

## Health Services Monitoring (Dental, Health, and Nutrition)

Site: \_\_\_\_\_ Person Completing: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Partner: Y N

<i>Complete = X    Incomplete = /</i>	
<b>Dental - 1304.20, 22 and 23</b>	
Effective dental hygiene is promoted among children and families, including regarding fluoride and baby bottle tooth decay.	Toothbrushing is carried out according to procedures detailed in the Operations Manual, including toothbrushes never touching and children brushing teeth at a sink or at the table using a small smear ("pea-size") of fluoridated toothpaste.
<b>Health -</b>	<input type="checkbox"/>
<b>1304.20, etc. and State Licensing-Child Health and Developmental Services 1304.22 and State Licensing-Child Health and Safety</b>	
A signed consent form is on file for each child for emergency medical treatment and parents are contacted regarding emergencies and accidents.	Program staff is involved with a coordinated effort for individualization for children with disabilities, including referrals, IEPs and transition plans.
For children with health and safety needs, plans for accommodations are in place with necessary documentation (e.g., asthma, allergies).	Program staff (with Family Advocate) notifies and consults with parents of children when health and developmental problems are suspected or identified.
Physician instructions and parent authorizations for medication are on file; staff is properly trained.	EHS program staff and Family Advocate help enrolled pregnant women access pre-natal and post-partum care through health promotion avenues.
All medicines are stored according to regulations.	Program health staff and nurse consultant work with Family Advocate to ensure each EHS newborn receives a visit within 2 weeks after birth to ensure the well-being of mother and child.
The "Daily Inspection for Illness" follows licensing guidelines.	Program parents are aware of the Health Services Advisory Committee, the functions, and how they might participate.
Resources are available for implementing appropriate "Bloodborne Pathogen" guidelines (e.g., OSHA's), including cleaning up spilled bodily fluids.	Parent consent is obtained for any health procedures administered through the program.
Program staff supports efforts of the Family Advocate with families to bring children up-to-date with primary and preventive health care, including a plan.	Program staff utilizes the Head Start ChildPlus tracking system in their communication with Child Development and Family Services regarding screening/physical needs and services for families.
<b>Notes:</b>	
White Copy: Health Services	Yellow copy: Site
Yellow copy filed Site Tool Box Binder	

Site _____		Complete = X	Incomplete = /
	<b>Child Nutrition – 1304.23, USDA, and State Licensing</b>		<input type="checkbox"/>
	<b>HS and EHS:</b>		<b>EHS Supplemental:</b>
	Staff, Family Advocates work together with parents to identify and meet each child's nutritional needs. (For EHS, source is the Needs and Services Plan, which is updated quarterly).		All infant bottles are clearly labeled with the child's name, date and marked in red if containing breast milk. Bottles are held in refrigerator until feeding time.
	Children with special food needs are listed/identified in some manner in the food preparation area Suitable food is offered for documented special needs: allergies, vegetarian needs, disabilities, etc.		Breast milk is stored and handled in a safe manner (considered a "bodily fluid"). Expressed Breast Milk contract on file.
	Menus are posted in classroom and in the kitchen.		Bottles are never warmed in a microwave (hot spots).
	Meals are served at the appropriate time according to the posted schedule.		Infants are fed "on demand". Infants are held while being fed and are not laid down to sleep with a bottle.
	Quantities and kinds of food served conform to USDA (CACFP) and Head Start guidelines (low fat, sugar & salt; high nutrients). Meal observed:		Bottle contents remaining after a feeding are discarded; After a feeding, remaining food contents in bowls are discarded. (Not fed from a jar).
	Water is available both indoors and out (from container/glasses or fountain).		Refrigerated breast milk or formula is discarded after 48 hours; or 3 months in freezer. Frozen and thawed breast milk is discarded within 24 hours (not re-frozen)
	Emergency Cart stocked and expiration dates not expired.		Infant cereal is served with a spoon (unless there is a medical reason for some other approach).
	Variety of food is served (including cultural foods, fresh fruits/vegetables & whole grains).		Bottles and nipples used by one infant shall not be used by another unless sterilized.
	Appropriate food is offered for age/abilities. Foods known to cause choking are used with caution.		Infants are fed according to USDA/CACFP guidelines (refer to "Feeding Infants" guidelines).
	Staff and children wash hands before eating.		<b>Food Safety and Sanitation (HS, EHS):</b>
	Meals are served family style with food passed around several times while children are seated. Adults model good eating by sharing the same family style menu.		Tables and food preparation surfaces are cleaned and sanitized before use using labeled sanitizing solutions in dribble bottles (which are stored separate from food and medications and out of children's reach/behind locked doors)..
	Meals are pleasant, relaxed experiences; Children are not forced to eat or taste foods. (Food is not used as a punishment or a reward.)		Three-sink safe dishwashing procedures used or dishwashers are NSF approved and staff has set them appropriately.
	Meals conclude with children clearing their own plates as appropriate for their age.		Refrigerator is below 41 degrees F. (around 37-38 at opening); freezer near 0 degrees F. Information is recorded on a daily basis.
	Menus, meal counts, and menu production data are all collected and sent to the appropriate people.		Hot food is held above 135 degrees F. (or if needed reheated to above 165 degrees F).
	Children are involved in food-related activities, as developmentally appropriate.		Remaining food/milk served on the table is thrown away after the meal.
	Parent education nutrition information is presented to families.		Pesticides and other toxic substances are never stored in the same area as food.
	Posting Packet is hanging in kitchen.		Kitchen areas are separated from children's areas by a locking door or gate. Toileting and diapering areas are separated from cooking/eating areas.
			All food is selected, stored, prepared and served in a safe and healthful manner. Persons engaged in food preparation/service observe personal hygiene.
White Copy: Health Services		Yellow copy: Site	Yellow copy filed Site Tool Box Binder

Site _____		Complete = X	Incomplete = /
<b>Child Nutrition – (Also CACFP Site Monitoring)</b>			
<b>Date:</b> <b>Arrival time:</b>	<b>Departure time:</b>		Are the number and ages of children in care in compliance with current license and staff-to-children ratio?
<b>Meal observed:</b>			Are meal counts taken and recorded at the time of each meal service?
<b>License capacity:</b>	<b>Today's meal count:</b>		Is a "Justice for All" poster placed in a prominent location at this site?
<b>Announced:</b> _____ <b>Unannounced:</b> _____			Is this site safe and sanitary?
Food served at _____ meal observed:			
<b>Age of Children Present:</b> <b>Point of Service:</b> <b>Amount of Staff Present:</b>			
Does the menu as served meet CACFP requirements?			Does this visit indicate that training is necessary at this site?
Is enough food served or available to each child with required portions?			Has the staff received CACFP annual training?
Is each child gently encouraged to try each food?			<b>Meal and amounts served:</b>
Does the written menu match what was served today?			
Are parent requests or medical statements on file for children for whom dietary accommodations are requested?			<b>Milk:</b>
If non-dairy beverages are offered for non-disabled children, are they nutritionally equivalent to milk?			<b>Grain:</b>
Are dietary accommodations for children with disabilities followed as prescribed in the medical statement?			<b>Fruit and/or Vegetable:</b>
Is drinking water available to children throughout the day, including meal times?			
Is the infant meal pattern being followed correctly and documented for all infants?			<b>Meat/Meat alternate:</b>
Do all children receive the same meal regardless of race, color, national origin, sex, age, or disability?			
Is a menu production record or transport record completed for all meals prepared?			<b>Other:</b>
Are all meals consumed on facility or under staff supervision?			

*Note: The Attendance Unit reconciles the enrollment and attendance records daily in order to support meal counts.*

*Nutrition Services will add a 5-day reconciliation form.*

Site _____		FOLLOW-UP*	
<i>Concerns or Wonderings</i>	<i>Problem Solving</i>	<i>Who Will Handle</i>	<i>Date Completed</i>

*\*Follow-Up needed for monitoring items with all / scores.*

*Signature of Site Supervisor or Director* \_\_\_\_\_ *Date* \_\_\_\_\_

*Signature of Person Completing Monitoring* \_\_\_\_\_ *Date* \_\_\_\_\_