HEAD START/EARLY HEAD START
HEALTH AND SAFETY POLICIES

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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 and 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.
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.
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. 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.
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.
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:
• 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
• 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


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**

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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.
**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. 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 HS/EHS 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.
Policy:

Head Start/Early Head Start’s commitment to wellness embraces a comprehensive vision of health for children, families, and staff. 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 health care is not available Head Start/Early Head Start will begin the process to assist the parents in accessing a source of care.

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
   - Immunization Records
   - Developmental Screenings
   - Physicians Well Child Check
   - Special Needs Records
   - 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.
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
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.

<table>
<thead>
<tr>
<th>Form/Task</th>
<th>Person Responsible</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Packet:</td>
<td>Trained Staff Member</td>
<td>Spring or as Needed</td>
</tr>
<tr>
<td>1. Head Start Eligibility Verification (HS.102)</td>
<td></td>
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<tr>
<td>2. Children are Healthy (I-HS.09)</td>
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<tr>
<th>Form/Task</th>
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<th>Timeline</th>
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</thead>
<tbody>
<tr>
<td>Forms Completed at Initial Home Visit:</td>
<td>Teacher</td>
<td>Before child attends class</td>
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<tr>
<td>1. Child Admission Form (HS.122A)</td>
<td></td>
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<tr>
<td>2. Center Policies (with handshake page)</td>
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<td>3. Parent Handbook</td>
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<td>4. Child Behavior Checklist (2 pages) (HS.44)</td>
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<td>5. Volunteer Information Form (HS.15)</td>
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<td>6. Pedestrian Safety Information (HS.68)</td>
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<tr>
<th>Form/Task</th>
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</thead>
<tbody>
<tr>
<td>First Family Services Contact:</td>
<td>Family Services Assistant</td>
<td>Within 3 weeks of enrollment</td>
</tr>
<tr>
<td>1. Health Admission Form (HS.122B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Nutrition History (HS.47)</td>
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<td></td>
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<tr>
<td>3. Resources for Interests/Needs/Strengths/Goals</td>
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<tr>
<td>4. Release of Information (HS.09), if applicable</td>
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<tr>
<td>5. Family Partnership Agreement</td>
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<td>6. Parent Refusal of Services (HS.29), if applicable</td>
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<tr>
<td>7. Resources/Information for Community Food and Clothing</td>
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<tr>
<td>8. Resources/Information for GED/ESL/College</td>
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</table>
## Second Family Services Contact:

1. Safety Plan (I-HS.07)
2. Other information as determined from Interests/Needs Survey
3. Update Child Admission Emergency Consent/Contact Information (HS.122A)
4. Review Child Dental Record and Informed Consent (HS.34), if not previously reviewed
5. Review Parent Notification of Health Screenings/Results (I-HS.40)

### 45-Day Rule

1. Developmental and Speech Screening (HS.49) - Trained Staff
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

### 90-Day Rule Physical Exam

1. Lead Screening - Head Start Health Staff and Health Provider
2. Hemoglobin Screening
3. Documentation of well child check

### Dental Exam

1. Dental Services Informed Consent and Plan (HS.34)

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.
Subject: Child Health Records/Timeline  
Section: Health and Safety  
Program: Head Start  
Policy Council Approval: February 24, 2016  
Date Revised: February 15, 2016  

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.

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<td><strong>Application Packet:</strong></td>
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<tr>
<td>1. Head Start Eligibility Verification (HS.102)</td>
<td>Trained Staff Member</td>
<td>Spring or as Needed</td>
</tr>
<tr>
<td>2. Children are Healthy (I-HS.09)</td>
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<tbody>
<tr>
<td><strong>Forms Completed at Initial Home Visit:</strong></td>
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<tr>
<td>1. Child Admission Form HS.122A</td>
<td>Teacher</td>
<td>Before child attends class</td>
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<tr>
<td>2. Center Policies (with handshake page)</td>
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<tr>
<td>3. Parent Handbook</td>
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<tr>
<td>4. Child Behavior Checklist (2 pages) (HS.44)</td>
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<td>5. Volunteer Information Form (HS.15)</td>
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<td>6. Pedestrian Safety Information (HS.68)</td>
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<tr>
<th>Form/Task</th>
<th>Person Responsible</th>
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<tbody>
<tr>
<td><strong>First Family Services Contact:</strong></td>
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<tr>
<td>1. Health Admission form HS.122B</td>
<td>Family Services Assistant</td>
<td>Within 3 weeks of enrollment</td>
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<tr>
<td>2. Resources for Interests/Needs/Strengths/Goals</td>
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<td>3. Release of Information (HS.09), if applicable</td>
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<td>4. Parent Refusal of Services (HS.29), if applicable</td>
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<td>5. Resources/Information for Community Food and Clothing</td>
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<td><strong>Second Family Services Contact:</strong></td>
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<tr>
<td>1. Safety Plan (I-HS.07)</td>
<td>Family Services Assistant</td>
<td>Within 2 months of enrollment</td>
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<tr>
<td>2. Other information as determined from Interests/Needs Survey</td>
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<tr>
<td>3. Update Child Admission Emergency Consent/Contact Information (HS.122A)</td>
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<tr>
<td>4. Review Child Dental Record and Informed Consent (HS.34), if not previously reviewed</td>
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<tr>
<td>5. Review Parent Notification of Health Screenings/Results (I-HS.40)</td>
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<tr>
<th>Form/Task</th>
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<tr>
<td><strong>45-Day Rule</strong></td>
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<td>1. Developmental and Speech Screening (HS.49)</td>
<td>Trained Staff</td>
<td>Within 45 days of enrollment</td>
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<tr>
<td>2. Vision Screening</td>
<td>Certified Staff</td>
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<td>3. Hearing Screening</td>
<td>Certified Staff</td>
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<td>4. Behavioral Evaluation</td>
<td>Classroom staff and MW Providers</td>
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<td>5. Dental Priority Screening</td>
<td>Family Services Assistant</td>
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<tr>
<td>6. Nutrition Assessment Height and Weight</td>
<td>Nutritionist</td>
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<th>Form/Task</th>
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<tr>
<td><strong>90-Day Rule Physical Exam</strong></td>
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<tr>
<td>1. Lead Screening</td>
<td>Head Start Health Staff and Health Provider</td>
<td>Within 90 days of enrollment</td>
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<tr>
<td>2. Hemoglobin Screening</td>
<td></td>
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<tr>
<td>3. Documentation of well child check</td>
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**Dental Exam**
1. Dental Services Informed Consent and Plan (HS.34)

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.
Policy:

If an injury to a child at the Cleveland Street Center, Nelson Street Center, Palo Duro or Caprock requires the attention of a 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 Texas Department of Health and Regulatory Services - Child Care Licensing as soon as possible but no later than two working days 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.”
Policy:
Confidentiality of health records must be maintained to protect Head Start/Early Head Start children and families. All correspondence, discussions, staffings and records are to remain confidential. The Head Start/Early Head Start will follow Health Insurance Portability and Availability Act (HIPAA) standards and procedures for keeping child and family information private and secure.

Procedure:
1. Health records must be stored under lock and key and kept away from public access to prevent unauthorized review. Do not leave information on a computer screen.
2. Information may not be shared with unauthorized persons without the specific consent of the parent. Staff to staff information must be shared in a secure location without risk of others hearing.
3. Telephone requests for information are not acceptable unless the parent has previously authorized the release of this information.
4. Information collected by others and forwarded to the Head Start/Early Head Start staff with parental consent becomes part of the child’s record and thus becomes the burden of confidentiality for the Head Start/Early Head Start program.
5. All Release of Information forms (HS.09) requesting a child’s health or dental status completed by Head Start/Early Head Start should be properly logged in the computer under Head Start share.
6. Parents have a right to see all information in their child’s file at any time.
7. On the Release of Information form, parents will be made aware of the nature and type of all information collected and how it will be used.
8. Parents may ask to speak to the staff in confidence. The staff must receive this information in a responsible, confidential manner. This is particularly true in relationship to child abuse. The staff’s primary responsibility is to protect the child.
9. Center-based Head Start health records will be stored in the health room or other designated area in a locked file cabinet to allow Head Start staff an opportunity to access the information. Emergency information and individualized care plans will be kept in a binder designated “Emergency”. Regional and daycare classrooms will store health records in the classroom in a locked file cabinet and/or family service assistant’s office.
10. A File Access sheet (HS.24) is to be signed by any staff member who accesses the child’s folder and who does not routinely work with the folders.
11. Head Start/Early Head Start staff will receive training concerning confidentiality of records and information at new employee orientation.
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.
Policy:

Teaching staff will conduct health checks on a daily basis at the beginning of class.

Procedure:

1. The teaching staff will check each child upon arrival using the Good Morning Health Check as a guide. (See page following the procedure). 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.
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. Mental wellness staff/Early Head Start family advocate will be notified of any developmental or behavioral changes in a child.
Region 16 Education Service Center
Head Start/Early Head Start

Subject: Dental Exam and Follow-Up/Amarillo 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): 1304.20 (a)(1)(ii); 1304.20(b)(3); 1304.20(c)(3); 1304.20(c)(3)(i)-(ii); 1304.20(c)(5); 1304.20(d); 1304.20(f)(1)

Policy:

Every effort will be made to assist each child in establishing a dental home if they do not have one at enrollment. In an effort to promote and maintain healthy oral hygiene, dental screening will be performed on all Head Start/Early Head Start children. This screening exam will be performed in collaboration with the parents and as quickly as possible. Follow-up treatment will be provided, as necessary, with parental informed consent.

Dental follow-up and treatment will include completion of needed treatment if the child remains enrolled 90 days and parents do not refuse services.

Procedure:

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.

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.
Policy:

Every effort will be made to assist each child in establishing a dental home if they do not have one at enrollment. In an effort to promote and maintain healthy oral hygiene, dental screening will be performed on all Head Start/Early Head Start children. This screening exam will be performed in collaboration with the parents and as quickly as possible. Follow-up treatment will be provided, as necessary, with parental informed consent.

Dental follow-up and treatment will include completion of needed treatment if the child remains enrolled 90 days and parents do not refuse services.

Procedure:

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

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. Regional family service assistants will identify students to be seen at dental clinic if one is available at their school. They will make lists to include Medicaid number and primary dentist.

3. The dentist will provide a record and/or a dental plan of service to the Head Start program. The family services assistant will review this dental plan with the parent and obtain an informed consent/approval. At this time, the family services assistant or home educator will also inform the parent of specific dentist office policies.

4. The family services assistant or home educator and dentist’s schedule clerk will set up follow-up appointments.

5. Parents will be notified, preferably in person or by telephone, of each dental appointment. If the family services assistant or home educator is unable to contact them, 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 service 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.

6. 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.

7. The family services assistant or home educator is responsible for maintaining dental information that includes the following on each of his/her assigned children:
   - Child Admission form (HS.122A)
   - Child Dental Record and Informed Consent (HS.34)
   - Copy of Health Admission form (HS.122B) with allergies written in red
   - Copy of Medicaid, CHIPS or other dental insurance cards

8. Transportation of the children will be as directed according to the Transportation policy.

9. The health staff and/or Family Service Assistant and/or home educator will notify parents to remind and assist if needed arrangements for periodicity visits to the dentist every six months.
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, the parent, guardian, Special Needs RN and Nutrition Specialist. 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.
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.
In an effort to provide a safe, sanitary, and discreet environment for diapering and changing soiled clothing, Head Start/Early Head Start staff and parent volunteers will carry out sanitation and hygiene procedures for diapering that adequately protect the health and safety of children served by the program and staff. 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 at all times 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.
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 according to the hand washing policy.

10. Staff will clean and disinfect all surfaces according to 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 assis 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 in close proximity 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 according to the sanitation policy.

**Center-based Early Head Start Program Options (Cleveland, Palo Duro, and Caprock)**

1. The agency will order diapers for all enrolled clients, although parents may provide diapers for their child, if they prefer to do so.
2. 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.
Regulation Reference: 45 CFR Part(s): 1304.22(a)(2)

Policy:

The Head Start/Early Head Start program will maintain up-to-date family contact information and authorization for 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 Assistants and Home Educators will be responsible for the updates.

4. **Early Head Start** – “Emergency Consent/Contact for Enrolled Children” teachers, Home Educators and Family Service Assistants will be responsible for the updates.

5. Copies will be distributed to the designated areas according to instructions on the “Emergency Consent/Contact for Enrolled Children” form.

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

**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**

**Regulation Reference:** 45 CFR Part(s): 1304.22(a)(3)
Policy:

In an effort to be adequately prepared for medical and dental health emergency situations, emergency information and first aid supplies will be easily visible and accessible in all classrooms. First Aid Kits must be restocked after use, and an inventory must be conducted at regular intervals.

Procedure:

1. 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
   - Child Admission Form (HS.122A)
   - Health Admission Form (HS.122B)
   - Crisis Management Plan
   - Child’s special needs care plan

2. Each classroom will have a First Aid Kit stored in a convenient, adult accessible location. This designated area will be clearly marked with a large, red sign (or red cross) written in both English and Spanish. The following is a suggested list of First Aid supplies:
   - Guide to first aid and emergency care
   - Adhesive tape
   - Sterile gauze Roll
   - Cotton balls
   - Multi-size adhesive band-aids
   - Eye Pad
   - Antiseptic solution or wipes
   - Scissors
   - Tweezers
   - Tongue Blades
   - Gloves
   - Safety pins
   - Spill kit
   - Ice pack
   - Microshield
   - Name tags
   - Black felt tip pen
   - Flashlight
   - 2” Koban

3. Amarillo Head Start centers will follow Day Care Minimum Standards when stocking First Aid kits and travel bags. Fanny Packs and First Aid Kits will be inventoried on an as needed basis.

4. Teachers will take the Emergency Information binder and First Aid Kit during all emergency evacuations and drills. Additionally, Amarillo Head Start centers and satellite centers will take daily sign-in/sign-out sheets.
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.
Subject: Formula/Breast Milk Storage and Labeling
Program: Early Head Start
Policy Council Approval: February 24, 2016
Section: Health and Safety
Date Revised: February 15, 2016

Regulation Reference:
45 CFR Part(s): 1304.23(e)(2)
State of Texas Day Care Licensing Minimum Standards
Appendix 5 Section 5500D

Policy:

For programs serving infants and toddlers, facilities must be available for the proper storage and handling of breast milk and formula, and cleaning of the bottles. Proper storage and handling of breast milk and infant formula is necessary to prevent spoilage, to minimize bacterial growth, and to ensure that each infant receives his or her own mother’s milk or the correct brand of formula.

Procedure:

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.
Policy:

In an effort to provide guidance on the proper use of gloves and to maintain an adequate barrier for the protection of children, staff and volunteers.

Procedure:

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 Policy.
Policy:

In an effort to prevent the spread of illness and disease by using effective hand washing methods, Head Start/Early Head Start staff, parents and volunteers working in the classroom will teach and model preventative hygiene practices.

Procedure:

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.
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.
In an effort 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.
Policy:

The Head Start/Early Head Start program will implement health communication systems to ensure that timely and accurate information is provided to parents, policy groups, staff and general community. Every effort will be made to carry out communication in primary or preferred language.

Procedure:

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.122). 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. Memos and a child tracking form allow family services assistants, health staff and/or family advocates to communicate with one another.
8. 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.

9. 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.

10. 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.

11. Recommendations from the Health Advisory Committee will be presented to the Policy Council for approval.

12. Interoffice Referral for Services (HS.79) allows communication among the family services assistants, home educator, health staff, specialists and/or family advocates.

14. Health staff will submit health education articles to the Head Start parent newsletter.
Policy:

The Head Start/Early Head Start program will maintain an efficient and effective record-keeping system to provide accurate and timely medical/dental information for Head Start/Early Head Start children.

Procedure:

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 at all times 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 are noted on the Health Admission Form (HS.122B).

3. The annual medical and dental examination, immunizations and specialists 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 Head Start data management system.

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 health secretary’s 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.
Policy:

In an effort 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.
Policy:

Head Start and 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 according to 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
Policy:

In an effort 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 according to 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 at all possible, in person or by telephone, and if unable to contact, will be notified by sending the information on a “Child Observation 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 according to 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.

- 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 Screenings, (I-HS.40).
Home visits are made to familiarize parents with services their child will receive while enrolled in the Head Start Program.

Procedure:

1. Family services assistants 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 and offer assistance as needed.
   - To evaluate the family’s needs as identified on the Interest and Needs Survey (HS.50) and to arrange for services to address these needs.
   - To provide required screenings to Home-Based students when necessary.
   - To assist parents in setting goals and identifying strengths to help meet these goals.
   - Two attempts will be made to visit a family. If a family does not wish to have a home visit their wishes will be respected and documented.

2. Attached is a travel and home visitation safety tip sheet for employees who travel and/or make home visits. It is distributed at the new employee orientation.
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 center manager will be notified. The center manager 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.
In accordance with the Texas Health Steps Periodicity Schedule all children will be screened annually with a Tuberculosis Risk Questionnaire for children (HS.75). 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.
All parents will be familiarized with the health services and screenings which the child will receive while enrolled in the Head Start Program.

**Procedure:**

**Head Start**

1. Prior to child entering the program parents will receive:
   - A health/nutrition services rationale.
   - Local Health Provider lists that accept Medicaid assignment.
   - Parents will receive information about local immunization clinics.

2. Upon enrollment a family services assistant or teacher will make a home visit to deliver and review the Parent Handbook.

3. Parents will be given information on all screenings performed on their child as soon as possible after services are completed. If a child is referred for medical follow-up, the parent will be advised through the “Parent Notification of Health Screenings-Results” (I-HS.40) and/or the “Referral for Services” (HS.18).

4. Health staff or family services assistants will make a home contact and/or visit when a child is absent from school for three or more days to determine if the child has a medical problem that requires medical attention.

5. Parents will be encouraged to accompany their children to medical/dental appointments.

6. Parents will be encouraged to participate on the Health Services Advisory Committee.

7. Parents will be encouraged to keep children up to schedule on immunizations and well child check-ups.

8. Parents will be advised immediately if health problems are suspected or identified. In addition, parents will be advised periodically, about their child’s appearance and patterns of health concerns through the “Parent Notification of Health Screenings-Results” (I-HS.40) and the “Parent Communication Form” (HS.37).
Policy:

In an effort 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 according to 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.
• 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:

• Fingerstick 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 fingerstick 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).
Policy:

In an effort to provide quality medical and dental care to each Head Start/Early Head Start child and to be prepared for age appropriate emergencies, health supplies will be maintained, procured and monitored to insure there are no breaks in service.

Procedure:

1. Health supplies (medical and dental) will be available at all times for the classrooms and health rooms.

2. Health supplies will be ordered from approved suppliers by the Head Start health secretary with approval by the Head Start RN or special needs 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.

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.
Policy:

In an effort 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, are allowed to 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 “Authorization for Dispensing Medication” (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.
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 route
   - right time

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, CHIPS or Title V application processes. Head Start/Early Head Start funds will be used only when all other resources have been exhausted.

14. In our centers a copy of the medication administration records will be sent to one of the Head Start supervising RN’s on a monthly basis.

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.
Policy Council Approval: January 16, 2013

Regulation Reference: 45 CFR Part(s): 1304.23(e)(2)

Policy:

Microwaves will be used in a safe manner in centers.

Procedure:

1. Microwaves may be used for heating water in which bottles of formula, bottles of breast milk or containers of baby food will be placed 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.
Subject: Payment for Child Medical and Dental Services  
Program: Head Start/Early Head Start  
Policy Council Approval: February 24, 2016  

Regulation Reference: 45 CFR Part(s): 1304.20(c)(5)

Policy:

Head Start/Early Head Start (HS/EHS) funds will be utilized for payment of a child’s medical and/or dental services only if the child does not qualify for payment through available state or community programs or other funding sources. All HS/EHS employees when assisting a child/family with services will follow these procedures:

Procedure:

1. At the time of the child’s application 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 again be questioned as to the child’s medical status. If the child does not have current coverage, the family services assistant or home educator 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 coverage programs and to assist them in the application. This will be accomplished by home visits, speaking with parents on the telephone, written information, parent meetings, etc.

4. If a child has medical 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 assistant or home educator.

5. If a child does not have medical coverage or does not qualify for coverage, the family services assistant or home educator should notify a nurse anytime the amount of necessary services is over the approved limit.

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.

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 an 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.
**Policy:**

In order to maintain a pleasant, successful working relationship with Head Start/Early Head Start providers, every effort will be made to provide accurate information, timely arrivals and maintain appropriate behavior during provider appointments.

**Procedure:**

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.

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.
Policy:

Head Start/Early Head Start is committed to providing a safe and healthful work environment for Region 16 ESC staff. In an effort 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.USA.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
Methods of Distributing of Materials, Information and Updates

- Health Specialists will receive and review preventative health and wellness information through available newsletter, bulletins, 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, and Head Start specialists

- To review the Recommended Vaccinations for Adults form, please see attachment I-HS.44
## Vaccinations for Adults

You’re never too old to get immunized!

Getting immunized is a lifelong, life-protecting job. Don’t leave your healthcare provider’s office without making sure you’ve had all the vaccinations you need.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Do you need it?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hepatitis A (HepA)</strong></td>
<td><strong>Maybe.</strong> You need this vaccine if you have specific risk factors for hepatitis A virus infection* or simply want to be protected from this disease. The vaccine is usually given in 2 doses, 6-18 months apart.</td>
</tr>
<tr>
<td><strong>Hepatitis B (HepB)</strong></td>
<td><strong>Maybe.</strong> You need this vaccine if you have a specific risk factor for hepatitis B virus infection* or simply want to be protected from this disease. The vaccine is usually given in 3 doses, usually over 6 months.</td>
</tr>
<tr>
<td><strong>Human papillomavirus (HPV)</strong></td>
<td><strong>Maybe.</strong> You need this vaccine if you are a woman age 26 years or younger or a man 21 years or younger. Men age 22 through 26 years with a risk condition* also need vaccination. Any other man age 22 through 26 who wants to be protected from HPV may receive it, too. The vaccine is given in 3 doses over a 6-month period.</td>
</tr>
<tr>
<td><strong>Influenza</strong></td>
<td><strong>Yes!</strong> You need a dose every fall (or winter) for your protection and for the protection of others around you.</td>
</tr>
<tr>
<td><strong>Measles, mumps, rubella (MMR)</strong></td>
<td><strong>Maybe.</strong> You need at least 1 dose of MMR if you were born in 1957 or later. You may also need a 2nd dose.*</td>
</tr>
<tr>
<td><strong>Meningococcal (MCV4, MPSV4)</strong></td>
<td><strong>Maybe.</strong> You need this vaccine if you have one of several health conditions, or if you are age 19-21 and a first-year college student living in a residence hall and you have never been vaccinated or were vaccinated before age 16.* †</td>
</tr>
<tr>
<td><strong>Pneumococcal (PPSV23 [polysaccharide vaccine]; PCV13 [conjugate vaccine])</strong></td>
<td><strong>Maybe.</strong> Adults age 65 years and older should receive the 2 types of pneumococcal vaccines, PCV13 and PPSV23. You should receive a dose of PCV13 first, followed by a dose of the PPSV23, 6 to 12 months later. You might need one or both of these vaccines before age 65 years if you are a smoker or if you have a long-term health condition such as asthma or heart, lung, or kidney disease. Only 1 lifetime dose of PCV13 is recommended for adults; some adults will need more than 1 dose of PPSV23. Talk to your healthcare provider to find out if and when you need these vaccines.* †</td>
</tr>
<tr>
<td><strong>Tetanus, diphtheria, whooping cough (pertussis) (Tdap, Td)</strong></td>
<td><strong>Yes!</strong> All adults who have not yet received a dose of Tdap, as an adolescent or adult, need to get Tdap vaccine (the adult whooping cough vaccine). And, all women need to get a dose during each pregnancy. After that, you need a Td booster dose every 10 years. Consult your healthcare provider if you haven’t had at least 3 tetanus- and diphtheria-containing shots sometime in your life or if you have a deep or dirty wound.</td>
</tr>
<tr>
<td><strong>Varicella (Chickenpox)</strong></td>
<td><strong>Maybe.</strong> If you’ve never had chickenpox or were vaccinated but received only 1 dose, talk to your healthcare provider to find out if you need this vaccine.</td>
</tr>
<tr>
<td><strong>Zoster (shingles)</strong></td>
<td><strong>Maybe.</strong> If you are age 60 years or older, you should get a 1-time dose of this vaccine now.</td>
</tr>
<tr>
<td><strong>Hib (Haemophilus influenzae type b)</strong></td>
<td><strong>Maybe.</strong> Some adults with certain high-risk conditions need vaccination with Hib. Talk to your healthcare provider to find out if you need this vaccine.* †</td>
</tr>
</tbody>
</table>

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* Consult your healthcare provider to determine your level of risk for infection and your need for this vaccine.
† People who lack a spleen need this vaccine.

Are you planning to travel outside the United States? If so, you may need additional vaccines. The Centers for Disease Control and Prevention (CDC) provides information to assist travelers and their healthcare providers in deciding which vaccines, medications, and other measures are necessary to prevent illness and injury during international travel. Visit CDC’s website at wwwnc.cdc.gov/travel/destinations/list, or call 800-CDC-INFO (800-232-4636). You may also consult a travel clinic or your healthcare provider.

Technical content reviewed by the Centers for Disease Control and Prevention

Saint Paul, Minnesota · 651-647-9009 · www.immunize.org · www.vaccineinformation.org

I-HS.44

3/13/15
Policy:

In an effort to ensure adequate health care for Head Start/Early Head Start children, a “Referral of Services” (HS.18) will be completed as health needs arise. These needs may include, but are not limited to, well child care, sick child care and treatment, identification and planning for children with developmental delays and other special needs. Follow-up care and services will be planned, developed and implemented with parents, staff, health providers, and community partners and resources.

Procedure:

1. A “Referral of Services” (HS.18) or “Interoffice Referral of Services” (HS.79) will be completed for each need identified and promptly forwarded to the appropriate specialist, family advocate, LVN, family service assistant, health care provider, or community agency.

   We utilize two types of Referral for Services forms.
   a. “Referral for Services” (HS.18) is used to give signed permission for a service to be delivered to a child. All of these forms relating to development, educational progress or behavior must be signed by the teacher.
   b. “Interoffice Referral for Services” (HS.79) is used any time a referral is made in which a parent signature is not required. Any Head Start/Early Head Start staff member may complete the “Interoffice Referral for Services” (HS. 79).

3. The “Referral of Services” should be forwarded only after all information related to the child and his/her need has been recorded on the form, and if appropriate, the child’s parent has signed the form designating a request for these services.

4. A referral may be telephoned or relayed in person, but is best followed-up by completion of a “Referral of Service”.

5. A “Referral of Service” may be initiated from, but not limited to, the following situations:
   • Findings on child’s physical exam or health history, TB or lead questionnaire.
   • Results of child’ screenings; vision, hearing, height, weight, lead, hemoglobin and developmental.
   • Findings on child’s nutrition survey.
   • Observations made by classroom staff, health aides, nurses, and specialists.
Referral and Follow-up for Health and Developmental Services
Page 2

- Observations or diagnostic findings by physicians, psychologists, therapists, counselors, or other providers.
- Concerns expressed by the child’s parent.
- Results of needs survey.

6. Once a “Referral of Service” has been received, the staff member designated will review and provide or facilitate needed services and documentation as soon as possible.

7. Follow-up care is planned according to the specific need on the referral. Parents are included in the follow-up plan and process. Parents are contacted in a variety of ways including phone calls, home visits, and/or through completion of the “Referral for Services” form (HS.18), “Interoffice Referral for Services” (HS.79).

8. A Referral Tracking System is available on the computer to enable family services assistants, nurses, and specialists to track the status of special needs and nutrition referrals.

9. Early Head Start children with developmental needs are referred to ECI and Early Head Start staff attend assessments and IFSP meetings with parents.
Policy:

Staff, volunteers, parents and children will be trained in safety practices and injury prevention.

Procedure:

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 or 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.

8. Parents are invited to attend First Aid, CPR and Bloodborne Pathogen training.
In an effort 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.
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.
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.
• 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 is able to 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 of time 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.
Policy:

In an effort to provide individualized services to children with diagnosed or suspected disabilities or special medical needs, each child will be evaluated by the use of the Child Health History, physical findings on the medical exam, results of screenings and concerns of parents, teachers and specialists. Referrals will be made to the special needs RN and will be evaluated for need, follow-up and care planning. The special needs RN will work in close coordination with the disabilities specialists.

Procedure:

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 CAPP 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 advocate will attend staffings, ARD meetings and IFSP meetings 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.
Policy:

In an effort to ensure that each staff member is free of communicable disease and does not pose a significant risk to the health and safety of others, new employees will have an initial physical examination and a periodic re-examination (as recommended by their health care provider). Tuberculosis screening and testing requirements will be reviewed periodically by the Health Advisory Committee based on recommendations by the local health department and Center for Disease Control. All medical records and information will be secure and treated with privacy.

Procedure:

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.
Policy:

Direct service and administrative staff will receive health education information or training as needed in the areas of personal health/wellness, nutrition, safety and dental health.

Procedure:

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 Intervention 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 health requirements, goals, and 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.
Policy:

In an effort 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 located 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 toothbrushing 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.
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 following 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.
Policy:

The Head Start/Early Head Start program will provide a center-based environment free of toxins, such as cigarette smoke, lead, pesticides, herbicides, and other air pollutants as well as soil and water contaminants.

Procedure:

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.
Policy:

The Head Start/Early Head Start program will maintain an efficient and effective record-keeping system to provide accurate and timely medical/dental information for Head Start/Early Head Start children.

Procedure:

1. The Head Start nurses, family services assistant and home educators will enter results of screenings, medical/dental information, and referrals for their classes into the data management system.

2. Nurses will monitor the data management system for completion of services and new enrollees. Dashboards will be provided to supervisory and administrative staff when requested.

3. When children enroll, transfer or withdraw from the Head Start program, the designated secretary will notify the family services assistant, health room staff, teachers, and all staff included in the child’s care. The designated secretary will perform this notification by a phone call or electronic mail. Regional schools will follow their campus policy.
Policy:

In an effort to maintain safety for all employees, certain precautions will be observed when traveling and making home visits.

Procedure:

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 then 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, so that a route may be planned in advance.
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. If you have a cell phone, make certain it is working properly and activated to make emergency calls. If necessary check out a Head Start/Early Head Start cell phone to make the visit.
6. With prior supervisory approval, a team of two Region 16 employees may make home visits “after hours” and both will be paid overtime (if the appropriate number of hours has been worked during the week).
7. With prior supervisory approval, Region 16 staff members may make home visits on Saturdays instead of “after hours” and will be paid overtime (if the appropriate number of hours has been worked during the week).
8. Keep your car in good working order with sufficient gasoline in the tank.
9. Wear your seat belt.
10. Carry an extra car key on your person in case you were to get accidentally locked out of your car.

11. **Always** keep windows up and car locked.

12. Be alert and observant of your surroundings.

13. Secure personal items out of view.

14. Park in open, well-lit areas. Avoid parking in or by alleys. Park near lights and where you have an easy exit.

15. Do not linger in your car. Be prepared to start the engine and leave immediately.

16. **Always** check the back seat prior to entering the car.

17. While driving, allow room between you and the vehicle in front of you to provide an avenue of escape.

18. 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.

19. Never transport hitchhikers or stranded motorists.

20. Do not get out of your vehicle if there is suspicious activity in area. Leave the area immediately.

21. 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.

22. 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.**

23. 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.

24. Notify your supervisor if there are any problems that develop when traveling or during a home visit. This could help protect co-workers.

25. Emergency First Aid equipment is a requirement in vehicles transporting Head Start children.

26. Regional staff are to follow all Head Start safety regulations as well as those of their school district.
Policy:

In an effort 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.
Policy:  
In an effort to ensure a safe work place environment, Head Start/Early Head Start employees will abide by the following guidelines:

Procedure:

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.

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 according to the local school district or childcare center policy.