

# SAN BERNARDINO COUNTY HEAD START SERVICE PLAN

## Subpart B X Early Childhood Development and Health Services Content Area: 1304.22 Child Health and Safety

PERFORMANCE STANDARD	STRATEGIES	INDIVIDUAL (S) RESPONSIBLE	TIMELINE	DOCUMENTATION/ MONITORING
<p><b>Performance Standard 1304.22(a)</b></p> <p><b>(a) Health emergency procedures.</b></p> <p><b>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:</b></p>	<p>The Head Start program incorporates the safety program, which outlines emergency policies and procedures for all service types. Staff receive training in the policies and procedures and, along with parents, receive relevant information throughout the year.</p> <p>Procedures are established in accordance with Community Care Licensing regulations for licensed sites. The Health Services Committee reviews, recommends and advises on the formation of policies annually.</p> <p>.</p> <p>Public Safety personnel are invited to meet with children and families so that they can become familiar with the program site and operations and so that the children can learn about safety.</p>	<p>Teachers Parents Generalists Health Services Advisory Committee</p>	<p>Initial policies and procedures upon hire and annually thereafter</p> <p>Reviewed annually by Health Services Advisory Committee</p> <p>Throughout the year</p>	<p>Emergency Drill Form</p> <p>Safety meetings</p> <p>Minutes of Health Services Advisory Committee</p> <p>Title 22 CCL</p>
<p><b>Performance Standard 1304.22(a)(1)</b></p> <p><b>(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;</b></p>	<p>The American Red Cross guides on first aid, CPR and choking are prominently posted throughout the site and in all classrooms. Staff will review the importance of rapid response and contacting emergency personnel and parents at weekly staff meetings.</p>	<p>Health Services Advisory Committee HS Director Teachers Generalists</p>	<p>Ongoing</p>	<p>American Red Cross Guides Plan for Emergency Care</p>

<p><b>Performance Standard 1304.22(a)(2)</b></p> <p><b>(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;</b></p>	<p>Emergency contact numbers are posted in each classroom and multipurpose rooms near a telephone.</p> <p>Teachers have up to date emergency contact information upon enrollment and when parents notify the center of a change in address or contact.</p> <p>Child emergency cards are kept by each teacher with a duplicate card maintained in the child's file. Information in the child's file consists of family contact information and authorization for emergency care.</p> <p>Similar cards are kept by staff when on an outing away from the site.</p>	<p>Parents Assistant Director Teacher Generalists</p>	<p>Continuously</p>	<p>Emergency Contact Form Consent for Emergency Treatment Authorization Trip Planning Checklist Home visit forms Flip Chart for Emergencies</p>
<p><b>Performance Standard 1304.22(a)(3)</b></p> <p><b>(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);</b></p>	<p>Each classroom has a posted evacuation floor plan designating escape routes and meeting locations. Drills are held monthly and documented on the Emergency Drill form.</p>	<p>Health Services Advisory Committee Parents Teachers</p>	<p>Monthly check to see they are posted and that the drills are taking place</p>	<p>Evacuation Plan Emergency Drill Form Monthly Facilities Checklist Self-Assessment</p>
<p><b>Performance Standard 1304.22(a)(4)</b></p> <p><b>(4) Methods of notifying parents in the event of an emergency involving their child; and</b></p>	<p>Upon enrollment staff obtain information from the family, advising them of the manner in which they will be informed in the event of an emergency, and the importance of notifying the Center when changes to their emergency contact information occur.</p> <p>When an emergency occurs, the HS Director contacts the parent, speaking calmly and providing relevant information. If English is not the primary language, a staff person who speaks the parent's language will be asked to assist in making the call, if at all possible.</p> <p>If the parent or emergency contact cannot be reached, staff inform the parent of the</p>	<p>HS Director  Teacher</p>	<p>Continuously</p>	<p>Emergency Contact Information Consent for Emergency Treatment Authorization Unusual Incident Report</p>

	<p>emergency and actions taken upon arrival at the Center and provide a copy of the incident report or similar documentation.</p> <p>If a child becomes seriously ill or is seriously injured requiring immediate medical attention the supervising staff may contact paramedics for assistance. Staff will attempt to notify parents prior to making this decision.</p>			
<p><b>Performance Standard</b> <b>1304.22(a)(5)</b> <b>(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.</b></p>	<p>All Center staff are trained to identify and report suspected cases of abuse and neglect as per Title 22 regulations. Policies and procedures specifically assist staff in determining when and to who report needs to be made. Reports are made to Child Protective Services, Community Care Licensing and, for children with a developmental disability, to the Regional Center. When appropriate, the situation is discussed with families prior to making the report unless there is a concern that it will put the child in danger.</p> <p>Generalists are also trained to identify risk factors and to work with families to ensure the safety and well being of the child. Cultural differences and child-rearing practices are discussed but all staff bring concerns or suspected or known abuse to Center management immediately.</p>	<p>Site Supervisor Teachers Generalists Parents</p>	<p>Upon hire Orientation Training 2x a year</p>	<p>Child Abuse Report Special Incident Report Staff training logs Home Visitor Form</p>
<p><b>Performance Standard</b> <b>1304.22(b)(1)</b> <b>(b) Conditions of short-term exclusion and admittance.</b> <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,</b></p>	<p>When a child is unable to participate in the program because of a short-term injury, illness or contagious disease staff will temporarily exclude a child. Consideration of the risk to the health and safety of the child and others they come in contact with will be taken.</p> <p>Upon enrollment, families are given a set of guidelines that outline when the child may be temporarily excluded, indicating when they would be contacted if the child is at the program and the readmittance criteria. This information is documented in the Parent</p>	<p>HS Director Nurse Health Services Advisory Committee</p>	<p>Upon enrollment At occurrence</p>	<p>Medical Referral Family Contact sheets Parent Handbook Unusual Incident Report Communicable Disease Information Bulletin</p>

<p><b>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.</b></p>	<p>Handbook.</p> <p>Staff and the Health Services Advisory Committee determine temporary exclusion and readmittance criteria, reviewing profession guidelines for length of exclusion and readmittance. In all cases a physician's note authorizing return to the program is required.</p> <p>Center staff notify all families of possible exposure of their children to any contagious disease or condition.</p>			
<p><b>Performance Standard 1304.22(b)(2)</b></p> <p><b>(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 significant risk to the health or safety of 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.</b></p>	<p>In order to ensure that all children including special needs children with health needs or medication requirements fully benefit from the Head Start experience reasonable accommodations are made.</p> <p>The Health Services Advisory Committee reviews reasonable accommodations policy working with local health agencies or consultants to obtain clear information on health issues.</p> <p>Staff receive training in universal precautions, recognizing signs of medical problem and perform necessary health procedures. Staff are also made aware of the Americans with Disabilities Act that prohibits discrimination against persons with disability including chronic health conditions.</p> <p>Provide inservice training to parents and other children as needed, protecting the privacy of child and family.</p>	<p>Health Services Advisory Committee</p> <p>Parents</p>	<p>Upon enrollment or as the need is identified</p> <p>Annually</p> <p>Upon hire and Annually</p> <p>As needed at monthly parent meetings</p>	<p>Centers for Disease Control IEP Americans with Disabilities Act Lesson Plans Parent Meeting minutes Newsletter Health Bulletins</p> <p>Health Plans</p> <p>Physician Statements</p> <p>Title 22</p>
<p><b>Performance Standard 1304.22(b)(3)</b></p> <p><b>(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</b></p>	<p>Upon enrollment and at any point during the child's attendance, parents are asked to provide written information regarding the health and safety needs of their child if they request or require that an accommodation be made. Parents are informed that the information is voluntary but if provided will be</p>	<p>Parents</p>	<p>Upon enrollment and as warranted</p>	<p>Medical History Profile Child information card</p>

<p><b>required to address. Programs must share information, as necessary, with appropriate staff regarding accommodations needed in accordance with the program's confidentiality policy.</b></p>	<p>shared only with staff working directly with the child to ensure confidentiality.</p> <p>The Site Supervisor will review the information with the Health Coordinator and will speak with the child's teacher about the accommodations that need to be made and about confidentiality of the medical condition.</p>			
<p><b>Performance Standard 1304.22(c)</b> <b>(c) Medication administration.</b> <b>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:</b></p>	<p>Medication Administration policies and procedures are developed per Title 22 Licensing regulations and reviewed by the Health Services Advisory Committee.</p> <p>A copy of the policies is provided in the Parent Handbook.</p>	<p>Health Services Advisory Committee HS Director Generalists</p>	<p>Ongoing</p>	<p>Medication Administration Policies Parent Handbook</p>
<p><b>Performance Standard 1304.22(c)(1)</b> <b>(1) Labeling and storing, under lock and key, and refrigerating, if necessary, all medications, including those required for staff and volunteers;</b></p>	<p>All medication is labeled, stored in a locked container and refrigerated (if required) out of the reach of children as per Title 22 regulations. Staff examine the medication to ensure that Instructions and information is specific, the medication is in the original prescription bottle with the pharmacy name, name of child, medication name, date, expiration date, instruction for administration, storage and disposal. Also physician must give information regarding potential side effects and symptoms.</p> <p>Unused medications or medications that have expired are returned to the child's parent.</p>	<p>Teacher  Site Supervisor</p>	<p>Continuously</p>	<p>Medication Administration Guide Medication Log Self-assessment</p>



	record will be reviewed upon enrollment and periodically to ensure the information is still current.			
<b>Performance Standard 1304.22(c)(5)</b> <b>(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</b>	Parents give medication at home prior to asking staff to dispense at the Center in order to observe any reactions. If the first dose is given at the Center the staff will watch for any changes or reactions such as a rash, swelling or difficulty breathing and notify family immediately, advising them to contact the child's physician. All observations are documented on the medication log.	Site Supervisor Parents	On-going	Medication Administration Guide Medication Log SAD Sheet
<b>Performance Standard 1304.22(c)(6)</b> <b>(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.</b>	Staff use proper techniques for handling medication safeguards each time they administer medications. These include: 1. Reading label and directions. 2. Age-appropriate techniques according to Title 22. 3. Document that it was administered and 4. Properly store medications. Staff are also trained in the proper use of equipment such as a nebulizer. Staff demonstrate an ability to perform the tasks prior to administering medications or using equipment.	Teacher Health Coordinator	On-going	Medication Dispensing Guide Medication Log Child Anecdotal notes
<b>Performance Standard 1304.22(d)(1) &amp; (2)</b> <b>(d) Injury prevention.</b> <b>Grantee and delegate agencies must:</b> <b>(1) Ensure that staff and volunteers can demonstrate safety practices; and</b> <b>(2) Foster safety awareness among children and parents by incorporating it into child and parent activities.</b>	<p>Safety practices and awareness to protect the child from injuries in the environment are maintained at all times. Staff ensure that the site is hazard free, using a facilities checklist. If any concerns arise, staff will eliminate and reduce hazards.</p> <p>Daily, staff will check to see that all classroom and play equipment is safe and free of hazards</p> <p>Staff teach children about promoting safety should an injury occur and what to do to prevent similar injury. Children are also taught what to do in an emergency and where to go for help. They participate in safety drills and discussions. Safety information is shared in the language of the home with at least one safety and health topic included in the curriculum monthly.</p>	Site Supervisor Teachers   Site Supervisor Teachers	Monthly and at occurrence	American Red Cross Materials  Facilities checklist  Safety Checks

<p><b>Performance Standard</b> <b>1304.22(e)(1) &amp; (2)</b></p> <p><b>(e) Hygiene.</b></p> <p><b>(1) Staff, volunteers, and children must wash their hands with soap and running water at least at the following times:</b></p> <p><b>(i) After diapering or toilet use;</b></p> <p><b>(ii) Before food preparation, handling, consumption, or any other food-related activity (e.g., setting the table);</b></p> <p><b>(iii) Whenever hands are contaminated with blood or other bodily fluids; and</b></p> <p><b>(iv) After handling pets or other animals.</b></p> <p><b>(2) Staff and volunteers must also wash their hands with soap and running water:</b></p> <p><b>(i) Before and after giving medications;</b></p> <p><b>(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</b></p> <p><b>(iii) After assisting a child with toilet use.</b></p>	<p>Throughout the program site posted signs illustrate effective hand washing techniques to reduce health risk by limiting spread of germs. Staff, volunteers and children wash their hands a) after each bathroom use or diaper change, b) before food preparation, handling and consumption, c) contamination of blood or other bodily fluids, d) after handling pets, e) before administering medications and f) before treating or bandaging injuries.</p> <p>Staff sanitize/disinfect toys daily. Toys are removed from use following contact with the mouth or any bodily fluid and set-aside for disinfecting.</p>	<p>Site Supervisor Teacher Volunteers Janitor</p>	<p>Daily</p>	<p>Hand washing guide Medication Dispensing Guide Universal Precautions Guide</p>
<p><b>Performance Standard</b> <b>1304.22(e)(3)</b></p> <p><b>(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.</b></p>	<p>Staff have nonporous gloves available to them in the classroom, diaper change areas restrooms and playground.</p>	<p>Teachers Site Supervisor</p>	<p>As required</p>	<p>Universal Precautions Guide</p>
<p><b>Performance Standard</b> <b>1304.22(e)(4)</b></p> <p><b>(4) Spills of bodily fluids (e.g., urine,</b></p>	<p>Staff are trained in Universal Precautions using established professional guidelines. Procedures are posted in bathroom and</p>	<p>Site Supervisor  Teachers</p>	<p>Training upon hire Annually</p>	<p>Universal Precautions Guide</p>

<p><b>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.</b></p>	<p>diaper changing areas. All spills of blood or visibly bloody bodily fluids are taken care of immediately. Staff wash their hands immediately after not using gloves.</p> <p>All toys and other learning materials are sanitized on a regular basis</p>		<p>Daily</p>	
<p><b>Performance Standard 1304.22(e)(5)</b></p> <p><b>(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 conduct these procedures.</b></p>	<p>Staff employ proper sanitation and hygiene procedures for diapering and proper disposing of soiled diapers. Diaper procedures are posted in the diaper changing area. Procedures include the following: child is safely secured, on a surface only used for that purpose; staff talk to child while diapering and note unusual items in the diaper. Changing areas are near a water source with changing occurring on a regular schedule, as well as when needed. The risk of contamination is minimized by regular washing and use of disinfectant at least several times a week.</p>	<p>Site Supervisor Teacher</p>	<p>Daily</p>	<p>Diapering procedures</p>
<p><b>Performance Standard 1304.22(e)(6)</b></p> <p><b>(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.</b></p>	<p>Staff empty potty and disinfect after each use. Staff check for cracks or crevices, replacing potty as needed. Procedure for potty care are reviewed regularly.</p>	<p>Site Supervisor Teachers</p>	<p>Daily Upon hire and periodically thereafter</p>	<p>Potty care procedures</p>

<p><b>Performance Standard</b> <b>1304.22(e)(7)</b></p> <p><b>(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.</b></p>	<p>Upon arriving at the Center staff will check to see that cribs and cots are 3' apart. Linen will be assigned to each child and regularly washed especially following an illness or accident. Disinfect schedule is no less than weekly.</p>	<p>Teachers</p>	<p>Daily Weekly</p>	
<p><b>Performance Standard</b> <b>1304.22(f)(1)</b></p> <p><b>(f) First aid kits.</b></p> <p><b>(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.</b></p>	<p>First aid kits and supplies are available to staff at all times, in areas out of reach of children. Kits stored at the site as well as those taken on an outing include all recommended items in Title 22 for licensed sites. There is a small kit in each classroom with a large kit serving 50 individuals kept in the HS Director's office.</p>	<p>Site Supervisor Teachers Health Coordinator</p>	<p>Continuously</p>	<p>Inventory checklist Title 22 regulations</p>
<p><b>Performance Standard</b> <b>1304.22(f)(2)</b></p> <p><b>(2) First aid kits must be restocked after use, and an inventory must be conducted at regular intervals.</b></p>	<p>Staff inventory first aid kits monthly using the inventory checklist. Staff will check expiration dates on all supplies and restock as needed.</p>	<p>Site Supervisor Teachers Health Coordinator</p>	<p>Monthly</p>	<p>Inventory checklist Title 22</p>