress**
- **Are dealing with physical or mental health issues**
- **Abuse alcohol or drugs**
- **Appear uninterested in the care, nourishment or safety of their children.**

By helping parents who might be struggling with any of these challenges,

you reduce the likelihood that their children will be abused or neglected.

Reach out to the children, too, and show them that you care.

