

PROCEDURES

HEAD START/EARLY HEAD START HEALTH AND SAFETY

- 1. Daily Health Assessment Good Morning Health Check**
- 2. Daily Health Assessment of Children**
- 3. Defensive Driving**
- 4. Dental Exam and Follow-up**
- 5. Formula/Breast Milk Storage and labeling**
- 6. Gloving Policy**
- 7. Hand Washing**
- 8. Health Communication**
- 9. Health Forms and Recording**
- 10. Maintenance and Procurement of Health Supplies**
- 11. Microwave Use**
- 12. Payment for Child Medical Dental Services**
- 13. Provider Appointments**
- 14. Safety and Injury Prevention**
- 15. Special Needs Evaluation and Care Planning**
- 16. Staff and Volunteer Health Requirement**
- 17. Staff Health Education**
- 18. Toxin Free Environment**
- 19. Travel and Home Visitation Safety**
- 20. Work Place Safety**

PROCEDURE

GOOD MORNING HEALTH CHECK

Each Head Start/Early Head Start child receives a visual check-up for:



General Appearance

Obvious Signs of Illness

Complaint of Illness by Child or Parent

Hair (clean, free of lice)

Eyes (red, matted)

Runny Nose or Severe Cough

Rash

Bruises, Cuts, Sores

Vomiting or Diarrhea

Appetite Change

Bowel or Bladder Concerns

Change in Behaviors

IF THE CLASSROOM STAFF HAS ANY CONCERNS, YOU WILL BE NOTIFIED AND IF NECESSARY, ASKED TO PICK UP YOUR CHILD.

**PROTECT ALL THE CHILDREN.
IF YOUR CHILD IS ILL,
PLEASE DO NOT BRING HIM/HER TO CLASS.**

PROCEDURE

REGION 16 EDUCATION SERVICE CENTER Head Start/Early Head Start

Subject: Daily Health Assessment of Children	Section: Health and Safety
Program: Head Start/Early Head Start	Date Revised: August 14, 2017
Regulation Reference:	45 CFR Part(s): 1302.42(c)(2)

1. The teaching staff will check each child upon arrival using the Good Morning Health Check as a guide. (see Parent Handbook). This routine should be accomplished in a non-threatening manner (i.e., greeting games can be used). This check should be done before the parent or guardian leaves the child in the room so those children who appear to be ill can be taken home or to the doctor/clinic as appropriate. **Children who appear to be ill should not remain in the classroom with other children until evaluated.**
2. The following is a list of possible signs/symptoms to check:
 - General appearance: body, hair, clothing, clean diaper clean and dry;
 - Emotions: happy, sad, scared;
 - Energy level: tired;
 - Extreme hunger in the mornings. Does the child behave or look differently? Does the child complain of not feeling well?
 - Fever may be present if child appears fatigued, or lethargic.
 - Hair: Check for lice, check for itchy scalp, and check to see if hair is clean.
 - Hands: Check for sores, wounds, or unusual burns or scars.
 - Arms and legs: Check for unusual cuts, bruises, burns, rope marks, or new sores or wounds. Talk with the child to find out how the injury occurred and when.
 - Face and Head: Check for cuts, bruises, sore spots (may check by lightly rubbing hand over head when greeting child). Check for irritated, red or matted eyes.
 - "Hidden" Areas: Watch for obvious signs of physical or sexual abuse during first bathroom break/diaper change (bruising, pain during urination or bowel movement, bleeding).
 - Skin: Check for rashes or skin irritations.
 - Feet: Check for sores, wounds, or bruises (may check during naptime).
 - Obvious signs of illness: Check for lethargy; runny nose; red, irritated, watery, or swollen eyes; upset stomach; warm to the touch.
 - Does the child appear dehydrated or fail to urinate, fail to eat or drink as much as usual?
 - Does the child have hard stools or diarrhea? Has the child vomited?
 - **NOTE: Signs/symptoms observed will be reported to medical staff and/or child care center director.**

Daily Health Assessment of Children

Page 2

3. If any signs/symptoms are noted, the teacher or aide should write specific details of the observation on the Parent Communication Form (HS.37) for Head Start and Daily Communication Sheet for Early Head Start (EHS.16) and make the health staff aware of observations.

4. Health protocols signed by the Pediatric Department Head at Texas Tech University Health Science Center are kept in the health rooms at the Cleveland and Nelson Street centers and will be utilized as necessary. The protocols include:
 - Finger Stick
 - Minor Wound Care
 - Referral of Children with Elevated Blood Pressure
 - Treatment of Conjunctivitis
 - Treatment of Head Lice
 - Use of Pulse Oximeter
 - Management of Food Allergies
5. Parents will be empowered to handle the medical needs of their child by staff providing information on community resources for medical services and transportation. Staff will follow up to see if services were obtained for the child.
6. **If child abuse/neglect is suspected refer to the Child Abuse policy.**
7. Head Start Behavioral Specialist, Early Head Start Coordinated Services Specialist will be notified of any developmental or behavioral changes in a child.

PROCEDURE

REGION 16 EDUCATION SERVICE CENTER Head Start/Early Head Start

Subject: Defensive Driving	Section: Health and Safety
Program: Head Start/Early Head Start	Date Revised: August 14, 2017
Regulation Reference:	45 CFR Part(s): 1302.92(b);1306.23

1. The Head Start administrative assistant will arrange Defensive Driving training as needed to ensure that certification remains current for those employees for which it is required.
2. The administrative assistant will notify employees when it is time for them to recertify in Defensive Driving.
3. The employee will submit the original certification card to the administrative assistant.
4. Head Start classroom staff will post the original certification card in the classroom or office.
5. Employees will complete recertification before the current certification expires.

PROCEDURE

REGION 16 EDUCATION SERVICE CENTER Head Start/Early Head Start

Subject: Dental Exam and Follow-Up	Section: Health and Safety
Program: Head Start/Early Head Start	Date Revised: August 14, 2017
Regulation Reference:	45 CFR Part(s): 1302.41(b)(1); 1302.42(e)(2)(c)(3)(d)(2)

An oral screening will be performed as soon as possible after a child's entry in the program. Dental needs will be prioritized based on this assessment. Priorities are as follows:

- 1) Needs routine care
- 2) Needs attention soon
- 3) Needs attention immediately

1. Per periodicity schedule a licensed dentist will examine all Head Start/Early Head Start children six months of age and older within 90 days of the child's entry into the program. Exceptions include children with a dental home and proof of dental exam and children whose parents refuse this service.
2. Center health staff and family service assistants will identify students to be seen at dental clinic and make lists to include Medicaid number and primary dentist.
3. Health Staff will review the child's health history and provide the dentist with a copy upon initial exam.
4. The dentist will provide a record and/or a dental plan of service to the Head Start program. The family services assistant or home educator will review this dental plan with the parent and obtain an informed consent/approval.
5. The center LVN, health aide, home educators and dentist's schedule clerk will set up the follow-up appointments.
6. Parents will be notified by the family services assistant or home educator preferably in person or by telephone, of each dental appointment. If the family services assistant or home educator is unable to contact parents, this may be done by sending the parent an appointment card or Parent Communication Form (HS.37). Every attempt must be made to remind parents of a child's upcoming appointment. The family services assistant or home educator will also inform the parents of specific dentist office policies and make certain the parent has the paperwork to take to the appointment
7. The family services assistant or home educator will make every effort to assist parents in obtaining Medicaid or CHIPS insurance prior to treatment. Head Start funds may be used when documentation is provided showing no other source of funding is available.

Dental Exam and Follow-Up

Page 2

8. The center health staff is responsible for maintaining dental information that includes the following on each of his/her assigned children:
 - Emergency Consent/Contact on the Child Admission Form (HS.122A)
 - Child Dental Record and Informed Consent (HS.34)
 - Copy of Child Health/Dental History on the Health Admission Form (HS.122B) with allergies written in red
 - Copy of Medicaid, CHIPS or other dental insurance cards

9. The health staff, family service assistant and/or home educator will notify parents to remind and assist them if needed to make arrangements for periodicity visits to the dentist every six months.

PROCEDURE

REGION 16 EDUCATION SERVICE CENTER Head Start/Early Head Start

Subject: Formula/Breast Milk Storage and Labeling	Section: Health and Safety
Program: Early Head Start	Date Revised: August 14, 2017
Regulation Reference:	45 CFR Part(s): 1302.44(a)(2)(viii)
State of Texas Day Care Licensing Minimum Standards	Appendix 5 Section 5500D

1. Parents have the right to breast feed or provide breast milk to their children. A private place will be provided upon request.
2. All bottles of breast milk and formula will be refrigerated until immediately before feeding, and any contents remaining after a feeding are discarded immediately.
3. Staff and parents will work together to ensure that all containers of breast milk and formula are clearly labeled with the child's name, and used only for the intended child.
4. Bottles of formula will reflect the date of opening.
5. Bottles of breast milk will reflect the date of expiration. Unused breast milk and formula are discarded after 48 hours, if refrigerated, or after 3 months, if frozen. Frozen breast milk and formula are thawed in running warm water, or in the refrigerator, never in the microwave (See Microwave Policy). Once frozen breast milk thaws, it is used within 24 hours and is never refrozen. Thermometers are to be kept in refrigerator and logged daily to ensure temp is kept at or < 40°.
6. Bottles will be cleaned according to the Day Care Center's policy. Either they will be cleaned in the dishwasher or cleaned using the 3-sink method.

PROCEDURE

REGION 16 EDUCATION SERVICE CENTER Head Start/Early Head Start

Subject: Gloving	Section: Health and Safety
Program: Head Start/Early Head Start	Date Revised: August 14, 2017
Regulation Reference:	45 CFR Part(s): 1302.47(5)(6)

1. Disposable vinyl examination gloves will be used at the following times:
 - When changing or diapering a child.
 - When assisting with brushing of teeth.
 - When in contact with any body fluids.
 - When away from a water source and wiping runny noses.
 - When performing lead and hemoglobin screening.
2. Disposable poly gloves will be used by kitchen staff and for food service in the classroom.
3. Gloves will be available to teachers, health staff, and kitchen staff. Gloves will be stocked in fanny packs, travel bags, and first aid kits.
4. Soiled gloves will be changed between each child, except when serving food, where gloves are not soiled. It is prudent practice to make sure the gloves are intact before using them. If the gloves are torn, cut, or punctured, remove them immediately and put on a new pair.
5. Head Start/Early Head Start staff will wear gloves when changing diapers and remember to remove gloves after removing the soiled clothing and diaper.
6. After removing gloves, hands will be washed as outlined in the Hand washing procedure.

PROCEDURE

REGION 16 EDUCATION SERVICE CENTER Head Start/Early Head Start

Subject: Hand Washing	Section: Health and Safety
Program: Head Start/Early Head Start	Date Revised: August 14, 2017
Regulation Reference:	45 CFR Part(s): 1302.47

1. Children, staff and volunteers will wash their hands with liquid soap and running water, and using friction.
2. Children, staff and volunteers will wash the palms, back of hands, between fingers, wrists, and under the fingernails.
3. Hands will be rinsed off with a stream of running water and dried with disposable paper towels.
4. Younger toddlers and infants in the Early Head Start Program will have their hands washed by staff or a volunteer using a washcloth or paper towel saturated with liquid soap and water. The staff will clean between the fingers, back of hands, palms, and wrists and rinsed off with a stream of running water. Disposable paper towels will be used to dry hands and then discarded. A new paper towel or wash cloth will be used for each child.
5. Children, staff and volunteers must wash their hands with soap and running water, at a **minimum**, during the following times:
 - a. After diapering, toilet use or assisting a child in changing soiled clothing;
 - b. Before eating, handling foods, or any other food related activity;
 - c. Whenever hands are contaminated with blood or other bodily fluids;
 - d. After handling pets or other animals;
 - e. After outdoor play;
 - f. After wiping noses and mouths.
6. Staff and volunteers must also wash their hands with soap and running water, at a **minimum**, during the following times:
 - a. Before and after giving medication or before and after medical procedures;
 - b. Before and after giving first aid;
 - c. After wiping noses, mouths, bottoms, or sores;
 - d. After cleaning surfaces soiled with body fluids (blood, mucus, vomit); and
 - e. After taking off disposable gloves.
7. An ultraviolet light and lotion will be used, when available, to teach children, staff and volunteers good hand washing technique.
8. If necessary staff may use antibacterial gel, but it is not encouraged as a routine procedure.

PROCEDURE

REGION 16 EDUCATION SERVICE CENTER Head Start/Early Head Start

Subject: Health Communication	Section: Health and Safety
Program: Head Start/Early Head Start	Date Revised: August 14, 2017
Regulation Reference:	45 CFR Part(s): 1302.46(a)(b)(i)

1. Parents will be notified immediately of any accident or emergency and are given a copy of the Child Accident Report (HS.38) or Incident/Illness Report (form 7239) or Parent Communication Form (HS.37). Refer to Accident Report Policy (MD-1)
2. Parental consent for health screenings is shown by a signature on the Parent Agreement for Services on the Child Admission Form (HS.122A). Parents are notified when lead and hemoglobin screenings are going to be performed either by posting a flyer in the centers or sending it home with the child, face-to-face or telephone communication. Parents are informed of the results on the Parent Notification of Health Screenings/Results (I-HS .40).
3. Parents are encouraged to discuss with and prepare their child for all health procedures/screenings. A rationale for health services and a developmentally appropriate explanation of health services, an explanation of benefits, and a list of health providers are provided to parents as soon as possible after enrollment.
4. A Head Start Child Dental Record and Informed Consent (HS.34) will be signed for needed Head Start dental treatment.
5. Efforts will be made to document all communication between parents and the health staff concerning health services.
6. A communication folder will be used to allow two-way communication between staff and parents on a regular basis.
7. A data management system and a Referral Tracking System (RTS) can be accessed on the computer. Health staff can track results of screenings, physical and dental exams, height, weight, and referral status on these systems.
8. Release of Information (HS.09) is signed by the parents to allow staff to obtain health/dental records to assure a child is up to date with those services per the Texas Healthy Steps Periodicity Schedule.
9. Members of the Health Advisory Committee will receive information of planned meetings, procedures, policies, program plans and the budget. Minutes of meetings will be kept and sent to members.
10. Interoffice Referral for Services (HS.79) allows communication between staff.
11. Health staff will submit health education articles to Head Start parents as requested.

PROCEDURE

REGION 16 EDUCATION SERVICE CENTER Head Start/Early Head Start

Subject: Health Forms and Recording	Section: Health and Safety
Program: Head Start/Early Head Start	Date Revised: August 14, 2017
Regulation Reference:	45 CFR Part(s): 1302.42(b)(4)(d)(2)

A complete, up to date health record for each child enrolled in the program is maintained. This health information is available to the parents and provided to the parents as a summary of health services. A record of health services is also provided for transition information to our parents. Clear policies concerning confidentiality are established.

The health record should contain at least the following information:

1. Telephone numbers where the parents and a least two emergency contacts can be reached always are noted on the Child Admission Form (HS.122A).
2. The name, address, and telephone number of the child's regular health care provider and dentist is noted on the Health Admission Form (HS.122B).
3. The annual medical and dental examination, immunizations and specialist's records will be filed in the data management system.
4. Results of all screenings and assessments are recorded on the "Parent Notification of Health Screenings/Results" (I-HS.40) and a copy of this record is provided to the parent as soon as possible after screenings are completed.
5. Health Admission Form (HS.122B) with the Health History, TB questionnaire and other health information
6. The "Parent Agreement" is located on the Health Admission Form (HS.122B) authorizes emergency health care. The parents are notified of action taken immediately.
7. Reports of all injuries or illnesses that occur while the child is present in the program are recorded on the "Incident-Accident Report" (Form 7239) and "Parent Communication Form" (HS.37).
8. Individual medication records are maintained for all children receiving medication during school hours "Head Start/Early Head Start Medication Sheet" (HS.19) or medication sheets used in the satellites.
9. Reports of referrals and follow-up action are recorded on "Referral for Services" (HS.18) or "Interoffice Referral for Services" HS.79) and in data management system.

Health Forms and Recording

Page 2

10. Notes concerning any health communication from parents or health providers are kept in the child's folder or in the center's health room.
11. Documentation of staff exams and screenings are on file in the appropriate administrative assistants' office.
12. All Head Start staff will assemble, organize and file documents as needed and required in the children's individual folders.
13. Medical and dental contracts, community partners' agreements are on file and updated annually, biannually, and /or automatic renewal. Changes are made with Executive Director approval.

Any specialist reviewing a child's record must sign the confidentiality sheet on the front of the record. Any person checking a folder must sign, date, state purpose, etc.

PROCEDURE

REGION 16 EDUCATION SERVICE CENTER Head Start/Early Head Start

Subject: Maintenance and Procurement of Health Supplies	Section: Health and Safety
Program: Head Start/Early Head Start	Date Revised: August 14, 2017
Regulation Reference:	45 CFR Part(s): 1302.47(1)(vi)

1. Health supplies (medical and dental) will be available always for the classrooms and health rooms.
2. Health supplies will be ordered from approved suppliers by the Head Start health secretary with approval by a Head Start RN. A supply/equipment requisition form will be completed and forwarded to administration.
3. When it is noted that classroom health supplies are getting low, a written request should be given to the Head Start health secretary.
4. All requests for special equipment should be in written form with adequate information on the equipment, and its use and purpose. Request to purchase form must be submitted to the Health Coordinator.
5. Supply storage will be monitored on a regular basis. Designated Head Start/Early Head Start staff will check First Aid kits in their assigned classrooms.

PROCEDURE

REGION 16 EDUCATION SERVICE CENTER Head Start/Early Head Start

Subject: Microwave Use	Section: Health and Safety
Program: Early Head Start	Date Revised: August 14, 2017
Regulation Reference:	45 CFR Part(s): 1302.47(b)(iv)

1. Microwaves may be used for heating water only. Bottles of formula, breast milk and/or containers of baby food will be placed in the warm water for warming.
2. Bottles of formula, breast milk or containers of baby food will **never** be warmed in a microwave oven. Microwaves break down the nutrients as well as heat unevenly causing severe burning.
3. Microwaves can be used for warming up a refrigerated meal for toddlers that was missed due to napping, appointments, etc.
4. Microwaves will be cleaned after each use.

PROCEDURE

REGION 16 EDUCATION SERVICE CENTER

Head Start/Early Head Start

Subject: Payment for Child Medical and Dental Services	Section: Health and Safety
Program: Head Start/Early Head Start	Date Revised: August 14, 2017
Regulation Reference:	45 CFR Part(s): 1302.42(e)(2)

1. At the time of the child's application interview for acceptance in the HS/EHS program, parents/guardians will be questioned regarding the child's current medical coverage status, e.g. private insurance, Medicaid, CHIP, etc. Current Medicaid and CHIP information will be given to the parent/guardian as well as a list of up-to-date, active Medicaid providers. Parents/guardians whose children do not have medical coverage will be encouraged and assisted to apply as soon as possible.
2. After the child has been accepted in the HS/EHS program, a home visit will be made by the HS/EHS staff. The parent/guardian will be asked for the child's medical/dental coverage. If the child does not have current coverage, the Family Services staff will actively assist the parent/guardian in the application process.
3. Throughout the school year, every effort will be made to provide the parent/guardian with information on available medical/dental coverage programs and to assist them in the application process. This will be accomplished by home visits, speaking with parents on the telephone, written information, parent meetings, etc.
4. If a child has medical/dental coverage, the HS/EHS staff will instruct the parent/guardian to take the verification of coverage to any of the child's medical, dental or therapy appointments, or provide a copy to the Family Services staff.
5. If a child does not have medical/dental coverage or does not qualify for coverage, the Family Services staff will notify a nurse to inform them of the amount of necessary services.
6. When HS/EHS is the payer, it will be verified that the provider will accept HS/EHS payment and a Provider Billing Information Form (HS.25) completed.
7. Private insurance, CHIP or Medicaid will always be the primary payor for routine or chronic medical or dental care. If a child has been denied coverage by these programs HS/EHS will pay a limited amount if the parent is unable to pay or can pay only a small portion. For HS/EHS to pay for any portion of this service the need for the service must be documented, the cost of the service must be reasonable and allowable, and HS/EHS funds must be available.

Payment for Child Medical and Dental Services

Page 2

8. Limitations on the use of HS/EHS funds are as follows:
 - Initial consult and follow-up treatment for acute illness not to exceed \$300 per child per program year.
 - Initial consult and follow-up treatment for chronic illness not to exceed \$500 per child per program year.
 - Prescriptions not to exceed \$150 per child per program year.
 - Dental exam and follow-up treatment not to exceed \$700 per child per program year.
 - Therapy not to exceed \$175 per week per child per program year.
 - Eye exam and eyeglasses not to exceed \$200 per child per program year.
 - A child with special needs or special circumstances will be reviewed on an individual basis by the HS/EHS Registered Nurse(s) and a HS administrative team member and the Deputy Executive Director for Services and Programs to determine if there is a need to increase the above limitations. If it is determined that an increase is appropriate, a "Payment for Child Medical/Dental Services Agreement Form" will be completed and signed by the HS/EHS Director, the HS/EHS Specialist and the parent(s).

9. HS/EHS funding will not be utilized for payment to hospitals or day surgery centers for surgical procedures unless approved by the Head Start Director. Payment can be made to the surgeon for his services. Every effort will be made to assist the parent/guardian to obtain some form of coverage for these procedures.

10. Children, who do not have medical coverage and need the services of an optometrist/ ophthalmologist, will be referred to the Sight for Students program. The Sight for Students program will cover the cost of services in some cases, if this is not available, Head Start funds will be utilized.

11. All children's records must have documentation on the following:
 - medical coverage status,
 - attempts to assist parents with obtaining coverage, and
 - reason for use of HS/EHS funds.

PROCEDURES

REGION 16 EDUCATION SERVICE CENTER

Head Start/Early Head Start

Subject: Provider Appointments	Section: Health and Safety
Program: Head Start/Early Head Start	Date Revised: February 9, 2001 Date Reviewed: January 10, 2011
Regulation Reference:	45 CFR Part(s): 1302.53

1. When scheduling an appointment with a provider, the staff/parent will always have the following information available for the scheduling clerk:
 - Child's Name
 - Date of Birth
 - Parents Name
 - Address with Zip Code
 - Telephone number where parent can be reached or message left (If no phone is available, leave a Head Start/Early Head Start contact number)
 - Method of Payment
 - Purpose for Appointment
2. Parents will be notified, preferably in person or by telephone, of appointment date, time and location. If unable to contact them, this may be done by home visit or by sending the information to the parent on an appointment card or "Parent Communication Form" (HS.37).
3. Parents should be reminded of the appointment the day prior to the appointment and transportation plans confirmed at that time.
4. A parent or close relative who is very familiar with the child must be at all medical appointment, excluding emergencies. In the case of an emergency, treatment is to be obtained immediately and the parent notified as soon as possible.
5. Upon arrival to the appointment the parent or Head Start/Early Head Start representative will sign in or notify the provider of their presence. Arrival should be 5-10 minutes prior to the appointment. At this time the provider will be given the "Provider Billing Form" (HS.25) and any records or documentation needed for the visit.
6. Head Start/Early Head Start staff should never leave children unattended for any reason. Activities will be taken to keep the children occupied while they wait. Books and puzzles are very helpful. Parents and/or staff should read and interact with the children. This is an excellent opportunity to instruct on health related issues.
7. Prior to leaving the appointment, the staff/parent will check with the receptionist to make certain there is nothing further they may need. If this is a medical appointment, the staff will make certain the child's parent has signed a "Release of Information" (HS.09) and give it to the provider.

Provider Appointments

Page 2

8. If there should ever be any type of conflict while attending an appointment, the staff should never engage in argumentative conversation. The staff will politely excuse themselves and report the situation to their supervisors or appropriate specialists.

.

PROCEDURE

REGION 16 EDUCATION SERVICE CENTER Head Start/Early Head Start

Subject: Safety and Injury Prevention	Section: Health and Safety
Program: Head Start/Early Head Start	Date Revised: January 8, 2013
Regulation Reference:	45 CFR Part(s): 1302.46(b)(v)(b)(4)(J), 1302.47(a)(b)(I)

1. Children, when developmentally appropriate, will be taught safety and injury prevention by teachers or health staff.
2. Safety issues and common occurrences in playground injuries will be reported to the playground safety inspector for corrective action.
3. Safety information will be distributed to parents and the “Parent Safety Tips” (I-HS.07) will be used by health and teaching staff to educate parents regarding home safety.
4. Pedestrian safety, loading/unloading vehicles safety and car seat safety will be taught to children and families by the teaching staff, family service assistant or home educator.
5. All staff will remain current in First Aid, CPR, and blood borne pathogens training.
6. Playground/Safety Inspector or designated person will make scheduled visits to centers and classrooms ensuring a safe environment using the classroom safety checklist form at least 3 times a year.
7. Parents are invited to attend First Aid, CPR and Bloodborne Pathogen training.

PROCEDURE

REGION 16 EDUCATION SERVICE CENTER Head Start/Early Head Start

Subject: Special Needs Evaluation and Care Planning	Section: Health and Safety
Program: Head Start/Early Head Start	Date Revised: April 19, 2012
Regulation Reference:	45 CFR Part(s): 1302.61(a)(b)(c)(l)(i)(v)(2)(i)(ii), 1302.62(a)(b)(1-4)(a)(b)(c)(1)(2)(d)

1. Referrals will be made on the "Interoffice Referral" (HS.79) or "Referral for Services" (HS.18).
2. Each referral will be evaluated, the parent contacted and, if necessary, a care plan prepared and implemented as soon as possible.
3. Parents will be an integral part of the gathering of information, delivery of medical care and development and implementation of a classroom care plan.
4. Documentation of services will be made by utilizing regular health forms, and in addition, children with special needs may have documentation on nursing notes, care plans, or Student Success Team staffing forms.
5. Delivery of services to a child with special needs is performed in coordination with other specialists, family service assistants, home educators, school and center nurses, as well as the child's parents. Children below three years of age may be referred to ECI.
6. The special needs RN, disability specialist, or family services staff will attend staffing, ARD meeting and IFSP meeting as necessary.
7. Special needs information will be included in the transition forms given to all Head Start/Early Head Start parents to use when enrolling the child in their next school.

PROCEDURE

REGION 16 EDUCATION SERVICE CENTER Head Start/Early Head Start

Subject: Staff and Volunteer Health Requirements	Section: Health and Safety
Program: Head Start/Early Head Start	Date Revised: February 15, 2016
Regulation Reference:	45 CFR Part(s): 1302.93, 1302.94

1. New employees will be required to have a physical screening and will complete the Tuberculosis Risk Questionnaire (HS.61) to determine if testing is needed. Staff members and regular classroom volunteers working in high risk areas will be educated concerning the need to consult with their physician regarding TB testing.
2. Health staff will be available to evaluate any employee health questions or concerns in the identified risk groups (see Bloodborne Pathogen Policy).
3. New Head Start/Early Head Start employees are highly encouraged to obtain the Hepatitis B vaccination series if desired.
4. The records of staff exams, TB questionnaire or testing, and Hepatitis B vaccinations are kept in the health staff administrative assistant's office in a locked file cabinet.
5. Mental health and wellness information and services are available for staff and families.

PROCEDURE

REGION 16 EDUCATION SERVICE CENTER Head Start/Early Head Start

Subject: Staff Health Education	Section: Health and Safety
Program: Head Start/Early Head Start	Date Revised: March 23, 2015
Regulation Reference:	45 CFR Part(s): 1302.47

1. Health education information or training in the following areas will be offered to staff as needed.
 - Disease prevention/communicable disease
 - Recommended adult vaccinations
 - Nutrition Education
 - Wellness
 - Classroom Safety
 - Playground Safety
 - Safe Workplace Practices
 - Bloodborne Pathogens
 - Emergency Preparedness and Triage Information
 - Medication administration
 - Stress Management
 - Integration of Health Education in the classroom
 - Crisis Intervention
 - All health and nutrition related policies and procedures
 - First Aid and CPR
 - Other health and nutrition topics as requested
2. The Health Specialist will receive updated preventive health and wellness information through available medical newsletters, bulletins, e-mails and trainings.
3. Head Start staff members will be recruited to serve with the Health Advisory Committee, the Crisis Assistance Team, and Head Start safety committee. Education and training is provided to staff members.
4. Each staff member is provided orientation to the Head Start/Early Head Start program that includes the philosophy of Head Start/Early Head Start health.
5. Methods for identifying and reporting child abuse and neglect that comply with State and local laws are taught to staff annually.

PROCEDURE

REGION 16 EDUCATION SERVICE CENTER Head Start/Early Head Start

Subject: Toxin Free Environment	Section: Health and Safety
Program: Head Start/Early Head Start	Date Revised: January 8, 2013
Regulation Reference:	45 CFR Part(s): 1302.47(B)(i)(ii)(iii)

1. The Head Start/Early Head Start employees, volunteers and visitors are prohibited from the use of tobacco, alcohol, and illegal drugs in all spaces used by the program.
2. Spaces used by the program includes classrooms, offices, kitchens, restrooms, parent and staff meeting rooms, hallways, outdoor play areas and vehicles used for transporting children.
3. No child will be present during the spraying of pesticides or herbicides. Children will not return to the affected areas until it is safe to do so or until State of Texas Daycare Minimum Standards allows.
4. The policy will be enforced at all times.

PROCEDURE

REGION 16 EDUCATION SERVICE CENTER Head Start/Early Head Start

Subject: Travel and Home Visitation Safety	Section: Health and Safety
Program: Head Start/Early Head Start	Date Revised: April 19, 2012
Regulation Reference:	45 CFR Part(s): 1302.46(a)

All Head Start/Early Head Start staff will follow the instructions below when traveling and /or making home visits.

1. When performing a home visit in an unfamiliar area, consider taking another staff member along, as there is safety in numbers. The staff member is to call 911 at any time they feel they may be in danger.
2. If you are going alone, you should notify another staff member and inform them when you are going, the address you will be visiting, approximate visit length and your cell phone number.
3. Whenever possible, the parent is to be notified and approve the home visit. When getting this approval, obtain good directions to the home and plan a route.
4. Always sign-out with the address of your home visit and insure that at least one person in the office knows your location.
5. Keep your car in good working order with sufficient gasoline in the tank.
6. Wear your seat belt.
7. Always keep windows up and car locked.
8. Be alert and observant of your surroundings.
9. Secure personal items out of view.
10. Park in open, well-lit areas. Avoid parking in or by alleys. Park near lights and where you have an easy exit.
11. Do not linger in your car. Be prepared to start the engine and leave immediately.
12. Always check the back seat prior to entering the car.
13. While driving, allow room between you and the vehicle in front of you to provide an avenue of escape.
14. Do not stop or leave your vehicle if you are bumped by another car in an area that you are unfamiliar with or that you feel is dangerous. Do not roll down window for stranger.
15. Never transport hitchhikers or stranded motorists.

Travel and Home Visitation Safety

Page 2

16. Do not get out of your vehicle if there is suspicious activity in area. Leave the area immediately.
17. Do not enter a building or a parent home if you do not feel it is safe or there is unrest in the area or home. If domestic violence or potential violence is present, leave immediately. Offer to meet the parent and child at a public place for the visit.
18. Do not enter the home without someone answering the door and do not enter the home if only a child answers the door. If young children are at home alone, police should be called. Leave the home immediately if an unsafe situation arises. ***Trust your instincts.***
19. Do not touch animals, do not go near or assume they are friendly. Request that pets be properly secured during a home visit. Back away, never run from a dog.
20. Notify your supervisor if there are any problems that develop when traveling or during a home visit. This could help protect co-workers.
21. Emergency First Aid equipment is a requirement in vehicles transporting Head Start children.
22. Regional staff are to follow all Head Start safety regulations as well as those of their school district.
23. Family services and health staff will make home visits for the following services:
 - To familiarize parents with the health screenings and any needed child services.
 - To assist parents with a home safety checkup and/or plan and to distribute safety and health information.
 - To complete health and social service paperwork.
 - To check on a child's prolonged absence from school or Home Base home visits and aid as needed.
 - To evaluate the family's needs as identified and to arrange for services to address these needs
 - To provide required screening.
 - To assist parents in setting goals and identifying strengths to help meet these goals.

PROCEDURE

REGION 16 EDUCATION SERVICE CENTER Head Start/Early Head Start

Subject: Work Place Safety	Section: Health and Safety
Program: Head Start/Early Head Start	Date Revised: February 15, 2010 Date Reviewed: March 23, 2015
Regulation Reference:	45 CFR Part(s): 1302.47

1. All office furniture and equipment will be in good condition and positioned so that drawers do not open into halls or walkways.
2. Lower file cabinet drawers are used for heavier loads so that upper drawers are not disproportionately heavy. Only one drawer should be opened at a time and handle should be used to open and close drawers.
3. Furniture should never be used as a stepping stool.
4. Office chairs will be in good repair, roll properly and have a smooth even surface to operate on.
5. Head Start/Early Head Start personnel should always obtain assistance to move heavy objects.
6. Aisles will be three to four feet wide for two-way traffic, and should be clear of any equipment, furniture, electrical cords or debris.
7. Floors, aisles, halls and stairways should be properly lighted, clear of loose objects, extension cords, wastebaskets, pencils, bottles, etc.
8. Electrical or telephone outlets in the floor should be protected by arrangement of furniture or other means to minimize trip hazards.
9. Carpets will be secure. Curled edges or torn pieces will be repaired promptly.
10. Office machines will be grounded if they are equipped with a ground wire or three-prong plug.
11. Electrical cords will be in good repair. Loose plugs, worn insulation, or defective outlets will be repaired promptly.
12. Wall outlets will not be overloaded by connecting additional machines with adapters or extension cords.
13. Supplies will be stored in safe condition and in an orderly manner.
14. Tops of filing cabinets will not be used to store materials.

Work Place Safety

Page 2

15. Glass doors will have bars of highly visible markings to prevent someone from walking or running through them.
16. Cabinets with doors will not open into walkways or halls.
17. All moving parts of machinery will be properly covered.
18. A safe secure ladder will be used when individuals must reach high places.
19. Classroom staff purses will be stored in a secure area out of sight of children.
20. Fire extinguishers will be securely mounted to walls.
21. Employees will be trained in emergency preparedness.
22. Region 16 ESC employees are required to complete an Accident/Injury report when needed. District and childcare employees report accidents and injuries per the local school district or childcare center policy.