**Credential AREA:Early Childhood Credential (Level 2)****TOPIC: HSW Domain-Specific Assessment Example**

**Child Health & Program Profile**

**I. Assessment Competency & Standards Alignment**

|  |  |
| --- | --- |
| **Gateways Competencies Assessed** | **Competency Alignment** |
| **NAEYC****Standards****(Draft 2020)** | **NAEYC****Competencies****(Draft 2020)** | **IPTS (2013)** | **InTASC (2019)** |
| **ECE HSW1:** Articulates components of a safe and healthy environment | 6b | 6b-LVL1-3-4 | 4G | 3(k) |
| **ECE HSW2:** Maintains a safe & healthy environment | 1d, 6b | 1d-LVL1-2, 6b-LVL1-3 | 4I | 3(k) |

**II. Assessment Task Description/ Directions**

This assessment requires that you conduct a family interview designed to gain information about a child's health. You will also be developing a profile of an early childhood program related to their health, safety, and nutrition practices. Following completion of these activities, you will reflect and analyze implications for early childhood classrooms and practitioners. The goal of your assessment is to determine competencies in identifying components of a safe and healthy environment, and maintaining basic health, safety, and nutritional practices to create a healthy and safe environment.

This assessment has three parts. In Part 1, you will interview a family member of a young child to complete a Child Health Assessment. In Part 2, you will interview an ECE administrator of a licensed school/ program/ center to develop an ECE Program Health, Safety, and Nutrition Profile. Part 3 requires that you analyze the data collected in parts one and two and process classroom/ practitioner implications.

**Part 1: Family Interview Child Health Assessment**

Before you start on the Child Health Assessment, you should:

* Study the attached Child Health Assessment attached to prepare for your interview
* Select a child between the ages of birth and eight. This child can be a family friend, a niece or nephew, a neighbor, or a child in your early childhood classroom environment. However, the child cannot be your own child.

**Technology Option:**

- Video/audio options

* Arrange a time to interview the child’s parent or a close family member. Try to conduct the interview in the child’s home so that you can form a very brief snapshot of the child’s environment. Your interview is likely to last approximately one hour.

During the Interview:

* Use the “Child Health Assessment” below to gather your data
* Let the parent help you assign an alias name for the child so that he/ she can be reassured that the child’s identity will be protected

Post Family Interview Reflection:

* Summarize your interview
* This summary should include the following:
* Your overall assessment of this child’s health
* Strengths you feel exist within the child’s environment that support his/ her present and long-term health
* Risk factors you feel exist within the child’s environment that may impact his/ her present and long-term health

**Part 2: ECE Program Health and Safety Profile**

This part of the assessment requires that you develop a health and safety profile of an early childhood program that serves children between the ages of three to five. The program you choose must be licensed by the Department of Children and Family Services. To gather this data, you will interview a director/ assistant director from this setting.

Before Your Interview:

* Locate and study the licensing standards for day care centers (e.g. in 2019, and in Illinois, this would be Subpart G: Health and Hygiene from the Illinois Department of Children and Family Services (2010, December 15), *Licensing standards for day care centers*. Available from <http://www.state.il.us/dcfs/docs/407.pdf>). If not there, please search for the most recent version.
* Arrange to interview the director or assistant director from your selected licensed childcare program that serves children between the ages of birth and five. You may wish to interview additional people within the program to determine their knowledge of the policies and practices discussed. Your interview is likely to last approximately one hour.

**Technology Option:**

- Video/audio options

During the Interview:

* To complete this assignment, use the “Program Health and Safety Profile” below to gather your data as you conduct the interview.
* In addition to gathering data with the form, please respond to the questions below.
* Finally, obtain copies of this site’s policies as artifacts to refer to in your post-reflection

**Health and Nutrition**
* What regular policies and practices are used within the environment to control the spread of infectious diseases?
* What kind of record-keeping systems do you use to track immunizations and health checks?
* What strategies does the program use on a regular basis to manage children’s communicable and acute illness?
* How are the documentation and distribution of medicines and medical treatment managed?
* What strategies are used to adhere to state and local regulations for food preparation and handling?
* What daily routines and activities do you practice supporting opportunities for children, families and staff to practice safe and healthy behaviors?

**Safety**

* What strategies within the program support knowledge of and appropriate implementation for emergency medical and first aid procedures?
* How do you ensure that a safe and risk-free environment is maintained, indoors and outdoors?
* How are the safety strategies communicated to staff?
* How effectively do you feel these safety strategies are implemented?
* What policies and practices does the program have regarding the prevention, identification, and reporting of child abuse and neglect?

**Community Collaboration**

* What community organizations does the program currently coordinate with in support of health, safety, and nutrition?

Post-Interview Reflection:

* Write an interview summary/ reflection, including examples from your interview, that includes the following points:
* Your overview of the program’s specific strengths in terms of implementation of basic health, safety, and nutritional practices. Be sure to include commentary regarding the following:
	+ - Instructions and required documentation for administration of different medicines and approved medical treatments,
		- State and local regulations for meal preparation,
		- Maintaining a healthy, safe and risk-free environment
		- Record keeping
		- Reporting child abuse and neglect
		- Community collaboration
* Provide an overview of the program’s specific challenges in each of the above areas
* Describe how the environment you observed compares to licensing standards provided through the Department of Children and Family Services

**Part 3: Classroom/Practitioner Implications**

* Based on your Center Interview, respond to the following prompt: What is your overall assessment of the program in terms of their implementation of basic health, safety, and nutritional practices? Be sure to include commentary regarding the following:
	+ Instructions and required documentation for administration of different medicines and approved medical treatments,
	+ State and local regulations for meal preparation,
	+ Maintaining a healthy, safe and risk-free environment
	+ Record keeping
	+ Reporting child abuse and neglect

**III. Assessment Rubric**

|  |
| --- |
| **ECE** **Health, Safety & Wellness Master Rubric** |
| **Competency** | **Competent** | **Unable to Assess** |
| **Checklist Criteria** |
| **HSW1**: Articulates components of a safe and healthy environment**NAEYC**: 6b (6b-LVL1-3-4)**IPTS**: 4G**InTASC**: 3(k) | **At the classroom level…** |
|  | signs of abuse and neglect |  |
|  | ways of documenting abuse and neglect |  |
|  | steps in reporting abuse and neglect |  |
|  | maintenance of a safe and risk-free indoor environment for children in which hazards are identified, risks assessed, and threats responded to with appropriate corrective action |  |
|  | food preparation, and handling procedures |  |
|  | emergency medical and first aid procedures |  |
|  | ongoing wellness (providing instructions and required documentation for administration of different medicines and approved medical treatments and heath appraisals) |  |
|  | contagious disease prevention |  |
|  | contagious disease procedures |  |
|  | nutritional practices |  |
|  | record keeping related to health and safety (risk analysis documentation, accident reports, etc.) |  |
|  | standards & regulations related to health & safety |  |
| **Competency** | **Competent** | **Unable to Assess** |
| **Checklist Criteria** |
| **HSW2**:Maintains a safe & healthy environment**NAEYC**: 1d, 6b (1d-LVL1-2, 6b-LVL1-3)**IPTS**: 4I**InTASC**: 3(k) | **At the classroom level…** |
|  | documents abuse and neglect |  |
|  | follows steps in reporting abuse and neglect |  |
|  | maintains a safe and risk-free indoor environment for children in which hazards are identified, risks assessed, and threats responded to with appropriate corrective action |  |
|  | follows food preparation, and handling procedures |  |
|  | follows emergency medical and first aid procedures |  |
|  | follows ongoing wellness procedures (providing instructions and required documentation for administration of different medicines and approved medical treatments and heath appraisals) |  |
|  | follows contagious disease prevention procedures |  |
|  | follows contagious disease procedures |  |
|  | maintains healthy nutritional practices |  |
|  | follows record keeping expectations related to health and safety (risk analysis documentation, accident reports, etc.) |  |
|  | follows standards & regulations related to health & safety |  |

Yellow = Level 2

**IV. Data Collection & Analysis Tool**

|  |  |
| --- | --- |
| **Competency & Standards Alignment** | **Cumulative Assessment Data** |
| **Competency** | **NAEYC****Stand.****(Draft 2020)** | **NAEYC****Comp.****(Draft 2020)** | **IPTS (2013)** | **InTASC (2019)** | **Distinguished** | **Proficient** | **Needs Improvement** | **Unsatisfactory** | **Unable to Assess** |
| **ECE HSW1:** Articulates components of a safe and healthy environment | 6b | 6b-LVL1-3-4 | 4G | 3(k) |  |  |  |  |  |
| **ECE HSW2:** Maintains a safe & healthy environment | 1d, 6b | 1d-LVL1-2, 6b-LVL1-3 | 4I | 3(k) |  |  |  |  |  |

**CHILD HEALTH ASSESSMENT**

**Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HEALTH HISTORY**

|  |  |
| --- | --- |
| Age of child |  |
| Were there any complications during the pregnancy? | Y | N |
|     If yes, what were they? |
| Were there any difficulties during labor or delivery? | Y | N |
|     If yes, what were they? |
| Did your child have any special conditions at birth? (prematurity, jaundice, medical diagnosis, etc.) | Y | N |
|     If yes, what were they? |
| Has your child had any illness with a high fever?(104 longer than 2 days) | Y | N |
| Has your child had a serious illness or injury? | Y | N |
|     If yes, please explain |
| Has your child been screened for vision problems? | Y | N | Result |
| Has your child been screened for hearing problems? | Y | N | Result |
| Has your child been screened for lead level? | Y | N | Result |

**CURRENT HEALTH**

|  |  |  |
| --- | --- | --- |
| Does your child get regular medical checkups? | Y | N |
|       By whom? |
| Have there been any concerns raised? | Y | N |
|     If so, please explain |
| Does your child have a current or chronic medical condition? | Y | N |
|     If so, please explain |
| Does your child take medication regularly? | Y | N |
|     Why and what is it? |  |
| Does your child have any allergies? | Y | N |
|     If so, what are they? |
| What strategies are used to protect the child from communicable illnesses? |
| Is the child fully immunized? | Y | N |

**GENERAL DEVELOPMENT**

|  |  |  |
| --- | --- | --- |
| Has your child received a Developmental Screening?(ex. ASQ or Denver Developmental) | Y | N |
| If so, what if any, concerns were raised? |
| Is your healthcare provider ok with your child’s height and weight? | Y | N |
| Do you or someone else have any concerns about general growth and development? | Y | N |
|     If so, what are they? |
| Do you or someone else have any concerns about your child’s behavior? | Y | N |
|     If so, what are they? |
| What things can your child do very well? |
| What things are challenging for your child? |

**DENTAL HEALTH**

|  |  |  |
| --- | --- | --- |
| Does your child see a dentist regularly? | Y | N |
| Does anything appear abnormal on the child’s teeth or gums?(swelling, redness, apparent decay) | Y | N |
| Is brushing part of your child’s daily routine? | Y | N |
| Does your child fall asleep with a bottle in his/her mouth? | Y | N |

**NUTRITION**

|  |  |  |
| --- | --- | --- |
| Is your child on a special diet? | Y | N |
| If so, describe the diet.  |
| Does your child have any diet-related health problems?Diabetes           allergies                             other | Y | N |
| If so, what are they? |  |  |
| Does your child eat things not usually considered food e.g. paste, dirt paper? | Y | N |
| What is eaten? |
| What are some of your child’s favorite foods? |
| What food does your child dislike? |
| How much water does your child normally drink throughout the day? |
| Is your child taking a vitamin or mineral supplement? | Y | N |
| Please list what your child eats or drinks on a typical day. |
| **TIME** | **PLACE** | **FOOD** | **AMOUNT** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**SLEEP**

|  |  |  |
| --- | --- | --- |
| Does your child have regular nap and bed times? | Y | N |
| How many hours does your child sleep per day? |
| Describe any concerns you have about your child’s sleep. |

**SAFETY**

|  |  |  |
| --- | --- | --- |
| Does your child ride in an approved car seat? | Y | N |
| Is a helmet used for skating or biking? | Y | N |

**Health and Safety Checklist**

**Three and Older**

**Date Completed:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Not Observed** |
| **A. Food Preparation** |  |  |  |
| 1. Hands are washed before food is prepared  |   |   |  |
| 2. Raw meat and fish handled appropriately   |   |   |  |
| 3. Pot handles turned to back of stove\*   |   |   |  |
| **B. Environment** |   |   |  |
| 1. Safety caps on electrical sockets\*  |   |   |  |
| 2. Electrical cords are inaccessible or secured\*   |   |   |  |
| 3. No peeling or chipped paint in area children have access to   |   |   |  |
| 4. Smoke detectors or sprinklers installed (see Rule in Section 406.8a.4 of Licensing Procedures for specific locations)   |   |    |  |
| 5. Rotary fan is child-safe (blades protected) |   |   |  |
| 6. No protruding nails on furniture or boards   |   |   |  |
| 7. Dangerous substances are locked away or out of reach (e.g., medicines, cleaning supplies, garden sprays, matches) \*   |   |   |  |
| 8. Toys and objects small enough to be swallowed kept away from children   |   |   |  |
| 9. Children are not left in play pens, swings, jumpers, strollers or other restraints for more than half of the observation period   |   |   |  |
| 10. Area used for child care has enough light to read by   |   |   |  |
| 11. Temperature in area used for child care is comfortable (e.g., see Rule in IL DCFS: Section 406.8a.7 of Licensing Procedures for specific temperatures)   |   |   |  |
| 12. Some fresh air in the area used for child care   |   |   |  |
| 13. Good space for resting (setting is quiet)   |   |   |  |
| 14. Quiet area for sick children available and can be easily supervised   |   |   |  |
| 15. Radiators and pipes covered   |   |   |  |
| **C. Routines** |   |   |  |
| 1. Caregiver washes hands with soap and water after each diapering, when helping children with toileting, or when handling soiled clothing   |   |   |  |
| 2. Diapers/soiled clothing are checked and changed as needed (observe at least one checking during observation period, no prolonged odor)   |   |   |  |
| 3. Children's hands are washed after using the toilet or after diaper change   |   |   |  |
| 4. Accessible place for children to wash hands (e.g., steps or stool near sink)   |   |   |  |
| 5. Extra clothes available to change children   |   |   |  |
| 6. Feeding is appropriate: cereal fed with spoon, sandwiches and finger food in small pieces   |   |   |  |
| 7. Children are not left unattended on changing tables   |   |   |  |
| **D. Outdoor Play** |   |   |  |
| 1. Covered sandbox   |   |   |  |
| 2. Soft surface under swings (e.g., grass or dirt) \*   |   |   |  |
| 3. Helmets worn when riding two-wheelers or scooters \*   |   |   |  |
| 4. No protruding nails on outdoor play equipment   |   |   |  |
| 5. Outdoor play area free of animal feces or broken glass   |   |   |  |

**The Institute for a Child Care Continuum, Bank Street College of Education and Mathematica Policy Research, Inc.**
**Checklist modified to meet minimum Illinois DCFS licensing standards where appropriate**.