Subpart D

Health Program Services

Standard Operating Procedures

Aligned with the 2016 Head Start Program Performance Standards

(Standards 1302.40 -1302.47)

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Table of Contents

Introduction (Standard 1302.40)

The major aspects HEAD START/EARLY HEAD START Health Services Program are health screenings, dental, mental health, nutrition, parent involvement in every aspect, and health education. The five Head Start/Early Head Start components; Health, Literacy, Education, Social Services/Parent Involvement, Special Services and their professional disciplines, work together toward accomplishments of this basic program mission. Such teamwork and integration are essential to an effective planning and implementation process. This integration takes into account the individual, the family, the community, and the environment.

The Head Start Program Performance Standards provide a framework whereby staff members, who are responsible for the various components, are able to function effectively as a team to achieve program goals. This team approach is clearly stated in the progrsam philosophy.

The Health Component's main purpose is to identify and arrange treatment of health problems and concerns. The Health Component also incorporates preventive measures such as, early detection of health problems and assisting children to function at their optimal level of health, while encouraging families to assume more responsibility for themselves in all areas.

In recognizing the uniqueness of each individual child, the health staff forms a partnership of individual members advocating for the achievement of higher levels of wellness for children and families with emphasis on the concept of self-help. In addition, the Health Services Advisory Committee is the major mechanism for community input and performs the role of an advocate, which supports the Health team concept.

Subpart D- Health Program Services (Standard 1302.40)

Purpose (Standard 1302.40)

(a) A program must provide high-quality health, oral health, mental health, and nutrition services that are developmentally, culturally, and linguistically appropriate and that will support each child's growth and school readiness.
(b) A program must establish and maintain a Health Service Advisory Committee that includes Head Start parents, professionals, and other volunteers from the community.

PROCEDURE

1. CSNT Head Start/Early Head Start staff (Family Service staff, Education staff and Health team) promote and assist families with obtaining high-quality health, oral health, mental health, and nutrition services that are developmentally, culturally, and linguistically appropriate and that will support each child's growth and school readiness.

2. Family Service staff inform parents during orientation of the major components of the Health Services Program.
   Components are as follows:
   (a) Health screenings (physicals)
   (b) Bi-annual dental exam
   (c)Mental Health questionnaire
   (d)Nutrition questionnaire
   (e)Health Education
   (f) Special Services and their Professional disciplines work together toward accomplishments of this basic program mission. Such teamwork and integration are essential to an effective planning and implementation process. This integration takes into account the individual, the family, the community, and the environment.

3. The Head Start Program Performance Standards provide a framework whereby staff members, who are responsible for the various components, are able to function effectively as a team to achieve program goals. This team approach is clearly stated in the program philosophy.

4. The Health Component's main purpose is to identify and arrange treatment of health problems and concerns. The Health Component also incorporates preventive measures such as, early detection of health problems and assisting children to function at their optimal level of health, while encouraging families to assume more responsibility for themselves in all areas.

5. CSNT establishes and maintain a Health Services Advisory Committee that includes Head Start/Early Head Start parents, professionals, and other volunteers from the community. Head Services Advisory Committee meetings will be held bi-annually.

6. In recognizing the uniqueness of each individual child, the health staff forms a partnership of individual members advocating for the achievement of higher levels of

wellness for children and families with emphasis on the concept of self-help. Inaddition, the Health Service Advisory Committee is the major mechanism for community input and performs the role of an advocate, which supports the Health team concept.

COLLABORATION AND COMMUNICATION WITH PARENTS (Standard 1302.41)

(a) For all activities described in this part, programs will collaborate with parents as partners in the health and well-being of their children in a linguistically and culturally appropriate manner and communicate with parents about their child's health needs and development concerns in a timely and effective manner.

(b) At a minimum, a program must:

(1) Obtain advanced authorization from the parent or other person with legal authority for all health and developmental procedures administered through the program or by contract or agreement, and, maintain written documentation if they refuse to give authorization for health services; and,

(2) Share with parents the policies for health emergencies that require rapid response on the part of staff or immediate medical attention.

PROCEDURE

1. CSNT Family Service staff complete consent form with all parents at orientation. This form gives permission for testing, & medical and dental emergencies.
2. CSNT Family Service staff informs parents during orientation of the policies for health emergencies which require rapid response on the part of staff or immediate medical attention and that they are located in the parent handbook.

CHILD HEALTH STATUS AND CARE (Standard 1302.42)

(Refer to Family Services Standards and Procedures Head Start Program Performance Standards 1302.15)

(1) <u>Source of Health Care</u>.

(2) A program, within 30 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, must consult with parents to determine whether each child has ongoing sources of continuous, accessible health care- provided by a health care professional that maintains the child's ongoing health record and is not primarily a source of emergency or urgent care-and health insurance coverage.

(3) If the child does not have such a source of ongoing care and health insurance coverage or access to care through the Indian Health Service, the program must assist families in accessing a source of care and health insurance that will meet these criteria, as quickly as possible.

PROCEDURE

1. During the enrollment process Family Service Workers determine children's health care status.
2. If the parent/guardian does not have a medical/dental home or private insurance, the Family Service Worker refers the family to the Medicaid or CHIPS program.
3. Family Service Worker documents the follow-ups and updated information on the child's file until approval or denial of Medicaid or CHIPS has been obtained.
4. If the family is not eligible or chooses not to apply for Medicaid, the family is given the Resource Directory to inform them of the providers in their community.
5. When confirmation of the medical/dental home is obtained either verbally or through correspondence from the parent/guardian, the Family Service Worker documents on the Medical and Dental Health Form and places it in Child's File.
6. The total process is completed within ninety (90) days of the child enters the program.
7. See Procedures for Physical Exams, Dental Exams, and Immunizations in the ***CSNT Health Operating Manual***.

(b) **Ensuring up-to-date child health status.** ***(Standard 1302.42 (b))***

(1) Within 90 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, with the exceptions noted in paragraph (b)(3) of this section, a program must:

(i) Obtain determinations from health care and oral health care professionals as to whether or not the child is up-to-date on a schedule of age appropriate preventive and primary medical and oral health care, based on: the well-child visits and dental periodicity schedules as prescribed the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the state in which they operate,

(ii) Assist parents with making arrangements to bring the student up to date as quickly as possible; and, if necessary, directly facilitate provision of health services to bring the child up-to-date with parent consent as described in 1302.41 (b)(1).

PROCEDURE

1. Staff provide information to parents at the time of enrollment regarding the health needs of the child:
2. Family Service Worker determines from the parent orientation whether or not the child has a "medical/dental home". If it is determined that the child:
   - DOES NOT have a "medical/dental home," the staff assists the parent/ guardian in locating or selecting one by utilizing the Resources Directory (Can be found in the Campus Operating Manual)
   - DOES have medical/dental home services are provided from their chosen primary care provider (PCP)
3. Family Services Worker/s discuss with the parent and/or guardians the Requirements **and determine if the child is up-to-date on a schedule of age appropriate preventive and primary medical and oral health care per the Department of State Health Services EPSDT schedule.**
4. A copy of the Texas Health Step physical form or the physician's individual office form is acceptable in meeting this requirement. If the physician requires a form, use the physical form provided by Head Start.

5. A copy of the Dentist's individual dental form is acceptable. If the dentist requires a form, a copy of the Dental form must be provided.
6. During orientation, the Family Service Worker introduces themselves to the parent(s) and/or guardian and inform him/her that a number of questions will be asked regarding to the child's health history, "medical/dental home," general information about the family whether or not the family has insurance, dental history, etc.
7. After the detailed explanation of services, the parent(s) and/or guardian must sign the "Consent for Services". – SEE FAMILY SERVICE
8. **Family Service staff assists parent/s with making arrangements for students to become up to date with health requirements as quickly as possible.**

(b) Ensuring up-to-date child health status. *(Standard 1302.42 (b))*

(2) Within 45 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, a program must either obtain or perform evidence-based vision and hearing screening.

(3) If a program operates for 90 days or less, it has 30 days from the date the child first attends the program to satisfy paragraph (b)(1) and (2) of this section.

PROCEDURE

1. All children are screened within (45) calendar days after their first day of attendance for Heading and Vision. (See ***CSNT Health Operating Manual*** for specific information on the screening process.)
2. All hearing and vision screens are evidence-based.
3. All hearing and vision screening data is analyzed and results are documented.

(b)* Ensuring up-to-date child health status. *(Standard 1302.42 (b))

(4) A program must identify each child's nutritional health needs, taking into account available health information, including the child's health records, and family and staff concerns, including special dietary requirements, food allergies, and community nutrition issues as identified through the community assessment or by the Health Services Advisory Committee.

PROCEDURE

1. Family Service Workers confer with parents and obtain health information and record on child's health history form. If the child is under current medical treatment for a chronic condition (seizures, asthma, etc.) the Family Service Worker completes a "Consent to Release Records" form and sends it to the medical provider for further medical information.
2. Documentation is made in the child's file and in the Child Plus Database System.
3. All medical records obtained are filed in the Health and Licensing section of the child's file and documentation is placed in the Child Plus Database System.
4. The Health Specialist is notified using the Health Request and Results Form.

(c) Ongoing care. *(Standard 1302.42 (c))*

(1) A program must help parents continue to follow recommended schedules of well-child and oral health care.

(2) A program must implement periodic observations or other appropriate strategies for program staff and parents to identify any new or recurring developmental, medical, oral or mental health concerns.

(3) A program must facilitate and monitor necessary oral health preventive care, treatment and follow-up, including topical fluoride treatments. In communities where there is a lack of adequate fluoride available through the water supply and for every child with moderate to severe tooth decay, a program must also facilitate fluoride supplements, and other necessary preventive measures, and further oral health treatment as recommended by the oral health professional.

PROCEDURE

1. FSW informs parent of all Health components required during Parent Orientation and document parent notification in Child Plus.
   (Health components include; Initial/Annual Physical, Vision/Hearing, Height/Weight, Blood Pressure, Hemoglobin and Lead blood test).
2. FSWs and Health staff continue to contact parents concerning missing health information. (See ***Health Operating Manual*** for specific details concerning parent contacts and missing health information)
3. The Health Team conducts on-going monitoring of the health area at least monthly including oral health. Results are input into Child Plus and monitored through Corrective Action Plans.
4. The Health Team conducts annual reviews of the water supply documentation for each Campus. If waters supplies do not contain the proper amounts of fluoride, the Program alerts the Campus and parents. Fluoride supplements are made available through dental treatments.

(d) <u>Extended follow-up care</u>. (Standard 1302.42 (d))

(1) A program must facilitate further diagnostic testing, evaluation, treatment, and follow-up plan, as appropriate, by a licensed or certified professional for each child with a health problem or developmental delay, such as elevated lead levels or abnormal hearing or vision results that may affect child's development, learning, or behavior.

(2) A program must develop a system to track referrals and services provided and monitor the implementation of a follow-up plan to meet any treatment needs associated with a health, oral health, social and emotional, or developmental program.

(3) A program must assist parents, as needed, in obtaining any prescribed medications, aids or equipment for medical and oral health conditions.

PROCEDURE

1. Family Service staff monitor health histories, physicals and dentals for student for the

following (See ***CSNT Health Operating Manual*** for specific steps on follow-up care) :

i. Health concerns and/or Care Plans needed
ii. Treatments needed
iii. Diagnostic testing needed

2. Family Service staff contact parents/guardians and follow-up to monitor if student's health concerns are being addressed by their Primary Care Physician or have been referred to a specialist for further testing.
3. Family Service staff document all efforts performed in Child Plus, indicating the status of the student's health concerns or if concern has been completed. (i.e.-care plans in place, allergy actions plans in place, etc.)
4. Family Service staff refer to Health Team for assistance when they have difficulty obtaining required health care plans, or parent response occurs.
5. Health Team assists staff with parent contacts, health and dental provider contacts to obtain required information.

(e) <u>Use of funds</u>. (Standard 1302.42 (e))

(1) A program must use program funds for the provision of diapers and formula for enrolled children during the program year.

(2) A program may use program funds for professional medical and oral health services when no other source of funding is available. When program funds are used for such services, grantee and delegate agencies must have written documentation of their efforts to access other available sources of funding.

PROCEDURE

(1) Program funds are used for students who have no other payer source to accommodate a student's school health needs.
(2) Program funds are used for children who require pull-ups/diapers and/or any other nutritional supplement including formula, when applicable. (See ***CSNT Health Operating Manual*** for more details on payer source and diaper/nutritional supplements)

ORAL HEALTH PRACTICES. (Standard 1302.43)

A program must promote effect oral health hygiene by ensuring all children with teeth are assisted by appropriate staff, or volunteers, if available, in brushing their teeth with toothpaste containing fluoride once daily

PROCEDURE

1. Teaching staff promote effective dental hygiene in conjunction with at least one meal each day. Ordering tooth brushing supplies will be performed by the Health Implementation Team. (See ***CSNT Health Operating Manual*** for more details on oral hygiene.)

CHILD NUTRITION (Standard 1302.44)

(a) <u>Nutrition service requirements.</u>

(1) A program will promote and provide nutrition services that are culturally and developmentally appropriate, meeting the needs of and accommodating the requirements of each child, including children with special dietary needs and children with disabilities.

(2) Specifically, a program must:

(i) Ensure each child in a program that operates for fewer than six hours per day receives meals and snacks that provide one third to one half of the child's daily nutritional needs; (N/A for CSNT Head Start Program)

(ii) Ensure each child in a program that operates for six hours or more per day receives meals and snacks that provide one half to two thirds of the child's daily nutritional needs, depending upon the length of the program;

(iii) Serve three- to five-year-olds meals and snacks that conform to USDA requirements in 7 CFR parts 210, 220, and 226, and are high in nutrients and low in fat, sugar, and salt;

(iv) Feed infants and toddlers according to their individual developmental readiness and feeding skill as recommended in USDA requirements outlined in 7 CFR parts, 210, 220, and 226, and ensure infants and young toddlers are fed on demand to the extent possible; (N/A for CSNT Head Start Program)

(v) Ensure bottle-fed infants are never laid down to sleep with a bottle; (N/A for CSNT Head Start Program)

(vi) Serve all children in morning center-based settings who have not received breakfast upon arrival at the program a nourishing breakfast;

(vii)Provide appropriate healthy snacks and meals to each child during group socialization activities in the home based option; (N/A for CSNT Head Start Program)

(viii) Promote breastfeeding, including providing facilities to properly store and handle breast milk and make accommodations, as necessary, for mothers who breast-feed during program hours, and if necessary, provide referral lactation consultants or counselors; and, (N/A for CSNT Head Start Program)

(ix) Make safe drinking water available to children during the program day.

PROCEDURE

1. CSNT implements a nutrition program that is culturally and developmentally appropriate
2. Nutritional needs are identified through the child's Nutritional Needs Assessment that is completed at the child's entry into the program and is part of the child's Acceptance Packet

3. Family style meals are served, where appropriate
4. Each child in the Program receives one-half to two-thirds of their daily nutritional allowance either through a CACFP or NSLP (STATE of Texas) meal pattern
5. Meals are served that conform to the USDA requirements in 7 CFR parts 210, 220, and 226 and are high in nutrients and low in fat, sugar, and salt (CSNT Head Start follows CACFP Requirements at Child Care Licensed Campuses and the National School Lunch Program on ISD Campuses)
6. Meals that are served to CSNT Head Start/Early Head Start Programs are reimbursed through CACFP or NSLP, when applicable. (See ***CSNT Nutritional Operating Manual*** for more details on meal service).

CHILD MENTAL HEALTH & SOCIAL AND EMOTIONAL WELL-BEING. (Standard 1302.45)

(a) <u>Wellness promotion</u>. To support a program-wide culture that promotes children's mental health, social and emotional well-being, and over health, a program must:

(a) Provide supports for effective classroom management and positive learning environments; supportive teacher practices; and, strategies for supporting children with challenging behaviors and other social, emotional, and mental health concerns;

(b) Secure mental health consultation services on a schedule of sufficient and consistent frequency to ensure a mental health consultant is available to partner with staff and families in a timely and effective manner.

(c) Obtain parental consent for mental health consultation services at enrollment; and,

(d) Build community partnerships to facilitate access to additional mental health resources and services, as needed.

PROCEDURE

1. Mental Health/Disability Specialist (MH/D Specialist) obtains the services of Mental Health Consults through the implementation of a contract between the provider and CSNT Program.
2. All CSNT Mental Health Consultants adhere to the Head Start Policies and Procedures, Standards of Conduct, and understand what is expected at the Head Start campuses through the contract process
3. Mental Health Consultants are available for in-service training, parent meetings, classroom staff, and to be a resource for information on mental health/disability services
4. Mental Health Consultants complete a Classroom Observation within the first 45 days of school to assist teachers with implementation of positive mental health procedures and routines in the classroom
5. Mental Health Consultants work with children and families that require additional mental health services when appropriate consent is received.
6. CSNT Head Start receives consent for mental health services at the time of enrollment
7. CSNT Head Start builds community partnerships with mental health resources within the community, as appropriate. (See ***Mental Health Operating Manual*** for more details on the implementation of mental health services into the CSNT Head Start Program).

(b) <u>Mental Health Consultants</u>. A program must ensure mental health consultants

assist:

(1) The program to implement strategies to identify and support children with mental health and social and emotional concerns;

(2) Teachers, including family child care providers, to improve classroom management and teacher practices through strategies that include using classroom observations and consultations to address teacher and individual child needs and creating physical and cultural environments that promote positive mental health and social and emotional functioning;

(3) Other staff, including home visitors, to meet children's mental health and social and emotional needs through strategies that include observation and consultation;

(4) Staff to address prevalent child mental health concerns, including internalizing problems such as appearing withdrawn and externalizing problems such as challenging behaviors; and,

(5) In helping both parents and staff to understand mental health and access mental health interventions, if needed,

(6) In the implementation of the policies to limit suspension and prohibit expulsion as described in 1302.17.

PROCEDURE

1. Mental Health Consultants assist children, families, and staff in identifying strategies that will assist children with mental health issues. (See ***CSNT Mental Health Operating*** Manual for more information on consultants).
2. Mental Health Consultants assist classroom teachers with classroom management strategies, when applicable, to address classroom behavior for children with mental health issues.
3. Mental Health Consultants assist staff with children's mental health concerns through a Campus Intervention Plan.
4. Mental Health Consultants will assist parents and staff in understanding mental health interventions.
5. Mental Health Consultants provide assistance to children/families/and staff that need additional mental health services.
6. Mental Health Consultants work in conjunction with Campus Staff, D/MH Specialist, Public School Staff, and Parents to implement a Behavior Modification Plan in place of suspensions and it prohibits expulsions. (See ***Federal Administrative Policies and Procedures 1304.3 and 1304.4*** for more information concerning Suspension and Expulsion policies and procedures for CSNT Head Start/Early Head Start)

FAMILY SUPPORT SERVICES FOR HEALTH, NUTRITION, & METNAL HEALTH. (Standard 1302.46)

(a) <u>Parent collaboration.</u> Programs must collaborate with parents to promote children's health and well-being by providing medical, oral, nutrition and mental health education support services that are understandable to individuals, including individuals with low health literacy.

(b) <u>Opportunities.</u>

(1) Such collaboration must include opportunities for parents to:

(i) Learn about preventive medical and oral health care, emergency first aid, environmental hazards, and health and safety practices for the home including health and developmental consequences of tobacco products use and exposure to lead, and safe sleep.

(ii) Discuss their child's nutritional status with staff, including the importance of physical activity, healthy eating, and the negative health consequences of sugar-sweetened beverages, and how to select and prepare nutritious foods that meet the family's nutrition and food budget needs;

(iii) Learn about healthy pregnancy and postpartum care, as appropriate, including breastfeeding support and treatment options for parental mental health or substance abuse problems, including prenatal depression;

(iv) Discuss with staff and identify issues related to child mental health and social and emotional well-being, including observations and any concerns about their child's mental health, typical and atypical behavior and development, and how to appropriately respond to their child and promote their child's social and emotional development; and,

(v) Learn about appropriate vehicle and pedestrian safety for keeping children safe.

PROCEDURE

1. Health Implementation team attends the second parent meeting of each school year and presents Health, Nutrition, and Mental Wellness information to the parents.
2. Health and Nutrition staff send monthly information newsletters which cover beneficial topics for parents/children/staff.
3. FSWs discuss all child health issues with parents as they arise. If child health issues need further assistance, the FSW completes the referral process. (See ***CSNT Health Operating Manual*** for more information on the referral process).
4. When Parent/Teacher/Campus Director has a serious concern regarding student behavior, a referral for services is made to the HSCIT (Campus Intervention Team) for a meeting to discuss the issue.
5. Within the first 30 days of a child's enrollment, families complete the pedestrian/bus safety curriculum. Parents participate in the curriculum implementation through home activities. (See Transportation Standards and Procedures Subpart F 1302.70 for more details on pedestrian/bus safety training).

(b) <u>Opportunities</u>. (Standard 1302.46 (b)(2))

(2) A program must provide ongoing support to assist parents' navigation through health systems to meet the general health and specifically identified needs of their children and must assist parents:

(i) In understanding how to access health insurance for themselves and their

families, including information about private and public health insurance and designated enrollment periods;

(ii) In understanding the results of diagnostic and treatment procedures as well as plans for ongoing care and,

(iii)On familiarizing their children with services they will receive while enrolled in the program and to enroll and participate in a system of ongoing family health care.

PROCEDURE

1. If the parent/guardian does not have a medical/dental home or private insurance, the Family Service Worker refers the family to the Medicaid or CHIPS program.
2. Family Service Worker documents follow-ups and updated information on the child's file until approval or denial of Medicaid or CHIPS has been obtained.
3. If the family is not eligible or chooses not to apply for Medicaid, the family is given the Resource Directory to inform them of the providers in their community.
4. When confirmation of the medical/dental home is obtained either verbally or through correspondence from the parent/guardian, the Family Service Worker must document on Medical and Dental Health Form and placed in Child's File.
5. The total process is completed within ninety (90) days of the child entering the program.

SAFETY PRACTICES - Systems (Standard 1302.47)

(a) A program must establish, train staff on, implement, and enforce a system of health and safety practices that ensure children are kept safe at all times. A program should consult Caring for our Children Basics, available at http://www.acf.hhs.gov/sties/default/files/ecd/caring for our children basics.pdf, for additional information to develop and implement adequate safety policies and practices described in this part.

(b) A program must develop and implement a system of management, including ongoing training, oversight, correction and continuous improvement in accordance with 1302.102, that includes policies and practices to ensure all facilities, equipment and materials, background checks, safety training, safety and hygiene practices and administrative safety procedures are adequate to ensure child safety.
This system must ensure:

(1) Facilities. All facilities where children are served, including area for learning, playing, sleeping, toileting, and eating are, at a minimum:

(i) Meet licensing requirements in accordance with 1302.21 (d) (1) and 1302.23 (d);

(ii) Clean and free from pests;

(iii) Free from pollutants, hazards and toxins that are accessible to children and could endanger children's safety;

(iv) Designed to prevent child injury and free from hazards, including, choking, strangulation, electrical, and drowning hazards, hazards posed by appliances and all other safety hazards;

(v) Well lit, including emergency lighting;

(vi) Equipped with safety supplies that are readily accessible to staff, including, at a minimum, fully equipped and up-to-date first aid kits and appropriate fire safety supplies;

(vii) Free from firearms or other weapons that are accessible to children;

(viii) Designed to separate toileting and diapering areas from areas for preparing food, cooking eating or children's activities; and,

(ix) Kept safe through an ongoing system of preventative maintenance. (See ***CSNT Health Operating Manual*** for more information on safety practices within facilities)

PROCEDURE

1. CSNT Program Monitor performs the 1st Safe Environment Monitoring at the beginning of each school term.
2. Selected Health Team members and the Program Monitor perform the 2nd Safe Environment Monitoring in January and periodic monitoring is completed throughout the year by all staff members
3. All areas of the Campus are monitored during the Safe Environment Monitoring. (See On-going Monitoring Safe Environments Form for areas monitored)

SAFETY PRACTICES – Equipment and Materials (Standard 1302.47(b)(2))

(2) <u>Equipment and materials:</u> Indoor and outdoor play equipment, cribs, cots, feeding chairs, strollers, and other equipment used in the care of enrolled children, and as applicable, other equipment and materials meet standards set by the Consumer Product Safety Commission (CPSC) or the American Society for Testing and Materials, International (ADTM). All equipment and materials must at a minimum:

(i) Be clean and safe for children's use and are appropriately disinfected;

(ii) Be accessible only to children for whom they are age appropriate;

(iii) Be designed to ensure appropriate supervision of children at all times;

(iv) Allow for separation of infants and toddlers from preschoolers during play in center-based programs; Not applicable to Head Start and,

(v) Be kept safe through an ongoing system of preventative maintenance.

PROCEDURE

1. Assigned staff perform daily, weekly, and monthly preventive maintenance on Indoor and outdoor play equipment and materials, cribs/cots, tables/chairs, and other equipment/materials used in the care of enrolled children.
2. Assigned staff document inspections on required checklist form and follow cleaning schedule. (See ***CSNT Health Operating Manual*** for details of cleaning processes).
3. Children are supervised at all times they are in the care of CSNT Head Start/Early Head Start Program.
4. Campus Directors monitor the Consumer Product Safety Commission on a regular

basis to search for products that have been recalled.
5. On-going monitoring of safe environments is completed by management staff at least monthly and more frequent, when necessary.

SAFETY PRACTICES – Background Checks (Standard 1302.47(b)(3))

(3) Background checks. All staff have complete background checks in accordance with 1302.90(b).

PROCEDURE

1. See Human Resources Standards and Procedures for background check procedures for CSNT Head Start/Early Head Start staff.
2. On-going Monitoring Human Resources Personnel File Checks are completed monthly by Management staff and quarterly by Administrative staff.

SAFETY PRACTICES – Safety Training (Standard 1302.47(b)(4))

(4) Safety training.

(i) Staff with regular child contact. All staff with regular child contact have initial orientation training within three months of hire and ongoing training in all state, local, tribal, federal and program-developed health, safety and child care requirements to ensure the safety of children in their care; including, at a minimum, and as appropriate based on staff roles and ages of children they work with, training in:

(A) The prevention and control of infectious diseases;

(B) Prevention of sudden infant death syndrome and use of safe sleeping practices;

(C) Administration of medication, consistent with stands for parent consent;

(D) Prevention and response to emergencies due to food and allergic reactions;

(E) Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic;

(F) Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;

(G) Emergency preparedness and response planning for emergencies;

(H) Handling and storage of hazardous materials and the appropriate disposal of bio contaminants;

(I) Appropriate precautions in transporting children, if applicable;

(J) First aid and cardiopulmonary resuscitation; and,

(K) Recognition and reporting of child abuse and neglect, in accordance with the requirement at paragraph (b)(5) of this section.

(ii) Staff without regular child contact. All staff with no regular responsibility for or contact with children have initial orientation training within three months of hire; ongoing training in all state, local, tribal, federal and program-developed health and safety requirements applicable to their work; and training in the program's emergency and disaster preparedness procedures.

PROCEDURE

1. All employees receive required training during new hire training and then again on an annual basis during the pre-service period.
2. Topics covered include blood bourne pathogens, SIDS, Medication administration, food/allergic reactions, transportation, shaken baby, emergency preparedness, hazardous materials training, bus safety, first aid/CPR, and child abuse. (See ***CSNT Health Operating Manual*** for more information on safety training).

SAFETY PRACTICES - Consultants (Standard 1302.47(b)(5))

(5) <u>Safety practices</u>. All staff and consultants follow appropriate practices to keep children safe during all activities, including, at a minimum:

(i) Reporting of suspected or known child abuse and neglect, including that staff comply with applicable federal, state, local, and tribal laws;

(ii) Safe sleep practices, including ensuring that all sleeping arrangements for children under 18 months of age use firm mattresses or cots, as appropriate, and for child under 12 months, soft bedding materials or toys may not be used;

(iii) Appropriate indoor and outdoor supervision of children at all times;

(iv) Only releasing children to authorized adult, and

(v) All standards of conduct described in 1302.90(c).

PROCEDURE

1. During the New Hire Orientation process, staff, and volunteers are given copies of the standards of conduct including mandated child abuse reporting statutes and explained their responsibilities in implementing these standards.
2. As part of the consultant/contractor process, all contractors and consultants are provided standards of conduct and their responsibilities in implementing all of the standards of conduct that apply including their responsibilities in reporting of child

abuse, if applicable.

3. All Policy Council and Board Members are given a copy of the CSNT Personnel Policies and Procedures that contain the Agency and the Program Standards of Conduct and they are explained to them including their responsibilities
4. Annual training for staff includes training on SIDS and safe sleep practices for infants, toddlers and young children.
5. CSNT staff provide active supervision which requires focused attention and intentional observation of children at all times indoor and outdoor. This is monitored as part of the on-going monitoring process.
6. Head Start/Early Head Start staff (who care for children) position themselves so that they can observe all of the children: watching, counting, and listening at all times.
7. Head Start/Early Head Start staff also use their knowledge of each child's development and abilities to anticipate what he/she will do, then get involved and redirect them when necessary.
8. Head Start/Early Head Start staff use this constant vigilance to help children learn safely.
9. CSNT Head Star/Early Head Start staff do not release a child to anyone who is not listed as a designated pickup person without prior written parent/guardian authorization.
10. CSNT Head Start/Early Head Start staff do not release a child to anyone who appears to be under the influence of alcohol or other drugs.
11. CSNT Head Start/Early Head Start staff require photo identification when staff does not know person picking up student.
12. (Reference Human Resources Standards and Procedures 1302.90 for information on background checks process for CSNT Head Start/Early Head Start staff.)

SAFETY PRACTICES – Hygiene Practices (Standard 1302.47(b)(5))

(6) <u>Hygiene practices</u>. All staff systematically and routinely implement hygiene practices that at a minimum ensure:

(i) Appropriate toileting, hand washing, and diapering procedures that are followed;

(ii) Safe food preparation; and,

(iii) Exposure to blood and body fluids are handled consistent with the standards of Occupational Safety Health Administration.

PROCEDURE

1. All staff and volunteers are trained on handwashing practices used to prevent the transmission of communicable diseases and/or wearing gloves when necessary. (See ***CSNT Health Operating Manual*** for handwashing procedures implemented in the Program)

2. Personal hygiene guidelines are followed by all staff who handle food. Staff working with food follow specific guidelines for appearance and hygiene. Personal appearance is an essential part of maintaining professional standards, cleanliness and sanitation. (See ***CSNT Nutrition Operating Manual*** for more information on guidelines that are followed for staff handling food)
3. In accordance with the OSHA Blood borne Pathogens Standard, 29 CFR 19 I 0, 1030, an Exposure Control Plan has been developed. It is not meant to replace the individual facility's responsibility to be familiar with the standard and its requirements.
4. All staff are trained annually on safety practices when handling any substance that could contain Blood borne Pathogens. Training records are monitored as part of the on-going monitoring process. (See ***CSNT Health Operating Manual*** for more information on controlling Blood borne Pathogens).

SAFETY PRACTICES – Administrative Procedures (Standard 1302.47(b)(7))

(7) <u>Administrative safety procedures</u>. Programs establish, follow, and practice, as appropriate procedures for, at a minimum:

(i) Emergencies;

(ii) Fire prevention and response;

(iii) Protection from contagious disease, including appropriate inclusion and exclusion policies for when a child is ill, and from an infectious disease outbreak, including appropriate notifications of any reportable illness;

(iv) The handling, storage, administration, and record of administration of medication;

(v) Maintaining procedures and systems to ensure children are only released to an authorized adult; and,

(vi) Child specific health care needs and food allergies that include accessible plans of action for emergencies. For food allergies, a program must also post individual child food allergies prominently where staff can view wherever food is served.

PROCEDURE

1. CSNT Head Start/Early Head Start staff follows adopted Emergency First Aid Procedures to act quickly to ensure the health and well-being of each child is preserved. (See ***CSNT Health Operating Manual*** for more information on emergency procedures adopted by CSNT Head Start).
2. CSNT Head Start/Early Head Start have all-hazards emergency management and/or disaster preparedness plans for more and less likely events including natural and man-made disasters and emergencies, and violence in or near programs. (See Campus specific Emergency Disaster Plans at each location)
3. CSNT follows the Communicable Disease Chart for Schools and Childcare Centers published by the Department of State Health Services. Exclusion

Policies will be based upon requirements and recommendations set forth by the Communicable Disease Chart.

4. Each campus has a chart posted where every staff person can readily survey for information when needed.
5. Head Start/Early Head Start classrooms located on ISD campuses work with and adhere to their ISD exclusion guidelines by sending students to the ISD nurse for assessments.
6. CSNT Head Start/Early Head Start provide annual medication administration training for all designated staff and adheres to Medication requirements to ensure safe administration of medications to children and works in collaboration with ISD Partnerships, excepting their requirements for administration and storage of medications when Head Start classrooms are located on their campus. **Medication Note:** Refer to each campus Medication Book for specific information regarding medication or contact the Health Specialist for further assistance.
7. CSNT Head Start/Early Head Start does not release a child to anyone who is not listed as a designated pickup person without prior written parent/guardian authorization.
8. CSNT Head Start/Early Head Start does not release a child to anyone who appears to be under the influence of alcohol or other drugs.
9. CSNT Head Start/Early Head Start requires photo identification when staff does not know person picking up student.
10. Medical conditions such as food allergies, asthma and seizure require Physician completed Care Action Plan.
11. Information is shared with all student associated staff and is listed on the classroom and kitchen staff Student Allergy/Medical Concern list.
12. Student Allergy/Medical Concern list are located in the classrooms by the teacher work area and in the kitchen at the cooks work area and will have a large **bold print** Identifying Cover Page. (See CSNT Health Operating Manual for more information on food allergies.)

❖ *Medication information including physician's orders for health concerns and or procedures are shared with teaching staff to ensure student safety.*

SAFETY PRACTICES – Disaster Preparedness Plan (Standard 1302.47(b)(8))

(8) <u>Disaster preparedness plan</u>. The program has all-hazards emergency management/disaster preparedness plans for more and less likely events including natural and man-made disasters and emergencies, and violence in or near programs.

PROCEDURE

1. Each campus has an emergency/disaster preparedness plan in the event of fire, earthquake, severe storm, or other natural disaster. They will practice safety drills for fire, natural disasters, bus evacuation, and pedestrian safety.
2. Site personnel have developed an individual emergency/disaster management plan and procedures which are practiced throughout the program year.
3. The emergency/disaster management plan includes evacuation routes, safe meeting places, head count procedures, safety spots in the classroom or building, and procedures for assisting children with disabilities.
4. Safe evacuation routes are established, illustrated and posted on/near exits.

5. Teachers plan learning activities, discussions and demonstrations that will increase children's knowledge and prepare them to respond safely in an emergency situation. These activities, discussions and demonstrations will be included and documented in daily lesson plans.
6. Fire drills are conducted at least one (1) time per month.
7. Emergency sheltering drills are held at least three (4) times during the program year.
8. Lock-down drills must be practiced at least (4) times a year
9. *ISD Campuses will follow the Disaster Preparedness Plan adopted by their State of Texas Public School Campus.

SAFETY PRACTICES – Incident Reporting (Standard 1302.47(c))

(c) A program must report any safety incidents in accordance with 1302.102(d)(1)(ii)
(Reference the Program Management & Quality Improvement Policies and Procedures Subpart J 1302.102(d)(ii))

PROCEDURES

1. The Program provides status reports to the governing board and the policy council with oversight data monthly. (See ***CSNT Health Operating Manual*** for more information on reporting safety incidents).
2. Governing board and policy council reports include Head Start Director's Report, Finance Report, Child Assessment Reports, CLASS Reports, Self-Assessment Reports, Program Information Reports, Human Resources Reports, Support Services Reports, and Progress on attaining Program Goals, School Readiness Goals, Family Partnership Goals with Progress, and CLASS Reports. (Program Goals, School Readiness Goals, and Family Partnership Goals will be tracked for progress at least (3) times per year.)