HEAD START/EARLY HEAD START
HEALTH AND SAFETY POLICIES

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Policy:

In an attempt to ensure timely documentation of a medical or dental 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 medical attention or evaluation.

2. Medical assessment and intervention will be performed as outlined by Heart Saver Pediatric First Aid and Childhood Emergency cascades.

3. An Incident/Illness Report (form 7239) or a Child Observation (form HS.37) will be filled out on each child that is injured. 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.

5. If a child sustains any type of head injury, a “Parent Notification of Head Injury” (I-HS.04) and a copy of the “Incident/Illness Report” will be given to the parent.

6. When another child is involved in the injury such as bites, hitting, etc., the other child will not be identified on the “Incident/Illness Report.”

7. The individual who witnessed the incident/injury will sign the “Incident/Illness Report” (Form 7239). The parent will receive a written copy of the “Incident/Illness Report” within 24 hours.

8. In child care centers only; a report must be made to the day care licensing office if the injured child is seen by a medical or dental provider.

9. If critical illness or injury requires immediate attention of a physician the 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; and
   e. Ensure supervision of the other children in the group.
   f. Head Start staff will complete the Incident/Illness Report (form 7239) and document the action taken.
Policy:

In order to provide a safe environment for children and staff members, an Exposure Control Plan will provide guidelines to minimize or eliminate exposure to blood and other body fluids. This plan is based on and follows OSHA Bloodborne Pathogen Standard, 29 CFR 1910.1030 and CDC recommendations. Exposure to blood products exists to some degree in all group children programs due to the increased risk for accidents (i.e., cuts, falls) along with greater exposure to infectious disease (i.e., bloody diarrhea). Because the potential for any body fluid to contain infectious material exists, the Head Start and Early Head Start programs will view all body fluids as harmful. These precautions, called “Universal Precautions” are to be followed regardless of any lack of evidence of infection. All Head Start/Early Head Start staff members are required to comply with universal precautions. Head Start and Early Head Start staff will be trained on Bloodborne Pathogens/Universal Precautions annually.

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:** Controls 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.

**Potentially Infectious Materials:** One 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.

Procedure:

1. It has been determined by the Occupational Health and Safety Administration (OSHA) that child care workers who render first aid or medical assistance as part of their job duties are covered by the Bloodborne pathogens standard. In addition, the Dept. of Health and Human Services, Administration of Youth and Families memorandum dated 8/27/93 states that all Head Start staff including volunteers, who are in direct contact with children, are covered by the standard.

2. Employees considered being at special risk for occupational exposure will be identified as the situation demands. For instance, staff who supervise a child who is an aggressive biter, could, depending on circumstance, be considered at special risk. Likewise, a diabetic child needing daily finger sticks to test blood sugar levels would also be considered at special risk. Children whose behavior increases the exposure risk will be incorporated into a classroom plan for that child.

3. The Exposure Control Plan will be reviewed regularly. Modifications to the plan will be made as situations and legislation warrant.

4. Training will be performed and engineering controls will be enforced in an effort to reduce employee exposure in the workplace. (Refer to Policy: Training for Bloodborne Pathogens, Universal Precautions.)
   - All Head Start/Early Head Start employees will receive Bloodborne Pathogen training upon assignment and annually thereafter, with exception of the Administrative staff and their assistants. Administrative staff and their assistants will be trained upon assignment and will be retrained only if the job description should change or legislation deems it necessary.
   - All direct care staff will be required to have successfully passed infant and child CPR and First Aid Training.
   - The employer will provide hand washing facilities that are readily accessible to employees. When this not feasible, employees will be provided with antiseptic hand cleaner and paper towels or antiseptic towelettes. Disposable gloves will also be made available and discarded when contaminated, torn or punctured.
   - Food and drink will not be kept in refrigerators, freezers, cabinets, or on countertops where blood or other potentially infectious materials are present. In addition, applying cosmetics or lip balm and handling, contact lenses are also prohibited in work areas where there is reasonable likelihood of exposure to potentially infectious materials.
5. If an employee is accidentally exposed to a child’s blood the following actions should be taken.

- Promptly cleanse exposed skin areas with soap (antimicrobial) and water. If not available the employee should use an antimicrobial gel with paper towels or an antibacterial towelette. The employee should get to an area with soap and water as soon as possible.
- Immediately wipe up blood spills and clean surface areas with a multi-surface disinfectant/decontaminate. Gloves must be worn. Spill kits will be available for larger spill areas.
- If the exposure was direct contact as per the definition of exposure incident, an appointment with the employer’s designated physician or clinic needs to be scheduled for an assessment of need for further action. This assessment will be completed within 48 hours. It will be at the physician’s discretion and judgment, based on details of each individual exposure incident, as to whether further testing for HBV or HIV will be performed. The employee may choose to have the evaluation and testing performed by their personal physician, but should get approval from a Head Start health specialist, prior to scheduling the appointment.
- Identify which child was the source of the blood exposure (if known).
- The employee must then complete an Employee Injury/Exposure Report and turn it in immediately to a Head Start health specialist.
- The employee must also report the exposure to his/her immediate supervisor or the Head Start director.
- The Head Start health specialist will make a determination whether the exposure is to be declared an exposure incident, and if this is the case, schedule the medical appointment for the employee. (See complete post-exposure procedure under #9.)

6. OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment. This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. In the Head Start and Early Head Start Programs the following job classifications are in this category:

- Category I Exposure anticipated in normal routine of job: nurse, nurse practitioner, family advocate/family services assistants, and health aide
- Category II Only occasional exposure anticipated in normal routine of job: teacher, instructional aide, and disability assistant
- Category III No exposure anticipated in normal routine of job, however, exposure may occur if emergency is encountered: administrative staff, volunteer, and business office personnel

7. Multiple procedures have been developed to minimize or eliminate occupational exposure.
• **Universal Precautions:** Employees will adhere to the practice of Universal Precautions to prevent contact with blood and other potentially infectious materials. All blood or other potentially infectious material will be considered infectious **Bloodborne Pathogens** regardless of the perceived status of the source individual. (Refer to the Policy: Universal Precautions.)

• **Engineering Controls:** One of the primary purposes of this plan is the use of engineering controls to minimize or eliminate employee exposure to bloodborne pathogens. The following engineering controls are utilized in the Head Start and Early Head Start Programs:
  a) Hand washing facilities are readily available for use by the staff.
  b) Where hand washing facilities are not readily accessible, antimicrobial hand cleanser and clean towels or towelettes may be used and hands should be washed with antibacterial or antimicrobial soap and water as soon as possible.
  c) Employees will carry “fanny packs” or have their classroom First Aid Kits with them when on field trips and playground activities, as well as any activities which require leaving the immediate area of the classroom. Fanny packs and First Aid Kits will contain antimicrobial antiseptic towelettes and/or antimicrobial hand cleanser and other protective equipment.
  d) Sharps containers will be made available at any time fingerstick procedures are performed. Containers for contaminated sharps will be leak and puncture resistant and properly labeled with biohazard warning signs. The sharps containers will be placed in adult accessible locations and never in a location where a child can easily reach it.
  e) The above controls will be monitored and maintained on a regular schedule by the health aide, licensed vocational nurse, registered nurse and safety inspector.

• **Work Practice Controls:** In addition to engineering controls, the work practice controls below have been implemented to minimize or eliminate exposure to bloodborne pathogens.
  a) **Gloves:**
    1. Nonporous gloves are to be worn in the following situations:
       - When coming into contact with blood, skin and mucous membrane, cuts or any open skin lesion.
       - When changing diapers or other clothing soiled with urine or feces.
       - When examining a child’s mouth and teeth.
       - Anytime it is necessary to clean a spill of blood, urine, feces or vomit.
    2. Nonporous gloves are to be used for only one child or one procedure, then discarded. Gloves are to be removed from the inside out.
  b) **Hand washing:** Employees shall wash their hands with soap and running water as soon as possible after removal of gloves or other personal protective equipment. (Refer to hand washing as described above and Policy: Hand washing)
c) Removal of contaminated personal protective equipment: Any employee wearing personal protective equipment shall remove the equipment upon leaving the work area and shall place the equipment in the area or container designated for storage, washing, decontamination or discard. This equipment or clothing will be double-bagged while wearing gloves and disposed of per Universal Precautions policy.

d) Handling disposable sharps: Contaminated sharps are not to be recapped, manipulated, or removed by hand unless no alternative is feasible or is necessary for a specific medical procedure. Any recapping of needles shall be performed with a one-handed technique. As long as product availability allows, lancets will be individual, self-enclosed, safety lancets. Contaminated needles and lancets will be immediately disposed of in an approved sharps container.

e) Eating, drinking, and hygiene: Eating, drinking, applying cosmetics, or handling contact lenses is prohibited in work areas where potential exposure could occur. Smoking is also prohibited.

f) Minimizing splashing, spraying: All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing or splattering of droplets.

g) Clean up of spills: Blood or other body fluid spills will be promptly wiped up. The surface area will then be cleansed with a multisurface disinfectant/decontaminate per product directions for use. Gloves must be worn. Spill kits will be available for each classroom for larger spill areas.

h) Handling clothing: Contaminated clothing, which includes items that have been soiled with blood or other potentially infectious materials, shall be handled with caution, and gloves must be worn. Contaminated clothing will be promptly placed in a plastic bag, sealed and placed in a second plastic bag.

i) Overseeing work practice controls: The family services assistant, health aide, licensed vocational nurse, registered nurse and safety inspector.

j) All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. Micro-shields will be provided for CPR. They will be in stocked in each fanny pack and First Aid Kit. Nonporous gloves will be provided for use prior to any first aid exposure. They will also be stocked in each fanny pack and First Aid Kit. Extra gloves may also be obtained from the Health staff if any employee feels that extra gloves need to be available in their area. Refer to page 4 of this policy for use of nonporous gloves.

- Housekeeping Controls: Maintaining the schools/centers in a clean and sanitary condition is a critical part of minimizing and eliminating occupational exposure. A regular cleaning schedule will be maintained by the housekeeping staff. Toys, tables, cots and cribs will be cleaned on a regular. Refer to Policy: Sanitation Practices. All Head Start/Early Head Start staff will follow the policies for Universal Precautions and Infection Control.
8. All employees who have been identified as having a potential for exposure to blood or other potentially infectious materials will be highly encouraged to receive the Hepatitis B vaccine. Employees are referred to their physicians or Concentra Medical Center, 1619 S. Kentucky, Amarillo, TX. The vaccination program is presented during orientation. 

- 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 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 certain employees within 24 hours of a possible exposure rather than offering pre-exposure vaccination. (Refer to Attachment: De minimis Classification). The Head Start/Early Head Start Programs have determined to offer the Hepatitis B vaccine as follows:
  a) Category I and II employees will be offered the vaccinations pre-exposure (See #6 for definition)
  b) Category III employees will be offered the vaccinations post-exposure (See #6 for definition)

9. Post–Exposure Evaluation and Follow-Up: If an employee incurs an exposure incident, it should be reported immediately to one of the Head Start nurses. The employee must complete an Occupational Exposure Incident Report and the incident is to also be reported as a work-related injury and recorded on the OSHA log 200. All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA STANDARD. If the employee is already covered under the Hepatitis B vaccination series, he is not required to complete a first aid incident report. The follow-up is to include the following:

- Documentation of the route of exposure and the circumstances related to the incident.
- If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity.
- Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
- The employee has the right to refuse either or both. An accredited laboratory shall perform the blood testing at no cost to the employee. The designated accredited laboratory this facility will use is Concentra, 1619 Kentucky Blvd, Suite 600, Amarillo, Texas 79102
• The employee will be offered the option of having their blood collected for testing of the employee’s HIV/HBV serological status. The blood sample will be preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status. If the employee decides prior to that time that testing will be conducted then the appropriate action can be taken and the blood sample discarded.

• The employee will be given appropriated counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel. The exposed employee shall be offered a medical evaluation of any reported illnesses within 12 weeks of the exposure incident and counseling at no charge to the employee.

• The employer shall provide the employee with a copy of the evaluating healthcare professional’s written opinion within 15 days of completion of the evaluation. Such evaluation shall be included in the employee’s medical record, and in keeping with confidentiality, the opinion shall be limited to the following information:
  a) The healthcare professional’s determination of administering the Hepatitis B vaccination and whether or not the employee has received such vaccination.
  b) Confirmation that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

Confidential medical records are kept on an employee involved in an exposure incident. The health specialist shall be responsible for setting up and maintaining these records. The records shall include the employee’s name, Social Security number, copy of the employee’s Hepatitis B vaccination status (including dates of the vaccinations, and signed consent or declination forms), copies of the evaluation of the examination, medical testing and follow-up procedures which took place as a result of the exposure incident and a copy of the healthcare professional’s opinion. Medical records regarding an employee’s exposure incident shall be kept for the length of employment, plus 30 years. Employee medical records are confidential and are not to be release except with the employee’s written consent or in accordance with federal and state law. The medical records shall be maintained separately from the employee’s personnel file.

10. Signs and Labels: The most obvious warning of possible exposure to bloodborne pathogens are biohazard labels. The Head Start/Early Head Start Programs uses appropriate biohazard labels on sharps containers and red bags to identify contaminated waste.
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 and Head Start LVNs and RNs will review the forms; make assessments, referrals to the Specialists, and plans of care on form HS.66 Plan of Services/Documentation.

Forms:

- Child Health/Dental History (HS.20)
- TB Questionnaire (HS.75)
- Child Health Record Summary (HS.35)

3. Early Head Start staff will review information and make referrals and plans of care as needed. Each child will receive a review of any needed services for the following:

- Immunizations
- Well child exams
- Developmental Screenings
- Dial (HS)
- Denver (EHS)
- Sensory Screenings
- Behavioral concerns-ongoing observations, mental wellness observations.
- Lead and Hemoglobin Screenings
4. 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 Head Start family services assistant, nurses, and Early Head Start staff will review all the health forms and make health services plans accordingly. The Head Start/Early Head Start staff will speak with the parents about how to provide information on medical procedures to their children utilizing booklets Bunny Goes to the Doctor (I-HS.15) and Bonnie Goes to the Dentist (I-HS.16). Home visits, parent meetings, classroom learning centers and health lessons are all valuable learning experiences for children.

5. 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 conduct parent meetings and to participate in the Head Start/Early Head Start Health Advisory Committee.

6. 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.

7. Head Start health care services and follow-up are tracked on the Health Control sheet, data management system, Plan of Services (HS. 66), Referral of Services (HS. 18), (HS.79), and the Child Health Record Summary (HS.35).

   Early Head Start health care services and follow up are tracked on Referral of Services (HS.18), (HS.79).

8. 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 (form HS.18) are discussed with the parents and the parents are assisted in completing the follow-up services needed.

9. 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.20 Child Health-Dental History
   HS.26 Child Assessment Profile Plan
   HS.34 Child Dental Record and Informed Consent
   HS 37 Child Observation Form
   HS.48 Weekly Counseling Report
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 are:

<table>
<thead>
<tr>
<th>Form/Task</th>
<th>Person Responsible</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Application Packet:</strong></td>
<td></td>
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<tr>
<td>1. Application (2 pages) (HS.01)</td>
<td>Trained Staff</td>
<td>Spring or as</td>
</tr>
<tr>
<td>2. Head Start Eligibility Verification (HS.102)</td>
<td>Member</td>
<td>Needed</td>
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<tr>
<td>3. Head Start/Early Head Start Explanation of Income (HS.95)</td>
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<tr>
<td>4. Parent Agreement (pink) (HS.02)</td>
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<tr>
<td>5. Child Health/Dental History (HS.20)</td>
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<td>6. TB Risk Questionnaire for Children (HS.75)</td>
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<tr>
<td>7. Dear Parent Letter with Next Steps (I-HS.09)</td>
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<td>8. Medical Home Letter (I-HS.35)</td>
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<tr>
<td>9. Preparing Your Child for a Visit to the Doctor and a rationale for health nutrition services (I-HS.10)</td>
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<tr>
<td>10. Bunny Goes to the Doctor booklet (I-HS.15)</td>
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<td>11. Bonnie Goes to the Dentist booklet (I-HS.16)</td>
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<td>12. Dear Doctor letter (I-HS.12)</td>
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<tr>
<td>13. Child Health Record Summary (HS.35)</td>
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<td>14. Immunization Information</td>
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<td>15. Health Provider List</td>
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<tr>
<th>Form/Task</th>
<th>Person Responsible</th>
<th>Timeline</th>
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<tbody>
<tr>
<td><strong>Forms Completed at Initial Home Visit:</strong></td>
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<tr>
<td>1. Emergency Consent/Contact for Enrolled Children (HS.03)</td>
<td>Teacher</td>
<td>Before child attends class</td>
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<tr>
<td>2. Authorized Pick Up List (HS.81)</td>
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<tr>
<td>3. Center Policies (with handshake page)</td>
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### First Family Services Contact:

<table>
<thead>
<tr>
<th>Form/Task</th>
<th>Person Responsible</th>
<th>Timeline</th>
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</thead>
<tbody>
<tr>
<td>1. Needs and Interests Survey (FPA) (HS.50)</td>
<td>Family Services</td>
<td>Within 3 weeks of enrollment</td>
</tr>
<tr>
<td>2. Family Strengths and Goals (FPA) (HS.51)</td>
<td>Assistant</td>
<td></td>
</tr>
<tr>
<td>3. Resources for Interests/Needs/Strengths/Goals</td>
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<tr>
<td>4. Child Nutrition History (HS.47)</td>
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<tr>
<td>5. Review Parent Agreement (HS.02)</td>
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<td>6. Release of Information (HS.09), if applicable</td>
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<td>7. Parent Refusal of Services (HS.29), if applicable</td>
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<td>8. Resources/Information for Community Food and Clothing</td>
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<td>9. Resources/Information for GED/ESL/College</td>
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### Second Family Services Contact:

<table>
<thead>
<tr>
<th>Form/Task</th>
<th>Person Responsible</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Family Strengths and Goals (FPA)(HS.51)</td>
<td>Family Services</td>
<td>Within 2 months of enrollment</td>
</tr>
<tr>
<td>2. Safety Plan (I-HS.07)</td>
<td>Assistant</td>
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<tr>
<td>3. Other information as determined from Needs Survey</td>
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<tr>
<td>4. Update Emergency Consent/Contact Information (HS.03)</td>
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<tr>
<td>5. Review Child Dental Record and Informed Consent (HS.34)</td>
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<tr>
<td>6. Review Parent Notification of Health Screenings/Results (I-HS.40)</td>
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### 45-Day Rule

<table>
<thead>
<tr>
<th>Form/Task</th>
<th>Person Responsible</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Developmental and Speech Screening (HS.49)</td>
<td>Trained Staff</td>
<td>Within 45 days of Enrollment</td>
</tr>
<tr>
<td>2. Vision Screening</td>
<td>Certified Staff</td>
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### 90-Day Rule Physical Exam

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Dental Exam

1. Dental Services Informed Consent and Plan (MD.04)

Data management system Health Control Sheet is completed and turned in November, January, and March.

A Transition Summary form (HS.35) will be provided to the parents at the end of the school year.

Any parent or legal guardian refusing to give authorization for health services must sign a Parent Refusal form (HS.29). These are placed in the child’s folder.
Policy:

If an injury to a child at the Cleveland Street Center or Nelson Street Center 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 Council Approval: November 18, 2010

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.

2. Information may not be shared with unauthorized persons without the specific consent of the parent.

3. Telephone requests for information are not acceptable unless the parent has previously authorized the release of this information, or witnessed telephone consent (by use of an extension line).

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) completed by Head Start should be properly logged in the computer under Head Start share. All Release of Information forms to health providers that are completed by Early Head Start (EHS) will be given to EHS staff.

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 classroom and health room in locked, mobile file cabinets to allow Head Start staff an opportunity to access the information. Regional classrooms will store health records in the classroom and 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 health information will be kept in a locked cabinet in the health secretary’s office.

12. Head Start/Early Head Start staff will receive training concerning confidentiality of records and information.
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, and clothing clean;
   - 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 Child Observation Form (HS.37) for Head Start and Daily Communication Sheet for Early Head Start (EHS.15) and make the health staff aware of observations. Early Head Start sites; Cleveland, Palo Duro, and Caprock will complete the Daily Classroom Health/Safety Checklist (EHS.29) and give to Early Head Start LVN weekly.

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

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.
GOOD MORNING HEALTH CHECK

Each Head Start/Early Head Start child receives a visual check – up of …

General Appearance
Obvious Signs of Illness
Hair (clean, 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 NOTICES ANY OF THESE YOU WILL BE BASKED TO PICK UP YOUR CHILD.

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

Head Start as age appropriate.
1. 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

Head Start
1. A licensed dentist will examine all Head Start children within 90 days of the child’s entry into the program.

2. 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 will also inform the parent of specific dentist office policies.

3. The family services assistant 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.

4. The family services assistant is responsible for maintaining dental information that includes the following on each of his/her assigned children:
   - Emergency Consent/Contact (HS.03)
   - Child Dental Record and Informed Consent (HS.34)
   - Copy of Child Health/Dental History (HS.20) with allergies written in red
   - Copy of Medicaid, CHIPS or other dental insurance cards
5. Following initial exam, if treatment is necessary and the child has no source of funding, a referral must be made to health staff or family services assistant (FSA).

6. The family services assistant will meet with the dentist’s schedule clerk to set up initial and follow-up appointments.

7. Parents will be notified, preferably in person or by telephone, of each dental appointment. If the family services assistant is unable to contact them, this may be done by sending the parent an appointment card or “Child Observation Form” (HS.37). Every attempt must be made to remind parents of a child’s upcoming appointment.

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

9. The health staff and/or FSAs will notify Head Start parents to remind and assist if needed arrangements for periodicity visits to the dentist every six months.

**Early Head Start**

1. Staff conducting initial health visits will determine whether the family has a dental home. Releases are sent to determine if a dental visit has been made.

2. The family advocate, family services assistant or home-based teacher is responsible for obtaining and maintaining updated Medicaid and insurance information on a regular basis. Early Head Start funds may be used when documentation is provided showing no other source of funding is available.

3. Parents will be given a list of dental providers and assisted with scheduling an appointment.

4. Parents will be assisted in arranging for transportation to and from dental appointments.

5. The community dental hygiene school will perform an oral/dental screen annually to all ages of children.

6. Every six months, per the Texas Healthy Steps Periodicity Schedule, parents will be reminded of the need for a routine exam and assisted in arranging to meet that appointment as needed.
Policy:

In an effort to promote and maintain healthy oral hygiene, dental screenings will be provided for all Early Head Start pregnant women. This screening will be performed as early in the pregnancy as possible. Follow-up treatment will be provided only in the cases where lack of treatment would cause an adverse effect on the unborn baby.

Procedure:

1. Any EHS pregnant woman who has insurance will be referred to the designated dentist for screening and treatment.

2. EHS pregnant women without insurance are referred to Amarillo College Dental Hygiene School or community dentist for a routine pregnant dental exam.

3. Appointments to Amarillo College Dental Hygiene School will include the following steps:
   a. The appointment will be made on a Monday, Wednesday, or Friday morning if possible.
   b. The Release of Information, Referral of Services, and In-kind forms are sent to Amarillo College Dental Hygiene School.
   c. Pregnant women will sign the Amarillo College Request for Treatment Patient Understanding and Informed Consent form at the appointment. (See Attached.)
   d. The dental exam will be completed by Amarillo College Dental Hygiene School and a treatment plan will be made with the patient.
   e. A copy of the treatment plan and In-kind form will be returned to the Early Head Start health staff.

4. Appointments to community dentists will include the following steps:
   a. A referral form with a purchase order number will be sent with the pregnant woman to the appointment.
   b. Any follow-up treatment must be approved by the Early Head Start RN.
   c. Dental exam and follow-up treatment will not exceed $700.00 per pregnant woman per program year.

5. If an interpreter is required, the home visitor will make arrangements with the family advocate to secure one for the appointment.
**Policy:**

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.

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.

**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. No child will be sent home from school for soiling their clothing. 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.

11. When diapering an older child, diapering procedures will be handled in a manner that provides the child with privacy and dignity. Diapering procedures will also be used as an opportunity to teach older children about sanitary toileting procedures.

**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 advise received from a health care professional, requires the use or avoidance of a specific identified diaper by brand or type.
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 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**
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” (HS.03)

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** – The family services assistants will update the “Emergency Consent/Contact for Enrolled Children” on three parent contacts during the year, preferably second month of enrollment, January, and March.

4. **Early Head Start** – The teachers will update the “Emergency Consent/Contact for Enrolled Children” at each monthly Parent/Teacher Conference and at the two designated home visits.

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 (HS.03)
   - Parent Agreement (HS.02) (Head Start only)
   - Signed Authorization to Pick-up Child (Centers that follow Day Care Minimum Standards)
   - Medical Care Plan (If Applicable)
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
   - Emergency Consent/Contact for Enrolled Children (HS.03)
   - Parent Agreement (HS.02)
   - Signed Authorization to Pick-up Child (Centers that follow Day Care Minimum Standards)
   - Medical Care Plan (If Applicable)
   - Other information deemed necessary by center managers or center directors

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:
   - Band-aids, Large and small
   - Gauze Pads
   - Gauze Roll
   - Hydrogen peroxide (Amarillo center Health Rooms only)
   - Cold Pack
   - Eye Pad
   - Tape
   - Tongue blades
   - Safety pins
   - Felt-tip Pen
   - Towelettes
   - Penlight
   - Flashlight
   - Scissors
   - Tweezers
   - Spill Kit
   - Thermometer with covers
   - Adhesive Name Tags
   - Mouth Shield
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. **Head Start** – A travel bag and fanny pack equipped with first aid supplies will be carried by the family service assistant any time children are transported for medical or dental appointments. This same travel bag may be used by regional schools when taking children on a field trip. The Emergency Information binder should also accompany the class when on a field trip.

8. **Early Head Start** – Early Head Start classrooms’ First Aid Kits and fanny packs will be inventoried twice a year by the Early 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.
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. All bottles of breast milk and formula will be refrigerated until immediately before feeding, and any contents remaining after a feeding are discarded immediately.

2. 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.

3. Bottles of formula will reflect the date of opening. Bottles of breast milk will reflect the date of expiration. (See #4)

4. 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.

5. 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 latex or 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. The proper method for gloving is outlined in the attached Gloving information sheet.

6. Head Start/Early Head Start staff will wear gloves when changing diapers and remember to remove gloves after removing the soiled clothing and diaper.

7. After removing gloves, hands will be washed as outlined in the Hand washing Policy.
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 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.
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. Each member is a vital and special person to our health staff. Numerous phone calls are made each year to committee members for advice, support and recommendations. An effort is made to record these on a Head Start/Early Head Start contact sheet.

2. The Health Advisory Committee will meet two or more times yearly.

3. Performance Standards, budgets, timelines, plans, policies and procedures will be discussed and planned.

4. Each member will be given a document that allows him or her to write and comment and give recommendations concerning health issues with stamped, self-addressed envelopes to return their comments and recommendations.

5. Each member absent will be sent a copy of all documents and minutes from the missed meeting.

6. Every effort will be made to notify members in advance of upcoming meetings. Each member will be given notification that allows him or her planning time to attend the upcoming meetings.

7. Orientation packets will be distributed at the beginning of the year containing information about the Head Start/Early Head Start program and guidelines.

8. Minutes 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 will perform this inspection for Head Start. The Head Start classroom/playground safety inspector and the Early Head Start RN will perform this inspection for Early Head Start.

2. Results will be documented on a Health and Safety Checklist. Head Start documentation will be kept on file in the Head Start office of the classroom/playground safety inspector. Early Head Start documentation will be kept in Early Head Start office of the Program Coordinator.

3. Each classroom will be inspected using the Head Start or Early Head Start Health and Safety Checklist.

4. Regional family service assistants are encouraged to inspect their classroom(s) and playground monthly.
   a. Notify the campus maintenance department and the Head Start safety inspector of any repairs or safety concerns.
   b. Order necessary replacement supplies for first aid kits and fanny packs.
   c. Notify the special needs RN of any care plans missing in the emergency binder.
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 (HS.02). Parents are notified when lead and hemoglobin screenings are going to be administered either by posting a flyer in the centers or by Parent Notification of Health Screenings (I-HS.40). Parents are informed of the results of these screenings on the Child Health Record Summary (HS.35) or a copy of 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 included in the Head Start application packet and the Early Head Start Initial Visit packet.

4. Health staff will contact the parent when an area of concern is noted during any of the health or developmental screenings. Health staff will contact parents by phone, Referral of Services (HS.18), Parent Communication Form (HS.37), Parent Notification of Health Screenings/Results (I-HS.40) or in person. Parents, health staff, and/or classroom teachers will work together to obtain services, as needed.

5. After initial screenings are completed, the health staff will provide the Head Start parent a copy of the Head Start Parent Notification of Health Screenings/Results (I-HS.40) to be sure services were provided and to check on the child’s progress.

6. A Head Start Child Dental Record and Informed Consent (HS.34) will be signed for needed Head Start dental treatment.
7. Efforts will be made to document all communication between parents and the health staff concerning health services.

8. For Head Start children a Parent Notification of Health Screenings/Results (I-HS.40) will be given to the parent as soon as possible after screenings are completed. A transition summary will also be given to the parent at the end of the year. For Early Head Start children the result of each screening will be given to the parent after the screenings are completed.

9. A communication folder will be used to allow two-way communication between staff and parents on a regular basis.

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

11. 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.

12. Release of Information (HS.09) is always signed by the parents in Early Head Start 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. Release of Information (HS.09) will be signed by Head Start parents only as needed.

13. 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.

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

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

16. Health staff will submit health education articles to the Head Start parent newsletter.
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 “Emergency Consent/Contact for Enrolled Children” (HS.03).

2. The name, address, and telephone number of the child’s regular health care provider and dentist are noted on the “Emergency Consent/Contact for Enrolled Children” (HS.03).

3. The medical and dental examination form, immunization record and the “Health Record Summary” (HS.35) for Head Start) will be filed under Health and Nutrition in the child’s individual folder.

4. Developmental health history is obtained on every child on the “Child Health/Dental History” (HS.20), the “Ongoing Assessment and Individual Learning Plan” (HS.49), DIAL screening instrument, and the “Child Behavior Checklist” (HS.44).

5. Results of all screenings and assessments done within 45 days after entry in the program 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.

6. Notations about allergies, special diet, chronic illness or other special health concerns are recorded on the “Parent Notification of Health Screenings/Results” (I-HS.40) for Head Start) “Child Health/Dental History” (HS.20), and included on any and necessary special needs care plan.
7. Emergency transportation permission information is recorded on the “Emergency Consent/Contact for Enrolled Children” (HS.03) and “Parent Agreement” (HS.02) 

8. The “Parent Agreement” (HS.02) authorizes emergency health care and the parents are notified of action taken immediately.

9. 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 “Child Observation Form” (HS.37).

10. 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.

11. 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 “Documentation of Services” (HS.66).

12. Notes concerning any health communication from parents or health providers are kept in the child’s folder.

13. Documentation of staff exams and screenings are on file in the health secretary’s office.

14. All Head Start staff will assemble, organize and file documents as needed and required in the children’s individual folders.

15. Child’s individual folders or data management system and in Head Start, Documentation of Services (HS.66) will be used continually throughout the year to identify, schedule, and document needed follow-up services.

16. 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. Hearing screening will be performed on each ear with an audiometer at 25 dbl. for the 1000, 2000, 4000 HZ frequencies. Referral criteria remains the same. Failure of one frequency in either ear requires a rescreen within 3 to 4 weeks. Failure of one frequency in either ear on the second sweep-check screen requires a referral or an extended recheck.

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.

11. Special needs and new three-year-olds that are having difficulty testing using the audiometer may be screened utilizing adaptive techniques. If they continue to fail the screening, they will be referred either to their primary care provider or to appropriate specialist.

**Early Head Start**

1. Parents will be informed of all screenings at time of enrollment.

2. Health staff will perform behavioral response screening with parent and teacher or home visitor input within 45 days of enrollment.

3. The screening environment will be as quiet as possible.

4. Every effort will be made to screen children in their native language.

5. If the child fails the initial screening, a second screening will be performed as soon as possible to expedite referral to a provider.

6. 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 by the family advocate prior to Early Head Start paying for these services.

7. All screening staff members will be certified to perform the hearing screening.
Subject: Height and Weight Screening
Program: Head Start/Early Head Start

Policy Council Approval: May 1, 2008

Regulation Reference: 45 CFR Part(s): 1304.20(b)(1), 1304.20(f)(1)

Policy:

Head Start children will have an initial height and weight screening within 45 days of entry into the program and at least one additional screening to determine individual growth patterns. Early Head Start children will have an initial height and weight screening within 45 days of entry into the program.

Procedure:

1. The Head Start/Early Head Start health staff will conduct an initial height and weight screening for infants and children upon enrollment and document the results on the Texas Department of Health growth charts.
   - Infants and toddlers to age two will be measured without shoes to the nearest ¼ inch from crown to heel while lying on a recumbent board.
   - 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 nude or with diaper only) to the nearest ¼ pound on an infant scale.
   - Children without shoes or heavy coats will be weighed to the nearest ¼ pound on a balance scale.
   - Results of measurements should be documented in writing on growth chart and plotted accordingly.

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 or according to a periodicity schedule. The same staff members should weigh the children on the same scale as in the initial screening, if possible.

3. Head Start/Early Head Start staff members will refer children who are at or above the 95th percentile or at or below the 5th to the nutrition specialist or EHS nurse for review.

4. The nutrition specialist or EHS nurse 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 a CAPP 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 nutritionist will perform further follow-up based on determination of 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 on the “Child Health Record Summary” (HS.35) in the Head Start Program and/or the data management system sheet in the Early Head Start Program and will be reviewed with the parent.
Policy:

Home visits are made to familiarize parents with services their child will receive while enrolled in the Head Start Program.

Procedure:

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 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 on the “Plan of Services/Documentation” (HS.66).
 REGION 16 EDUCATION SERVICE CENTER  
Head Start/Early Head Start  

Subject: Immunizations and Tuberculosis Screening  
Program: Head Start/Early Head Start  
Policy Council Approval: May 4, 2006  

Section: Health and Safety  
Date Revised: May 12, 2005  
Date Reviewed: February 15, 2010  

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

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

Procedure:  
1. Each child enrolled in Head Start/Early Head Start must submit a current immunization record. If records are unavailable, authorized health staff will check the State of Texas ImmTrac computer software for proof of immunizations.  
2. Individual immunization records are checked for completion and accuracy to include validation of immunizations by health staff. The State of Texas Health Steps guidelines and the Center for Disease Control guidelines recommended schedule of immunizations will be used to determine immunization compliance.  
3. Incomplete immunization notices will be sent to the parents in a timely manner. Parents will be informed of local immunization clinics and transportation services will be offered when needed. 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. 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. 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.
6. 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.
In an attempt to promote healthy development, the Early Head Start program will collaborate with parents and the health care community to ensure that each child enrolled has an ongoing source of continuous, accessible health care, with medical checkups done per periodicity schedule. NOTE: The periodic screenings performed by EHS nursing staff do not take the place of well infant/toddler periodicity exams conducted by the child’s medical health professional.

**Policy:**

1. Upon enrollment and/or according to the periodicity schedule, a complete physical exam is required.

2. A copy of the infant/toddler periodicity exam will be given to Early Head Start by the parent/caregiver or health care professional.

3. The infant/toddler periodicity exam will include age appropriate, preventative and primary health care along with medical and developmental assessments, dental, vision, hearing, mental health, lead, hemoglobin/hematocrit, nutrition, immunizations, allergies, anticipatory guidance and special needs with any referrals.

4. Parents/caregivers will be informed when infant/toddler periodicity exams and immunizations are due.

5. Early Head Start health staff will assist parents/caregivers with the child’s medical needs in a timely manner.
Policy:

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. At application time parents will receive:
   - A health/nutrition services rationale.
   - Developmentally appropriate books to help prepare the child for a physical and dental examination.
   - Local Health Provider lists that accept Medicaid assignment.
   - A letter to the child’s physician about the Head Start physical and an attached “Child Health Record Summary” (HS.35).
   - Parents will receive information about local immunization clinics.
   - Application and information for health insurance coverage for their child.

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 sooner through the “Parent Notification of Health Screenings/Results” (I-HS.40) 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.
Involving Parents in Health Care Process
Page 2

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).

Early Head Start

1. At application time parents will receive:
   - A letter to the parent explaining health services.
   - A developmentally appropriate book to help prepare the child for a physical and dental examination.
   - Local Health Provider list’s that accept Medicaid assignment.
   - A letter to the child’s physician about the physical exam.
   - Parents will receive information about local immunization clinics.
   - Application and information for health service coverage.

2. Upon enrollment a family advocate 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 sooner through the “Parent Notification of Health Screenings/Results” (I-HS.40) or the “Referral for Services” (HS.18).

4. Family advocates will make a home visit when a child is absent from the center for three or more days to determine the reason for absence. If the child has a medical problem that requires medical attention, the family advocate will make a referral to the nurse.

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.
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 approximately two (2) weeks after mailing the second request the program has not received a response, 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 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) if in Head Start or a copy of the Parent Agreement of Health Screenings (I-HS-.05) if in Early Head Start.
- 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 e-mailing results to our local Bi-County/City Health Department, who will then forward the results to the state program.

3. The following guidelines will be utilized to determine a child’s need for referral for treatment and follow-up.

- A blood level screen level of 0 to 8.9 will be considered within normal limits and no further testing is required.
- A blood lead screen level of 9.0 and above will be considered elevated. The parent will be given written handouts on lead and lead prevention and referred to their primary care provider.

4. Follow-up on children with elevated blood lead levels will be done by the primary care physician performing a repeat blood level by venipuncture. The follow-up test cannot be by fingerstick.

5. Lead screen results will be recorded on the Head Start Parent Notification of Health Screenings/Results (I-HS.40) or the Early Head Start Parent Agreement of Health Screenings (I-HS-.05) and the data management system.
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. A copy of the order will be held by the Head Start special needs RN or the Early Head Start health staff. Early Head Start health staff will complete a supply order.

3. When it is noted that classroom health supplies are getting low, a written request should be given to the Head Start health secretary or the Early Head Start health staff and an order will be submitted.

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. Head Start LVN’s will monitor the Head Start Health Room supplies. The Head Start special needs RN and LVN and Early Head Start RN and LVN will monitor the supply room.
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 the Early Head Start RN. Medications at the Cleveland 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” (Form 7238) and a note 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 Head Start child will be given his/her medication at the assigned medication administration time. The Early Head Start child will be administered medication in the comfort of the classroom 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 dosage
   - right route
   - right medication
   - 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. A copy of the medication administration records will be sent to the Head Start supervising RN or the Early Head Start RN for review 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.
Microwaves will be used in a safe manner in centers.

Procedure:

1. Microwaves can be used for heating water in which bottles of formula, bottles of breast milk or jars of baby food will be placed for warming.

2. Microwaves can be used for warming up a refrigerated meal for toddlers that was missed due to napping, appointments, etc.

3. Bottles of formula, breast milk or jars of baby food will never be warmed in a microwave oven. Microwaves break down the nutrients as well as heat unevenly causing severe burning.
Subject: Payment for Child Medical and Dental Services
Program: Head Start/Early Head Start
Policy Council Approval: May 6, 2010
Section: Health and Safety
Date Revised: February 15, 2010

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 family advocate 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 family advocate.

5. If a child does not have medical coverage or does not qualify for coverage, the family services assistant should notify by referral process anytime the amount of necessary services if over the policy limit. Family advocates will assist Early Head Start families.

6. When HS/EHS is the payer, it will be verified that the provider will accept HS/EHS payment, and a purchase order number obtained from the administrative office 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. Children who are injured while in HS/EHS care and require treatment from a physician and/or hospital will be covered by the HS/EHS accident policy. HS/EHS insurance will be the payer. Medicaid, CHIP or private insurance will not be utilized.

12. 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.
Subject: Referral and Follow-up for Health and Developmental Services

Section: Health and Safety

Program: Head Start/Early Head Start

Policy Council Approval: January 27, 2011

Date Revised: January 10, 2011

Regulation Reference: 45 CFR Part(s): 1308.18(d)(3), 1304.20(d), 1304.20(3)(1)

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.
   b. “Interoffice Referral for Services” (HS.79) is used any time a referral is made in which a parent signature is not required.

2. Any Head Start/Early Head Start staff member may complete the “Referral of Services”.

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’s screenings; e.g. vision, hearing, height, weight
   • Findings on child’s nutrition survey.
   • Observations made by classroom staff, health aides, nurses, and specialists.
   • 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), or ”Child Health/Dental History” (HS.20). Follow-up services are documented on the “Plan of Services/Documentation” (HS.66) and on the data management system and Child Health Summary in Head Start.

   Early Head Start services are documented on referrals for Services (HS.18), Child Health Screen (EHS.17), and EHS Health Summary (EHS.20)

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. Parents are encouraged to devote one meeting per year to educating parents on child safety.

4. Safety information will be distributed to parents and a “Parent Home Safety Checklist and Plan” (I-HS.07) will be used by health and teaching staff to educate parents regarding home safety.

5. Pedestrian safety, loading/unloading vehicles safety and car seat safety will be taught to children by the teaching staff.

6. All staff will remain current in First Aid, CPR, and blood borne pathogens training.

7. Playground/Safety Inspector and/or Early Head Start RN 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. Safety education information will be sent to parents once a month in the child’s communication folder.

9. Parents are invited to attend CPR and Bloodborne Pathogen training.
Policy:

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 disinfect tables (including high chairs for Early Head Start) with a disinfectant solution. 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 classroom hard surface toys regularly. Early Head Start teachers will clean them daily. Toys will be cleaned more often if the toy is placed in the child’s mouth or appears soiled. A solution of antibacterial dishwashing soap and warm water will be used. Toys will be rinsed with clear water and left to air dry.

4. Only 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 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, Diaper Pails, and Potty Chairs**

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 bleach water solution or disinfectant used by Child Care Center.
   - Rinse again with plain water emptying the pail each time into a toilet.
   - Let air dry.
20. Potty chairs must be emptied into the toilet and cleaned after each use in the following manner:
   - Spray soapy solution in the potty chair.
   - Slosh it around in the chair several times.
   - Empty soapy water into a toilet.
   - Rinse with bleach water solution or disinfectant used by Child Care Center.
   - At the end of the day, potty chair must be thoroughly cleaned and sanitized in a utility sink using the diaper pail sanitization procedure.

21. Classroom Sanitation Schedule (HS.58) will be kept in the Head Start/Early Head Start classroom completed by classroom staff and reviewed by HS/EHS safety inspector and/or EHS RN on a regular basis.
Subject: Short Term Exclusion – Illness/Communicable Disease  
Program: Head Start/Early Head Start  
Section: Health and Safety  
Policy Council Approval: April 10, 2003

**Regulation Reference:** 45 CFR Part(s): 1304.22(b), 1304.22(b)(1), 1304.22(b)(2)  
State of Texas Day Care Licensing Minimum Standards, Appendix V

**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 100.4 degrees or greater; rectal temperature of 101.4 degrees or greater; armpit temperature of 99.4 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 physicians note determining that the child is no longer communicable and is able to participate in the facility’s activities.

3. 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.

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.

4. 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.

5. 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).

6. 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.

7. When a child has head lice or other infestations parents will be given educational materials, which will include treatment instruction. The Texas Tech University Pediatrics protocol for head lice, under the direction of the Medical Advisor to Head Start, will be followed, or the regional school policy.

8. If a child does not return to the center in a timely manner, a staff member will make a home visit to provide support, supplies and if necessary provide further education/instruction.

9. 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.
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. Early Head Start children may also be referred to the Early Childhood Intervention (ECI) program.

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, school and center nurses, as well as the child’s parents.

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.
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. 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.

Procedure:

1. Each new Head Start/Early Head Start staff member will have an initial examination (HS.40) and a periodic re-examination (as recommended by their health care provider), and will complete the Tuberculosis Risk Questionnaire (HS.61) to determine if testing is needed. Staff members and regular volunteer working in high risk areas such as the Head Start Center for “homeless” children will be educated concerning the need to consult with their physician regarding TB testing.

2. Health clinic staff will be available to evaluate any employee health concerns.

3. Each new Head Start/Early Head Start paid employee is 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 secretary’s office in a locked file cabinet.

5. Regular classroom volunteers will be screened for tuberculosis testing using the Tuberculosis Risk Questionnaire for Employees/Volunteers/Consultants (HS.61). This questionnaire and any test results will be kept in a locked file cabinet in the Head Start centers.

6. 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
   - Nutrition Education
   - Wellness
   - Classroom Safety
   - Playground Safety
   - Safe Workplace Practices (Information sheet is included in each employee’s paycheck envelope)
   - Bloodborne Pathogens
   - Diffusing Anger/Crisis Intervention
   - Emergency Preparedness
   - 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 information through available medical newsletters, bulletins, e-mails and trainings.

3. Staff will be recruited to assist with the Health Advisory Committee, and the Wellness and Safety Committee.

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, toothbrushing 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. Each child over one year of age will have an individual toothbrush with his/her name on it.

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. 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.

9. 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.
10. Early Head Start teachers will not store toothbrushes in the diaper changing area or the toileting area.

11. Early Head Start infants who do not have teeth will have their gums cleaned with gauze and water after every bottle or meal.

12. 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 every 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 two – teachers will use a pea-sized amount of fluoridated toothpaste on the child’s toothbrush having the child spit as he/she is able.
Subject: Toxin Free Environment

Program: Head Start/Early Head Start

Policy Council Approval: May 3, 2001

Regulation Reference: 45 CFR Part(s): 1304.53(a)(8)

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 the program.

2. Spaces used by the program includes classrooms, offices, kitchens, restrooms, parent and staff meeting rooms, hallways, outdoor play areas and while vehicles are being 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 Day Minimum Standards allows.

4. The policy will be enforced in the evenings as well as during the day.
Subject: Tracking of Health Information  
Program: Head Start/Early Head Start

Section: Health and Safety

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. At the beginning of the school year, the Head Start family services assistant will be given “Health Control Sheets” (computer generated) for the classes that they serve.

2. Throughout the program year, the Early Head Start health staff will be given updated “Health Control Sheets” (computer generated) for the children that they serve.

3. The Head Start family services assistant and the Early Head Start health staff will record all the screenings, medical/dental information, and referrals for their classes on the “Health Control Sheets.”

4. The Head Start family services assistants will turn in the “Health Control Sheets” to the data entry staff three times a year (November, January, April). All entries on the “Health Control Sheets” after the initial one will be completed in red ink.

5. The secretary or data entry clerk will enter the data from the “Health Control Sheets” on the data management system.

6. After the data is entered in data management system, the secretary or data entry clerk will print the “Health Control Sheets” with the health information printed, and send it to the appropriate Head Start family services assistant or Early Head Start health staff.

7. The secretary or data entry clerk will save the health information on the HS Share for all staff members to retrieve.

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

9. When Early Head Start children enroll, transfer or withdraw from the Early Head Start program, the resources assistant will notify the health staff by sending them an email.
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 family service assistant (FSA) and inform them when you are going, the address you will be visiting, approximate visit length and your cell phone number. Early Head Start staff will notify the secretaries or family advocate of where and when they make a visit.

3. If you are the family service assistant who has received the information on another FSA’S home visit, notify your supervisor and the police at any time you feel something may be a danger to your fellow FSA. An Early Head Start staff member receiving the above information will do the same.

4. 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.

5. Always sign-out with the address of your home visit and insure that at least one person in the office knows your location.

6. Wear your pager if applicable. 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.

7. 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).
8. 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).

9. Keep your car in good working order with sufficient gasoline in the tank.

10. Wear your seat belt.

11. Carry an extra car key on your person in case you were to get accidentally locked out of your car.

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

13. Be alert and observant of your surroundings.


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

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

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

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

19. 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.

20. Never transport hitchhikers or stranded motorists.

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

22. Do not enter a building or parents 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.

23. 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.**

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

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

27. Regional staff are to follow all Head Start safety regulations as well as those of their school district.
Regional 16 Education Service Center

Head Start/Early Head Start

Subject: Vision Screening and Referral
Program: Head Start/Early Head Start
Policy Council Approval: May 1, 2008

Regulation Reference: 45 CFR Part(s): 1304.20(b)(1), 1304.20(f)(1), 1308.6(b), 1308.6(b)(1)

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, 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. **Early Head Start** children will be screened by Early Head Start staff using the Early Childhood Intervention Vision Screening criteria.

5. Every effort will be made to screen children in their native language.

6. If a child fails the initial screening, a second screening will take place as soon as possible to expedite referral to a provider.

7. 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.

8. All screening staff members will be certified to perform the vision screening.

9. Special Needs and new three-year-olds that are having difficulty understanding the HOTV procedure may be screened utilizing adaptive techniques. If they still fail the screening, they will be referred either to their primary care provider or the appropriate specialist.
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 receive monthly safety information.

23. 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.