

HEALTH SERVICES WORK PLAN

2011-2012

Policy Council Chairperson

Date

Health Services Advisory Chairperson

Date

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**HEALTH SERVICES WORK PLAN
HEAD START 101**

Revised 2011

OBJECTIVE: To ensure that, through collaboration among families, staff, and health care professionals, all child health and developmental concerns are identified, and children and families are linked to an ongoing source of continuous, accessible care to meet their basic health needs.

1304.52(j)(1). Staff and volunteer health. Grantee and delegate agencies must assure that each staff member has an initial health examination (that includes screening for tuberculosis) and a periodic re-examination (as recommended by their health care provider or as mandated by State, Tribal, or local laws) so as to assure that they do not, because of communicable diseases, pose a significant risk to the health or safety of others in the Early Head Start or Head Start program that cannot be eliminated or reduced by reasonable accommodation. This requirement must be implemented consistent with the requirements of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.

Plan of Action:

New Employees:

All persons beginning employment with EMAA Head Start must pass a medical examination signed by a licensed physician or a registered nurse under the supervision of a licensed physician within two weeks of employment. This will ensure sound physical and emotional health. . This examination must be documented on the Medical Examination report for Child Care Providers/Staff that is provided to Head Start by the Missouri Department of Health. The report must be signed and dated and the original sent to EMAA Head Start Central Office. The original will be kept in the EMAA personnel file and a copy will be kept in a locked file at the facility where employed and kept throughout the term of employment. New hires will also be required to show proof of a negative T.B. test or chest x-ray within two weeks of employment. The T.B. test/x-ray reports will be handled the same as the medical exam reports.

In addition to the medical exam and T.B. test all **food service workers** must be vaccinated against Hepatitis A prior to handling food.

Annual Staff Health Reports:

All EMAA Head Start employees are required to submit to an annual medical examination and T.B. test to confirm their continued sound physical and emotional health. The medical exam must be completed by a licensed physician, a registered nurse under the supervision of a licensed physician, or a licensed Doctor of Chiropractic. The exam must be documented on the Report for Child Care Providers/Staff which is provided to EMAA Head Start by the Missouri Department of Health. The signed and dated original exam report and a copy of the T.B. test must be sent to EMAA Head Start Central Office. The original will be placed in the EMAA personnel file and a copy will be kept in a locked file at the facility where employed.

Each employee is responsible for turning in their medical examination and TB test to Central Office (ATTENTION: Computer Specialist) at the appropriate time.

Annual medical exams and T.B. tests are due two weeks after the anniversary date of the last one. If this is not done and the due date expires the employee will be sent home without pay until the forms are in the possession of the Computer Specialist.

Employees are responsible for all cost of their physical and TB test. Head Start will arrange and pay for vaccinations of Hepatitis A for cooking staff.

All employees will be required to fill out an Emergency Medical Form. This form contains phone numbers of emergency contacts, doctor, hospital, any illness that may be life threatening, allergies and medications that a staff person may be taking. This will assure that in the event of an emergency or accident that the proper person or persons are contacted and that all pertinent health information can be provided to the health care provider. This form will be kept in the employee's personal file at the place of employment, sealed in an envelope and be accessed only in the case of an emergency. If an employee does not want to complete form, please sign and date at the bottom of the form and state that you do not want to give information.

1304.52(j)(2). Regular volunteers must be screened for tuberculosis in accordance with State, Tribal or local laws. In the absence of State, Tribal or local law, the Health Services Advisory Committee must be consulted regarding the need for such screenings (see 45 CFR 1304.3(20) for the definition of volunteer).

All **regular** volunteers*** must pass a TB test and a medical examination before volunteering at any center. Any volunteer that is to be included in the child/staff ratio must also have the same medical examination and T.B. test that is required for staff. Any volunteer that will be helping in the food service of Head Start children must also have a medical examination, T.B., and be immunized against Hepatitis A.

Staff or volunteers shall not work when ill if it affects the health or safety of the child.

*****Regular volunteer**-Any person that volunteers eight hours or more per week.

*Definition of a volunteer according to Head Start performance standards--**Volunteer**-an unpaid person who is trained to assist in implementing ongoing program activities on a regular basis under the supervision of a staff person in areas such as health, education, transportation, nutrition, and management. Training of volunteers will be documented on Volunteers: Non-EMAA Staff Orientation form. All volunteers will have access to and be trained on the Work Service Plans in Head Start 101.

Source: Licensing Rules for Group Child Care Homes and Childcare Centers

Page:19: 19 CSR 40-62.123

Time Frames: Employee medical examinations and T.B. tests-annually (according to anniversary date of employment or at the time of initial employment. Volunteer medical examinations and T.B. tests-at the time of regular volunteering. Emergency medical information-completed and in the file at the beginning of the school year or at the time of initial employment. Medical information will be up-dated as necessary.

People Involved: All Staff, Head Start Director, Deputy Director, Site-Managers, Area Coordinators, Computer Specialist, Child/Family Health Specialist, Administrative Aide

Documentation:

Hard copy of medical examination and T.B. test .on file at facility where employed.

Copy of Emergency information on file at facility where employed.

Computer entry by Computer Specialist of employee medical examinations, TB tests and Hepatitis A vaccines if applicable.

Computer Specialist will make copies and forward to all relevant files.

Original reports will be kept in Personal file at EMAA Central Office.

Monitoring visit reports from Child/Family Health Specialist.

Volunteer: Non EMAA Staff Orientation form maintained by site-managers in case of an emergency.

If an employee does not want to complete form, please sign and date at the bottom of the form and state that you do not want to give information.

New employees must have a physical and T.B. within two weeks of employment. Hepatitis A vaccines will be given to food service workers before handling food.

EMERGENCY MEDICAL FORM FOR HEAD START STAFF OR

VOLUNTEERS

Name _____

Address _____

Home Phone _____

Emergency Contacts:

Contact #1 _____ Phone _____

Contact #2 _____ Phone _____

Contact #3 _____ Phone _____

Doctor _____ Phone _____

Dentist _____ Phone _____

Hospital _____

Phone _____

Illness _____

Medications _____

Allergies _____

I, _____, authorize EMAA Head Start Staff to take me for emergency medical and dental treatment if necessary. Date _____

I, _____, do not wish to release information to Head Start. I release Head Start from any responsibility resulting from lack of information.

****On the job injuries will be handled according to EMAA Policy for Handling Work Injuries.

1304.20(a)(1)(i) (a) Determining child health status.

(1) In collaboration with the parents and as quickly as possible, but no later than 90 calendar days (with the exception noted in paragraph (a)(2) of this section) from the child's entry into the program (for the purposes of 45 CFR 1304.20(a)(1), 45 CFR 1304.20 (a)(2), and 45 CFR 1304.20(b)(1), "entry" means the first day the Head Start or Head Start services are provided to the child), grantee and delegate agencies must:

(i) Make a determination as to whether or not each child has an ongoing source of continuous, accessible health care. If a child does not have a source of ongoing health care, grantee and delegate agencies must assist the parents in accessing a source of care;

Head Start will work with parents/guardians to make a determination as to whether their child has an ongoing continuous source of medical care. This will be accomplished through a Health/Nutrition History completed on each child during final enrollment.

This determination may be obtained from interviews of the parent/guardians and/or working closely with local Health Care Providers. The Health Services Advisory committee will have input on schedules of well childcare.

Parents are the primary caregivers of their children and will be trained to become advocates of their child's health. Staff will obtain and distribute resource materials to parents on well child schedules and screenings that may benefit their children due to the area in which they live.

Plan of Action: Head Start will work with parents/guardians to assure that their child has adequate access to health care professionals to meet each child's particular need. Family Advocates will contact parents on a regular basis to assure that services are current. Head Start staff will evaluate each child on an individual basis to assure that each child is up-to-date. Head Start will work with local clinics and health professionals who will accept MO HealthNet for Kids or offer services at a reduced fee. Head Start will refer parents for services such as medical, dental and transportation.

Time Frame: At final enrollment. Child must have a health history developed before attending the center.

People Involved: Family Advocate, Site Manager, Area Coordinator, Child/Family Health Specialist

1304.20(a)(1)(ii). Obtain from a health care professional a determination as to whether the child is up-to-date on a schedule of age appropriate preventive and primary health care, which includes medical, dental and mental health. Such a schedule must incorporate the requirements for a schedule of well child care utilized by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program

of the Medicaid agency of the State in which they operate, and the latest immunization recommendations issued by the Centers for Disease Control and Prevention, as well as any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems:

Plan of Action: All center children must have a complete physical examination signed by a licensed physician or a registered nurse under the supervision of a licensed physician to determine their health status. This physical must include at a minimum height, weight, blood pressure, hemoglobin, vision, and hearing. Also this physical will include any selected screening that may be based on community health problems and recommended by the Medicaid agency of the State of Missouri, the Center for Disease Control and Prevention, and/or the Health Services Advisory Committee.

All children attending Head Start must have proof of testing for lead poisoning within the last twelve months. This evidence must be in the form of a written statement from the health care professional administering the test. If a parent or guardians refuses to have their child tested a written statement that states their reason for refusal is required.

Children attending Head Start must have an annual physical and proof of lead testing. The same rules apply for attendance based on the anniversary date of the physical and lead test.

Note: the refusal does not apply to the physical examination.

This physical examination and blood lead level testing must be submitted within thirty days of enrollment. If not received the child will not attend Head Start. They will be kept on the enrollment list for two additional weeks, if not received at that time the child will be dropped and put back on the waitlist. This will ensure that the thirty-day time frame for the State of Missouri licensing laws for physicals is met.

Site-Managers, Family Advocates and Area Support Assistants are to pay close attention to whether or not a child has a physical on time, if not they will notify the Area Coordinator of any child not in compliance. The Area Coordinator will notify the Child/Family Health Specialist who may be able to help with resources or funding.

Licensing Rules for Group Child Care Homes and Child Care Centers-pages 19-20

All children will have an initial dental screening within thirty days of enrollment. This screening may be done by staff or by the Health Care professional that does the physical. Staff will fill out the top section of the dental page in the health booklet with assistance of the parent /guardian. Children will be prioritized according to need. **(See section on dental treatment and follow-up)** (See Education Head Start 101, page 15)

All children will have a developmental screening within 45 days of enrollment in center. **(see Education and Disabilities plans)**.

Time Frame: Ongoing as children are enrolled in the program

People Involved: Family Advocates, Site-Managers, Teachers/Teacher Assistants, Area Coordinators, Child/Family Health Specialist, Education Specialist, Training Specialist

Documentation: Child's Health Record, Childplus software, Contact Sheets, Family Contact Transaction Form, Home Visit Reports

1304.20(a)(1)(ii)(A). For children who are not up-to-date on an age-appropriate schedule of well child care, grantee and delegate agencies must assist parents in making the necessary arrangements to bring the child up-to-date;

Plan of Action: Head Start will work with parents to assure that their child has adequate access to health care professionals to meet each child's particular need. Family Advocates will contact parents on a regular basis to assure that services are current. Head Start staff will evaluate each child on an individual basis to assure that each child is up-to-date. Head Start will work with local clinics and health professionals who will accept MO HealthNet for Kids or offer services at a reduced fee. Head Start will refer parents for services such as medical, dental and transportation.

Time Frame: Ongoing, as children are enrolled

People Involved: All staff

Documentation: Contact sheets, child's health record, home visit reports, computer reports, Family/Contact Transaction Forms.

. IMMUNIZATIONS FOR CHILDREN ENROLLED IN HEAD START

No child will be allowed to attend a Head Start center without being adequately immunized against all vaccine preventable illness, EMAA Head Start will follow the State of Missouri immunizations guidelines. All parents or guardians must be able to provide proof that their child is adequately immunized. Proof of immunization will be kept in each child's file and in a center file.

A child may attend if the child has an immunization exemption card on file at the center. Exemptions may be given for two reasons only and the appropriate person or persons must sign them.

1. Medical immunization exemption form signed by a physician.
2. Parent/guardian immunization exemption from a-signed by parent or guardian.

Any exemption card must be in the child's file and readily accessible to department personnel who inspect the children's file.

Head Start exemption plan for children with exemptions on file is attached in Child Health and Safety section.

Source: Licensing rules for Group Child Care Homes and Childcare Centers:
pages 24-25

1304.20(a)(1)(ii)(B), (C); (iii) & (iv). For children who are up-to-date on an age-appropriate schedule of well child care, grantee and delegate agencies must ensure that they continue to follow the recommended schedule of well child care; and Grantee and delegate agencies must establish procedures to track the provision of health care services. Obtain or arrange further diagnostic testing, examination, and treatment by an appropriate licensed or certified professional for each child with an observable, known or suspected health or developmental problem; and develop and implement a follow-up plan for any condition identified in 45 CFR 1304.20(a)(1)(ii) and (iii) so that any needed treatment has begun.

Plan of Action: Staff will discuss with parents the importance of prevention, intervention and well childcare. Referrals and resources will be brought into the home on a regular basis to ensure that parents have adequate access of schedules of well childcare. Staff will work with parents to ensure that they have kept appointments with health care professionals. Staff will assist families to arrange for transportation to and from appointments if necessary. Staff will talk to parents about MO HealthNet for Kids program and help parents to be advocates for their child's health. Staff will assist parents in implementing a pattern of ongoing care.

Staff will work with parents and providers to ensure that all children will be current or completed on immunizations before leaving the Head Start program. Parents will be given information regarding age-appropriate schedules recommended by the State of Missouri.

Recommendations for additional immunizations (e.g., children at high risk may be immunized against Hepatitis A)

Source: Licensing rules for Group Child Care Homes and Childcare Centers: pages 24-25

Staff will assist parents in finding a medical home that will be available to them after leaving our program.

Head Start staff will inform parents of community resources and parents will be given opportunities to attend trainings involving issues of children's health.

Children's health care services will be tracked in the ChildPlus Software at each site.

Each child's health record will be updated on an ongoing basis. Family contacts will be made to assure that each family is receiving services and will be documented on a family contact sheet or home visit report.

Time Frame: Ongoing throughout the school year

People Involved: Site Manager, Family Advocate, Training Specialist, Child/Family Health Specialist, Education Specialist, and Area Coordinators

Documentation: Family contact sheet, Child Health Record, ChildPlus health reports, ChildPlus Family contact reports, ChildPlus training reports.

1304.20(b)(1)-See screening sections of Education and Disabilities Plans

1304.20(b)(3) & 1304.20(b)(3)-See screening section of Mental Health Plan

1304.20(c)(1)(2)

(c) Extended follow-up and treatment (1)- Grantee and delegate agencies must establish a system of ongoing communication with the parents of children with identified health needs to facilitate the implementation of the follow-up plan. (2) Grantee and delegate agencies must provide assistance to the parents, as needed, to enable them to learn how to obtain any prescribed medications, aids or equipment for medical and dental conditions.

Plan of action- Head Start staff will work with and communicate with parents on a plan of action for all follow-up treatment that is necessary. This communication will take place on home visits, by phone, by personal letter, or monthly newsletter. Staff will refer parents to resources that they may be able to access for equipment, aids, medications, and transportation.

Each referral or contact will be documented on a Contact Sheet and/or a Family Contact/Transaction Form. Family Contact /Transaction Forms will be entered into the computer then placed in the child's file. Follow-up on each referral will also be documented and entered into the computer.

Each Head Start site will keep and maintain an up-to-date resource file of Health Care providers. These resources will be given to parents/guardians as needed.

Time Frame-As children are enrolled into the program then as needed throughout the school year.

People involved-Family Advocates, Site-Managers, Area Coordinators, Training Specialist, and Child/Family Health Specialist. Computer entry-Area Support Assistant

Documentation- Child's file, Child's Health record, Family Contact/Transaction Form, Contact Sheet, ChildPlus computer software

RELEASE OF INFORMATION AND CONFIDENTIALITY

Parents or legal guardians must sign a release of information for all information gathered for the assessment or programming of the child. This form will be completed with the parent or guardian. Staff will explain to the parent or guardian the purpose of this release and disclosure, which may be anticipated. Parents or guardians must sign and date the form in front of staff. Staff must also sign and date the form. The release of information forms will be sent to provider and a copy will be maintained in the child's file. Family Advocates will document on the child's contact sheet that a release has been signed and sent.

All information that is received from the Release of Information will remain confidential and only shared with other staff on a need to know basis. Under no circumstances will this information be shared with other parents or volunteers. Information received must be used for benefit of the child and relevant to services provided by Head Start.

Parents will sign and date an authorization for release of medical information for health services.

1304.20(c)(3)(i)&(ii) (3) Dental follow-up and treatment must include:

(i) Fluoride supplements and topical fluoride treatments as recommended by dental professionals in communities where a lack of adequate fluoride levels has been determined or for every child with moderate to severe tooth decay; and

(ii) Other necessary preventive measures and further dental treatment as recommended by the dental professional.

Dental follow-up and treatment:

EMAA Head Start will participate in the fluoride varnish program offered by the State of Missouri. EMMA Head Start will follow state guidance.

All children will have a dental examination by a licensed dentist and all problems identified within 90 days of enrollment.

Staff will work with parents to address and overcome barriers that may affect follow-up treatment and preventive dental measures for their children.

Barriers may include lack information, transportation, funds, or the unwillingness of providers to work with Head Start families.

RESPONSIBILITY FOR DENTAL FOLLOW-UP

Head Start will work with each family on an individual basis to assure that each family has adequate access to a dental professional that may complete all dental work.

Head Start will provide resources to access transportation on an as needed basis for the child's initial dental examination. Parents will then be given a list of providers who will complete any necessary work.

Head Start will also provide resources for transportation and help the parent schedule transportation or dental appointments. Head Start parents must assume the responsibility of follow-up treatment, as all providers in our area require that parents or guardians be present at the time of treatment of their child.

A dental tracking sheet will be kept on each child by the Family Advocate. This form will be kept in the center file along with the immunization records. The dental tracking sheet will include all appointments and work that the child had or has scheduled. This form will be used as a tool to help staff and parents work together to avoid missed appointments and to schedule treatment on a timely basis. This form will be up-dated as each child has treatment or completes treatment.

Training opportunities will include: In-service trainings, cluster meetings, Head Start 101, parent meetings, and other trainings that may be offered by local health care professionals.

Staff will do training with parents and children on the importance of good dental hygiene and take to the home and have available resources that address dental health.

13.04.20(c)(4)-See Disabilities Plan under IEP's

1304.20(c)(5)

(5) Early Head Start and Head Start funds may be used for professional medical and dental services when no other source of funding is available. When Early Head Start or Head Start funds are used for such services, grantee and delegate agencies must have written documentation of their efforts to access other available sources of funding.

Plan of action-Head Start funds may only be used if there is no other funding available. Staff must encourage and work with parents to participate in programs that offer services at a free or reduced cost. Head Start may pay for services but only after all resources are exhausted. A letter of refusal from Medicaid or MO HealthNet for Kids must be obtained before Head Start will be able to pay for services. If a parent or guardian refuses Medicaid or MO HealthNet for Kids based on personal or religious reasons a letter of explanation may be substituted for a letter from Medicaid or MO HealthNet for Kids. It is important that staff work with parents and letters from parents are only to be used as a last resort.

A copy of the letter from Medicaid, MO HealthNet for Kids, or the parent must be in the child's file and a copy sent to Central Office to the attention of the Child/Family Health Specialist. No payments will be made without a letter.

Staff will document all referrals and resources given to parents/guardians and the outcome of each referral. (such as a denial for Medicaid, or lack of provider to accept Medicaid)

Head Start must work closely with state and local agencies to assure that Head Start families are receiving benefits and services that are available to them.

Time Frame- Ongoing as children are enrolled or as medical or dental treatment is needed.

People involved- Family Advocates, Site-Managers, Area Coordinators, Training Specialist, Child/Family Health Specialist.

1304.20(d) See Education Observations and Social Service Family Contact/Transaction Form

1304.20(e)(1) &13.04.20(e)(2)-See screening sections of Education and Disabilities Plans

1304.20(e)(3)-See Education plan under Developmentally Appropriate Practices and Screening.

1304.20(e)(4)

(4) Assist parents in accordance with 45 CFR 1304.40(f)(2)(i) and (ii) to enroll and participate in a system of ongoing family health care and encourage parents to be active partners in their children's health care process

Plan of action-Staff will work with parents both in-groups and individually to assist parents in becoming aware of the importance of their role in their child's health care. Staff will educate parents on the importance of regular check-ups and preventative care. Staff will emphasize the importance of keeping scheduled appointments and on how to be smart consumers of health services. (Such as regular appointments and check-ups versus emergency room care)

Staff will encourage parents to make and accompany their child to scheduled appointments. If this is not possible parents will be informed of all treatment or follow-up on their child in terms that is understood by the parents. Staff will work closely with providers and parents to assure that a line of communication is kept open.

Staff will work with parents to be models of a healthy lifestyle. (Such as dental and physical appointments regularly for parents also)

Staff will work with providers in the community and become advocates for families who need a medical home.

1304.20(e)(5)

(5) If a parent or other legally responsible adult refuses to give authorization for health services, grantee and delegate agencies must maintain written documentation of the refusal.

Plan of action-Staff must obtain timely, informed, and written parental consent for authorization of all health services provided or arranged.

Staff will work with parents and educate them on the importance and benefits of follow-up work. Staff may act as a liaison between health care providers and parents if the need arises. Staff must document all contacts and attempts to work with the parent. If a parent/guardian refuses health services a refusal form must be signed by the parents, put in the computer, and in the child's file.

See CFR 1304.22(a)(5) for guidance in determining a refusal for treatment may be considered child abuse or neglect.

People involved-Family Advocates, Site-Managers, Area Coordinators, Training Specialist, Child/ Family Health Specialist, Disabilities Specialist

Documentation: Family/Contact Transaction Forms, Family Staffing reports, Center Visits reports

REFUSAL OF TREATMENT FORM: WILL BE ON AGENCY LETTERHEAD

Date _____

Dear Parent or Guardian;

Head Start Performance Standards requires that each child enrolled in a center must have certain Health Services. At the time of enrollment, you signed an agreement form agreeing to obtain these services. As of this date our records indicate your child's health record is not complete.

Head Start will assist you in any way possible to obtain any services needed. This will help ensure that your child is healthy and can participate in Head Start to the fullest. We would like to encourage you if these are not completed to please do so at this time.

Our records indicate that your child does not have the following Health Services:

As required by Head Start Performance Standards a written refusal of services must be obtained if these services are not completed and a reason why the parent or guardian does not want the services.

Please sign below and comment if you do not wish to have services performed. If you need help obtaining these services please indicate below also.

Child's name _____

____ No, I do not wish for my child to have the above listed services.

____ Yes, I would like assistance in obtaining these services.

Staff comments: _____

Parent comments: _____

Parent or Guardian _____ Date _____

Head Start Staff _____ Date _____

1304.20(f)(1)

(f) Individualization of the program

(1) Grantee and delegate agencies must use the information from the screenings for developmental, sensory, and behavioral concerns, the ongoing observations, medical and dental evaluations and treatments, and insights from the child's parents to help staff and parents determine how the program can best respond to each child's individual characteristics, strengths and needs.

Plan if action-Head Start must use the information from the developmental, sensory, and behavioral screening, the ongoing observations, medical and dental evaluations and treatments, and insights from the parents/guardians to determine the best response to each child's individual characteristics, strengths, and needs.

Staff will work with parents to develop a plan of action based on each child's individual need for treatment or follow-up. Staff will develop plan with the parent/guardian and document.

Head Start must familiarize parents with the use and rationale for all health and developmental procedures administered through the program, by contract or agreement and authorization must be obtained in advance. Results of all treatment and diagnostic procedures and ongoing care must be shared and understood by the parents/guardians. Head Start must talk to parents on how to familiarize their children in a developmentally appropriate way in advance about all procedures they will receive while enrolled in Head Start.

Staff will work with each family to assure that each family has a medical home that provides the services that meets each family's individual needs and concerns. (See Disabilities and Education plans for Children with Disabilities)

Head Start will staff children and families four times per year and the staffing becomes part of the child's portfolio. A Child/Family Staffing form will be filled out as part of the child/family staffing. All areas of concern and family strengths and challenges will be discussed and documented.

People involved-Family Advocates, Teaching Staff, Education Specialist, Training Specialist, Area Coordinators, Child/Family Health Specialist

Time Frame-Ongoing as children are enrolled in the program

Documentation-Contact Sheets, Family Contact Transaction Forms, Home Visit Reports, Child's Health Record, ChildPlus Software, Copy of screening results discussed with and signed by the parents during Home Visit.

Child/Family Staffing forms

Copy of ChildPlus screening report given to parents/guardians for school, pre-school or other Head Start the child may attend after leaving EMAA Head Start.

1304.20(f)(2)(i)-1304.20(f)(2)(ii)-1304.20(f)(2)(iii)-1304.20(f)(2)(iv) (See Disabilities Plan on IEP'S)

OUTDOOR SAFETY POLICY

There will be a designated person or persons at each center who is responsible for checking the playground and surrounding areas on a daily basis to assure that all equipment is in good condition and that all debris is picked up. This includes trash, bottles, cigarette butts, pet feces, or any other object that does not belong on the play ground. Pea gravel that has been tracked or thrown from the playground must also be swept up on a daily basis if the area on which it is scattered is a flat surface. Pea gravel will become a slipping hazard on asphalt or sidewalks. There are push brooms provided at each site for this purpose.

This policy is to assure that all playgrounds are inspected daily, cleared of tripping and hazardous items and to assure that Head Start children and staff are safe on the play ground.

This check will be completed each morning before the children use the playground or other outside area. The Outdoor Safety Checklist will be furnished to the center either by request to Central Office or it can be accessed on the Agency website at www.eastmoaa.org. The form will be posted and the designated person will sign off on the form. If the children cannot use the playground because of inclement weather this should be noted on the form. (Example: wet and cold) this will let management staff know that the area has been checked

Site-Managers are the party responsible for assuring that these guidelines are followed. The Site-Managers may appoint a specific person or shift the duties on a daily, weekly, or monthly basis. In the absence of the designated person the Site-Managers must appoint a back-up person

Forms will be checked by Site-Managers, Area Coordinators, and Specialists

Things to look for: broken bottles, cigarette butts, paper, animal feces, broken toys, sharp edges, tripping hazards, splintered wood.

Make sure that all toys are brought in or stored in the appropriate place (trucks, cars, riding toys, water tables, easels, art supplies and etc.)

Make sure that all playground equipment and toys are in good working order and that there is no loose screws, rough edges, broken parts, missing parts or splintered surfaces. Pea Gravel will be removed from areas that could cause a slipping hazard.

Form will stay on file at each center in the Site-Managers note book.

1304.21(c)(1)(iii) Integrates all educational aspects of the health nutrition, and mental health services into program activities.

Children will brush their teeth in conjunction with meals. All classroom teaching staff will brush their teeth and role model for children on proper brushing techniques. Staff and volunteers will role model good health, dental and mental health practices for all children.

1304.22(a)

(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 polices and procedures must include:

1304.22(a)(1)

(1) Posted polices 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;

1304.22(a)(2)

(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;

Plan of action- Staff will develop a plan of action for medical and dental emergencies based on their location and accessibility to care. All Staff and volunteers will be trained on these procedures. This should be done at staff meetings and as volunteers come into the center. The training will be documented on a Meeting Participating Form.

Emergency medical information will be gathered on each child at final enrollment. This information will be up-dated when changes are made on a Change of Status Form. All Change of Status Forms will be gone over at weekly staff meetings. Agreement Forms with authorization for emergency care will be in each child's file at the center.

Head Start staff will make every effort to contact the parent or guardians in the case of an emergency. In the event that a parent, guardian or emergency contact cannot be reached the child will be transported to the nearest emergency medical facility by emergency medical staff..

Emergency Medical information reports will be posted at all entrances, on the bus and carried with staff in a fanny pack or apron when working with the children.

If there is a medical or dental emergency or accident staff should fill out an Accident Form have the form signed by the parent/guardian, keep a copy on site and send original to Central Office. The report will be in Central Office within twenty-four hours of the time of the accident.

See Medical Emergency Plan--See Dental Emergency Plan

All staff will be trained on Emergency Drills and Plans of Action for Emergencies, CPR and First Aid, Bloodborn Pathogens, and Child Abuse and Neglect.

All staff will wear a fanny pack or apron that contains emergency information on the children. For staff and volunteer emergencies (**see section on Employee Physicals.**)

See Staff Training requirements in training section.

DENTAL EMERGENCY FIRST AID

Attempt to calm the child.

All incidents should be handled quietly and calmly; a panicked child is likely to create problems for treatment and may cause further trauma.

1. If the child is bleeding (REMEMBER TO WEAR GLOVES):
 - A. Stop bleeding by applying pressure to the area
 - B. Wash the affected area with clean cool water
 - C. Have child bite down on sterile gauze
 - D. Apply ice, wrapped in clean cloth, for swelling

2. If tooth is knocked out, chipped, broken or loose:
 - A. Staff should calm the child
 - B. Put tooth in glass of tap water or milk
 - C. If injured area is dirty, clean gently
 - D. Place cold compress on the face, in the injured area to limit swelling
 - E. Notify parent/guardian & immediately take the child to dentist
 - F. REMEMBER, ACT QUICKLY, TIME IS OF THE ESSENCE!

3. If teeth are loosened in an accident:
 - A. Rinse out the child's mouth
 - B. Do not attempt to move the tooth or jaw
 - C. Notify parent/guardian & take child immediately to dentist

4. If tooth is knocked into gums:
 - A. Do not attempt to free or pull on the tooth
 - B. Rinse out the child's mouth
 - C. Notify parent/guardian & take child immediately to the dentist

5. If injury to tongue, cheeks or lips:
 - A. Rinse affected area with clean water
 - B. Apply ice wrapped in clean cloth to control swelling
 - C. Notify parent/guardian & take child to dentist or physician if bleeding continues or the wound is large

6. Swelling from infection:
 - A. Notify parent/guardian; have them take child to dentist or physician

7. Toothache:
 - A. Cold water held in mouth will help the pain some
 - B. Notify parent/guardian; have them take child to dentist

8. In the event of any other soft tissue injury, as in the case where the tongue or lips becomes stuck to an object and the tissue tears:
 - A. Stop the bleeding (**remember to wear gloves!**)
 - B. Cover the affected area with sterile pad
 - C. Notify parent/guardian, & take the child immediately to the physician

HEAD START MEDICAL EMERGENCY PLAN

A LIST OF ALL EMERGENCY NUMBERS SHOULD BE POSTED BY ALL TELEPHONES IN THE CENTER: THIS LIST SHOULD INCLUDE THE HOSPITAL, AMBULANCE, FIRE DEPARTMENT, AND POISON CONTROL.

STAFF WILL KEEP EMERGENCY CONTACTS AND MEDICAL INFORMATION ON THE CHILDREN IN A FANNY PACK OR APRON THAT IS WORN AT ALL TIMES WHEN WORKING WITH THE CHILDREN.

1. Site/manager or Teacher will assess the situation and start emergency medical treatment. CPR or first aid.
2. Teacher assistant will call ambulance, hospital or doctor.
3. Family Advocate or other available staff will pull Bus Card or Agreement Form for authorization of Treatment. Family Advocate or available staff will call parents or emergency contact.
4. Site/Manager or teacher will accompany child to doctor's office or hospital.
5. Central Office will be notified as soon as possible. An Accident Report or a report of emergency medical treatment will be sent to Central Office within 24 hours.

The Site/Manager or the teacher will treat minor injuries in the center. Parents must be informed of all treatments regardless of how minor they appear to staff. Accident report must be signed by the parent/guardian and returned to the center. A phone call or letter must be sent when the child goes home. All contacts must be documented on the child's contact sheet.

1304.22(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);

Plan of action-Staff will develop a plan of action for fire, tornado (storm), earthquakes, and bus evacuations. Plans will be very specific on escape routes, staff assignments, and locations of fire alarms, flashlights, and ect.

One of each drill will be done monthly at all Head Start sites. (This will be one each week).

Staff and volunteers will participate in the drills along with the children.

Drills will be documented on an Emergency Drill Log and posted in the center.

Log will be checked to assure that drills are being conducted.

Emergency evacuation procedures will ensure that the safety of children with disabilities. Staff will work at each site on an individual basis to make these accommodations.

All drill procedures will be revised to be class specific. This must include signals and responsibilities for each staff. This must be done for all drills. These drill procedures will be posted in each classroom. You must include specific steps for disabilities children. These will be typed and mounted on brightly colored poster boards that are clearly visible to staff and volunteers.

Drills, emergency procedures (medical and dental, choking poster), evacuation plan (current map), first aide kits, and latex gloves will all be displayed in one designated area of the classroom. Emergency contacts for each classroom will be posted in each classroom by the door (see below for instructions for posting)

If your parent area or cafeteria is separate from the classroom there must also be an emergency plan for that area.

All staff and volunteers must participate in emergency drills. Drills must be done on a weekly basis and be reflected in the lesson plan.

Emergency contact information (Child Plus Report # 1520) will be run per classroom, kept in a large envelope that is clearly marked Emergency Contacts. Special Health Care Plans will also be posted in a separate envelope. These should not be a used envelope that is scratched out. These contacts will be run monthly and given to teaching staff at the weekly staff meeting. These emergency contacts will also be kept in staff's fanny pack or apron. The teacher is responsible for assuring that this information is copied, current and placed in the appropriate place (posted and given to the Center Aides). This will be reflected in staff meeting minutes. Old contacts will be destroyed when new ones are given to the teaching staff. If a child enrolls during the month their information will be written on the posted report, the Center Aid report and the teacher's report by the teacher until a new report is posted the first day the child attends. Site Mangers will check the reports to assure that these guidelines are being followed. At the main entrance to each center emergency contacts will be posted for all children in the same manner. The Health Specialist will check at monitoring visits and Area Coordinators will check during center visits.

This is an example- Each classroom will have to do their own and be specific to their area.

TORNADO DRILL

Signal:

Bell will sound three times

Procedure:

Line-up children-Center Aide

Head Count-Teacher

Disability Child-(for example a child in a wheel chair)-Teacher

Emergency Contacts-Center Aide

Staff and children will go to the center hallway and sit against the wall.

Children and staff will stay in the hallway until the all clear signal is given by the site manager.

Document on Drill Form:

In the case of a real tornado teachers and site-managers will contact emergency contacts and emergency agency.

Center Aides, Cooks, Family Advocates and other support staff will remain with the children until children released to proper person.

Staff will work with parents on home visits to help them develop a plan for emergency procedures for their own homes.

Parents/guardians will be given the opportunity to attend all trainings that deal with emergency procedures.

People involved-All Staff

Time Frame-Ongoing

Documentation-Family Contact/Transaction Form, Meeting Participation Report

1304.22(a)(4)

(4) Methods of notifying parents in the event of an emergency involving their child and;

Plan of action- Staff will notify parents of all accidents, emergencies or incidents (bites, scratches, falling, fights and etc.) involving their child immediately. Accident reports must be signed by the parent/guardian and returned to the center. A copy will be kept at

the center and a copy will be sent to Central Office. The accident report must be in Central Office within twenty-four hours. All contacts will be put on a contact sheet. A copy of any correspondence will be kept in the child's file. Emergency information on all children will be kept up-to-date and entered into the computer as soon as it is received. Emergency contact reports will be run monthly and distributed to the appropriate staff or file. All Change of Status will be gone over at weekly staff meetings and any changes will be noted on staff's copy.

People involved-All Staff

Time frame-Ongoing

Documentation- Emergency Contact reports, Change of Status Forms, Child's Health Record, Family Contact/Transaction Form, Contact Sheet

1304.22(a)(5)

(5) Established methods for handling cases of suspected or known child abuse and neglect that are in the compliance with applicable Federal, State, or Tribal laws.

**E.M.A.A. HEAD START
CHILD ABUSE/NEGLECT PLAN**

The following plan and procedures will apply in the identification and reporting of Child Abuse and Neglect as defined in, and pursuant to, the National Head Start Policy and the State of Missouri law. This plan will apply in the Southeast Missouri counties served by East Missouri Action Agency, Inc. Head Start and to all EMAA Head Start personnel.

IDENTIFICATION/REPORTING:

If any EMAA Head Start staff person has cause to believe that a child has been or may be subjected to abuse or neglect, or observes a child being subjected to conditions or circumstances which would result in abuse or neglect as defined by state law, he/she shall immediately follow the procedures as outlined by EMAA Head Start procedures for reporting child abuse/neglect. The report should be made to the Missouri Children's Division Central Registry Unit (1-800-392-3738). This report should be made without delay. When a report is made the Site Manager/Lead Teacher, the Central Office Contact Person, the Head Start Director, and the Area Coordinator will also be notified immediately after the call is made. The staff person reporting the incident will take no further action; the proper authorities shall handle appropriate action.

CONFIDENTIALITY:

All such information, whether written or oral, pertaining to the report of child abuse or neglect shall be considered confidential. Missouri State law calls for severe sanction against any person who violates this confidentiality or who permits or encourages the unauthorized dissemination of this information. This provision of the law will be strictly enforced by EMAA.

FOLLOW-UP:

EMAA Head Start will take no further action nor will any Head Start Staff until such time EMAA or Head Start is contacted by the Missouri Children's Division. The Missouri Children's Division or any assigned protective service worker will have access to any information pertaining to the reported case with the proper paperwork (CS-30) and identification. The Head Start staff will contact the Central Office contact person or the Head Start Director or Deputy Director without delay upon being contacted by the

Missouri Children's Division.

During the time the child remains in the Head Start program a liaison should be maintained with the protective service worker and Head Start in regards to services provided and plans being made for the child through Head Start.

IMMUNITY:

The law provides immunity from civil or criminal liability to those who make reports, and also to those who work in cooperation with Missouri Children's Division, any law enforcement agency, or juvenile office in the completion of an investigation. Immunity is provided regardless of the outcome of the investigation; however, it does not apply if a person intentionally makes a false report.

Failure to report is a Class A misdemeanor for a person who is required under law to report. Filing a false report is also a Class A misdemeanor.

TREATMENT:

EMAA Head Start may not and will not undertake to treat cases of child abuse and neglect, but will cooperate fully with the Missouri Children's Division. Every effort will be made to retain in the Head Start program children allegedly abused or neglected.

Upon referral from Missouri Children's Division Protective Service Worker, Head Start will determine an eligible unenrolled child as having a "special need" to facilitate his/her enrollment in an open slot.

PREVENTION:

EMAA Head Start is not nor is to become a primary instrument for treatment of child abuse and neglect. Head Start should play an important role in the prevention of child abuse and neglect.

It is expected that specific prevention efforts will be identified and implemented by Head Start when agreed with by the Missouri Children's Division or Administration for Children, Youth, and Families. It is equally expected that the Head Start goal of a socially competent, healthy child in an aware, informed and responsive family will be underscored in each components activities as important primary preventive measure.

STAFF RESPONSIBILITY:

The Central Office Contact Person is the designated employee with the responsibility for:

1. Establishing and maintaining cooperative relationships with the Missouri Children's Division. This will include regular formal and informal communications.
2. Informing other staff regarding the process for identifying and reporting child abuse and neglect as outlined in EMAA'S policy and procedure.

TRAINING

EMAA will provide orientation and training on the identification and reporting of child abuse and neglect on an annual basis.

MISSOURI CHILD ABUSE HOT LINE
1-800-392-3738

Revised 8/06

PROCEDURES FOR EMAA HEAD START STAFF REPORTING CASES OF
CHILD ABUSE AND NEGLECT

**ALL EMAA HEAD START STAFF ARE MANDATED CHILD ABUSE AND
NEGLECT REPORTERS. THE FAILURE TO COMPLY WITH THE CHILD
ABUSE REPORTING ACT CARRIES SIGNIFICANT LEGAL
CONSEQUENCES.**

1. Staff will not remove a child's clothing to inspect the child's body for marks of abuse. Staff must report suspicions of what can be seen without unclothing the child. The child must not be questioned extensively or asked questions that may make the child uncomfortable.
 2. Any member of the staff may report suspicions to the hot line at any time. The Site Manager/Lead Teacher will immediately report to the appropriate Central Office contact person. If the report of abuse or neglect is against another staff person, the reporter may go directly to the Central Office contact person or the Head Start Director.
 3. The Site Manager/Lead Teacher will report suspected child abuse to the Central Office contact person, if unavailable, to their Area Coordinator or Head Start Director. If none of the above are available, Site Manager/Lead Teacher will call the hot line if staff reporting suspicion did not hot line.
 4. At no time shall Head Start Staff engage in any investigation concerning child abuse or neglect cases. This shall be handled by the proper authorities.
 5. Any child abuse or neglect observed during a home visit will be reported to the hot line by the observer. A follow-up report must be immediately sent to the Central Office Contact person.
5. Central Office Contact Person:
Marilyn Gibson, Child/Family Health Specialist,
Central Office Contact Person for Child Abuse and Neglect.

Telephone 1-800-392-8663

573-454-2200
EXTENSION #1115

1304.22(b)(1)

(b) Conditions of short-term exclusion and admittance.

(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 participation in center-based activities or group experiences, but only 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.

Plan of action-Head Start Staff will work with parents of children who may need to be excluded for a short-term illness or injury. The child's health care provider may need to be consulted on some injuries and illness. (Such as children who have broken bones, injuries, or an illness that may pose a danger to the child, other Head Start children or staff if they attend Head Start) Staff may be able to provide Home Bound services as an alternative until the child can safely return to Head Start. Site-Managers will closely monitor the children's attendance and follow the guidelines set forth in the Education Plan.

Head Start will follow the guidelines from the State of Missouri licensing book on when to send a child home.

CARING FOR THE ILL CHILD HEALTH

1. A report should be given to the local Health Department of the number of children suspected of having a reportable disease. Form H-20 will be used to provide this information. This should be called in to the local Health Department every Monday or a day that is convenient for both the Site-Manager and the Health Department.
2. Health Check: A health check will be performed on all children entering the Head Start center. Each child will be observed for contagious diseases and for signs of illness upon arrival and throughout the day. This should be done in an area away from the group so there will be no embarrassment to the child or family. A health check should be completed within one minute. The symptom record for will be kept on each child sent home. (See Attached Form)
3. Sending a Sick Child Home: Refer to Group Day Care Homes and Child Day Care Centers, Page 24, Section B as follows:
 - A. Diarrhea--more than one (1) abnormally loose stool. If a child has one (1) loose stool, he/she shall be observed for additional loose stools or other symptoms;
 - B. Severe coughing--if the child gets red or blue in the face or makes high-pitched croupy or whooping sounds after coughing;
 - C. Difficult or rapid breathing (especially important in infants under six (6) months);
 - D. Yellowish skin or eyes;
 - E. Pinkeye-tears, redness of eyelid lining, irritation, followed by swelling or discharge of pus;
 - F. Unusual spot or rashes;
 - G. Sore throat or trouble swallowing;
 - H. An infected skin patch(es)--
 - I. Unusually dark, tea-colored urine;
 - J. Gray or white stool;
 - K. Fever over one hundred degrees Fahrenheit by mouth or ninety-nine degrees Fahrenheit under the arm, or 100 degrees tympanic (tympanic);

- L. Headache and stiff neck;
- M. Vomiting more than once; and
- N. Severe itching of the body or scalp, or scratching of the scalp. These may be symptoms of lice or scabies.

*****Misbehavior is not an acceptable reason to send a child home.

If a child has to be sent home, parents or emergency contacts should be utilized.

A file from the Head Start Training Guides will be in every center for reference on childhood diseases.

See attached guide for conducting a Health Check

See attached contagious disease guides

See attached symptom record

Source: Licensing Rules for Group Child Care Home and Child Care Centers 19 CSR 40-62.192 page 24

Communicable disease fact sheets will go home to all parents at time of enrollment. Staff will also have a copy to follow.

Head Start will work closely with the local Health Departments on cases of readmittance that may be dangerous to other children or staff.

See Exclusion of children with immunization exemptions policy

E.M.A.A. HEAD START POLICY
FOR HEAD LICE

Head lice, for reasons that mystify experts, have made a surging comeback in recent years. Head lice may affect anyone, children and adults from all walks of life. Having head lice is not disgrace if your child should get them. You or your child may come into contact with them when and wherever people congregate, whether it be at a Head Start center, public schools, church, or even at restaurants and stores. If your child contracts head lice you should contact your doctor, pharmacist, or Health Department for advice on an adequate medicated shampoo.

Due to the nuisance of head lice E.M.A.A. has developed a policy for head lice.

1. Each child will be checked for head lice on the first week that classes are scheduled. This could be more often if head lice have been found in the center or if staff notices a child that is scratching their head frequently.
2. Any child that has head lice will be sent home immediately. Parents will be sent home information on how to treat head lice. Letters to parents informing them that head lice has been found in the center and asking them to check their child's head will also be sent.
3. Any child that has been sent home for head lice must be rechecked before returning to the class.
4. If the child is not nit free, he or she will be sent home again until they are **totally nit free**.

. POLICY ON EXCLUSION OF STUDENT IN HEAD START CENTERS WITH IMMUNIZATION EXEMPTION CARDS ON FILE

THIS PLAN IS TO PROTECT ALL CHILDREN THAT ARE ENROLLED IN HEAD START. HEAD START RESPECTS THE RIGHTS OF EVERY PARENT CONCERNING THEIR RELIGIOUS, PERSONAL, AND MEDICAL PRACTICES. HEAD START STRONGLY ENCOURAGES EVERY PARENT AND GUARDIAN TO WEIGH THE PROS AND CONS OF IMMUNIZATIONS BEFORE SIGNING AN IMMUNIZATION EXEMPTION CARD.

HEAD START HAS WRITTEN THE FOLLOWING POLICY WITH THE HELP OF THE DISTRICT HEALTH DEPARTMENT, POPULAR BLUFF, MISSOURI.

1. IF A CONFIRMED CASE OF MEASLES IS REPORTED THE CHILD MUST BE EXCLUDED FOR A PERIOD OF FOURTEEN (14) DAYS AFTER THE LAST CASE OCCURS.
2. IF A CONFIRMED CASE OF RUBELLA IS REPORTED THE CHILD MUST BE EXCLUDED FOR A PERIOD OF TWENTY-ONE (21) DAYS AFTER THE LAST CASE OCCURS.
3. IF A CONFIRMED CASE OF MUMPS IS REPORTED THE CHILD MUST BE EXCLUDED FOR A PERIOD OF TWENTY-SIX (26) DAYS AFTER THE LAST CASE OCCURS.
4. IF A CONFIRMED CASE OF PERTUSSIS IS REPORTED ALL INCOMPLETELY IMMUNIZED CHILDREN, SYMPTOMATIC, AND CHILDREN WITH YOUNGER AND INFANT SIBLINGS MUST BE EXCLUDED UNTIL THE DISTRICT HEALTH DEPARTMENT MAKES A RECOMMENDATION.
5. IF A CONFIRMED CASE OF HAEMOPHILUS INFLUENZA IS REPORTED ONLY AGE-APPROPRIATELY VACCINATED CHILDREN SHOULD BE PERMITTED TO ENTER THE GROUP DURING THE TIME OF PROPHYLAXIS IS GIVEN AND FOR TWO (2) MONTHS AFTER THE ONSET OF THE CASE.

PLEASE BE ASSURED THAT IN THE CASE OF ANY COMMUNICABLE DISEASE HEAD START WILL WORK CLOSELY WITH THE STATE OF MISSOURI DISTRICT HEALTH DEPARTMENT AND THE LOCAL HEALTH DEPARTMENTS IN ORDER TO KEEP PARENTS AND STAFF INFORMED OF ANY VITAL INFORMATION.

1304.22(b)(2)

(2) Grantee and delegate agencies must not deny program admission to any 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 signification 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 polices, practices or procedures by providing appropriate auxiliary aids which would enable the child to participate without fundamentally altering the nature of the program.

Plan of action-Staff will work with parents of children with long-term health care needs to draft a plan of care. Children will not be excluded based solely on their health care needs.

Head Start will work with the families and health care providers to develop policies and strategies that will accommodate the child while attending Head Start.

Parents and the child's health care providers must assure that staff has clear, through instructions on the best care of the child in order to protect the child as well as the health and safety of other staff and children.

Head Start will ensure that staff has training, supplies, and equipment to perform necessary health procedures.

Head Start must educate and assure other families that their child is at no health risk.

Head Start staff will promote understanding of special health care needs without embarrassing or drawing attention to the child or family.

Head Start will protect the privacy of the child and their family.

See Disabilities Plan on American's with Disabilities Act for further instructions.

1304.22(b)(3)

(3) Grantee and delegate agencies must request that parents inform them of 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.

Plan of action- Head Start staff will fill out a health history on each child prior to enrollment in the program. This history will help staff understand any special concern that the parents may have regarding their child's safety or care while in the program. This information will be shared on a need to know basis.

Parents will understand that all information is voluntary and that parents only need to share the information in order for Head Start to accommodate their child in the best possible manner.

Head Start will work with parents on an ongoing basis to ensure that each child's special need is identified and accommodated to the fullest.

Special Health Care plans will be developed for any Head Start child that has an ongoing or chronic health condition. These plans will be developed with appropriate staff and

parents to assure that all children have the correct and needed information at the center. Staff involved maybe classroom teams, cooking staff, family advocates, site manager or Area Coordinator. All staff and parents involved in the plan development will sign and date the plan. A copy of the plan will be posted at the exit of the classroom and in the child's file. Site-Managers will go over the plans with the parents on a monthly basis to assure all information is up-to-date. Parents and staff will initial and date the plan when reviewed. (See Emergency Medications for medication instruction)**1 304.22(b)(3)**

(3) Grantee and delegate agencies must request that parents inform them of 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.

Plan of action-Head Start staff will implement an on-going process to ensure parents have opportunities to inform staff of accommodations that their child may require, such as those due to chronic illness or condition. Staff will offer opportunities at final enrollment when doing the health history and throughout the school year as a child's health needs arises. Plans to accommodate a child's health or safety needs will be implemented as soon as possible and based on an individual basis.

Parents will be assured that disclosing information is voluntary and will only be shared among staff on a need-to-know basis.

Parents will be assured that all staff is familiar with the agency's confidentiality policy.

People involved-Family Advocates, Site-Managers, Teachers, Child/Family Health Specialist, Disabilities Specialist, Education Specialist, and other staff on a need to know basis

Time Frame- Final enrollment and ongoing throughout the school year

Documentation- Child's Health Record, Family Contact Transaction forms, Contact Sheets, Home Visit Reports, ChildPlus computer software

1304.22(c)

(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:

1 304.22(c)(1)

(1) Labeling and storing, under lock and key, and refrigerating, if necessary, all medications, including those required for staff and volunteers;

1 304.22(c)(2)

(2) Designating a trained staff member(s) or school nurse to administer, handle and store child medications;

1304.22(c)(3)

(3) Obtaining physicians' Instructions and written parent or guardian authorizations for all medications administered by staff;

1304.22(c)(4)

(4) Maintaining an individual record of all medications dispensed, and reviewing the record regularly with the child's parents;

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

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.

MEDICATION POLICY FOR E.M.A.A. HEAD START CHILDREN AND STAFF

Head Start will try to encourage parents not to send medication to the center unless absolutely necessary. Most medications can be given to children before or after class time.

All medication given to children at Head Start will be accompanied by a signed and dated Medication Authorization Form from the parent stating the length of time that the medication will be given and any possible side effects that the medication may have. Prescription medication must be in original container, labeled with the child's name, instructions for administration, including the time and amounts for dosages. Also it is EMAA Head Start policy that a written, original order from the doctor accompanies the medication along with an emergency number to contact the doctor if necessary. Parents and Health Care Provider will be notified if there are changes in the child's behavior, this will also be documented on the Medication authorization. Each child that takes medication will have a designated person or persons to administer the medication. This may be site-manager, teacher, teacher assistant or other staff who will be available to dispense medication at the appropriate time. The date and time of administration, the individual giving the medication and quantity of medication will be recorded on the Medication Authorization form that is provided by the state. This form must be up to date after every dose is given. (Form Attached). Form will be kept in locked box with medications and other forms. Any medication that has to be kept on hand for life threatening emergency situations will not be given unless the parent or doctor requesting the treatment gives staff training on how to administer the medication. This will include medications such as an epi-pen for severe allergic reactions to things such as food or bee stings, medications that are injected for conditions such as diabetes, or nebulizer or inhaler for severe asthma. This will be documented on a Meeting Participation form that is signed by all persons involved outlining the training received. All parents/guardians of children receiving medication at Head Start will be given a copy of the Medication Policy so that they have a clear understanding of EMAA Head Start Guidelines.

All medications given for life threatening conditions will be kept with the adult responsible for the child and has been trained to administer the medications. These medications will be kept in the staff's fanny pack or apron and locked up at the end of the day.

Records of medication administration will be reviewed with parents on a monthly basis. Staff and parents will sign and date all medication administration records to assure that the medication has been administered correctly.

No non-prescription medication will be given at the center unless accompanied by a doctor or licensed nurse under the supervision of a physician orders. (IE: Tylenol, aspirin, cough medicine.)

All medications will be kept in located boxes that are provided by Head Start. These boxes should be locked at all times and kept out of the reach of children. There are two boxes provided to each center one for medicine that does not require refrigeration and

one for medications that does require refrigeration.

Staff will review the Medication Authorization Form with parents on home visits. Staff who takes medication will also be required to keep their medications in the locked box or in a locked file cabinet that is not accessible to children. Medications of any type will not be left in purses not kept in a locked file drawer, in desk drawers, on top of cabinets, or any place in the center that children may have access to. Children sometimes will go into offices very quickly and it only takes a second for them to eat something that attracts their attention. Any volunteer that takes medication will follow the same guidelines as staff.

Source: Licensing Rules for Group Child Care Homes and Child Care Centers: page 24
Head Start Medication Policy

People involved-Site-Manager, Family Advocate, Disabilities Specialist, Child/Family Health Specialist, Training Specialist, and designated staff

Time Frame-Ongoing as medications are needed.

Documentation-Medication Authorization Form, Child's Health Record, Family Contact/Transaction Form, Meeting Participation Form

Each center will conduct a training at a weekly staff meeting to familiarize each staff person with the location of the medication boxes and keys. All staff will be informed and trained on the medication policies and procedures of EMAA Head Start.. This staff meeting will take place within the first week of school and be documented on the staff meeting minutes. Area Coordinators and Health Specialist will check staff meeting minutes to assure this is completed.

At the end of each program year or whenever medications are no longer needed staff will insert the child's medication log into their file. All unused medications will be sent home at the end of the program year or whenever they are no longer needed. Parents and staff will sign and date the form to prove medications were sent home.

(1304.22(d)(1) & (2)

(d) Injury prevention. Grantee and delegate agencies must:

(1) Ensure that staff and volunteers can demonstrate safety practices; and

2) Foster safety awareness among children and parents by incorporating it into child and parent activities.

(See Training Plan for staff required trainings for Health and Safety.)

(See Education Plan under Health and Safety)

1304.22(e)(1) & (2)

(e) Hygiene.

(1) Staff, volunteers, and children must wash their hands with soap and running water at least at the following times:

(i) After diapering or toilet use;

(ii) Before food preparation, handling, consumption, or any other food-related activity (e.g., setting the table);

(iii) Whenever hands are contaminated with blood or other bodily fluids; and

(iv) After handling pets or other animals.

(2) Staff and volunteers must also wash their hands with soap and running water:

(i) Before and after giving medications;

(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

(iii) After assisting a child with toilet use.

1 304.22(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.

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 established 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.

Plan of Action-All Staff will practice Universal Precautions

People involved- All Staff

Documentation-Training Reports

1304(c)(5)

- Effective dental hygiene practices differ according to the age and developmental level of the child. Guidelines for toothbrushing and good dental hygiene follow:
- Proper care of teething toys is considered part of dental hygiene, as toys need to be kept clean and never shared;
- Each preschool child is taught to brush his or her own teeth with a "pea-size" amount of fluoridated toothpaste. Staff supervise toothbrushing after each meal, ensuring that
- Each child has his or her own toothbrush, labeled by name, so that toothbrushes are never shared;
- Toothbrushes are stored so they stay clean and open to circulating air, and so that the bristles do not touch any surface, including another toothbrush. Agencies follow Health Services Advisory Committee recommendations regarding the proper storage and disposal of toothbrushes;
- Toothbrushes are replaced when the bristles become bent, and at least every three months. They are never decontaminated. Rather, contaminated toothbrushes are always discarded to control the spread of infection or illness; and

- Children are taught proper toothbrushing techniques, and children with disabilities are supported with any needed adaptations.
- When brushing after meals is not possible (e.g., on a field trip), children may be offered drinking water, as rinsing with water helps to remove particles from teeth and prevent cavities; and
- Staff serve as role models by brushing their own teeth after meals. All teaching staff must brush their teeth with the children.

MISSOURI DEPARTMENT OF HEALTH

Universal Precaution In the Child Care Setting

General infection control principles are a necessary practice for all child care settings. Minimizing the risk of transmitting diseases from employees and children requires an individual commitment and a procedure, which everyone adopts and practices on a continual basis. In 1985, the Center for Disease Control (CDC) developed a strategy of "Universal Blood and Body Fluid Precautions" to address concerns regarding the transmission of HIV in the health care setting. This concept is referred to as "Universal Precautions". "Universal Precautions" stress that all people should be assumed to be infectious and the same procedure for eliminating transmission of the disease should be utilized for everyone.

This environment within the childcare setting places employees inherently in situations where unpredictable risk of exposure to transmission of infectious agents may occur. All body fluids such as blood, saliva, breast milk, feces, vaginal secretions, semen, urine, or any body fluid, which contains blood, should be considered to be infectious. Human transmission of these agents occurs when the blood or body fluids from an individual infected inoculates the nonintact skin, mucous membrane, or open wound of another. Determining whether a body fluid is hazardous may be very difficult, adopting the practice of treating everyone as contagious is the successful technique in preventing the spread of infectious diseases.

In the childcare setting the Universal Precaution method would be carried out as follows:

1. Staff should wash their hands after handling any body fluids (urine, feces, vomit, blood, saliva, nasal discharge, and discharges from injuries or draining sores), regardless of whether latex gloves were used in the handling.
2. Staff should wear utility gloves or disposable latex gloves to immediately clean up

spills of body fluid (urine, feces, vomit, saliva, nasal discharge, eye discharge, and discharges from injuries or draining sores).

The gloves should be used only one time, for one incident, by one person, and should be immediately discharged.

3. If a staff member has any known sores, cuts, punctures, breaks in the skin, or open sores on her/his hands the staff should take particular care to wear latex gloves when handling blood or body fluids containing blood, or discharges from any injuries or draining sores.
4. For spills of vomit, urine, and feces, staff should clean and disinfect* the area including the walls, floors, bathrooms, table tops, and diaper-changing tables as soon as possible after the spill.
5. For spills of blood or body fluids that contain blood, and for any other discharges from injuries or draining sores staff should always use latex gloves to clean and disinfect the area, and should do so as soon as possible after the spill.
6. Staff should routinely clean and disinfect* the entire programs and play area thoroughly, on a daily basis, regardless of whether body fluids are known to have been spilled on any surfaces. All surfaces should be cleaned and disinfected*, including floors, walls, bathrooms, tabletops, food preparation surfaces, and diaper-changing tables. Latex gloves are only necessary to clean surfaces that have blood or body fluids that contain blood on them.
7. Mops and cleaning towels should be cleaned, rinsed in disinfectant solution*, and then wrung as dry as possible and hung to dry.
8. Blood-contaminated material and diapers should be disposed of in a plastic bag with a secure tie, and disposed of out of reach of children.
9. Whenever possible, staff should clean with paper towels, rather than cloth towels.
10. Staff who may have potential exposure to blood or actual exposure should be informed about Hepatitis B protections.

*An easy disinfectant solution is made with 2 tablespoons of bleach and 1 gallon of water or 1 teaspoon bleach to 1 quart of water, it must be made fresh daily.

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.

1304.22(f)(2)

(2) First aid kits must be restocked after use, and an inventory must be conducted at regular intervals.

Plan of action-All classrooms must have a First Aid Kit available and within easy access of all employees and volunteers. Each First Aid Kit should contain the following.

50 Band-Aids

10 sterile pads (4x4)(2x2)

tape

1 pair of scissors

1 pair of tweezers

1 box of rubber gloves

50 alcohol preps

2 cold packs

Each center will have a thermometer that will be available to all teachers as needed.

All staff will wear either a fanny pack or apron when working with the children. They should contain basic first aide supplies. Each fanny pack or apron should contain at least (2 Band-Aids, 2 pair of rubber gloves, 4 alcohol preps, tissues, and emergency contacts for the children they are responsible for.)

There will be no medication of any type used topically on the children (burn creams, Neosprin, or any other type of antibiotic cream) or any over the counter medicine given by mouth (Tylenol, aspirin, cough medicine and ect.) **These should not be kept in the first aide kits but in the locked box provided at each center. Remember no non-prescription medication except by physician's orders.**

The Site/Manager will be responsible for all first aid kits that are in the scope of their center.

Guidelines for First Aid Kits

1. A monthly inventory will be conducted and restocking will be done on a regular basis. **Other center staff are responsible for listing any item that they have used the last of and must notify the Site Manager.**

A monthly inventory will be conducted on all supplies.

2. All supplies will be checked on a regular basis for outdated supplies.

Family Advocates must discuss with parents/guardians the importance and use of first aid kits. Family Workers will help the families determine the supplies needed and potential community resources for securing them.

1304.23 (b)(3) Staff must promote effective dental hygiene among children in conjunction with meals

Guidance: Effective dental hygiene practices differ according to the age and developmental level of the child. Guidelines for toothbrushing and good dental hygiene follow:

- Each preschool child is taught to brush his or her own teeth with a "pea-size" amount of fluoridated toothpaste. Staff supervises toothbrushing after each meal, ensuring that
- Each child has his or her own toothbrush, labeled by name, so that toothbrushes are never shared;
- Toothbrushes are stored so they stay clean and open to circulating air, and so that the bristles do not touch any surface, including another toothbrush. Agencies follow Health Services Advisory Committee recommendations regarding the proper storage and disposal of toothbrushes;
- Toothbrushes are replaced when the bristles become bent, and at least every three months. They are never decontaminated. Rather, contaminated toothbrushes are always discarded to control the spread of infection or illness; and
- Children are taught proper toothbrushing techniques, and children with disabilities are supported with any needed adaptations.
- When brushing after meals is not possible (e.g., on a field trip), children may be offered drinking water, as rinsing with water helps to remove particles from teeth and prevent cavities; and
- Staff serves as role models by brushing their own teeth after meals.

Staff will use proper gloving techniques when assisting children in the toothbrushing process.

Guidance for classroom toothbrushing.

Staff will prepare a small cup for each child, staff and volunteer by putting a small smear of fluoridated toothpaste close to the rim of the cup. Each person will use their toothbrush to pick up the toothpaste. The teeth will be brushed with full participation of staff and volunteers. After the brushing process, children and staff will spit the toothpaste into the cup and dispose of in the proper manner. Staff will collect the brushes and each brush will be rinsed separately and stored in the proper manner.

1304.53(a)(8)

(8) Grantee and delegate agencies must 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. Agencies must ensure that no child is present during the spraying of pesticides or herbicides. Children must not return to the affected area until it is safe to do so.

Plan of action

Smoking is prohibited in all Head Start centers whether or not children are present. This includes all classrooms, staff offices, hallways, meeting rooms, restrooms, outdoor play areas, and any vehicles used for transporting children. This includes the use of smokeless tobacco.

When Head Start children are taken on field trips the setting in which they are taken becomes the classroom. An example of this would be that if the children are taken to a bowling alley, the bowling alley becomes the classroom and the no-smoking policy will apply. Staff, parents, volunteers and other community people will not be allowed to smoke in the presence of Head Start children.

Head Start staff will educate parents/guardians on the harmful effects of smoking.

Head Start facilities will have pesticides applied by a licensed exterminator in strict compliance with label instructions. All applications will take place after the children and staff has left the building.

Head Start centers will be regularly inspected by the State of Missouri Health and Sanitation inspectors for environmental hazards. Reports will be maintained at all sites to show compliance of all safety issues concerned with the hazards.