

**REGION 14 EDUCATION SERVICE CENTER  
HEAD START OPERATIONAL PLAN  
Child Health and Safety**

<b>STANDARD</b>	<b>OBJECTIVE</b>	<b>SPECIFIC TASKS/ACTIVITIES</b>	<b>PERSON RESPONSIBLE</b>	<b>TARGET DATE</b>	<b>REFERENCE EVALUATION</b>
1304.22(a)	Child health and safety. (a) Health emergency procedures. Grantee and delegate agencies operating center-based programs must establish and implement policies and procedures to respond to medical and dental health emergencies with which all staff are familiar and trained. At a minimum, these policies and procedures must include:	P & P 1304.22a	<b>PIC</b> Health Consultant P & P 1304.22a	September- August	P & P 1304.22a
1304.22(a)(1)	Posted policies and plans of action for emergencies that require rapid response on the part of staff (e.g., a child choking ) or immediate medical or dental attention	P & P 1304.22a	<b>PIC</b> Health Consultant P & P 1304.22a	September- August	P & P 1304.22a
1304.22(a)(2)	(a)(2) Posted locations and telephone numbers of emergency response systems. Up-to-date family contact information and authorization for emergency care for each child must be readily available;	P & P 1304.22a	<b>PIC</b> Health Consultant P & P 1304.22a	September- August	P & P 1304.22a
1304.22(a)(3)	1(a)(3) Posted emergency evacuation routes and other safety procedures for emergencies (e.g. fire or weather-related) which are practiced regularly (see 45 CFR 1304.53 for additional information)	P & P 1304.22a	<b>PIC</b> Health Consultant P & P 1304.22a	September- August	P & P 1304.22a
1304.22(a)(4)	(a)(4) Methods of notifying parents in the event of an emergency involving their child; and	P & P 1304.22a	<b>Health Consultant</b> P & P 1304.22a	September- August	P & P 1304.22a
1304.22(a)(5)	(a)(5) Established methods for handling cases of suspected or known child abuse and neglect that are in compliance with applicable Federal, State, or Tribal laws.	P & P 1304.22a5	<b>Mental Health Consultant</b> P & P 1304.22a	September- August	P & P 1304.22a
1304.22(b)(1)	Conditions of short-term exclusion and admittance (b)(1) Grantee and delegate agencies must temporarily exclude a child with a short-term injury or an acute or short-term contagious illness, that cannot be readily accommodated, from program participation in center-based activities or group experiences, but only for that generally short-term period when keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child.	P & P 1304.22b	<b>HC/HSD</b> P & P 1304.22b	September- August	P & P 1304.22b
1304.22(b)(2)	(b)(2) Grantee and delegate agencies must not deny program admission to a child; nor exclude any enrolled child from program participation for a long-term period, solely on the basis of his or her health care needs or medication requirements unless keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child and the risk cannot be eliminated or reduced to an acceptable level through reasonable modifications in the grantee or delegate agency's policies, practices or procedures or by providing appropriate auxiliary aids which would enable the child to participate without fundamentally altering the nature of the program.	P & P 1304.22b	<b>HC/HSD/DC</b> P & P 1304.22b	September- August	P & P 1304.22b
1304.22(b)(3)	(b)(3) Grantee and delegate agencies must request that parents inform them any health or safety needs of the child that the program may be required to address. Programs must share information, as necessary, with appropriate staff regarding accommodations needed in accordance with the program's confidentiality policy	P & P 1304.22b	<b>HC/HSD</b> P & P 1304.22b	September- August	P & P 1304.22b

STANDARD	OBJECTIVE	SPECIFIC TASKS/ACTIVITIES	PERSON RESPONSIBLE	TARGET DATE	REFERENCE EVALUATION
1304.22(c)	Medication administration. Grantee and delegate agencies must establish and maintain written procedures regarding the administration, handling, and storage of medication for every child. Grantee and delegate agencies may modify these procedures as necessary to satisfy State or Tribal laws, but only where such laws are consistent with Federal laws. The procedures must include:	P & P 1304.22c	HC P & P 1304.22c	September- August	P & P 1304.22c
1304.22(c)(1)	(c)(1) Labeling and storing, under lock and key, and refrigerating, if necessary, all medications, including those required for staff and volunteers;	P & P 1304.22c	HC P & P 1304.22c	September- August	P & P 1304.22c
1304.22(c)(2)	2) Designating a trained staff member(s) or school nurse to administer, handle and store child medications'	P & P 1304.22c	HC P & P 1304.22c	September- August	P & P 1304.22c
1304.22(c)(3)	3) Obtaining physicians' instructions and written parent or guardian authorizations for all medications administered by staff;	P & P 1304.22c	HC P & P 1304.22c	September- August	P & P 1304.22c
1304.22(c)(4)	4) Maintaining an individual record of all medications dispensed, and reviewing the records regularly with the child's parents.	P & P 1304.22c	HC P & P 1304.22c	September- August	P & P 1304.22c
1304.22(c)(5)	5) Recording changes in a child's behavior that have implications for drug dosage or type, and assisting parents in communicating with their physician regarding the effect of the medication on the child; and	P & P 1304.22c	HC P & P 1304.22c	September- August	P & P 1304.22c
1304.22(c)(6)	6) Ensuring that appropriate staff members can demonstrate proper techniques for administering, handling, and storing medication, including the use of any necessary equipment to administer medication.	P & P 1304.22c	HC P & P 1304.22c	September- August	P & P 1304.22c
1304.22(d)(1)	(d) Injury prevention. Grantee and delegate agencies must: (1) Ensure that staff and volunteers can demonstrate safety practices; and	P & P 1304.22d	HC P & P 1304.22d	September- August	P & P 1304.22d EPIC
1304.22(d)(2)	2) Foster safety awareness among children and parents by incorporating it into child and parent activities	P & P 1304.22d	HC P & P 1304.22d	September- August	P & P 1304.22d EPIC
1304.22(e)(1)	(e) Hygiene (1) Staff, volunteers, and children must wash their hands with soap and running water at least at the following times:	P & P 1304.22e P & P 1304.22e(ehs)	HC P & P 1304.22e P & P 1304.22e(ehs)	September- August	P & P 1304.22e P & P 1304.22e(ehs)
1304.22(e)(1)(i)	After diapering or toilet use;	P & P 1304.22e P & P 1304.22e(ehs)	HC P & P 1304.22e P & P 1304.22e(ehs)	September- August	P & P 1304.22e P & P 1304.22e(ehs)
1304.22(e)(1)(ii)	Before food preparation, handling, consumption, or any other food-related activity (e.g., setting the table);	P & P 1304.22e P & P 1304.22e(ehs)	HC P & P 1304.22e P & P 1304.22e(ehs)	September- August	P & P 1304.22e P & P 1304.22e(ehs)
1304.22(e)(1)(iii)	Whenever hands are contaminated with blood or other bodily fluids; and	P & P 1304.22e P & P 1304.22e(ehs)	HC P & P 1304.22e P & P 1304.22e(ehs)	September- August	P & P 1304.22e P & P 1304.22e(ehs)
1304.22(e)(1)(iv)	After handling pets or other animals	P & P 1304.22e P & P 1304.22e(ehs)	HC P & P 1304.22e P & P 1304.22e(ehs)	September- August	P & P 1304.22e P & P 1304.22e(ehs)
1304.22(e)(2)(i)	(2) Staff and volunteers must also wash their hands with soap and running water (i) before and after giving medications;	P & P 1304.22e P & P 1304.22e(ehs)	HC P & P 1304.22e P & P 1304.22e(ehs)	September- August	P & P 1304.22e P & P 1304.22e(ehs)

STANDARD	OBJECTIVE	SPECIFIC TASKS/ACTIVITIES	PERSON RESPONSIBLE	TARGET DATE	REFERENCE EVALUATION
1304.22(e)(2)(ii)	ii) before and after treating or bandaging a wound (nonporous gloves should be worn if there is contact with blood or blood-containing body fluids); and	P & P 1304.22e P & P 1304.22e(ehs)	HC P & P 1304.22e P & P 1304.22e(ehs)	September- August	P & P 1304.22e P & P 1304.22e(ehs)
1304.22(e)(2)(iii)	iii) after assisting a child with toilet use.	P & P 1304.22e P & P 1304.22e(ehs)	HC P & P 1304.22e P & P 1304.22e(ehs)	September- August	P & P 1304.22e P & P 1304.22e(ehs)
1304.22(e)(3)	(3) Nonporous (e.g., latex) gloves must be worn by staff when they are in contact with spills of blood or other visibly bloody bodily fluids	P & P 1304.22e P & P 1304.22e(ehs)	HC P & P 1304.22e P & P 1304.22e(ehs)	September- August	P & P 1304.22e P & P 1304.22e(ehs)
1304.22(e)(4)	(4) Spills of bodily fluids (e.g., urine, feces, blood, saliva, nasal discharge, eye discharge or any fluid discharge) must be cleaned and disinfected immediately in keeping with professionally establish guidelines ( e.g., standards of the Occupational Safety Health administration, U.S. Department of Labor). Any tools and equipment used to clean spills of bodily fluids must be cleaned and disinfected immediately. Other blood-contaminated materials must be disposed of in a plastic bag with a secure tie.	P & P 1304.22e P & P 1304.22e(ehs)	HC P & P 1304.22e P & P 1304.22e(ehs)	September- August	P & P 1304.22e P & P 1304.22e(ehs)
1304.22(e)(5)	(5) Grantee and delegate agencies must adopt sanitation and hygiene procedures for diapering that adequately protect the health and safety of children served by the program and staff. Grantee and delegate agencies must ensure that staff properly conducts these procedures.	P & P 1304.22e P & P 1304.22e(ehs)	HC P & P 1304.22e P & P 1304.22e(ehs)	September- August	P & P 1304.22e P & P 1304.22e(ehs)
1304.22(e)(6)	Potties that are utilized in a center-based program must be emptied into the toilet and cleaned and disinfected after each use in a utility sink used for this purpose	n/a	n/a	n/a	n/a
1304.22(e)(7)	Grantee and delegate agencies operating programs for infants and toddlers must space cribs and cots at least three feet apart to avoid spreading contagious illness and to allow for easy access to each child	Cribs will be spaced at least three feet apart to decrease spreading of contagious illness and allow easy access to each child	Head Start ESC/ISD Staff	September- August	State Licensure Policy
1304.22(f)(1)	(f) First aid kits. (1) Readily available, well-supplied first aid kits appropriate for the ages served and the program size must be maintained at each facility and available on outings away from the site. Each kit must be accessible to staff members at all times, but must be kept out of the reach of children.	P & P 1304.22f	Health Consultant P & P 1304.22f	September- August	P & P 1304.22f
1304.22(f)(2)	First aid kits must be restocked after use, and an inventory must be conducted at regular intervals.	P & P 1304.22f	Health Consultant P & P 1304.22f	September- August	P & P 1304.22f

**HEAD START PROCEDURES FOR:  
HEALTH EMERGENCY  
COMPONENT: CENTER FOR YOUNG LEARNERS**

- 1.0 **Scope:** This describes the process by which Health Emergency Procedures are required according to the Head Start Standard 1304.22(a).
- 2.0 **Responsibility:**
  - 2.1 Teachers
  - 2.2 FSW
  - 2.3 Teacher Aide
  - 2.4 Caregiver
  - 2.5 Health Consultant
- 3.0 **Resources:**
  - 3.1 Classroom Observation
- 4.0 **Procedures:**
  - 4.1 ESC Staff will include Health and Safety training in staff orientation annually.
  - 4.2 ESC and ISD Staff will post the following Health and Safety Items in clear view in the Classroom:
    - 4.2.1 Medical and dental emergency procedures
    - 4.2.2 Emergency plans of action and escape routes
    - 4.2.3 Child Abuse Procedures and Hot Line Numbers
    - 4.2.4 Health Reminders for Employees on Hand washing, etc.
    - 4.2.5 Rebus Charts on Hand Washing
    - 4.2.6 Child Emergency Cards containing emergency phone numbers and back up numbers for each child's family will be stored in the classroom in a pocket folder for easy access, but also preventing easy access by outsiders.
    - 4.2.6 Child Emergency cards will be taken to the playground or on field trips with the children.
    - 4.2.7 School Emergency Procedures
  - 4.3 ESC Staff will provide a First Aid Kit and First Aid Fanny Pack to each classroom.
  - 4.4 Fire/tornado drills will be practiced regularly and documented.
  - 4.5 Emergency Lighting (flashlight will be kept in room)
  - 4.6 Exits will be labeled in each room and map for emergency route of exit posted.
  - 4.7 Emergency numbers will be kept by nearest assessable phone or posted in room.
  - 4.8 ISD Staff will follow individual school policy regarding contacting parents in case of an emergency and for parents contacting the schools.
  - 4.9 Staff will be trained in child CPR and first aid procedures (at least one per classroom).
    - 4.9.1 EHS staff will be certified in Shaken Baby Syndrome prevention and SIDS prevention.

**HEAD START PROCEDURES FOR:  
HEALTH EMERGENCY  
COMPONENT: CENTER FOR YOUNG LEARNERS**

**5.0 Associated Documents:**

- 5.1 Smoke Alarm and Fire Extinguisher Monthly Checks
- 5.2 Fire & Tornado Drills (School Bus Evacuation Drills)

**6.0 Record Retention Table:**

<b>Identification</b>	<b>Format</b>	<b>Storage</b>	<b>Retention</b>	<b>Disposition</b>	<b>Protection</b>
Smoke Alarm and Fire Extinguisher Monthly Checks	Print	Locked filing cabinet at ISD	7 years	Shredded	ISD locked unit
Fire & Tornado Drill (School Bus Evacuation Drills)	Print	Locked filing cabinet at ISD	7 years	Shredded	ISD locked unit

**7.0 Monitoring:**

- 7.1 Quarterly review

**8.0 Revision History:**

<b>Date:</b>	<b>Revision#</b>	<b>Description of Revision</b>
6-2006		
8-2009		Reviewed & Revised as needed

**HEAD START PROCEDURES FOR:  
REPORTING ABUSE  
COMPONENT: CENTER FOR YOUNG LEARNERS**

1.0 **Scope:** Performance Standard 1304.22 (a) (5) Establish methods for handling cases of suspected or known child abuse and neglect that are in compliance with applicable Federal, State, or Tribal laws.

2.0 **Responsibility:**

- 2.1 Consultants
- 2.2 Teacher
- 2.3 Teacher's Aides
- 2.4 Family Service Worker

3.0 **Resources:**

- 3.1 Procedures for Reporting Abuse
- 3.2 Child Abuse Folder

4.0 **Procedures:**

- 4.1 Any suspected abuse/neglect must be reported within 24 hours.
- 4.2 Call the Child Abuse Hot Line (800-252-5400), 911, or your local law enforcement agency.
- 4.3 When you make a call or report, the following information will be requested.
  - 4.3.1 Child's name, address, and parent's name
  - 4.3.2 Child's age, gender, and race
  - 4.3.3 Family composition
  - 4.3.4 Nature and extent of injury, abuse, or neglect
  - 4.3.5 Name of person allegedly responsible for injury, abuse or neglect
  - 4.3.6 Source of the report
  - 4.3.7 Name, address, and telephone number of person making the report
  - 4.3.8 Any actions taken to prevent further abuse or neglect
  - 4.3.9 Other useful information
- 4.4 You will be given a confirmation code to verify that you did report the abuse.
- 4.5 You are to document in the Contact Log for Reporting Child Abuse that you made the report. This contact log is kept separate in a red folder in a locked filing cabinet.
- 4.6 Please document any other pertinent information on this log.
- 4.7 Please notify your administrator if required, but you are to notify Region 14 ESC Head Start as soon as abuse is suspected.

5.0 **Associated Documents:**

- 5.1 Positive Practices for Behavior Management
- 5.2 Mental Health Observations

**HEAD START PROCEDURES FOR:  
REPORTING ABUSE  
COMPONENT: CENTER FOR YOUNG LEARNERS**

**6.0 Record Retention Table:**

<b>Identification</b>	<b>Format</b>	<b>Storage</b>	<b>Retention</b>	<b>Disposition</b>	<b>Protection</b>
Procedures for Reporting Abuse Contact Log for Reporting Abuse	Print	Locked filing cabinet at ISD	7 years	Shredded	ISD locked unit

**7.0 Monitoring:**

7.1 Bi-Annual

**8.0 Revision History:**

<b>Date:</b>	<b>Revision#</b>	<b>Description of Revision</b>
6-2006		
8-2009		Reviewed & Revised as needed

**HEAD START PROCEDURES FOR:  
SHORT TERM EXCLUSION & ADMITTANCE  
CENTER FOR YOUNG LEARNERS**

1.0 **Scope:** **This describes the process by which Short Term Exclusion and Admittance Procedures are required according to the Head Start Standard 1304.22(b).**

2.0 **Responsibility:**

- 2.1 Teachers
- 2.2 FSW
- 2.3 Teacher Aide
- 2.4 Caregiver
- 2.5 Health Consultant
- 2.6 Disability Consultant
- 2.7 Head Start Director

3.0 **Resources:**

- 3.1 Child's File
- 3.2 Disabilities Enrollment Policy
- 3.3 Region XIV ESC Head Start Standards of Conducts

4.0 **Procedures:**

- 4.1 A health history form must be completed upon admission to Head Start, requesting that parents share information regarding any health or safety needs of their child.
- 4.2 If the health history or exam indicates a child has an ongoing health issue (i.e. diabetes, seizures, asthma, severe allergies, etc.), the parent of this child will be offered a **Health Planning Meeting** (i.e. HPM consisting of any staff associated with the child's care) to inform staff and parents of care and possible referrals available for the child.
- 4.3 Verification of ongoing health issues will be noted on the health exam form with the doctor's recommendations and signature.
- 4.4 The Health Planning Meeting will be scheduled within 30 days of identification of the health problem.
  - 4.4.1 If the parent refuses the HPM, the refusal of services will Be documented in the Child's File.
- 4.5 ESC and ISD Staff will work together with parents to provide appropriate accommodations to meet the child's needs, while adhering to ESC 14 Head Start Confidentiality Policy.
- 4.6 Eligibility opportunities will be provided for children with health care needs and/or medication requirements to enroll in Head Start based on ERSEA criteria and/or ARD recommendations.
- 4.7 **ESC and ISD Staff will not deny admission to any child solely on the basis of his or her health care needs or medication requirements, unless keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child and the risk cannot be eliminated or reduced to an acceptable level through reasonable modifications in the grantee or delegate agency's policies, practices or**

**HEAD START PROCEDURES FOR:  
SHORT TERM EXCLUSION & ADMITTANCE  
CENTER FOR YOUNG LEARNERS**

procedures, or by providing appropriate auxiliary aids which would enable the child to participate without fundamentally altering the nature of the program.

- 4.8 Modifications will be made with input from parents, medical professionals, and ESC/ISD Staff through Health Planning Meetings.
- 4.9 Enrolled children will not be excluded from program participation for a long-term period solely on the basis of health care needs or medication requirements.
- 4.10 ESC and ISD Staff will exclude any child with injury or acute short-term contagious illness from school or activities as recommended by the child's medical doctor.
  - 4.10.1 Written note from child's physician should be brought to the school.
  - 4.10.2 Written note will be filed in the child's folder.
- 4.11 Any communicable disease illness requires a physician's note stating child is free of communicable disease upon returning to school
- 4.12 ESC and ISD Staff will exclude any child with a contagious disease that poses a significant health risk to other children for a short period of time or until the child's health issue is resolved. Any long-term exclusion will be discussed with the regional office.
  - 4.12.1 Oral temperature of 100.4, Rectal temperature of 101.4 degrees, or armpit temperature of 99.4 degrees, or more, accompanied by behavior changes or other signs or symptoms of illness.
  - 4.12.2 Symptoms and signs of possible severe illness such as lethargy, abnormal breathing, uncontrolled diarrhea, two or more vomiting episodes in 24 hours, rash with fever, mouth sores with drooling, behavior changes, green discharge from nose or eyes, pus in cuts, or other signs that the child may be severely ill.
  - 4.12.3 Health-care professional has diagnosed the child with a communicable disease. A written note from child's physician is required when child returns to school stating child is free of disease.

**5.0 Associated Documents:**

- 5.1 Child's Files-Health Plan Form

**HEAD START PROCEDURES FOR:  
SHORT TERM EXCLUSION & ADMITTANCE  
CENTER FOR YOUNG LEARNERS**

**6.0 Record Retention Table:**

<b>Identification</b>	<b>Format</b>	<b>Storage</b>	<b>Retention</b>	<b>Disposition</b>	<b>Protection</b>
Health Plan Form	Print	Child's File Locked filing cabinet at ISD	7 years	Shredded	ISD locked unit

**7.0 Monitoring:**

7.1 Quarterly review

**8.0 Revision History:**

<b>Date:</b>	<b>Revision#</b>	<b>Description of Revision</b>
6-2006		
8-2009		Reviewed & Revised as needed

**HEAD START PROCEDURES FOR:  
MEDICATION ADMINISTRATION  
COMPONENT: CENTER FOR YOUNG LEARNERS**

- 1.0 **Scope:** **This describes the process by which Medication Administration are required according to the Head Start Standard 1304.22(c).**
- 2.0 **Responsibility:**
- 2.1 Teachers
  - 2.2 FSW
  - 2.3 Teacher Aide
  - 2.4 Caregiver
  - 2.5 Health Consultant
- 3.0 **Resources:**
- 3.1 Child's File
- 4.0 **Procedures:**
- 4.1 ESC and ISD Staff will follow individual school medication policies. Copies of school policies will be obtained and stored at the ESC 14 Head Start office by the Health/Nutrition Consultant.
  - 4.2 Medications will have prescription label with child's name, doctor's name and directions for administration.
  - 4.3 Medications will be stored under lock and key.
  - 4.4 Medications will be administered by the nurse or appointed school designee.
  - 4.5 Copies of medication forms will be kept in the Nurse's Office.
  - 4.6 ISD Staff will ensure that all **teacher, aide, and volunteer medications are locked out of reach of the children.** Staff personal items and purses will be kept out of the reach of children at all times
  - 4.7 ISD Staff will observe and record the daily health of children, noting any changes in a child's behavior that might have implications for drug dosage or type.
    - 4.7.1 Staff will notify the nurse and parents of any notable changes immediately, and document on a Parent Conference Form, kept in the Child's File.
    - 4.7.2 Staff will assist parents in communicating with their physician regarding the effect of the medication on the child.
  - 4.8 **Medication which is given for three months or more, will be reviewed with the parent every three months by the teacher and /or school nurse.** Documentation of review will be noted on the contact log.
  - 4.9 ESC Staff will ensure that staff members receive the consultation they need regarding proper techniques for administering, handling, and storing medication, including the use of any necessary equipment to administer medication.

**HEAD START PROCEDURES FOR:  
MEDICATION ADMINISTRATION  
COMPONENT: CENTER FOR YOUNG LEARNERS**

**5.0 Associated Documents:**

5.1 School Medication Form (ISD Form)

**6.0 Record Retention Table:**

<b>Identification</b>	<b>Format</b>	<b>Storage</b>	<b>Retention</b>	<b>Disposition</b>	<b>Protection</b>
School Medication Form	Print	Nurse's office	7 years	Shredded	ISD locked unit

**7.0 Monitoring:**

7.1 Quarterly review

**8.0 Revision History:**

<b>Date:</b>	<b>Revision#</b>	<b>Description of Revision</b>
6-2006		
8-2009		Reviewed & Revised as needed

**HEAD START PROCEDURES FOR:  
INJURY PREVENTION  
COMPONENT: CENTER FOR YOUNG LEARNERS**

1.0 **Scope:** This describes the process by which Injury Prevention Procedures are required according to the Head Start Standard 1304.22(d).

2.0 **Responsibility:**

- 2.1 Teachers
- 2.2 FSW
- 2.3 Teacher Aide
- 2.4 Caregiver
- 2.5 Health Consultant
- 2.6 PIC

3.0 **Resources:**

- 3.1 Lesson Plans
- 3.2 Parent Meeting Minutes
- 3.3 Newsletters
- 3.4 Child's File

4.0 **Procedures:**

- 4.1 ESC 14 Head Start will require at least one staff person per classroom to be certified in First Aid and CPR.
  - 4.1.1 The First Aid trained employee will be available for the children during school hours at all times.
  - 4.1.2 A copy of the First Aid certification will be on file at the ESC 14 office.
- 4.2 ESC Staff will encourage and provide training for all staff members to be certified.
- 4.3 ESC and ISD Staff will provide training for parents and children on safety and health issues.
  - 4.3.1 After parent orientation, parent will sign **Parent's Orientation Receipt** that will be placed in the child's file.
- 4.4 **All cleaning products or chemicals will be kept in a secure place, to avoid access by children.**
- 4.5 Head Start employees will complete a Doctor's Medical Release to work prior to beginning employment.
- 4.6 If during employment, an employee receives an injury or has a prolonged illness, a doctor's release must be completed before returning to work.
- 4.7 A TB test result or chest x-ray will be required upon employment.
- 4.8 The Health Advisory board will assess the need for further testing or immunizations of employees annually.

**HEAD START PROCEDURES FOR:  
INJURY PREVENTION  
COMPONENT: CENTER FOR YOUNG LEARNERS**

**5.0 Associated Documents:**

- 5.1 CPR Certificate
- 5.2 Parent Orientation Receipt
- 5.3 Doctor's Medical Release
- 5.4 TB test results

**6.0 Record Retention Table:**

<b>Identification</b>	<b>Format</b>	<b>Storage</b>	<b>Retention</b>	<b>Disposition</b>	<b>Protection</b>
CPR Certificate	Print	Employee's file	7 years	Shredded	ESC locked unit
Doctor's Medical Release	Print	Employee's file	7 years	Shredded	ESC locked unit
TB Test Results	Print	Employee's file	7 years	Shredded	ESC locked unit
Parent Orientation Receipt	Print	Child's File	7 years	Shredded	ISD Lock unit

**7.0 Monitoring:**

- 7.1 Quarterly review

**8.0 Revision History:**

<b>Date:</b>	<b>Revision#</b>	<b>Description of Revision</b>
6-2006		
8-2009		Reviewed & Revised as needed

**HEAD START PROCEDURES FOR:  
HYGIENE PROCEDURES  
COMPONENT: CENTER FOR YOUNG LEARNERS**

1.0 **Scope:** This describes the process by which Hygiene Procedures are required according to the Head Start Standard 1304.22(e).

2.0 **Responsibility:**

- 2.1 Teachers
- 2.2 FSW
- 2.3 Teacher Aide
- 2.4 Caregiver
- 2.5 Health Consultant

3.0 **Resources:**

- 3.1 Environmental Check list

4.0 **Procedures:**

- 4.1 Adults and children will wash their hands with running water and soap
  - 4.1.1 Following toileting or assistance with toileting ( even if gloves are worn),
  - 4.1.2 prior to beginning meal or snacks,
  - 4.1.3 before and after giving medications,
  - 4.1.4 before and after treating or bandaging a wound,
  - 4.1.5 after use of cleaning products,
  - 4.1.6 after handling of pets or other animals.
- 4.2 ESC and ISD Staff will wear gloves when preparing food, or if coming in contact with blood or other bodily fluids.
- 4.3 Cleaning rags, used gloves, or paper towels used to clean up contaminated spills or body fluids, shall be placed in a plastic bag and then put in a covered trash can which will be emptied minimally one time per day.
- 4.4 Classroom and classroom items will be clean according to the cleaning schedule:
  - 4.4.1 Daily:
    - 4.4.1.1 Hard surfaces or washable toys (frequently mouthed)
    - 4.4.1.2 Bathroom door knobs
    - 4.4.1.3 Sinks, sink handles
    - 4.4.1.4 Toilets, flush handles
    - 4.4.1.5 Water Fountains
  - 4.4.2 Weekly:
    - 4.4.2.1 Door knobs, light switches, shelves of hard surfaces touched by children
    - 4.4.2.2 Children's chairs
    - 4.4.2.3 Pet areas
  - 4.4.3 Monthly:
    - 4.4.3.1 Cloth toys, dress up-clothes

**HEAD START PROCEDURES FOR:  
HYGIENE PROCEDURES  
COMPONENT: CENTER FOR YOUNG LEARNERS**

- 4.4.4 Before use:
  - 4.4.4.1 Food preparation area
  - 4.4.4.2 Food Serving Tables
- 4.4.5 After use:
  - 4.4.5.1 Food preparation area
  - 4.4.5.2 Food preparation tools and equipment
- 4.4.6 Immediately:
  - 4.4.6.1 Any surface that has been soiled with urine, stool, mucous, vomit, blood or nasal discharge.
- 4.5 Cleaning materials will not be stored with food items or within reach of children.
  - 4.5.1 The cleaning solution consist of ¼ cups of bleach to 1 gallon of water mixed on a daily basis or as needed.
  - 4.5.2 Local schools may use other products that they have approved.
- 4.6 ISD Staff will diaper children on a changing mat on the floor or on a changing table in a discrete location while wearing gloves.
  - 4.6.1 The mat will be sanitized after each use.
  - 4.6.2 Soiled disposable diapers will be placed in a plastic sack and disposed of in a covered trash can.
  - 4.6.3 The trash can will be emptied at least once a day.
  - 4.6.4 Soiled clothes will be placed in a plastic bag and returned to the parent.
  - 4.6.5 Children will always be treated with respect.
  - 4.6.6 Children who have accidents or are still learning to toilet- will be treated with love and respect.
  - 4.6.7 ISD Staff will wash their hands with soap and running water following diapering procedures even though gloves were worn.

**5.0 Associated Documents:**

- 5.1 Environmental Check list
- 5.2 Daily Health Check

**6.0 Record Retention Table:**

<b>Identification</b>	<b>Format</b>	<b>Storage</b>	<b>Retention</b>	<b>Disposition</b>	<b>Protection</b>
Environmental Check List	Print	Locked filing cabinet at ISD	7 years	Shredded	ISD locked unit
Daily Health Check	Print	Child's file	7 years	Shredded	ISD locked unit

**7.0 Monitoring:**

- 7.1 Quarterly review

**HEAD START PROCEDURES FOR:  
HYGIENE PROCEDURES  
COMPONENT: CENTER FOR YOUNG LEARNERS**

**8.0 Revision History:**

Date:	Revision#	Description of Revision
6-2006		
8-2009		Reviewed & Revised as needed

**EARLY HEAD START PROCEDURES FOR:  
HYGIENE PROCEDURES  
COMPONENT: CENTER FOR YOUNG LEARNERS**

1.0 **Scope:** This describes the process in which Early Head Start Hygiene Procedure are required according to the Head Start Standard 1304.22(e).

2.0 **Responsibility:**

- 2.1 Teachers
- 2.2 FSW
- 2.3 Teacher Aide
- 2.4 Caregiver
- 2.5 Health Consultant

3.0 **Resources:**

- 3.1 Environmental Check list

4.0 **Procedures:**

- 4.1 Adults and children will wash their hands with running water and soap
  - 4.1.1 Following toileting or assistance with toileting ( even if gloves are worn),
  - 4.1.2 prior to beginning meal or snacks,
  - 4.1.3 before and after giving medications,
  - 4.1.4 before and after treating or bandaging a wound,
  - 4.1.5 after use of cleaning products,
  - 4.1.6 after handling of pets or other animals.
- 4.2 ESC and ISD Staff will wear gloves when preparing food, or if coming in contact with blood or other bodily fluids.
- 4.3 Cleaning rags, used gloves, or paper towels used to clean up contaminated spills or body fluids, shall be placed in a plastic bag and then put in a covered trash can which will be emptied minimally one time per day.
- 4.4 Classroom and classroom items will be clean according to the cleaning schedule:
  - 4.4.1 Daily:
    - 4.4.1.1 Hard surfaces or washable toys (frequently mouthed)
    - 4.4.1.2 Bathroom door knobs
    - 4.4.1.3 Sinks, sink handles
    - 4.4.1.4 Toilets, flush handles
    - 4.4.1.5 Water Fountains
  - 4.4.2 Weekly:
    - 4.4.2.1 Door knobs, light switches, shelves of hard surfaces touch by children
    - 4.4.2.2 Children's chairs
    - 4.4.2.3 Pet areas
  - 4.4.3 Monthly:
    - 4.4.3.1 Cloth toys, dress up-clothes

**EARLY HEAD START PROCEDURES FOR:  
HYGIENE PROCEDURES  
COMPONENT: CENTER FOR YOUNG LEARNERS**

- 4.4.4 Before use:
  - 4.4.4.1 Food preparation area
  - 4.4.4.2 Food Serving Tables
- 4.4.5 After use:
  - 4.4.5.1 Food preparation area
  - 4.4.5.2 Food preparation tools and equipment
- 4.4.6 Immediately:
  - 4.4.6.1 Any surface that has been soiled with urine, stool, mucous, vomit, blood or nasal discharge.
- 4.5 Cleaning materials will not be stored with food items or within reach of children
- 4.6 ISD Staff will diaper children on a changing mat on the floor or on a changing table in a discrete location while wearing gloves.
  - 4.6.1 The mat will be sanitized after each use.
  - 4.6.2 Soiled disposable diapers will be placed in a plastic sack and disposed of in a covered trash can.
  - 4.6.3 The trash can will be emptied at least once a day.
  - 4.6.4 Soiled clothes will be placed in a plastic bag and returned to the parent.
  - 4.6.5 Children will always be treated with respect.
  - 4.6.6 Children who have accidents or are still learning to toilet- will be treated with love and respect.
  - 4.6.7 ISD Staff will wash their hands with soap and running water following diapering procedures even though gloves were worn.
- 4.7 EHS Staff will record appropriate information on daily information sheets for infants and toddlers.
- 4.8 Cribs and cots will be placed three feet apart to avoid spreading contagious illness and to allow for easy access to child.
- 4.9 Cribs and cots will be clean with disinfecting solution before a different child uses it or when soiled.

**5.0 Associated Documents:**

- 5.1 Environmental Check list
- 5.2 Daily Health Check

**6.0 Record Retention Table:**

<b>Identification</b>	<b>Format</b>	<b>Storage</b>	<b>Retention</b>	<b>Disposition</b>	<b>Protection</b>
Environmental Check List	Print	Locked filing cabinet at ISD	7 years	Shredded	ISD locked unit
Daily Health Check	Print	Child's file	7 years	Shredded	ISD locked unit

**EARLY HEAD START PROCEDURES FOR:  
HYGIENE PROCEDURES  
COMPONENT: CENTER FOR YOUNG LEARNERS**

**7.0 Monitoring:**

7.1 Quarterly review

**8.0 Revision History:**

Date:	Revision#	Description of Revision
6-2006		
8-2009		Reviewed & Revised as needed

**HEAD START PROCEDURES FOR:  
FIRST AID KIT  
COMPONENT: CENTER FOR YOUNG LEARNERS**

1.0 **Scope:** This describes the process by which First Aid Kit Procedures are required according to the Head Start Standard 1304.22(f).

2.0 **Responsibility:**

- 2.1 Teachers
- 2.2 Teacher Aide
- 2.3 Caregiver
- 2.4 FSW
- 2.5 Health Consultant

3.0 **Resources:**

- 3.1 Minimal Standards for Child Care Licensure

4.0 **Procedures:**

- 4.1 ISD Staff will post a first aid sign and store a well-supplied first aid kit in an easily accessible place in the classroom for immediate use when needed.
  - 4.1.1 First aid kits will be kept out of the reach of children at all times.
- 4.2 ISD Staff will also store fanny pack first aid kits, to accompany the class on the playground and on field trips.
- 4.3 All first aid kits and fanny packs will be inventoried monthly, documented on the Head Start First Aid Kit Inventory form, and restocked when supplies are used.

5.0 **Associated Documents:**

- 5.1 First Aid Inventory Sheet

6.0 **Record Retention Table:**

Identification	Format	Storage	Retention	Disposition	Protection
First Aid Kit Inventory Sheet	Print	Checklist Notebook in Classroom	1 year	Shredded	N/A

7.0 **Monitoring:**

- 7.1 Quarterly review

8.0 **Revision History:**

Date:	Revision#	Description of Revision
6-2006		
8-2009		Reviewed & Revised as needed