

**HEAD START/EARLY HEAD START  
HEALTH AND SAFETY POLICIES**

Accidents & Reportable Injuries .....	MD-1
Active Supervision.....	MD-2
Blood Borne Pathogens/Exposure Control Plan/Universal Precautions .....	MD-3
Care of Students with Diagnosed Food Allergies At-Risk for Anaphylaxis .....	MD-11
Child Health and Developmental Status and Services .....	MD-12
Child Health Record/Timeline.....	MD-14
Child’s Reportable Injuries .....	MD-16
CPR & Basic First Aid Certification .....	MD-17
Diabetes Management and Treatment Plan .....	MD-18
Diapering-Toilet Learning .....	MD-20
Emergency Consent/Contact Information.....	MD-22
Emergency Documents to be Posted.....	MD-23
Fire-Tornado Drill Report.....	MD-24
First Aid Supplies and Emergency Information.....	MD-25
Health Advisory Committee.....	MD-27
Health and Safety Inspection.....	MD-28
Hearing Screening .....	MD-29
Height and Weight Screening .....	MD-30
Hemoglobin/Hematocrit Screening.....	MD-31
Immunizations and Tuberculosis Screening .....	MD-33
Lead Screening, Referral and Follow-up.....	MD-35
Medication Administration.....	MD-37
Recommended Adult Vaccinations.....	MD-39
Sanitation Practices.....	MD-41
Short Term Exclusion .....	MD-43
Tooth Brushing/Dental Caries Prevention.....	MD-45
Vision Screening and Referral.....	MD-47

**REGION 16 EDUCATION SERVICE CENTER**  
**Head Start/Early Head Start**

<b>Subject:</b>	<b>Accidents and Reportable Injuries</b>	<b>Section:</b>	<b>Health and Safety</b>
<b>Program:</b>	<b>Head Start/Early Head Start</b>	<b>Date Revised:</b>	<b>February 15, 2016</b>
<b>Policy Council Approval:</b>	<b>February 24, 2016</b>		

---

**Regulation Reference:** 45 CFR Part(s): 1304.21(2)

**Policy:**

To ensure timely evaluation, treatment and documentation of a medical or dental accident or emergency, staff will ensure that all accidents are managed using proper first aid and reporting procedures. Parents and/or medical provider will be notified of an injury in a timely manner. Regional ISDs or childcare centers will follow their center or campus policies.

**Procedure:**

1. An accident will be defined as any incident that leaves a mark, such as: bruise, scratch, and bump, on a child that requires evaluation or medical attention. A report of the incident will be given to the parents.
2. Medical assessment and intervention will be performed as outlined by the American Heart Association, First Aid, CPR, AED requirements and Childhood Emergency cascades or as per center or local ISD policy.
3. An Incident/Illness Report (form 7239) or Parent Communication Form (HS.37) will be filled out on each child that is injured. The "Ouch" report or center and local ISD forms will also be utilized as needed. The person performing first aid will fill out the medical portion of the form. The person who witnesses the accident will fill out the details of the accident.
4. Parents will be notified immediately when an injury requires immediate medical provider intervention. A medical provider notification in a child care facility requires an Accident/Illness Report (form 7239) to be completed and reported within 48 hours.
5. If a child sustains any type of head injury in one of the Amarillo centers, a "Parent Notification of Head Injury" (I-HS.04) will be given to the parent. In the regional schools the local ISD parent communication form will be completed and/or they may use the "Parent Notification of Head Injury" form if they choose.
6. The individual who witnessed the incident/injury will sign the designated form. The name of any other child involved in an incident such as bites, hitting, etc., will not be identified in the report forms.
7. If critical illness or injury requires immediate attention of a physician the Head Start staff will:
  - a. Contact emergency medical services.
  - b. Give the child first-aid treatment or CPR when needed.
  - c. Contact the parent.
  - d. Contact the physician identified in the child's record.
  - e. Ensure supervision of the other children in the group.
  - f. Head Start staff will complete the designated form and document the action taken.

**REGION 16 EDUCATION SERVICE CENTER**  
**Head Start/Early Head Start**

**Subject:** Active Supervision  
**Program:** Head Start and Early Head Start  
**Policy Council Approval:** November 16, 2016

**Section:** Health and Safety  
**Date Revised:** September 15, 2016

---

**Regulation Reference:** 45 CFR Part(s): 1302.90 (c)(1)(i)-(v)(2)

**Policy:**

The program implements policies and procedures to ensure all children are actively supervised at all times, ensuring all staff is familiar and trained on these requirements.

**Procedure:**

1. Grantee and delegate agencies must ensure that all staff, consultants, and volunteers abide by the program's standards of conduct.
  - a. Respect and promote the unique identity of each child and family and refrain from stereotyping on the basis of gender, race, ethnicity, culture, religion, or disability;
  - b. Follow program confidentiality policies concerning information about children, families, and other staff members;
  - c. No child will be left alone or unsupervised while under their care; and
  - d. Use positive methods of child guidance and will not engage in corporal punishment, emotional or physical abuse or humiliation. In addition, they will not employ methods of discipline that involve isolation, the use of food as punishment or reward, or the denial of basic needs.
2. Appropriate penalties for staff, consultants and volunteers will be addressed individually for those who violate the Standards of Conduct.
3. Active Supervision will be utilized by all Head Start Staff – this requires focused attention and intentional observation of children at all times, utilizing constant vigilance to help children learn safely.
  - a. **Set Up the Environment** - set up the environment to enable supervision of children at all times. Ensure that: furniture is at waist height or shorter, adults are always able to see and hear children, small spaces are kept clutter free, and big spaces are set up so that children have clear play spaces that educators can observe.
  - b. **Position Staff** - carefully plan where staff will position themselves in the environment to prevent children from harm. They place themselves so that they can see and hear all of the children in their care. They make sure there are always clear paths to where children are playing, sleeping, and eating so they can react quickly when necessary. Educators stay close to children who may need additional support.
  - c. **Scan and Count** - always be able to account for each child. They continually scan the entire environment to know where everyone is and what they are doing. Count the children frequently, especially during transitions/dismissal.
  - d. **Listen** - Specific sounds or the absence of them may signify reason for concern. Listening closely to children to help immediately identify signs of potential danger.
  - e. **Anticipate Children's Behavior** - use what you know about each child's individual interests and skills to predict what he/she will do. Recognize when children might wander, get upset, or take a dangerous risk. Information from the daily health check (e.g., illness, allergies, lack of sleep or food, etc.) informs educators' observations and helps them anticipate children's behavior. Educators who know what to expect are better able to protect children from harm.
  - f. **Engage and Redirect** - use active supervision skills to know when to offer children support. Offer different levels of assistance or redirection depending on each individual child's needs.

**REGION 16 EDUCATION SERVICE CENTER**  
**Head Start/Early Head Start**

**Subject:** Bloodborne Pathogens/ Exposure Control Plan/ Universal Precautions      **Section:** Health and Safety  
**Program:** Head Start/Early Head Start      **Date Revised:** February 15, 2016  
**Policy Council Approval:** February 24, 2016

---

---

**Regulation Reference:** 45 CFR Part(s): 1302.47(a)(b)(6)(iii)(4)(E)(G)

**Policy:**

Head Start/Early Head Start is committed to providing a safe and healthful work environment for Region 16 ESC staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens." The ECP is a key document to assist Region 16 ESC in implementing and ensuring compliance with the standard, thereby protecting Region 16 ESC employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including universal precautions, engineering and work practice controls, personal protective equipment, and housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

**Procedure:**

**DEFINITIONS:**

- **Bloodborne Pathogens:** Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include the Hepatitis B virus (HBV) and the Human Immunodeficiency Virus (HIV).
- **Engineering Controls:** These are devices that isolate or remove the bloodborne pathogens hazard from the workplace.
- **Exposure Incident:** Direct exposure (contamination) to the eye, mouth, other mucous membrane, non-intact skin or needle/lancet stick with blood or other potentially infectious materials that may result during the performance of an employee's duties.
- **Occupational Exposure:** The potential that exists to have an exposure incident as a result of performing an employee's duties.

## **Bloodborne Pathogens/Exposure Control Plan/Universal Precautions**

### **Page 2**

**Other Potentially Infectious Materials (OPIM):** Any of the following:

- Body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid amniotic fluid, saliva, sputum, urine, blood
- Any unfixed tissue or organ (other than intact skin)
- Blood, organs, and tissues from animals and cultures and solutions containing HIV or HBV

**Regulated Waste:** Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

**Universal Precautions:** Treating all human blood and other potentially infectious materials (OPIM) as if known to be infectious for bloodborne pathogens.

### **PROGRAM ADMINISTRATION:**

Health and Safety personnel are responsible for implementation of the ECP.

Health and Safety personnel will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

Health and Safety and custodial personnel will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. Health and Safety personnel and custodial staff will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

Health and Safety personnel will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.

Health and Safety personnel will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

### **EMPLOYEE EXPOSURE DETERMINATION:**

The following is a list of all job classifications at Region 16 ESC, Head Start in which all employees have occupational exposure: Nurse, Health Aide, Custodial Staff

The following are the job classifications in which some employees at Region 16 ESC have occupational exposure. Included are tasks and procedures in which occupational exposure may occur for these individuals: Teacher or Classroom Assistant at all Amarillo Head Start Centers in giving Emergency First Aid or CPR.

**METHODS OF IMPLEMENTATION AND CONTROL:**

**Universal Precautions**

All employees will utilize universal precautions.

**Exposure Control Plan**

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by contacting a health services staff member. This policy is also available online at [www.esc16.net](http://www.esc16.net). If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

Health and safety personnel are responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

**Engineering Controls and Work Practices**

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

- Soap and running water, disposable gloves, hazardous materials bags, sharps containers, spill kits
- First Aid kits or fanny packs
- Contracted hazardous waste disposal services

Sharps disposal containers are inspected and maintained or replaced by health services personnel whenever necessary to prevent overfilling.

This facility identifies the need for changes in engineering controls and work practices through policy review and safety committee meetings. New procedures and new products are evaluated as needed by presentation at safety committee or Health Advisory Committee.

Health and safety personnel and custodial staff are responsible for ensuring that these recommendations are implemented.

**Personal Protective Equipment (PPE)**

PPE is provided to our employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by health and safety personnel and facilities manager.

The types of PPE available to employees are as follows: disposable gloves, spill kits, waste hazard bags, first aid kits (fanny packs), mouth shields for CPR.

PPE is located in centers or classrooms and may be obtained through health supply list submitted to health administrative assistant.

## **Bloodborne Pathogens/Exposure Control Plan/Universal Precautions**

### **Page 4**

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be disposed of in hazardous waste bags.
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.
- Dispose of used PPE in appropriate hazardous waste bags.

### **Housekeeping**

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling sharps disposal containers is: when full, sharps containers are disposed of through a contracted hazardous waste disposal company. Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color coded. Sharps disposal containers are available at the supply storage area.

Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

The procedure for handling other regulated waste is: disposed of in hazardous materials bags and sent for disposal through a contracted hazardous waste disposal company.

### **HEPATITIS B VACCINATION:**

Health and safety personnel will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability. The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan. Vaccination will be provided by a local medical facility.

## **Bloodborne Pathogens/Exposure Control Plan/Universal Precautions**

### **Page 5**

Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series; 2) antibody testing reveals that the employee is immune; or 3) medical evaluation shows that vaccination is contraindicated.

OSHA will consider it a de minimis violation carrying no penalties if employees who administer first aid as a collateral duty to their routine work assignment (see second category above) are not offered the Hepatitis B vaccine until they give aid involving blood or other potentially infectious materials. OSHA will allow employers to offer Hepatitis B vaccines to such employees within 24 hours of a possible exposure rather than offering pre-exposure vaccination. However, if an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at Cleveland Street Center.

### **POST-EXPOSURE EVALUATION AND FOLLOW-UP:**

If an exposure incident occurs, a health staff member should be contacted. An immediately available confidential medical evaluation and follow-up will be conducted by a local medical facility or the employee's personal healthcare provider.

Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- If possible, obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, employee is referred to a local medical facility or personal healthcare provider.

### **ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP:**

Health staff member will ensure that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

Health staff member will ensure that the health care professional evaluating an employee after an exposure incident receives the following:



## **Bloodborne Pathogens/Exposure Control Plan/Universal Precautions**

### **Page 6**

- a description of the employee's job duties relevant to the exposure incident
- route(s) of exposure
- circumstances of exposure
- if possible, results of the source individual's blood test
- if available, relevant employee medical records, including vaccination status

Any reports obtained regarding the evaluating health care professional's written opinion will be provided to the employee within 15 days after receipt.

### **PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT:**

Health and safety personnel will review the circumstances of all exposure incidents to determine:

- engineering controls in use at the time
- work practices followed
- a description of the device being used (including type and brand)
- protective equipment that was used at the time of the exposure incident (gloves, etc.)
- location of the incident
- activity being performed when the incident occurred
- employee's training

Health and safety personnel will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

If revisions to this ECP are necessary health and safety personnel will ensure that appropriate changes are made.

### **EMPLOYEE TRAINING:**

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by health and safety personnel with training specific to bloodborne pathogens.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- a copy and explanation of the OSHA bloodborne pathogen standard
- an explanation of our ECP and how to obtain a copy
- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- an explanation of the use and limitations of engineering controls, work practices, and PPE
- an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- an explanation of the basis for PPE selection

## **Bloodborne Pathogens/Exposure Control Plan/Universal Precautions**

### **Page 7**

- information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- an explanation of the signs and labels and/or color coding required by the standard and used at this facility
- an opportunity for interactive questions and answers with the person conducting the training session.

Training materials for this facility are available at Cleveland Street Center. As part of the required training for Bloodborne Pathogens, the link to Occupational Safety and Health Administration (OSHA) regulations and standards is provided:

[https://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=10109](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10109)

A copy of the Bloodborne Pathogens/ Exposure Control Plan/ Universal Precautions policy is posted on the Region 16 ESC website, Head Start home page: [www.esc16.net](http://www.esc16.net).

A hard copy of the standards, regulations and policy is kept in a notebook in the health administrative assistant's office at the Cleveland Street Head Start Center. Questions concerning OSHA standards, regulations, Bloodborne Pathogen policy, or exposure can be directed to the Head Start health staff.

### **RECORDKEEPING:**

#### **Training Records**

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at Cleveland Street Center.

The training records include:

- the dates of the training sessions
- the contents or a summary of the training sessions
- the names and qualifications of persons conducting the training
- the names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee. Such requests should be addressed to Head Start health staff.

#### **Medical Records**

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

## **Bloodborne Pathogens/Exposure Control Plan/Universal Precautions**

### **Page 8**

Health and safety personnel are responsible for maintenance of the required medical records. These confidential records are kept at the Cleveland Street Head Start Center.

Employee medical records are provided upon request of the employee. Such requests should be sent to Head Start health staff.

### **OSHA Recordkeeping**

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by health and safety personnel.

### **Sharps Injury Log**

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:

- date of the injury
- type and brand of the device involved (syringe, suture needle)
- department or work area where the incident occurred
- explanation of how the incident occurred.

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

**REGION 16 EDUCATION SERVICE CENTER**  
**Head Start/Early Head Start**

<b>Subject:</b>	<b>Care of Students with Diagnosed Food Allergies at Risk for Anaphylaxis</b>	<b>Section:</b>	<b>Health and Safety</b>
<b>Program:</b>	<b>Head Start/Early Head Start</b>	<b>Date Revised:</b>	<b>January 7, 2017</b>
<b>Policy Council Approval:</b>	<b>March 22, 2017</b>		

---

---

**Regulation Reference:** 45 CFR Part(s): 1302.47(4)(i)(D)  
Texas Department of Family & Protection Services 746.3817, 746.3819  
Minimum Standards

**Policy:** All Region 16 ESC Head Start/Early Head Start Centers will implement a student food allergy management plan. School districts and child care centers will follow their district or center policies.

**Procedure:**

1. Procedures to limit the risk posed to students with food allergies shall include:
  - a. Identification of students at risk for anaphylaxis utilizing the health history, nutrition history and information collected at enrollment.
  - b. Adherence by staff members to the Head Start/Early Head Start policy for Special Diets and Food Allergies.
  - c. Implementation of specialized training for employees responsible for the development, implementation, and monitoring of the food allergy management plan.
  - d. Educating employees regarding signs and symptoms of food allergies and emergency response in the event of an anaphylactic reaction.
  - e. Interviewing the child's parent to obtain specific information about the child's food allergy, symptoms, medications and response to interventions.
2. Students who are at risk for anaphylaxis will have a food allergy action plan/individualized health care plan signed by a physician. When applicable it will include the use of an EpiPen. If a regional school has provided a food allergy action plan, Head Start will utilize this plan.
3. Staff members will be trained in the use of an EpiPen either on a one-to-one basis or by verifying they have attended the Head Start/Early Head Start First Aid class that teaches this skill.
4. EpiPens will be kept in the student's classroom in an upper cabinet with the outside of the cabinet clearly labeled "EPIPEN". Storage of the EpiPen in regional school will be per their school policy.
5. Training will be provided to staff members in strategies to reduce the student's risk of exposure to the diagnosed allergen.
6. Information regarding this policy will be distributed in the parent handbook, individual handouts or on the Head Start/Early Head Start website.

## REGION 16 EDUCATION SERVICE CENTER

### Head Start/Early Head Start

**Subject:** Child Health, Developmental Status and Services      **Section:** Health and Safety  
**Program:** Head Start/Early Head Start      **Date Revised:** January 7, 2017  
**Policy Council Approval:** February 22, 2017

---

---

**Regulation Reference:** 45 CFR Part(s) 1302.42(a)(1)(2)(b)(1)(i)(c)(1)(2)(3)(d)(1)(2)(3)(e)(2)

#### **Policy:**

Head Start/Early Head Start's commitment to wellness embraces a comprehensive vision of health for children, families. This policy is written to ensure that through collaboration among staff, families, and health professionals all child health concerns are identified and children and families are linked to an ongoing source of care to meet their basic health needs.

#### **Procedure:**

The procedures in this section address the initial determination of a child's health status and developmental needs, and discuss ongoing services provided in collaboration with parents and professionals.

1. Health staff will determine if the child is, or is not up to date with well child care upon enrollment. The staff can then complete the forms and interview the parents for information and concerns, and to make a determination as to whether the child has an ongoing source of health care. If the family does not have a health care or dental provider Head Start/Early Head Start will begin the process to assist the parents in accessing a medical and or dental.
2. Family Services Assistants, Head Start LVNs and RNs will review the forms; make assessments and referrals to the Specialists.

#### **Forms:**

Child Health/Dental History/TB Questionnaire- Health Admission Form HS.122B	
High Lead Risk Questionnaires	Physicians Well Child Check
Immunization Records	Special Needs Records
Developmental Screenings	Lead & Hemoglobin screenings

3. The well child care schedule employed by the Texas Health Steps program and private physician recommendations are used as a guide for periodicity and services provided to our children. The Parent Handbook addresses talking to children regarding visits to the doctor or dentist. Home visits, parent meetings, classroom learning centers and health lessons are all valuable learning experiences for children.
4. Parents are encouraged to keep appointments and accompany their children to the appointments. The importance of maintaining a positive relationship with the health providers, by calling when absent, late or cannot keep the appointment is a very important piece of information for the Head Start/Early Head Start staff. Parents are also encouraged to attend parent meetings and to participate in the Head Start/Early Head Start Health Advisory Committee and Policy Council.

## Child Health, Developmental Status and Services

### Page 2

5. The Head Start/Early Head Start staff will serve as advocates for families and children in a variety of health delivery systems and other related needed services such as transportation arrangements, appointments, etc.
6. Head Start/Early Head Start health care services and follow-up are tracked on the data management system, Referral of Services (HS.18), (HS.79), and the Parent Notification of Health Screening/Results (I-HS.40) obtained from the data management system.
7. Sensory and developmental screenings will be completed within 45 days of the child's entry in the program. Age appropriate medical and dental examinations and screenings are done within 90 days or a documented reason why service was not provided in the child's folder. Referrals for follow-up (HS.79) are discussed with the parents and the parents are assisted in completing the follow-up services needed.
8. Ongoing assessment of children identifies any new or recurring medical, dental or developmental concerns. The following forms provide assessment and documentation:

Good Morning Health Check

HS.19 Medication Sheet

HS.34 Child Dental Record and Informed Consent

HS 37 Parent Communication Form

HS.48 Counseling Service Note

HS.116 Risk Assessment for Lead Exposure Parent Questionnaire

HS.122B Health Admission Form (Child Health-TB Questionnaire)

I-HS.40 Parent Notification of Health Screening/Results

EHS.19 Postpartum Assessment

Incident-Accident Report DFPS Form 7239

Data Management System

**REGION 16 EDUCATION SERVICE CENTER  
Head Start/Early Head Start**

**Subject:** Child Health Records/Timeline                      **Section:** Health and Safety  
**Program:** Head Start    **Date Revised:** November 13, 2017  
**Policy Council Approval:** November 15, 2017

**Regulation Reference:** 45 CFR Part(s): 1304.20(a)(1)(ii)(C), 1304.51(g)

**Policy:**

The Head Start program will maintain an efficient and effective record-keeping system to provide accurate and timely medical/dental information for Head Start children. Each child in the Head Start Program will have a Child Health Record. The completed Child Health Record is a comprehensive view of the child’s total health status and services.

**Procedure:**

Forms for this record completed and distributed at **application** and/or Enrollment Health Intake Day.

<b>Form/Task</b>	<b>Person Responsible</b>	<b>Timeline</b>
<b>Application Packet:</b>	Trained Staff	Spring or as
1. Head Start Eligibility Verification (HS.102)	Member	Needed
2. Children are Healthy (I-HS.09)		

<b>Form/Task</b>	<b>Person Responsible</b>	<b>Timeline</b>
<b>Forms Completed at Initial Home Visit:</b>	Teacher	Before child
1. Volunteer Information Form (HS.15)		attends
2. Social/Emotional/Behavioral Checklist (HS.44)		class
3. Pedestrian Safety (HS.68)		
4. Child Admission Form (HS.122A)		
5. Center Policies (with handshake page)		
6. Parent Handbook		

<b>Form/Task</b>	<b>Person Responsible</b>	<b>Timeline</b>
<b>First Family Services Contact:</b>	Family Services	At
1. Release of Information (HS.09), if applicable	Assistant	enrollment
2. Clarification of Services (HS.29), if applicable		or first
3. Child Dental Plan and Informed Consent (HS.34)		home visit
4. Child Nutrition History (HS.47)		
5. Health Admission Form (HS.122B)		
6. Resources for Interests/Needs/Strengths/Goals		
7. Family Partnership Agreement		
8. Resources/Information for Community Food and Clothing		
9. Resources/Information for GED/ESL/College		

## Child Health Records – Timeline

### Page 2

<b>Form/Task</b>	<b>Person Responsible</b>	<b>Timeline</b>
<b>Second Family Services Contact:</b>		
1. Review Child Dental Plan and Informed Consent (HS.34), if not previously reviewed	Family Services Assistant	Within 2 months of enrollment
2. Update Child Admission Emergency Contact Information (HS.122A)		
3. Safety Tips (I-HS.07)		
4. Review Parent Notification of Health Screenings/Results (I-HS.40)		
5. Other information as determined from Interests/Needs Survey		

<b>Form/Task</b>	<b>Person Responsible</b>	<b>Timeline</b>
<b>45-Day Rule</b>		
1. Accuscreen	Trained Staff	Within 45 days of Enrollment
2. Vision Screening	Certified Staff	
3. Hearing Screening	Certified Staff	
4. Behavioral Evaluation	Classroom staff and MW Providers	
5. Dental Priority Screening	Family Services Assistant	
6. Nutrition Assessment Height and Weight	Nutritionist	

<b>Form/Task</b>	<b>Person Responsible</b>	<b>Timeline</b>
<b>90-Day Rule Physical Exam</b>		
1. Lead Screening	Head Start Health Staff and Health Provider	Within 90 days of enrollment
2. Hemoglobin Screening		
3. Documentation of well child check		
4. Dental Exam		

Data is entered in the data management system as soon as possible after information is obtained or screenings are completed.

Any parent or legal guardian refusing to give authorization for health services must sign a Clarification of Services form (HS.29). These are placed in the child's folder and/or entered into the data management system.



**REGION 16 EDUCATION SERVICE CENTER**  
**Head Start/Early Head Start**

**Subject:** Child's Reportable Injuries  
**Program:** Head Start/Early Head Start

**Section:** Health and Safety  
**Date Revised:** January 19, 2017

**Policy Council Approval:** February 22, 2017

---

**Regulation Reference:** 45 CFR Part(s): 1304.41(2)

**Policy:**

Share with parents the policies for health emergencies that require rapid response on the part of staff or immediate medical attention. The center manager will report the incident to Texas Department of Health and Regulatory Services - Child Care Licensing as soon as possible but no later than 48 hours after the accident.

**Procedure:**

1. The Head Start/Early Head Start Licensed Vocational Nurse or authorized health staff will assist classroom staff and the Health Room Aide to evaluate bumps and scrapes that occur during the day as well as evaluate the general health of children enrolled in the center.
2. The Head Start/Early Head Start Licensed Vocational Nurse will screen minor injuries. This will allow the Head Start/Early Head Start Licensed Vocational Nurse to assess the medical needs of Head Start/Early Head Start children and evaluate minor injuries that do not require the attention of the Head Start/Early Head Start Registered Nurse, a licensed physician, or a person providing preventive, diagnostic, or therapeutic medical care.
3. If an injury requires the attention of the Head Start/Early Head Start Registered Nurse, a licensed physician, or a person providing preventive, diagnostic, or therapeutic medical care, the center manager will report the incident to Child Care Licensing as soon as possible but no later than two working days after the accident. The Incident/Illness Report (form 7239) will be used to record accidents and illness.
4. Parents will be informed of the policy and procedure for injuries in the center policies and will indicate receipt by signing the "handshake page". School districts and Day Care Centers will follow their policies for reporting injuries and/or health emergencies.

**REGION 16 EDUCATION SERVICE CENTER**  
**Head Start/Early Head Start**

**Subject:** CPR and Basic First Aid Certification  
**Program:** Head Start/Early Head Start  
**Policy Council Approval:** February 22, 2017

**Section:** Health and Safety  
**Date Revised:** February 15, 2017

---

**Regulation Reference:** 45 CFR Part(s): 1304.22(a)

**Policy:**

All classroom staff are encouraged and assisted to maintain current CPR and Basic First Aid credentials.

**Procedure:**

1. Pediatric CPR and Basic First Aid certification is required for the following staff:
  - a. At least one staff member in each classroom
  - b. All family services assistants
  - c. Staff acquiring the CDA credential
  - d. Staff seeking CDA renewal
2. The appropriate administrative assistant maintains a database of information that specifies when every staff member's CPR/Basic First Aid certificate expires.
3. The health specialists will arrange CPR/Basic First Aid training as needed in order to ensure that certification remains current for those employees for which it is required.
4. The appropriate administrative assistant will notify employees when it is time for them to recertify in CPR/Basic First Aid.
5. Amarillo staff will attend the CPR/Basic First Aid classes set up and paid for by Head Start. Regional staff has the option of attending CPR/Basic First Aid locally. If a regional staff member chooses the local option, Head Start will reimburse the staff member for the registration fee upon completion of the course, but will not compensate for time spent attending the course. A receipt must be submitted to Head Start prior to reimbursement of the registration fee.
6. The CPR/Basic First Aid instructor will submit copies of the certification cards to the training assistant after making copies. The original will be distributed to the employee and a copy will be placed in the employee's training file. The appropriate data will be entered into the training database.
7. Classroom staff will post the original certification cards in the classroom.
8. Employees will complete recertification before the current certification expires.

**REGION 16 EDUCATION SERVICE CENTER**  
**Head Start/Early Head Start**

<b>Subject:</b>	<b>Diabetes Management and Treatment Plan</b>	<b>Section:</b>	<b>Health and Safety</b>
<b>Program:</b>	<b>Head Start/Early Head Start</b>	<b>Date Revised:</b>	<b>January 9, 2017</b>
<b>Policy Council Approval:</b>	<b>February 22, 2017</b>		

---

---

**Regulation Reference:** 45 CFR Part(s): 1302.44, 1302.47(b)(7)(vi)

**Policy:**

A diabetes management and treatment plan will be developed for any student diagnosed with diabetes that is attending a Region 16 ESC Head Start/Early Head Start Center. The plan will be developed by the physician responsible for the management and treatment of the student's diabetes. School Districts and child care centers will follow their district or center policies.

**Procedure:**

1. The diabetes management and treatment plan must include the following:
  - a. Orders from the physician that addresses insulin administration, blood glucose monitoring and dietary requirements.
  - b. Notification to the parent if care will be provided by a trained unlicensed diabetic care assistant (UDCA) under the supervision of a licensed nurse.
  - c. Physician ordered treatment for hypoglycemia and hyperglycemia.
  - d. Symptoms of hypoglycemia and hyperglycemia and those that most often occur in this student.
  - e. Signatures by the physician and parent.
2. Insulin will be administered at the specified time by a licensed nurse or an unlicensed diabetic care assistant. Insulin dosage will be verified by a second staff member.
3. A diabetic kit that contains the child's blood glucose monitor, lancets, alcohol swabs, glucose tabs or other sources of glucose ordered by the physician for hypoglycemia will be kept in the child's classroom within easy reach for the classroom staff, but out of reach for the children
4. An Insulin log will be kept with the Medication Administration form that will include the date, blood glucose level with time, type of insulin given, whether insulin is a regularly scheduled dose, correction dose or Carb/insulin dose and carbohydrates consumed. Due to our center's flexible class schedules, a log can be prepared to match the needs of the student.
5. The Nutrition Specialist will provide the classroom and health staff with carbohydrate counts for each food served at mealtime and snack.

## **Diabetes Management and Treatment Plan**

### **Page 2**

6. If a school nurse is available, the nurse is to perform the tasks necessary to assist the student. A school nurse is not responsible for and may not be subject to disciplinary actions under occupations Code Chapter 301 for actions performed by a UDCA.
7. A UDCA who assists a student as provided above is not considered to be engaging in the practice of professional or vocational nursing and is exempt from any applicable state law or rule that restricts the activities that may be performed by a person who is not a health-care provider.
8. Training of UDCA's must be provided by a Registered Nurse with expertise in the care of persons with diabetes. The training must be provided before the beginning of the school year or as soon as possible after the enrollment or diagnosis of a student with diabetes.
9. An individual health care plan will be written for each student with diabetes that addresses care of the student in the classroom, symptoms to assess and emergency actions to take if necessary.

**REGION 16 EDUCATION SERVICE CENTER**  
**Head Start/Early Head Start**

<b>Subject:</b>	<b>Diapering/ Toilet Learning</b>	<b>Section:</b>	<b>Health and Safety</b>
<b>Program:</b>	<b>Early Head Start/Head Start</b>	<b>Date Revised:</b>	<b>January 9, 2017</b>
<b>Policy Council Approval:</b>	<b>February 22, 2017</b>		

---

**Regulation Reference:** 45 CFR Part(s): 1302.47(a)(b)(1)(viii)(6)(i)

**Policy:**

To provide a safe, sanitary, and discreet environment for diapering and changing soiled clothing, Head Start/Early Head Start staff and parent volunteers are trained and will carry out sanitation and hygiene procedures for diapering that adequately protect the health and safety of children. Toileting and diapering areas must be separated from areas used for cooking, eating, or children's activities.

Self-help skills are a focus in our classrooms. Encouraging and instructing young children to learn toileting skills and routines help them to become independent and self-sufficient.

Early Head Start will post a copy of the diaper changing procedures in each room near the diaper changing table and will provide diapers during the part of the day that the child is at the Early Head Start center.

**Infants and Non-Ambulatory Children**

**Procedure:**

1. Children should be changed as soon as possible.
2. Diapers will be changed on an elevated, non-porous surface used only for that purpose. The changing area should be situated as close to a water source as possible.
3. Assemble supplies: wipes, gloves, diapers, disposable plastic bags, and disinfectant cleaner. The health room or nurse's office may have a set of extra clothing if needed.
4. In **Head Start** classrooms **two** staff members will be present always when a child is being changed.
  - One staff member will assist the child in changing soiled clothing/shoes.
  - The other staff member will gather the necessary supplies and assist as needed.
5. Staff will wear gloves when changing diapers or assisting a child with toilet use, wiping, or changing soiled garments.
6. **Important!! Staff will keep one hand on the child the entire time the child is on the changing table.** They will talk with the child while changing him/her. (The child will not be scolded.)
7. The staff will look for and report anything unusual in the child's underpants or diaper. If a child has diarrhea, the school nurse/child care director will be notified for consideration of a contagious illness.

## **Diapering/Toilet Learning**

### **Page 2**

8. The staff will remove the soiled diaper or clothing. Child's bottom will be cleaned with a pre-moistened towelette or paper towel. The staff will place soiled disposable diaper, towelette or paper towel, and disposable gloves in plastic bag or plastic-lined receptacle. Soiled clothing should be secured in a bag for transporting home.
9. Staff will then wash their hands and the child's hands per the hand washing policy.
10. Staff will clean and disinfect all surfaces per the sanitation policy.

## **Toilet Learning for 3 and 4-Year Old Head Start Children**

### **Procedure:**

1. It is recognized that toilet learning is a gradual process and works best when staff and parents work together using POSITIVE and CONSISTENT approaches.
2. The class restroom will be utilized as much as possible for changing Head Start children to promote a healthy attitude toward toilet learning.
3. In the classroom emphasis, should always be place on encouraging the child the autonomy to change any wet or soiled undergarments themselves with stand by assistance as needed. If assistance is required, two staff members will be present with
  - One staff member assisting in changing wet/soiled garment(s)
  - One staff member gathering supplies and standing near assisting as needed.
4. Toileting supplies include gloves, wipes, bags, and extra clothes available.
5. Place any soiled undergarments/clothing in a bag, close securely and store properly for the parent to take home.
6. Encourage the child to dress themselves and wash their hands after changing, even if staff assisted, to ensure dignity and self-esteem as well as promote good hygiene.
7. Let the parent know that the child is "toilet learning" in class and to dress the child in cloth undergarments as much as possible. Extra undergarments/clothing are necessary for accidents.
8. If the child has uncontrolled diarrhea that compromises the health and sanitation of the class restroom the child may be taken to another designated area in your center for changing or to the center health room with two staff members present as stated above.
9. Special needs children will be evaluated on an individual basis and a plan made for toileting if necessary.
10. Your ISD and center may have a specific policy and regulation for changing wet/soiled children. Please follow the directive of your school district or center director.
11. Staff will clean and disinfect all surfaces per the sanitation policy.
12. The program will order diapers for all enrolled EHS children, although parents may provide diapers for their child, if they prefer to do so.
13. Accommodation may be made, for the individual child, if documented medical advice received from a health care professional, requires the use or avoidance of a specific identified diaper by brand or type.

**REGION 16 EDUCATION SERVICE CENTER**  
**Head Start/Early Head Start**

**Subject:** Emergency Consent/Contact Information      **Section:** Health and Safety  
**Program:** Head Start/Early Head Start                      **Date Revised:** January 9, 2017

**Policy Council Approval:** February 22, 2017

---

**Regulation Reference:** 45 CFR Part(s): 1302.47(b)(5)(iv)(7)(i)

**Policy:**

The Head Start/Early Head Start program will follow appropriate practices to keep children safe during all activities. Staff will maintain up-to-date family contact information and authorization for releasing children and emergency care.

**Procedure:**

1. During enrollment or the initial home visit the Head Start/Early Head Start teacher or staff member will complete the “Emergency Consent/Contact for Enrolled Children” on the Child Admission Form (HS.122A).
2. The Head Start/Early Head Start teacher or staff member will instruct the parent of the need to inform the classroom staff of any changes to this information.
3. **Head Start** – “Emergency Consent/Contact for Enrolled Children” will be updated at least three times a year, August, November and February and any time there are changes made. Family Services staff will be responsible for the updates.
4. Copies will be distributed to the designated areas per instructions on the “Emergency Consent/Contact for Enrolled Children” form.
5. Each classroom will have an Emergency Information binder. The binder will be clearly labeled in a manner that will enable easy identification. Each binder will contain the following information:
  - List of food and medication allergies
  - Emergency Consent/Contact for Enrolled Children on the Child Admission form (HS.122A)
  - Parent Agreement on the Health Admission Form (HS.122B)
  - Signed Authorization to Pick-up Child on Child Admission form (HS.122A) (Centers that follow Day Care Minimum Standards)
  - Medical Care Plan (If Applicable)
  - Other information deemed necessary by principal or center director

**REGION 16 EDUCATION SERVICE CENTER**  
**Head Start/Early Head Start**

<b>Subject:</b>	<b>Emergency Documents to be Posted</b>	<b>Section:</b>	<b>Health and Safety</b>
<b>Program:</b>	<b>Head Start/Early Head Start</b>	<b>Date Revised:</b>	<b>February 15, 2016</b>
<b>Policy Council Approval:</b>	<b>February 24, 2016</b>		

---

---

**Regulation Reference:** 45 CFR Part(s): 1302.47(b)(1)(v)(vi)(4)(G)(J)(7)(i)(ii)(8)

**Policy:**

Head Start/Early Head Start classrooms will post the following documents to facilitate staff and volunteers in a quick response to emergency situations.

**Procedure:**

Each Head Start/Early Head Start classroom will post, in a prominent place, the following information:

1. **Fire and Emergency Evacuation Route**  
Must list a primary evacuation route and a secondary evacuation route.
2. **Tornado Shelter Route**  
Must list a direct route to the classrooms assigned tornado shelter.
3. **Childhood Emergencies Cascade**  
Must contain emergency phone numbers, child abuse hotline number, and the name and address for the Head Start classroom.
4. **Location of the Emergency Information Binder**
5. **Location of the First Aid Kit**
6. **Classroom Daily Schedule**
7. **Emergency Exits**
8. **CPR and Choking Posters**
9. **Handwashing Poster**
10. **Emergency medication if applicable**



**REGION 16 EDUCATION SERVICE CENTER**  
**Head Start/Early Head Start**

**Subject:** Fire-Tornado Drill Report  
**Program:** Head Start/Early Head Start  
**Policy Council Approval:** February 22, 2017

**Section:** Health and Safety  
**Date Reviewed:** January 20, 2017

---

**Regulation Reference:** 45 CFR Part(s): 1302.47(b)(i)(ii)(iii)  
40 TAC

**Policy:**

Fire drills, tornado drills, and lock down drills will be conducted as required by Minimum Standards for Child Care Centers or the Texas Education Code to maintain licensing and assure the safety of children and adults.

**Procedure:**

**Region 16 ESC Head Start/Early Head Start Operated Centers**

1. The teacher will post fire evacuation routes and tornado emergency procedures in a conspicuous place (near the door) in each classroom.
2. Collaborating Head Start/Early Head Start child care centers, including satellite centers will follow procedures for fire and tornado drill as outlined in Minimum Standards for Child Care Centers.
3. Each Head Start Early Childhood Principal will arrange a schedule to ensure that fire drills are conducted monthly, and tornado drills and lock down drills are conducted every three months.
4. Each drill will be documented on a fire drill, lock down drill or tornado drill report.
5. The report will be filed in the center office.

**Head Start Classrooms in school districts:**

1. Public schools will follow procedures for fire and tornado drills as outlined in the Texas Education Code.



## Page 2

5. Amarillo Head Start centers will have an additional First Aid Kit located in each Health Room. They will be stored in a convenient, adult-accessible location, clearly marked with a large, red sign written in both English and Spanish. The health aide or LVN will take this kit during all emergency evacuations and drills.
6. Each Head Start/Early Head Start classroom will also be equipped with fanny packs to be stocked with gloves, gauze, band-aids, mouth shield, antimicrobial towelettes or hand sanitizer and tissues. The classroom teacher or instructional aide will take the fanny pack with them any time the class leaves the classroom and does not need the First Aid Kit (playtime, to the gym, etc.)
7. A travel bag with a First Aid kit and fanny pack will be carried by the family service assistant any time children are transported for medical or dental appointments.
8. Early Head Start classrooms' First Aid Kits and fanny packs will be inventoried twice a year by the Head Start health staff. Teachers will maintain complete kits at all times by restocking immediately after use. A fanny pack especially equipped with first aid supplies will be carried by the home educator to all Group Socialization Activities.

**REGION 16 EDUCATION SERVICE CENTER**  
**Head Start/Early Head Start**

**Subject:** Health Advisory Committee  
**Program:** Head Start/Early Head Start  
**Policy Council Approval:** February 24, 2016

**Section:** Health and Safety  
**Date Revised:** February 15, 2016

---

**Regulation Reference:** 45 CFR Part(s): 1304.41(b)

**Policy:**

In an effort to bring professional experts together periodically to review and evaluate Head Start/Early Head Start medical standards of practice and local needs and problems, the Region 16 ESC Head Start/Early Head Start Program will establish and maintain a Health Advisory Committee (HAC) which will include Head Start/Early Head Start parents, community professionals, community partners, and other volunteers from the community.

**Procedure:**

1. The Health Advisory Committee will meet two or more times yearly.
2. Performance Standards, budgets, timelines, plans, policies and procedures will be discussed and planned.
3. Each member will be encouraged to complete a document that allows him or her to write comments and give recommendations concerning health issues and return their comments and recommendations to the health staff.
4. Orientation packets will be distributed to all new committee members.
5. Minutes and copies of all documents will be kept and distributed to all members and mailed to members not present.

**REGION 16 EDUCATION SERVICE CENTER**  
**Head Start/Early Head Start**

**Subject:** Health and Safety Inspections  
**Program:** Head Start/Early Head Start

**Section:** Health and Safety  
**Date Revised:** January 8, 2013  
**Date Reviewed:** January 9, 2017

**Policy Council Approval:** January 16, 2013

---

**Regulation Reference:** 45 CFR Part(s): 1302.47

**Policy:**

To adequately maintain the safety of the Head Start/Early Head Start children, a health and safety inspection will be performed in all Head Start/Early Head Start classrooms three times a year.

**Procedure:**

1. The Head Start classroom/playground safety inspector or designated person will perform the inspections.
2. Results will be documented on a Health and Safety Checklist. Documentation will be kept on file in the office of the classroom/playground safety inspector.
3. Classroom staff is encouraged to inspect their classroom(s) and playground and provide needed services and supplies. Notify the campus maintenance department and the Head Start safety inspector of any repairs or safety concerns.
4. Classroom staff and Family Service Assistants will check first aid kits, fanny packs and order replacement supplies.
5. Emergency binders will be checked for accuracy, completions and special needs. R.N. will be notified of any omissions.

**REGION 16 EDUCATION SERVICE CENTER**  
**Head Start/Early Head Start**

<b>Subject:</b>	<b>Hearing Screening</b>	<b>Section:</b>	<b>Health and Safety</b>
<b>Program:</b>	<b>Head Start/Early Head Start</b>	<b>Date Revised</b>	<b>January 11, 2017</b>
<b>Policy Council Approval:</b>	<b>February 22, 2017</b>		

---

---

**Regulation Reference:** 45 CFR Part(s): 1302.42(a)(2)(d)(1)(2)

**Policy:**

To identify children with hearing concerns the Head Start/Early Head Start Program will provide hearing screening within 45 days of entry into the program for all children.

**Procedure:**

**Head Start**

1. The family service assistant, LVN, or teacher will be encouraged to familiarize the children with the hearing procedure prior to screening.
2. Parents will be informed of all screenings at the time of enrollment.
3. Audiometers will be used for screening. Head Start will test at state and manufacturers recommendations. Any child having difficulty using the audiometer and children below three years of age will be tested using behavior response methods or otoacoustic emissions (OAE).
4. The screening environment will be as quiet as possible.
5. Every effort will be made to screen children in their native language.
6. If the screener observes physical signs of hearing problems at the time a child fails the first screening, it is appropriate to refer for further evaluation at that time.
7. Children referred for hearing screening on an individual basis because of signs and symptoms observed in the classroom should be referred for a more thorough evaluation if they fail one frequency in either ear. Evaluation of a possible hearing loss should not be delayed for three to four weeks.
8. Parents will be notified through a Referral for Services (HS.79) if the child fails the hearing screening a second time. Referral plans will be made with parents to access the services of an appropriate community health provider. All sources of reimbursement will be explored prior to Head Start paying for these services.
9. All screening staff members will be certified to perform the hearing screening.
10. Audiometers will be calibrated annually by a certified audiometric technician.

**REGION 16 EDUCATION SERVICE CENTER**  
**Head Start/Early Head Start**

**Subject: Height and Weight Screening**  
**Program: Head Start/Early Head Start**  
**Policy Council Approval: March 25, 2015**

**Section: Health and Safety**  
**Date Revised: March 19, 2015**

---

**Regulation Reference:** 45 CFR Part(s): 1302.46(a)(b)(ii)(d)(2)

**Policy:**

Head Start/Early Head Start children will have an initial height and weight screening within 45 days of enrollment and at least one additional screening to determine individual growth patterns. Returning Early Head Start children will be screened at least two times annually.

**Procedure:**

1. The Head Start/Early Head Start health staff will conduct an initial height and weight screening for infants and children upon enrollment.
  - Infants and toddlers under two years old will be measured without shoes to the nearest ¼ inch from crown to heel while lying in a recumbent position.
  - Children age two and older will be measured to the nearest ¼ inch without shoes from a standing position with their heels against the wall and eyes looking forward.
  - Infants will be weighed (preferably with diaper only) on an infant scale.
  - Children without shoes or heavy coats will be weighed on a balance or digital scale.
  - Results of measurements will be documented in data management system.
2. Heights and weights on all infants and children who are within normal limits at initial screening will be repeated at least once during the school year. Children not within normal limits will have at least one additional measurement to assess growth pattern. The same staff members should weigh and measure the children on the same equipment as in the initial screening, if possible.
3. Head Start/Early Head Start staff members will refer children per policy entitled "Assessment of Nutritional Needs."
4. The nutrition specialist will assess the children who are referred and provide appropriate intervention including any or all of the following:
  - Providing an informational packet for the parent
  - Providing counseling to parents regarding nutrition concerns
  - Discussing nutrition issues with other Head Start/Early Head Start staff members
  - Making referrals to other Head Start/Early Head Start specialist
  - Making a referral to a primary care provider for further evaluation
  - Requesting staffing for child and caregivers
  - Making periodic weight checks to monitor progress

**REGION 16 EDUCATION SERVICE CENTER**  
**Head Start/Early Head Start**

<b>Subject:</b>	<b>Hemoglobin/Hematocrit Screening</b>	<b>Section:</b>	<b>Health and Safety</b>
<b>Program:</b>	<b>Head Start/Early Head Start</b>	<b>Date Revised:</b>	<b>March 23, 2015</b>
<b>Policy Council Approval:</b>	<b>March 25, 2015</b>		

---

---

**Regulation Reference:** 45 CFR Part(s): 1302.46(d)(2)(b)(4)

**Policy:**

To promote healthy development, the Head Start/Early Head Start Program will provide hemoglobin screening for every child per the Texas Health Steps periodicity schedule. If the child's medical provider or other agency has performed the screening, the provider's results will be obtained and accepted for evaluation. The hemoglobin screening will be performed per the equipment manufacturer's guidelines, and using safe, prudent medical practice. Follow-up and referrals will be based on current medical practice and the recommendations of the Health Advisory Committee.

**Procedure:**

1. Licensed personnel or health staff designated by licensed personnel to be proficient in this skill will perform finger stick hemoglobin screening.
2. The staff member performing the hemoglobin screening will verify that the child's parent has signed an agreement of services form with the hemoglobin screening marked appropriately.
3. Hemoglobin screening or evaluation will be performed within 90 days of the child's entry into the program. If a child does not have a documented test from the medical provider or WIC and is of an age required to have one per the Texas Healthy Steps Periodicity Schedule, a test will be done with the parent's signed permission.
4. The following guidelines will be utilized to determine a child's referral for treatment and follow-up:
  - A hemoglobin level of 11.0 or above, or a hematocrit level of 33.0 and above will be considered within normal limits and no further testing or follow-up is required.
  - A hemoglobin level of 10 to 10.9 or a hematocrit of 30 to 32.9 will be considered low for age. The parent is to be notified, if possible, in person or by telephone, and if unable to contact, will be notified by sending the information on a "Parent Communication Form" (HS.37) in the communication folder. Handouts addressing anemia and prevention are to be given to the parent. The nutrition specialist will work with health staff to determine follow-up per individual needs. Repeat hemoglobin will be performed in 2-3 months. If the results remain low or have dropped to a lower level, the child will be referred to a medical provider of the parents' choice. Early Head Start children will be referred to their medical provider.



## **Hemoglobin/Hematocrit Screening**

### **Page 2**

- A hemoglobin level below 10 or a hematocrit below 30 will be considered extremely low. A recheck should be made immediately, and if the level is again below 10 or 30, handouts will be given to the parent. A referral will be made to a medical provider.
- Hemoglobin or hematocrit screen levels will be recorded in the data management system and on the Parent Notification of Health Screenings/Results form (I-HS.40).

**REGION 16 EDUCATION SERVICE CENTER**  
**Head Start/Early Head Start**

<b>Subject:</b>	<b>Immunizations and Tuberculosis Screening</b>	<b>Section:</b>	<b>Health and Safety</b>
<b>Program:</b>	<b>Head Start/Early Head Start</b>	<b>Date Revised:</b>	<b>March 23, 2015</b>
<b>Policy Council Approval:</b>	<b>March 25, 2015</b>		

---

**Regulation Reference:** 45 CFR Part(s): 1304.20(a), 1304.20(a)(1)(ii), 1304.20(a)(1)(ii)(A-C)

**Policy:**

All children in the Head Start/Early Head Start program will be current on their immunizations. Parents will be assisted in making necessary arrangements to bring the child up-to-date on immunizations. Tuberculosis testing will be performed according to the requirements of the well child care schedule of the Texas Health Step Program, the latest immunization recommendations issued by the Center for Disease Control as well as the local health department recommendations and with advice and approval of the Health Advisory Committee. The health staff will perform a yearly review of the requirements and recommendations for change which will be taken to the Health Advisory Committee for recommendation and approval.

**Procedure:**

1. Each child enrolled in Head Start/Early Head Start must submit a current immunization record. If records are unavailable, authorized health staff will check the State of Texas ImmTrac computer software for proof of immunizations.
2. Individual immunization records are checked for completion and accuracy to include validation of immunizations by health staff. The State of Texas Health Steps guidelines and the Center for Disease Control guidelines recommended schedule of immunizations will be used to determine immunization compliance.
3. Incomplete immunization notices will be sent to the parents in a timely manner. Parents will be informed of local immunization clinics. Children with private insurance will be referred to their primary care physician per policy of the Texas Vaccines for Children Program. Health staff will keep record of incomplete immunization and will repeatedly notify parents.
4. Community immunization resources will be utilized to make visits to the centers, child care centers and school campuses.
5. When parents choose not have their child up to date on the immunization schedule due to medical or religious reasons, parents must provide a waiver certificate from the state.

At the Cleveland Street and Nelson Street Centers, after two immunization notices have been sent, the Early Childhood Principal will be notified and will send a letter to the parents. Children not up-to-date by the date specified in the letter will be offered the home-based option if available. Every effort, including home visits and phone calls, will be made to help children return to the classroom in an expedient manner. Regional schools and private childcare centers will follow campus policy. Home-based children's records will be monitored and reminders sent to parents for immunization needs.

## **Immunizations and Tuberculosis Screening**

### **Page 2**

In accordance with the Texas Health Steps Periodicity Schedule all children will be screened annually with a Tuberculosis Risk Questionnaire for children (HS.122B). After explanation and discussion, a “yes” to any question will require a parent letter, a tuberculosis information booklet, and a copy of the Tuberculosis Questionnaire be given to the parent emphasizing the importance of discussing this issue with their child’s primary care provider. The booklet will include the location and phone number of the Texas Department of Health Tuberculosis Elimination Division Office nearest to them.

**REGION 16 EDUCATION SERVICE CENTER**  
**Head Start/Early Head Start**

<b>Subject:</b>	<b>Lead Screening, Referral and Follow-up</b>	<b>Section:</b>	<b>Health and Safety</b>
<b>Program:</b>	<b>Head Start/Early Head Start</b>	<b>Date Revised:</b>	<b>April 17, 2015</b>
<b>Policy Council Approval:</b>	<b>May 6, 2015</b>		

---

**Regulation Reference:** 45 CFR Part(s): 1302.42(b)(1)(d)(1)(2)

**Policy:**

To promote healthy development, the Head Start/Early Head Start Program will provide lead screening as per the Texas Health Steps periodicity schedule. If the child's medical provider has performed the screening, the provider's results will be obtained and accepted for evaluation. The lead screening will be performed per the equipment manufacturer guidelines. Follow-up and referrals will be made based on recommendations from the Texas Department of State Health Services and the Health Advisory Committee.

**Procedure:**

1. The Head Start/Early Head Start health staff will work with local primary care providers and clinics to obtain results of lead blood testing as per the State's EPSDT. The Periodicity schedule requires that all children receiving Medicaid benefits will receive a blood lead test at 12 months and 24 months of age. Children between the ages of 36 months and 72 months of age must receive a screening blood lead test if they have not been previously screened or results cannot be obtained.
  - If a parent has provided a copy of the child's last well-child visit that includes a blood lead result performed within the past 12 months or at 24 months, the results will be accepted.
  - If a child has a 24-month blood lead test, the health staff will have the parent complete a lead questionnaire. A decision to perform the lead screen will be based on the results of this questionnaire.
  - If a parent does not have a copy of the child's last well-child visit, a Release of Information (HS.09) may be signed to obtain a copy of this record. Include a request for the results of the child's last blood lead test.
  - If a child has not had a well-child check, when assisting the parent with scheduling, the parent will be asked to sign the Release of Information (HS.09) with request for a copy of the physical and the blood lead test.
  - If the program has not received a copy of the physical or blood lead testing results within approximately two (2) weeks after sending the Release of Information (HS.09), a second request will be mailed.

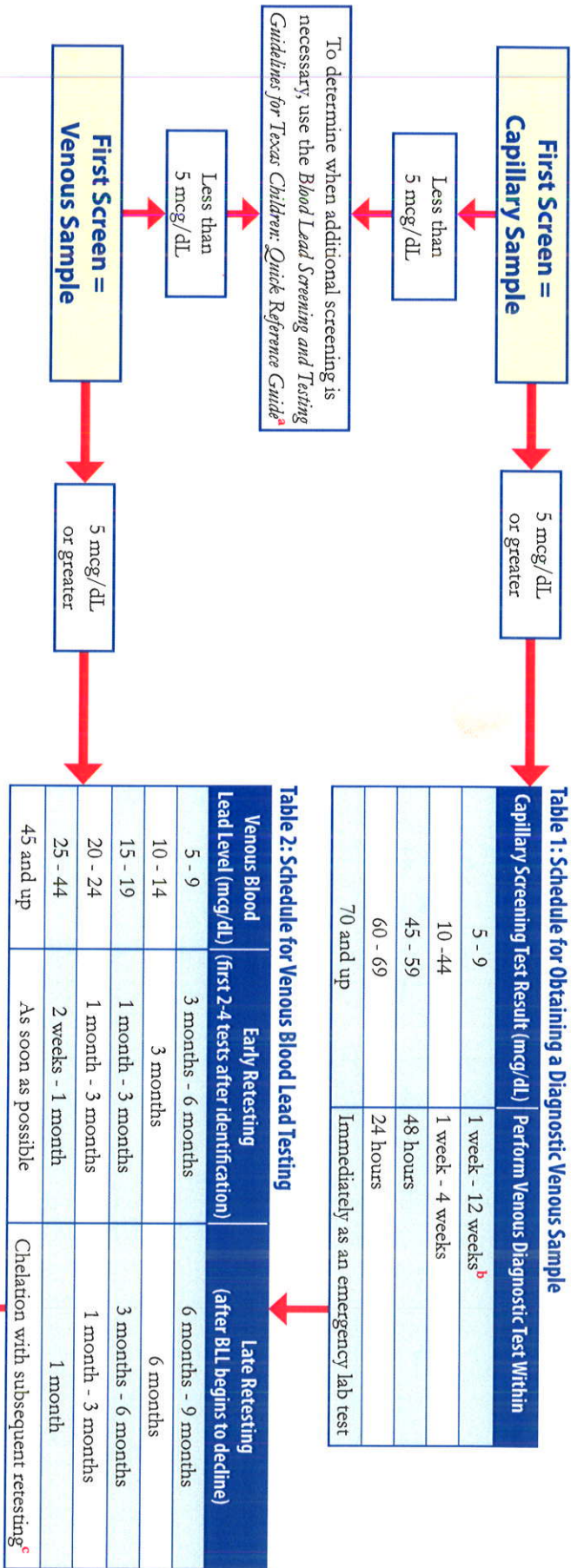
## Lead Screening, Referral and Follow-up

### Page 2

- If the program has not received a response from the physician, the lead testing will be performed by the health staff with parent signed permission.
2. When a determination has been made that the Head Start health staff will perform blood lead screening, the following will be adhered to:
    - Finger stick lead screening (capillary sample) will be performed by licensed personnel or health staff who have been trained and show proficiency in this skill.
    - Parents will be notified when the screening will be performed.
    - Verification of parent signature on a parent agreement of services with the lead screening marked appropriately will be done.
    - Testing will be performed utilizing the CDC's procedures for finger stick and specimen collection and the lead analyzer manufacturer's instructions.
    - Notification of test results will be given to the parent as soon as possible after all screenings are completed by providing the parent with a copy of the Parent Notification of Health Screenings/Results (I-HS.40).
    - The child's primary care provider will be notified as soon as possible if the results are elevated based on the Texas State Health Department protocol.
    - The State of Texas Lead Surveillance Program will be notified of all lead results by email.
  3. Determination of a child's need for referral to their primary care physician for a venous blood lead level will be based on the guidelines set forth by the Texas Department of State Health Services, "Reference for Blood Lead Retesting and Medical Case Management".
  4. Lead screen results will be recorded on the Head Start Parent Notification of Health Screenings/Results (I-HS.40).

## Reference for Blood Lead Retesting and Medical Case Management

- Immediately retest the child if the blood lead level ( BLL) is unsatisfactory (e.g. "Clotted" or "Insufficient Quantity").
- Follow the flowchart below to determine when retesting and medical case management is necessary.



**Table 3: Medical Case Management for Children with a Diagnostic Elevated Blood Lead Levels**

5 -9 mcg/dL	10 -14 mcg/dL	15 - 19 mcg/dL	20 - 44 mcg/dL	45 - 69 mcg/dL	70 or higher mcg/dL
<ol style="list-style-type: none"> <li>1. Lead Education: Dietary &amp; Environmental</li> <li>2. Continued BLL monitoring</li> </ol>	<ol style="list-style-type: none"> <li>1. Lead Education: Dietary &amp; Environmental</li> <li>2. Continued BLL monitoring</li> <li>3. Environmental Lead Investigation if: <ul style="list-style-type: none"> <li>• BLLs persist at least 12 weeks after diagnostic venous test</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1. Lead Education: Dietary &amp; Environmental</li> <li>2. Continued BLL monitoring</li> <li>3. Proceed according to actions for 20-44 mcg/dL if: <ul style="list-style-type: none"> <li>• BLLs persist at least 12 weeks after diagnostic venous test</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1. Lead Education: Dietary &amp; Environmental</li> <li>2. Continued BLL monitoring</li> <li>3. Complete history and physical exam</li> <li>4. Lab work: Hemoglobin or hematocrit; Iron status</li> <li>5. Environmental Lead Investigation</li> <li>6. Lead hazard reduction</li> <li>7. Neurodevelopmental monitoring</li> <li>8. Abdominal X-ray (if particulate lead ingestion is suspected) with bowel decontamination if indicated</li> </ol>	<ol style="list-style-type: none"> <li>1. Lead Education: Dietary &amp; Environmental</li> <li>2. Continued BLL monitoring</li> <li>3. Complete history and physical exam</li> <li>4. Complete neurological exam</li> <li>5. Lab work: Hemoglobin or hematocrit; Iron status; FEP or ZPP</li> <li>6. Environmental Lead Investigation</li> <li>7. Lead hazard reduction</li> <li>8. Neurodevelopmental monitoring</li> <li>9. Abdominal X-ray with bowel decontamination if indicated</li> <li>10. Chelation therapy<sup>a</sup></li> </ol>	<ol style="list-style-type: none"> <li>1. Hospitalize and commence chelation therapy<sup>a</sup></li> <li>2. Proceed according to actions for 45-69 mcg/dL</li> </ol>

*Blood Lead Screening and Testing Guidelines for Texas Children: Quick Reference Guide.* Go to: [www.dshs.state.tx.us/lead/](http://www.dshs.state.tx.us/lead/). \*The higher the blood lead level on the screening test, the more urgent the need for diagnostic testing. <sup>a</sup>Healthcare providers should consult with an expert in the management of these lead levels before administering chelation. Chelation therapy should never be administered before a venous diagnostic is obtained.

**REGION 16 EDUCATION SERVICE CENTER**

**Head Start/Early Head Start**

**Subject: Medication Administration**

**Section: Health and Safety**

**Program: Head Start/Early Head Start**

**Date Revised: January 11, 2017**

**Policy Council Approval: February 22, 2017**

---

**Regulation Reference:** 45 CFR Part(s): 1302.47(b)(4)(i)(C)(D)(3)(e)(2)  
State of Texas Day Care Licensing Minimum Standards 8200 (8-2)

**Policy:**

To ensure safe practices in the administration of medications and the performance of special procedures, the following designated staff will perform medication administration for the Head Start Program: RN, LVN, health room aides, and designated family services assistants trained in medication administration. Following adequate training, Early Head Start teachers, excluding those at the Cleveland Center, can give medication under the supervision of an RN. Medications at the Cleveland and Nelson Center will be administered by the health room staff. Regional schools and child care centers will follow their campus medication policy.

**Procedure:**

1. Parents will be encouraged to schedule medication doses during times when the child is under parental supervision and notify staff if there has been a change in dosage schedule.
2. Parents must administer the first dose of a new medication at home.
3. Authorization for medication administration must be obtained by a parent on the "Medication Sheet" (HS.19). All prescription and non-prescription medication, excluding topical ointments such as diaper ointment or sunscreen, must have an order from the prescribing physician outlining administration instructions. Drug allergies are reviewed with parents. Parents are encouraged to report new allergies when they occur.
4. The medication label is checked for accuracy to include:
  - a. Must be in the original, child-resistant container
  - b. Clearly labeled by a pharmacist
  - c. Child's full name (first and last)
  - d. Name and dosage of medication
  - e. Date the prescription was filled and prescription number
  - f. Name of the prescribing physician
  - g. Medication expiration date
5. Medication that is to be kept at room temperature must be stored in a locked cabinet. Medication that is to be refrigerated will be kept in a locked box and stored in the refrigerator. No food or drinks may be stored in the refrigerator designated for medications.
6. Staff and volunteer medication will be locked, labeled, and stored separately from all children's medication.
7. The child will be given his/her medication at the assigned medication administration time.

## Medication Administration

### Page 2

8. The designated staff will perform the “Five Rights” to ensure the right child receives the right medication in the right dosage at the right time and medication is correctly documented.
  - right child
  - right medication
  - right dosage
  - right time
  - right route
9. Staff will use age appropriate techniques to gain the cooperation of the child. The following procedures will be observed:
  - Wash hands thoroughly
  - Perform the Five Rights
  - Administer pills, tablets or liquids without touching the medication
  - Make certain child swallows medication by checking the child’s mouth cavity
  - Always follow best practice techniques when administering topical, inhalation, eye, or ear medications.
10. Documentation will be performed on the child’s individual medication record with the name of the medication, dosage amount, date, time and route of administration and full name and title of person administering the medication. Documentation is to be done immediately upon administration of the medication and only on the proper medication form. Medication and medication administration records will be reviewed with parents on a monthly basis.
11. The child will be observed for any adverse reactions to the medication and the parents and health provider will be notified immediately. Spills, refusals, absences, or adverse reactions must be documented on the medication sheet. Parents will be assisted in discussing medication effects with physicians.
12. Medications will be returned to a responsible adult for transporting home. Medication will not be given to a child or stored in a child’s backpack for transporting home. Staff must ensure that measures are taken to keep medication temperature-controlled while being transported.
13. Parents will be assisted in obtaining prescription medication, aids, or equipment for medical and dental conditions. Parents will be guided through Medicaid, CHIP or Title V application processes. Head Start/Early Head Start funds will be used only when all other resources have been exhausted.
14. In Amarillo centers, a copy of the medication administration records will be sent to one of the Head Start supervising RN’s monthly.
15. In the event a medication error should occur, the following procedures will be observed:
  - Notify supervising RN
  - Monitor child for harmful side effects
  - Notify child’s parent and ordering physician
  - Notify center manager (It is the center manager’s duty to notify daycare licensing.)
  - Document error on Daycare Licensing Form #7239.



**REGION 16 EDUCATION SERVICE CENTER**  
**Head Start/Early Head Start**

<b>Subject:</b>	<b>Recommended Adult Vaccinations</b>	<b>Section:</b>	<b>Health and Safety</b>
<b>Program:</b>	<b>Head Start/Early Head Start</b>	<b>Date Revised:</b>	<b>January 11, 2017</b>
<b>Policy Council Approval:</b>	<b>February 22, 2017</b>		

---

**Regulation Reference:** 45 CFR Part(s): 1302.47(b)(7)(iii)

**Policy:**

Head Start/Early Head Start is committed to providing a safe and healthful work environment for Region 16 ESC staff. To provide a safe and healthful environment for our staff and children, educational materials and information concerning adult immunizations are provided to our staff for the protection of themselves and others around them.

The sources of our recommendation and educational information:

- 2015 ACIP Immunization Schedules Medscape Family Medicine
- Centers of Disease Control and Prevention  
[www.U.S.A.gov](http://www.U.S.A.gov) Vaccines and Immunizations
- Texas Department of Health Services  
Region 1 Canyon, Texas
- City of Amarillo and Bi County Health Department
- Region 16 ESC/Head Start Health Advisory Committee and Policy Council
- The list of staff recommended vaccines is attached

**Procedure:**

All Head Start/Early Head Start employees participate in Head Start/Early Head Start training. All Head Start/Early Head Start teachers employed by Region 16 Education Service Center and employed by collaborating child care centers and Regional ISD schools will receive the following training:

1. Head Start/Early Head Start employee orientation and trainings will be conducted by Head Start staff members concerning recommended immunizations.
2. Training includes, but will not be limited to, the following:
  - a. Head Start Performance Standards
  - b. Blood Borne Pathogens/Universal Precautions
  - c. Recommended adult vaccinations (HS staff or outside consults will provide trainings for this specific information)
  - d. Materials and information sheet I-HS.44 is provided by:
    - TDHS, Region I Canyon, Texas
    - City of Amarillo and Bi County Health Department
    - CDC Centers for Disease Control
3. Staff is asked to consult with health provider with needed vaccinations.
4. Health Staff strongly recommends:
  - a. DPT Booster
  - b. Hepatitis B

## **Recommended Adult Vaccinations**

### **Page 2**

#### **Methods of Distributing of Materials, Information and Updates**

- Health Specialists will receive and review preventative health and wellness information through available e-mails, and trainings
- Recommended immunization requirement changes/revisions or updates will be distributed electronically through the Region 16 ESC website and HS Shares
- All policies and procedures are reviewed and updated by the Head Start administration team, Head Start Policy Council, Head Start specialists, Health Advisory Committee
- To review the Recommended Vaccinations for Adults form, please see attachment I-HS.44

**REGION 16 EDUCATION SERVICE CENTER**  
**Head Start/Early Head Start**

**Subject: Sanitation Practices**  
**Program: Head Start/Early Head Start**  
**Policy Council Approval: May 2, 2012**

**Section: Health and Safety**  
**Date Revised: April 25, 2012**

---

**Regulation Reference:** 45 CFR Part(s): 1304.2(e)(1), 1304.22(e)(6)(7)  
State of Texas Day Care Minimum Standards 7200 (M)&(P)

**Policy:**

To prevent the spread of illness and disease, implementation of proper sanitation practices and appropriate placement of equipment will be followed.

**Procedure:**

**Sanitation of Tables, Chairs, Toys, Materials, Carpets, Floors, Cribs, Cots and Mats**

1. Head Start/Early Head Start classroom staff will clean and sanitize tables (including high chairs for Early Head Start) with a disinfectant solution before and after use. The disinfectant solution is **not** to be used while children are in the immediate area.
2. Head Start/Early Head Start classroom staff will clean child-size chairs and beanbag chairs regularly and as needed using a solution of antibacterial dishwashing soap and warm water. The chairs will be rinsed and left to air dry.
3. Head Start classroom staff will clean and sanitize classroom hard surface toys regularly. Toys will be cleaned and sanitized more often if the toy is placed in the child's mouth or appears soiled. Staff will follow Licensing 4-Step Process to sanitize or local ISD or center policy.
4. Head Start children will be included in age appropriate cleaning procedures as part of the educational curriculum
5. Head Start/Early Head Start classroom staff will launder stuffed animals and dramatic play clothing regularly and as needed. Items that are not machine washable will be washed by hand with antibacterial dishwashing soap and warm water, rinsed and left to air dry.
6. Carpets will be vacuumed regularly in the Head Start/Early Head Start classrooms. Child care centers will clean Early Head Start/Head Start carpeting and provide documentation. Carpets should be cleaned once a year and as needed for the Head Start program. Regional schools and centers will have carpets cleaned per campus policy.
7. Tile floors will be swept and mopped regularly in the Head Start/Early Head Start classrooms.
8. Cribs, cots, and mats **must** be cleaned weekly with a disinfectant solution and rinsed with clear water and allowed to air dry.

## **Sanitation Practices**

### **Page 2**

9. Early Head Start cribs, cots, and mats must be spaced at least three feet apart to avoid spreading contagious illnesses and to allow for easy access to each child.
10. If a surface becomes soiled with mucous, urine, feces, or blood the area must **immediately** be cleaned with a disinfectant/germicidal solution as outlined in the Bloodborne Pathogens Universal Precaution Exposure Control Plan. Spill kits are available to all classrooms.

### **Sanitation of Sand and Water Tables**

11. Early Head Start teachers will change water in table after each class. Head Start teachers will change water in table regularly.
12. Tables containing textured material (e.g. dry macaroni shells, rice, dry beans, etc.) must remain dry if kept overnight. If water is added to any textured material, it must be changed daily.
13. Jurassic sand will be discarded and replaced as needed. The sand table will be cleaned prior to pouring new sand. The sand will be sifted as needed by the classroom staff.
14. Dry table materials will be disposed of in a double-lined, securely tied garbage container.
15. In the event of contamination by body fluids, contents of the sand and water table will be emptied immediately.

### **Sanitation of Changing Tables and Diaper Pails**

16. Early Head Start teachers must clean and disinfect the diaper-changing table after each use with a disinfectant solution. The diaper-changing table pad must be removed weekly and the under lying surface must be thoroughly cleaned and disinfected.
17. Early Head Start teachers will empty diaper pails at least three times a day or more often if needed.
18. Diaper pail liners should be tied and thrown in a trash receptacle outdoors.
19. Once a week diaper pails must be cleaned with soap and water in the following manner:
  - Remove pail liner
  - Add soap and water to diaper pail.
  - Slosh it around in the pail several times.
  - Empty soapy water into a toilet.
  - Rinse with plain water emptying the pail each time into a toilet.
  - Spray with bleach water solution or disinfectant used by Child Care Center.
  - Let air dry.
20. A Classroom Sanitation Schedule will be in the Head Start/Early Head Start classroom or center completed by classroom staff and reviewed as per center policy.

## REGION 16 EDUCATION SERVICE CENTER

### Head Start/Early Head Start

**Subject:** Short Term Exclusion – Illness/Communicable Disease      **Section:** Health and Safety  
**Program:** Head Start/Early Head Start      **Date Revised:** March 23, 2015  
**Policy Council Approval:** March 25, 2015

---

---

**Regulation Reference:** 45 CFR Part(s): 1302.47(b)(7)(iii)  
40 TAC

#### **Policy:**

Children who have a suspected/diagnosed communicable disease will be temporarily excluded from the classroom. The State of Texas Department of Health Communicable Disease chart will be the instrument used to determine exclusion from the program, readmission requirements and reportable status ([see chart on following pages](#)). Regional schools will follow their campus exclusion policy. Early Head Start centers will follow the childcare center policies regarding short-term exclusion.

#### **Procedure:**

1. Teachers will make the Head Start/Early Head Start health staff, school nurse or childcare director aware of any suspected communicable disease after performing their morning health checks.
2. The health staff and/or the childcare center director will assess the child's medical condition.
  - The health staff will take the necessary action to notify the parents of illness or any contagious or suspicious skin rashes and fill out if needed an "Exclusion Notice to Parents" (HS.39). The staff will assist with arrangements for appropriate medical treatment.
  - A child whose illness requires that the child be sent home will be given appropriate attention and supervision until the child's parent arrives to remove the child.
  - A child with uncontrolled diarrhea or vomiting will be provided care apart from the other children. Extra attention must be given to hygiene and sanitation, until the parent or other person authorized by the parent arrives to pick up the child.
  - An ill child will not be admitted for care if one or more of the following exists:
    - 1) The illness prevents the child from participating comfortably in the facility activities.
    - 2) The illness results in a greater need for care than the staff can provide without compromising the health, safety, and supervision of the children.
    - 3) The child has any of the following;
      - a. An oral temperature of 101 degrees or greater; rectal temperature of 102 degrees or greater; armpit temperature of 100 degrees or greater; accompanied by behavior changes or other signs or symptoms of illness or until the health staff evaluation indicates that the child can be included in the facility's activities.
      - b. Symptoms and signs of possible severe illness (such as lethargy, uncontrolled breathing, uncontrolled diarrhea, vomiting illness, two or more episodes in 3 hours, a rash with fever, mouth sores with drooling, wheezing, behavior change, or other unusual signs) or until the health staff evaluation indicates that the child can be included in the facility's activities.

## Short Term Exclusion

### Page 2

- The child who has been diagnosed with a communicable disease; will need the health staff's evaluation or a physician's note determining that the child is no longer communicable and can participate in the facility's activities.
3. When a child is found to have head lice or nits the student WILL NOT be excluded from school. The Texas Administrative Code and the Department of State Health Services has removed the exclusion for head lice.
    - Positive or negative findings WILL NOT be reported to the teacher or other staff member due to confidentiality.
    - Health staff will notify the parents to inform them. The parents may pick up their child to treat them or choose to let them remain until the end of the school day.
    - Health staff will give the parent a handout on treatment options and encourage parent to treat everyone in the family.
  4. Children will be readmitted to the program by one of the following methods:
    - a. Evaluation of the condition by the Head Start/Early Head Start health staff, regional nurses, or childcare center staff.
    - b. Physician note attesting to the child's recovery and that they are not contagious.
    - c. Permit for readmission issued by the local health authority; and
    - d. After the period established by the Commissioner of Health.
  5. Regional schools will follow local ISD policies.

**Communicable diseases that exclude a child from care are defined by the Texas Department of Health (TDH) in 25 TAC §97.7 (relating to Diseases Requiring Exclusion from Child-Care Facilities and Schools).**

6. Head Start/Early Head Start health staff, regional school nurse or childcare director will notify the Department of Health of a reportable communicable disease within 24 hours.
7. Head Start/Early Head Start health staff or childcare directors will notify the State of Texas Day Care Licensing officials when required (not required for regional schools).
8. Head Start/Early Head Start health staff or childcare directors will notify other parents in the classroom or center when advised to do so by the Department of Health. This notification to parents will include education on prevention and treatment of the illness.
9. If a child does not return to the center in a timely manner, a staff member will contact the family to provide support, supplies and if necessary provide further education/instruction.
10. **If critical illness or injury requires immediate attention of a physician, Head Start staff will:**
  - a. **Contact emergency medical services or take the child to the nearest emergency room.**
  - b. **Give the child first-aid treatment or CPR when needed.**
  - c. **Contact the physician identified in the child's record.**
  - d. **Contact the parent**
  - e. **Ensure supervision of the other children in the group.**
  - f. **Complete the appropriate accident reporting form and document the action taken.**

**REGION 16 EDUCATION SERVICE CENTER**  
**Head Start/Early Head Start**

<b>Subject:</b>	<b>Tooth Brushing/Dental Caries Prevention</b>	<b>Section:</b>	<b>Health and Safety</b>
<b>Program:</b>	<b>Head Start/Early Head Program</b>	<b>Date Revised:</b>	<b>January 11, 2017</b>
<b>Policy Council Approval:</b>	<b>February 22, 2017</b>		

---

---

**Regulation Reference:** 45 CFR Part(s): 1302.43

**Policy:**

To promote and model dental hygiene in Head Start/Early Head Start children, tooth brushing will be part of the daily classroom experience. All Region 16, Head Start/Early Head Start Programs are in communities where the water fluoridation levels are at or above recommended levels, dental caries prevention education is introduced in centers and classrooms. A fluoride gel prevention routine is in place in participating centers and classrooms.

**Procedure:**

1. The family service assistant, classroom teacher, instructional assistant, or home educator will teach proper tooth brushing techniques to the children using puppets, books, stories, etc.
2. Children will brush their teeth in conjunction with meal times. Staff will be encouraged to brush their teeth with the children to model proper dental hygiene.
3. Teachers will store toothbrushes in holders to prevent contamination. Toothbrushes **must not touch** each other when stored. Toothbrush holders will **not** be stacked on top of each other when stored. Toothbrush holders will be cleaned with a soap and water solution, rinsed and dried on an as needed basis.
4. The teacher or instructional assistant will assist children in dispensing a “pea-size” amount of fluoridated toothpaste onto a piece of wax paper.
5. Children, with parental permission and school or center administrator permission, may participate in the dental caries prevention program. This program consists of a Head Start staff member putting one drop of fluoride gel onto a piece of wax paper and the child applying it to his/her toothbrush and brushing the teeth. This gel is applied once a week.
6. The staff will supervise the proper brushing of teeth and will wear gloves while assisting.
7. Teachers or instructional assistants will ensure that each child rinse their toothbrush before and after use. Early Head Start teachers will rinse the toddlers’ toothbrushes if the toddlers are unable to do it alone.

## **Tooth Brushing/Dental Caries Prevention**

### **Page 2**

8. New toothbrushes will be issued to children at least every three months or more often as needed. Toothbrushes will be given out throughout the year if bristles are worn, or a child has a contagious illness, including colds or flu.
9. Early Head Start teachers will **not** store toothbrushes in the diaper changing area or the toileting area.
10. Early Head Start will follow the recommended guidelines for infants and toddlers:
  - Infants with no teeth – teachers will continue to clean their gums with gauze and water after a bottle or meal.
  - After the older infant has teeth until two years of age – teachers will clean their teeth with toothbrush and water only.
  - At the age of 2 – teachers will use a pea-sized amount of fluoridated toothpaste on the child's toothbrush having the child spit as he/she is able.
11. Dental caries prevention and oral hygiene education materials are available for distribution for EHS pregnant women, infants and young children.



**REGION 16 EDUCATION SERVICE CENTER  
Head Start/Early Head Start**

**Subject: Vision Screening**  
**Program: Head Start/Early Head Start**  
**Policy Council Approval: May 2, 2012**

**Section: Health and Safety**  
**Date Revised: April 19, 2012**

---

**Regulation Reference:** 45 CFR Part(s): 1302.42(a)(2)(d)(1)(2)

**Policy:**

To identify children with vision concerns, the Head Start Program will provide vision screening, including strabismus screening within 45 days of entry into the program for all children.

**Procedure:**

1. The Head Start family service assistant, home educator, LVN, or classroom teacher will be encouraged to familiarize the Head Start children with the vision screening procedure prior to the actual screening.
2. Parents will be informed of all screenings at the time of enrollment.
3. **Head Start** will use an age appropriate screening instrument such as the HOTV or Tumbling E, at the manufacturers recommended distances.
4. Every effort will be made to screen children in their native language.
5. If a child fails the initial screening, a second screening will take place as soon as possible to expedite referral to a provider.
6. Parents will be notified through a "Referral for Services" (HS.18) if the child fails the vision screening a second time. Referral plans will be made with parents to access the services of an appropriate community health provider or community agency. All sources of reimbursement will be explored prior to Head Start paying for these services or corrective lens.
7. All screening staff members will be certified to perform the vision screening.
8. Any child having difficulty with the testing procedure and children below three years of age will be tested using behavior response methods.