MountainHeart Community Services
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MountainHeart Community Services
Daily Health Check Procedure
Head Start/Early Head Start

The daily health check is to be preformed each morning when you greet the child and parents as they arrive in the center. It usually takes less than a minute. Also observe all the children throughout the day.

Listen:

* Greet the child and parent. Ask the child, "How are you today?"
* Ask the parent, "How is (child's name) today?", "How did he/she sleep?" How was his/her appetite this morning?"
* Listen to what the parent tells you about how the child is feeling.
* If the child can talk, is he complaining of anything.

Look:

* Get down to the child's level so you can see him/her clearly. Observe for signs of health or illness.
* General appearance; comfort, mood, behavior, and activity level.
* Is the child's behavior unusual for that time of day?
* Is the child clinging to the parent, acting cranky, crying, or fussing?
* Does the child appear listless, in pain, or have difficulty moving?
* Check the breathing pattern, is it fast or slow, any difficulties breathing?
* Is the child coughing?
* Check the child's skin; does the child look pale or flushed?
* Do you see a rash, sores, swelling or bruising?
* Is the child scratching the skin or scalp?
* Look for a runny nose.
* Is the child pulling at his/her ears?
* Are there mouth sores, excessive drooling, or difficulty swallowing?

Feel:

* Gently run the back of your hand over the child's cheek, forehead, or neck:
* Does the child feel unusually warm, cold, or clammy?

Smell:

* Be aware of unusual odors.
* Does the child's breath smell foul or fruity?
* Is there an unusual or foul smell to the child's stool?

MountainHeart Community Services
Head Start/ Early Head Start

MEDICAL EMERGENCY PROCEDURE

1. Staff trained in First Aid and CPR will administer appropriate first aid measures, while another staff member will activate 911.
   Locations will numbers of Emergency Medical Services will be posted by the telephone in all Head Start/ Early Head Start Centers
   - Staff and parents should be made aware that when transporting the child. The closest facility will be utilized. Locations of nearest facilities will be found on the Emergency Evacuation Plan, located in each center.
2. Notify Parents (Permanent Staff)
   - Information regarding the nature of the illness or injury is to be kept as brief as possible, in order not to scare or delay the parent's arrival. Clear, concise, and accurate information is all that is given. **(We do NOT diagnose or speculate what the child's condition is).**
3. Check the child's temperature and pulse at 15 minute intervals until EMS arrives, results are recorded in your documentation on the appropriate forms (Accident or Illness forms).
4. Remain with the child at all times and stay calm, reassuring the child.
5. Remove other children and volunteers from the immediate area and ensure that there are adequate staff/volunteers to remain with the other children.
6. For high body temperature, sponge the child with **Luke Warm Water** and keep the child as cool as possible until EMS arrives.
7. When EMS arrives inform them of any treatment given, such as nebulizer therapy, and any medications given and the time. The Emergency Consent Form, a copy of the child's Health History, including any allergies to medications, and insurance information should be copied and sent with the child to the hospital.
8. Notify the Head Start Director or Health and Safety Specialist or Prenatal/Health/Nutrition Specialist at the central office (304-682-8271) as to the steps you have taken in the emergency. **(Do this after you have activated EMS and contacted parents or guardians).**

***** **Locations of Head Start/ Early Head Start medical providers are Family Healthcare Associates in Pineville (304-732-6611) and the Tug River Catterson Children's Clinic in Pineville (304-732-7069). <u>These providers are to be used for consultation in emergencies only!!!</u>**

MountainHeart Community Services
Head Start/Early Head Start
Major Medical Procedure

All Head Start Teaching Staff will activate EMS immediately and contact parents/guardians if the following occurs:

1. Any child who has a temperature of 105 degrees or higher.

2. Any child whose behavior changes in a short amount of time becomes suddenly ill, or whose symptoms worsen.

3. Any child who has severe neck pain when the head is moved or touched. These could be signs and symptoms of Encephalitis or Meningitis.

4. Any child with a stiff neck and headache. These could be signs of Encephalitis or Meningitis.

5. Any child who has a seizure.

6. Any child who acts unusually confused. Not oriented to person or place.

7. Any child with difficulty seeing.

8. Any child with rash or hives that appear quickly.

9. Any child who has difficulty breathing.

10. Any child who has had a recent injury, blow to the abdomen, or hard fall prior to stomach ache.

11. Any child who has not urinated in more than 8 hours, and the mouth and tongue appear dry.

12. Any child who has a clear drainage from the nose or ears after a blow to the head.

13. Any child who suffers an injury to bones, joints or muscles that inhibit that child's movement of a body part, or shows outward signs of fracture of dislocation. Such, as abnormal shape of a body part, or body part out of alignment with the other parts.

Activation of EMS are not just limited to the conditions listed above, staff must use good judgment when evaluation the need to call 911.

MountainHeart Community Services
Head Start/ Early Head Start
Bumps, Bruises and Scrapes Procedure

1. Certified staff of first aid to administer appropriate first aid measures.

2. First access the child

● Check for any excessive swelling or bleeding from the site. (If there is, this is probably a major emergency, follow appropriate action for this)
● Check to see if the child is oriented to person, place and time (ex, Ask child if he knows his/her name, where he/she is, and is it daytime or nighttime this action could depend on the age of the child and appropriate responses).
● Check all extremities to see if child has difficulty moving. Is the pain excessive for the injury? (Remember scrapes hurt really bad due to the shearing of the skin and exposed nerve endings).
● Clean the area with soap and water and apply bandage if needed.
● Apply ice pack to bumps and bruises. Remember to protect the skin when applying an ice pack; place a cloth or paper towel between the ice pack and the skin.
● Call the parent and let them know what happened, parent may want to come and get the child or prefer to let them stay at the center.
● Comfort and reassure child and remain calm.
● Document on accident form as to the nature of the accident, who administered treatment, how it could have been prevented, and contacting parent. (Make sure documentation on the form is complete.
● Fax or bring a copy of the form to the central office, to the attention of Susan Stafford, Director within 24 hours of the incident. (Send original copy to the central office in the monthly reports).
● Keep area clean and dry and reapply dressing as needed
● Monitor for signs or infection: Swelling, drainage, or red streaks to the site. (If any of these conditions occur, you must call the parents and advise that child be taken to the doctor for further treatment.

MountainHeart Community Services
Head Start/ Early Head Start

Medication Administration Procedure

The Health and Safety Specialist and the Prenatal and Health Specialist MUST ensure the following:

Step 1: With the assistance of the teaching staff, doctor's instructions and written consent from the parent/guardian must be obtained before any administration of medication in the Head Start/ Early Head Start center can occur. This information will be obtained by:

- Written referral to the attending physician requesting information the administration of medication for a specific child.
- care plan will be developed with the parents and those responsible for administering the medication, explaining the reason for the medication, how to administer the medication, the side effects of the medication, and who is responsible for administer the medication while the child is participating in Head Start activities. This plan will include written consent by the parent/guardian and signatures for all persons involved in developing the plan.

Step 2: Parents/guardians will be responsible for ensuring the center has the appropriate medication to be administered by:

- Bringing the medication to the center teacher in the original container with the original prescription label: The information on this label MUST include child's name, the prescribing physician's name and phone number, and instructions on how to administer the medication. (Parents must ensure that the medication does not expire while child is in Head Start).
- Information should be obtained from the pharmacy regarding the possible side effects of the medication to be included in the care plan.

Step 3: Teaching staff will receive the appropriate training in administration medications to children while in the center by:

- Following the "Seven Rights"; the right child, the right medication, the right dose, the right route, the right time, right reason and documentation..
- Training for administering medication will be on –going throughout the program year.
- Medication Administration training required by daycare regulations.

Step 4: Head Start staff will assure that all medication, including those required for staff and volunteers are adequately labeled and:

- Stored under lock and key in a filing cabinet in the center
- Medication to be refrigerated will be kept in the kitchen where children do not have access in the appropriate container.

Step 5: Head Start will provide Benadryl Elixir for the children with known medically documented allergies to BEE/INSECT stings.

- If a child is known to have a severe allergy to bees, and requires a BEE STING KIT, parents must supply Head Start with the medication, and a medication plan must be in place.

Step 6: All medications that need to be given on a regular basis need to be sent to the center on a weekly basis, (Except for nebulizer treatment, when it is used for emergency treatment, medication can be kept for extended periods, ensuring the medication does not expire). Documentation on the medication log and will be checked daily. Another Head Start staff will witness the medication being given to the child and will sign off also on the medication log. When the medication expires or child does not need medication in center no more. Staff will have parent(s) to sign stating they received the medication back.

Step 7: If the child has severe breathing problems, such as asthma, Head Start can administer inhalant or nebulizer therapy. Parent must supply Head Start with the hand held inhaler and proper documentation and consent must be obtained. If the nebulizer therapy is required, parents will provide the medication and Head Start will supply the nebulizer.

IN THE EVENT OF AN EMERGENCY, HEAD START WILL FOLLOW THE MEDICAL EMERGENCY PROCEDURE FOR THE AGENCY. PARENT/GUARDIANS WILL ALWAYS BE NOTIFIED OF SUCH EMERGENCIES.

MountainHeart Community Services
Head Start/Early Head Start
Medication, Dosage, Reaction and Witness Tracking Instrument

Month: _____Year: _____Center: _____
Child's Name: _____
Name of Medication: _____Dosage: _____

Date/Time given at center	Medication:	Dosage:	Route: (mouth, etc.)	Given By: (staff's name)	Reaction Observed:	Witnessed Initials:	Parents Signature:

Submit medication form to Health and Safety Specialist on a monthly basis.

MountainHeart Community Services
Head Start/Early Head Start
Permission to Administer Medication

Child's Name_____

Medication_____

Reason for Medication to be given_____

Dosage_____

Time to be given_____

Route_____

Last dosage administered by parent (date & time)

_____

Parent's Signature Date

MountainHeart Community Services
Head Start/ Early Head Start
Fever Procedure

The child care staff and parents should learn to recognize the signs and symptoms of illness in children. Fever is a well known symptom that the parent or child care workers use to identify child who may be ill. Fever is a rise in the body temperature above normal. It is common in young children and is rarely harmful. There are many causes of fever other than illness, exercise, environmental conditions, individual variation and teething may rise the body temperature.

However, fever may be a symptom of a contagious or serious illness. Some children should not go to child's inclusion in child care is checked with a health professional. Such children include those who fit the following description:

*An Temporal Artery temperature of 101 degrees or greater who also has behavioral changes or other signs and symptoms of illness.
*An axillary (armpit) temperature of 100 degrees or greater who also has behavior changes or other signs or symptoms of illness.
*An Ear temperature of 101 degrees of greater that also has behavioral changes or other signs and symptoms of illness.

Have a doctor check babies immediately with fever of 101 degrees axillary who are less than 4 months of age or any age with fever higher than 105 degrees. Parents should be notified promptly when their child found to have a fever while in center.

The child's response to fever-reducing medication is not helpful in deciding how sick the child is. Regardless of the presence or height of fever, it is how sick a child looks or acts that is important. Have a doctor check any child with symptoms or signs of a possibly serious illness. Sign to look for is unusual drowsiness, fussiness, persistent or excessive crying, wheezing, uncontrolled coughing, difficulty breathing or who refuses to play or complains of severe pain.

MountainHeart Community Services
Head Start/Early Head Start
Tooth brushing Procedure

1. Children are to be handed their own toothbrush. They are not to get it themselves.

2. Two or three children are all that should be in the bathroom for tooth brushing at anyone time, and should be supervised at all times.

3. Toothpaste is to be placed on waxed paper, paper cups, paper plates, etc., so that individual servings are available. **Never** is toothpaste to be dispensed directly from the tube to the toothbrush.

4. After a child brushes, the child should be allowed to run clean water over the tooth brush from the faucet. Then the person supervising should take the tooth brush and place it the holder, taking care not to touch other tooth brushes in the holder.

5. After brushing is completed, the toothbrush holder is to air dry for at least 1 hour. The toothbrush holder should be setting on a level surface or mounted on the wall permanently.

6. Toothbrushes should not be cleaned with bleach solution, instead should be replaced every 3 months, (In the event of infections such as strep or thrush, tooth brushes should be replaced immediately)

7. Teachers should have their own toothbrushes at the center, as well as all staff and regular volunteers. Person's supervising brushing in the center should model for the children and brush their teeth at the same time. Parents and staff should rinse their toothbrush after using and place in a baggie (keep open for one hour after use to allow for air drying).

8. For the Infant & Toddler Centers cleaning of the Infants gums should be done using gloves and 2x2 gauze. For the Toddlers, toothpaste may be used as soon as they have teeth, usually beginning at 1 year of age. Only a very small amount of toothpaste is to be used (about 1/4 the size of a pea) until the child becomes accustomed to the taste of toothpaste. (Then use only 1/2 the size of a pea when they get used to it).

9. The person supervising tooth brushing is always wearing gloves, wash hands thoroughly after performing tooth brushing and after discarding gloves.

Children should be carefully supervised to insure they DO NOT SWALLOW any toothpaste (This can be harmful to developing teeth).

MountainHeart Community Services
Head Start/ Early Head Start
Dental Emergency Procedure

1. **Toothache:** Rinse the mouth vigorously with warm water to clean out debris. Use dental floss to remove any food that might be trapped between the teeth. If swelling is present, place a cold compress on the outside of the cheek. (Do **NOT** use heat or place aspirin on the aching tooth or gum tissues). Call the parent and have them to transport the child to the dentist as soon as possible. (Head Start can make this referral for the child if needed).
2. **Orthodontic Problems: (Braces and retainers);**
   ● If a wire is causing irritation, cover the end of the wire with a small cotton ball, beeswax, or a piece of gauze, until child can get to the dentist.
   ● If a wire is embedded into the cheek, tongue, or gum tissue, do **NOT** attempt to remove it. Call parents to take child to the dentist immediately.
3. **Knocked out Permanent Tooth:**
   ● If the tooth is dirty, rinse it gently in running water (Do **NOT** scrub it).
   ● Gently insert and hold tooth in its socket, if this if not possible place the tooth in a container of milk or cool water.
   ● Call parents to take the child immediately to the dentist (within 30 minutes if possible).
   Don't forget to take the tooth with you!
4. **Broken Tooth:**
   ● Gently clean dirt or debris from the injured area with warm water.
   ● Place cold compresses on the face, in the area of the injured tooth.
   ● Call parents to transport to the dentist immediately.
5. **Bitten Tongue or Lip:**
   ● Apply direct pressure to the bleeding area with a clean cloth.
   ● If swelling is present, apply cold compress.
   ● If bleeding does not stop call EMS.
6. **Objects wedged between the teeth:**
   ● Try to remove the object with dental floss. Guide the floss carefully to avoid cutting the gums.
   ● If not successful in removing the object, call parent to transport.
   ● **Do Not Try To Remove The Object With a Sharp or Pointed Instrument.**
7. Possible Fractured Jaw:
   ● Immobilize the jaw by any means (handkerchief, necktie, and towel).
   ● If swelling is present apply cold compresses.
   ● Call EMS (use procedures in place for emergencies).

Note: If parents are unavailable for any of the above procedures EMS will be called to transport.

MountainHeart Community Services
Head Start/Early Head Start
Asthma Procedure

Recognizing symptoms of Asthma:

- Airway obstruction is recognized as mild, moderate, or severe.
- Infants and children will have inspiratory wheezing (this is when the infant or child breathes in). Can progressing to not being able to hear no breaths at all.
- Infants with asthma will grunt when they breathe in.
- Infants or child will have nasal flaring. (Nostrils will flare open when breathing).
- Infants or child will usually have a cough. (This can be constant).
- Accessory muscle use, the infant or child will use stomach muscles to breathe.
- The child or infant may draw their shoulders up towards their head to breathe.
- The infant or child may be anxious, irritable, and have decreasing level of consciousness.

This is an emergency, 911 must be activated immediately to ensure safety of child, and parents/guardians must be notified after you have activated EMS.

Steps to perform while waiting on EMS to arrive:

- **REMAIN CALM:** if you appear to be scared and upset, the infant or child could sense this, they are already scared so calm them down as much as possible.
- Have the child sit or lie in an area away from the other children. (Let the child decide which position is better for breathing). **DO NOT force a child to lie down or sit up if that position makes breathing more difficult.**
- Make sure there is enough ventilation, ensuring child does not get chilled or overheated.
- Take the child's temperature, if it is elevated over 100 degrees F., sponge the infant or child with lukewarm water until EMS arrives. Take temperature every 30 minutes until help arrives. (Make sure you document temperature each time you take it).
- Document events leading up to asthma attack, including everything the child had to eat or drink. List activities child participated in and materials used.
- Make sure the EMS personnel have a copy of this information and a copy of the Consent for Emergency Medical Treatment, a copy of the child's health history, including an allergies to medications, and insurance information. Should be copied and send with the child.
- Administer any medication that has a Medication care plan in place, monitor for adverse reactions.

The Head Start/ Early Head Start Director MUST be notified within 24 hours in writing about the incidence.

MountainHeart Community Services
Head Start/ Early Head Start
Bee Sting Procedure

1. This procedure is for infants and children who have known allergies to beestings and those who are not known to have allergic reactions to bee stings.
2. If a child has a known allergy to beestings or insects, documentation must be obtained for this child's file, and a medication administration plan must be implemented.
3. If the child has a known allergy to bees, EMS must be contacted immediately, and then the parents.
4. If the child has medication plan in place, and needs medication administered, follow the "medication administration procedure" already in place.
5. If the child has no know allergies to bee or insect stings and the child gets stung while in Head Start center or on the playground or bus, and begins showing signs of a severe reactions, activate EMS, then call the parents/guardians.
6. Severe reactions could include the following:
   - Difficulty breathing
   - Severe swelling or itching
   - Decreased level or consciousness (Symptoms of Shock).
7. Apply ice to the site, and keep the child calm.
8. If the child gets stung and shows No signs of an allergic reactions, notify parents, apply ice to the site, and monitor child every 15 minutes for possible reactions.
9. Parents may need to transport the child home especially if swelling and pain does not permit child to be at ease in the center. If parent/guardian is unavailable, call EMS transport to the nearest medical facility for treatment.
10. If the child has to be transported by ambulance, send the consent for emergency medical treatment form, and a copy of child's health history, including any interventions Head Start has already implemented.

Notify the Head Start Director or Health and Safety Specialist with your documentation of the events of this emergency.

MountainHeart Community Services
Head Start/ Early Head Start
Seizure Procedure

TRAINING FOR APPROPRIATE STAFF IN THE EVENT OF A SEIZURE

1**. Do Not Panic**! You cannot be of any help to child or other children in the center if you appear to be upset or lose control.

2. At the onset of a seizure, time the length of the seizure to when the child begins to breathe normally again.

3. Do not move the child unless there are objects that cannot be moved that may injure the child during seizure activity.

4. Place the child on his/her side to make sure choking does not occur.

5. Do not attempt to put anything in the child's mouth during a seizure, including fingers. You could injure yourself and the child.

6. Check the child's temperature; some children will have seizures due to an increase in body temperature (febrile seizures). Do not put a thermometer in the child's mouth; take it under the arm if you don't have an ear thermometer.

7. Comfort and Reassure the child, wipe the child's face with a cool cloth, he/she may be scared or confused after the seizure. Be very comforting.

8. Remove the other children from the immediate area with the help from appropriate staff, and always obey the rule of confidentiality.

9. Call 911 first, then the parents of the child. Explain to the Emergency Services what the problem is and describe what occurred. If the child has a known seizure disorder, inform them of the fact. They can give you further instructions as what to do next.

10. The child will be transported to the nearest facility if preferred hospital could delay medical attention. Child will be transported by ambulance which will dispatch through 911 center.

11. Sent the consent for emergency medical treatment form, a copy of child's health history, and insurance information, including any intervention already implemented.

MountainHeart Community Services
Head Start/ Early Head Start
Contagious Conditions that Requires Doctor Slip

1. **Infectious Conjunctivitis / Pink Eye**- Contagious until 24 hours after treatment

2. **Scabies, Head Lice, or Parasites**- Contagious until 24 hours after treatment unless otherwise specified by a physician (See enclosed parasite testing result form)

3. **Impetigo** – Contagious up to 24 hours after treatment is initiated. Areas must be covered with a bandage upon returning.

4. **Pertussis (Whooping Cough**) - Contagious up to five days after treatment is initiated.

5. **Tuberculosis**- Child may no return until a health care provider determines that the disease is not contagious.

6. **Chicken Pox**- Contagious up to six days after the start of rash or all sores has crusted over.

7. **Mumps** – Contagious until nine days after start of symptoms (swelling in the jaw and neck area).

8. **Hepatitis A** – Contagious until seven days after start of symptoms, (Jaundice).

9. **Measles** – Contagious until six days after start of rash, unless otherwise specified by a physician.

10. **Rubella** –Contagious until six days after start of rash, unless otherwise specified by a physician.

11. **Oral Herpes (fever blisters)** – Child may NOT return until lesions are healed or lesions can be covered.

12. **Shingles** – Contagious up to six days after the start of rash or all sores has crusted over.

13. **Strep Throat** – Physician must determine child is no longer contagious.

14. **Hand, Foot, and Mouth Disease** – Contagious up to 24 hours after treatment is initiated, or longer if determinate by a physician.

MountainHeart Community Services
Head Start/ Early Head Start
Procedures for Checking for Head Lice

1. Check children one at a time: Use an area with good lighting, respecting each child's privacy. The area for the head checks is to be determined by the teacher with the approval of the Health and Safety Specialist according to the areas available in each center.

2. At NO time should a teacher acknowledge to the child that head lice is present. This is to be discussed with the parent/ guardian in private or through a sealed written notice given directly to the parent.

3. If lice is found, it is the responsibility of the teacher to contact the parent and have the parent/guardian come to the center and take child home. Instruct the parents/guardians to take the child to the doctor or to the Health Department to determine if treatment is needed.

4. The child must have a written doctor's excuse or an excuse from the Health Department stating the child is **Lice Free or Nit Free.**

5. The teacher will send notices to all Head Start families to inform them that a possible case of head lice was discovered in their child's Head Start center.

MountainHeart Community Services
Head Start/ Early Head Start
Tick Bite Procedure

Some ticks transmit bacteria that cause illnesses such as Lyme disease and Rocky Mountain Spotted Fever. The risk of contracting one of these diseases depends on what part of the United States you live in, how much time you spend in the woods, and how well you protect yourself.

Remove the tick promptly and carefully. Use tweezers to grasp the tick near its head or mouth and pull gently to remove the whole tick without crushing it. (Remember to wear gloves when doing this.)

If possible, seal the tick in a plastic bag and notify the parents/guardians regarding the tick bite and encourage them to have the child seen by a physician. Give the tick to the parent in case the doctor would want to see it. Let the parent dispose of the tick by recommending they flush it down the commode. If they do not want the tick, then the teacher may flush it.

Wash your hands and the child's hands with soap and water.

Wash the area that the tick was on with soap and water and watch for the following signs and symptoms:

Rash

Fever

Muscle Aches

Joint Pain and Swelling

Look at the area where the tick was attached. If it has a bull's eye appearance, take child to the doctor immediately. (Symptoms of Lyme Disease).

Document any action taken on the illness form. Also notify the Health and Safety Specialist if you have a high incidence of ticks around your center.

MountainHeart Community Services
Head Start
Diaper Changing Procedure for Three to Five Year Olds

1. If a Head Start center has a participant or sibling that requires diapering while in the center, staff must supply an area appropriate for diaper changing as follows:
   - A bathroom designated for diaper changing (Post a sign stating "Diaper Changing Area")
   - A vinyl mat or non porous mat located in the bathroom to lay the child on for changing.
   - A container only used for throw away diapers labeled "Soiled Diapers Only". (Container must have a tight fitting lid)
   - Gloves, paper towels, and hand soap must be readily available in the area.

2. The child will be placed on a mat, and a c-fold towel will be placed under the child's bottom while cleaning the perinea area and replacing the soiled diaper. **Gloves are always worn while performing a diaper change!!**

3. The perinea area will be cleaned with disposable wipes or moistened disposable towels, using a front to back motion, then disposing of the wipe. If further cleaning is needed, a fresh wipe or paper towel is used. **Wiping in a front to back motion can prevent urinary problems with the child.**

4. Both the child's and staff's hands must be thoroughly washed after each diaper change. Disposable gloves will be discarded immediately in appropriate container.

5. Changing mats will be cleaned and disinfected after each use by using the approved disinfectant of bleach and water (1/4 cup to 1 gallon solution).

6. Soiled cloth diapers/training pants will be stored in a labeled container such as a plastic bag placed in a paper bag to be sent home to the parent at the end of the day. Any plastic bag used for this purpose will be kept out of the reach of the children!!!

7. Trash cans used for diaper disposal will be removed daily and disinfected with appropriate solution.

8. If potty chairs are used, they will be wiped with a disinfectant solution between uses, and cleaned thoroughly at the end of the day.

MountainHeart Community Services
Head Start/ Early Head Start

Diaper Changing Procedure
(For Infants & Toddlers Centers)

Staff will thoroughly wash hands **BEFORE** performing procedure.

Staff will gather supplies needed prior to performing procedures, i.e. gloves, towelettes, Vaseline (petroleum jelly), etc. Hands will be thoroughly washed prior to beginning procedure.

Staff will put on disposable gloves, then place infant/toddler on the diaper-changing table. (Child can use steps to get on table is he/she is old enough.)

Make sure the **Diaper Changing Table Paper** is in place to prevent child's contact with the mat.

Clean and sanitize changing table before removal of the soiled diaper and then clean the diaper area with pre-moistened towelettes, cleaning from front to back, making sure not to contaminate the urinary area with stool from the rectal area.

The soiled diaper should be folded within itself and then sealed with the disposable gloves (used by the staff) one after the other, therefore ensuring the double bagging of the soiled diaper.

The staff member should then apply petroleum jelly (Vaseline) **as needed** to the child's diaper area, using the pediatric Q-Tips and then apply a fresh diaper.

Both the child's and the staff member's hands will be thoroughly washed after each diaper change.

Changing table surface shall be cleaned and disinfected after each use by cleaning to remove visible soil, followed by cleaning with bleach mixture **(1/4 cup bleach to 1 gallon of water)** and allowed to dry. The diaper changing table paper will be disposed of as well into the appropriate container.

Soiled CLOTH diapers and soiled TRAINING PANTS will be stored in a labeled container with a plastic liner with a tight fitting lid and sent home with the child at the end of the day. Feces from soiled cloth diapers and training pants will be disposed of by dumping in the toilet.

Soiled disposable diapers will be stored in a conveniently located, washable, plastic lined, tightly covered waste container. Each container will be labeled and kept free of build-up of soil and odor.

Toilets will be thoroughly cleaned and sanitized at the end of each day, using 1/4 cup of bleach to 1 gallon of water.

Hand washing sinks shall NOT be used for rinsing soiled diapers or clothing or for cleaning toilet training equipment.

Staff members will **ALWAYS** wear disposable gloves when diapering infants/toddlers.

MountainHeart Community Services
Head Start/Early Head Start

Procedure for Implementing Toilet Training

1. Cooperation of the child's parents/guardians is a **must**! The toilet training needs to be continued at home, working with the family closely to make toilet training successful.

2. All staff needs to be involved with the training. If a child is dependent upon one person and that person cannot be there, it may delay the success of the toilet training.

3. A goal must be set for the child to let him/her know what is expected of them and when you expect the goal to be completed. Example: Tell little Janie "I'm going to help you to learn to use the toilet before we hunt Easter Eggs, it will help you to find eggs easier and faster." Children seen to want to do more if there is a story or something they can relate to. Try to use the same method if it seems to be working, if Easter comes and he/she is still not toilet trained, try something else, but **praise them for any attempts they do.**

4. **Do not be critical.** If the child soils his/her clothes, keep reinforcing the fact that they need to try again, that they can do this, and that you will help them. Always praise them when they are successful in any step.

5. Please do not stop the training at just the act of using the toilet. Teach further hygiene such as wiping, flushing, and proper hand washing.

Steps to follow for toilet training:

1. As soon as the child gets to the Head Start/Early Head Start Center check to see if diaper needs changed, if child is wearing one. Attempt to get the child to use the toilet. The child may refuse for a while but continue to ask every morning until you know the training is complete.

2. After eating and drinking, take the child to the bathroom and encourage him/her to sit on the toilet. Ask the child frequently throughout the day if he/she needs to go to the bathroom, this needs to be a constant everyday thing. **Do not let the child sit in a wet diaper**, and always reinforce about how good it feels to be dry and clean.

3. Let the child take a favorite toy with him/her in the bathroom. You can read the child a short story while he/she sits on the toilet. You can also try running water in the sink while they are on the toilet, this sometimes gives them the urge to use the bathroom.

4. During the day observe if the child starts acting like they need to go to the bathroom, squirming and twisting is sometimes an indication they need to go. **Don't wait; take them to the bathroom as soon as possible**.

5. You can also try sitting a mock potty chair beside the toilet. Put a small chair with a doll sitting on it, and pretend the doll is using the potty beside of the child.

6. If you think of anything that will help in implementing this training, try it and document your method on the training log. Always share information with the family, they may have information that can also help.

7. Keep a log of your attempts to assist in toilet training.

MountainHeart Community Services
Head Start/Early Head Start
TOILET TRAINING LOG

Potty Training Log

Center: _____ Date: _____Child:_____

Time:_____AM/PM Results:_____ Staff Initials:_____

Time:_____AM/PM Results:_____ Staff Initials:_____

Time:_____AM/PM Results:_____ Staff Initials:_____

Time:_____AM/PM Results:_____ Staff Initials:_____

Time:_____AM/PM Results:_____ Staff Initials:_____

Time:_____AM/PM Results:_____ Staff Initials:_____

Time:_____AM/PM Results:_____ Staff Initials:_____

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Time:_____AM/PM Results:_____ Staff Initials:_____

Time:_____AM/PM Results:_____ Staff Initials:_____

Time:_____AM/PM Results:_____ Staff Initials:_____

MountainHeart Community Services
Head Start/Early Head Start
Nutritional Needs Plan

Training for staff and parents will be provided on-going throughout the program year.

During pre-service at the beginning of program year, trainings will be provided by qualified trainers to address the issues of overweight and underweight children participating in the Head Start Program to include:

Increasing children's Moderate to Vigorous Physical Activity by using the model, "I am moving, I am learning."

Movement will include 60 minutes of structured and non-structured physical activity during the day while child is participating in the classroom.

Teachers will include in their lesson plans ways to increase physical activity while incorporating learning into the curriculum.

Training will also be provided to parents/guardians through monthly parent meetings, monthly newsletters, etc.

Information will be provided to parents through the Head Start program, as it becomes available to Health Specialist.

Parents will be made aware of the aspect of increasing physical activity while volunteering in the center.

Information will be provided at all Policy Council meetings and Health Advisory meetings regarding Head Start's efforts to make families more aware of the need for physical activity and nutritional awareness.

Heights and weights will be obtained on all children participating in Head Start within 30 days of enrollment and results will be mapped on a Height to Weight chart, allowing parents to see if their child may be at risk of being overweight or underweight. Head Start will then offer services to children with identified concerns by assisting the parent/or guardian with the process of making referrals to WIC, family physicians, nutritionists, dieticians, etc.

Teaching staff, with the assistance of the Prenatal/Health/Nutrition Specialist, will devise a Family Partnership agreement to assist families in ways to address any nutritional concerns.

Head Start will provide privacy for any family wishing assistance in addressing issues for overweight and underweight issues by:

Speaking with the parent in private and will not discuss such issues with anyone other than parents/guardians and Head Start staff responsible for assisting with plan.

Head Start staff will avoid any negative input during mealtime regarding overweight and underweight children. (Any volunteers will be instructed of this issue also.)

Parents will be invited to participate in mealtime activities to encourage good eating habits at home. Also, Head Start staff will encourage suggestions from parents/guardians on how to serve healthy meals (as long as it follows USDA guidelines).

All Head Start meals are served "Family Style," sitting together at a table, passing food to each other, learning good food choices, trying new foods, and learning proper eating habits.

Meals will be served according to the Food Guide Pyramid and USDA's requirement for portion sizes in all centers.

Excess use of fats, oils, and sugars will be avoided in Head Start meals. Use of more vegetables, fruits, whole grains, etc. will be implemented in serving meals in the Head Start centers.

On-going monitoring of Head Start centers regarding meals will be done on a regular basis by the Nutrition Specialist to ensure good food practices.

On-going monitoring of Moderate to Vigorous activity in the centers will be done 3 times a year on specific centers to evaluate outcomes. The Head Start management team and teaching staff will do this.

MountainHeart Community Services
Head Start/Early Head Start

Handling and Storage of Breast Milk Procedure

To ensure that a child is given the correct bottle of breast milk, staff must follow the rules of three (3).

Rule #1. Staff must check the name on the bottle when removing bottle from the refrigerator.

Rule #2. Staff must check the name on the bottle prior to warming the bottle.

Rule #3. Staff must check the name on the bottle before giving the bottle to the child.

If a bottle is not labeled, it cannot be accepted.

Mothers may bring their breast milk to the center only if the following steps are followed: Breast milk must be in a bottle which is properly labeled with the child's name, time of collection, and date. (We must also know whether this has been frozen, if it was collected fresh, and the time of collection.)

The breast milk will be placed in the refrigerator (after correct labeling has been checked).

If milk was brought to the center frozen, it will be placed in the refrigerator and thawed at the time it is needed. (To thaw the frozen milk, either place the bag or bottle under running cold/warm water or place the bottle in container of warm water.) Once frozen breast milk has been thawed, it is to be used within 24 hours and is never refrozen.

If milk was brought to the center freshly pumped, then it will be placed in the refrigerator to be used as needed that day. The milk is to be warmed by placing in a cup of warm water until warm, or it may be left at room temperature for up to 8 hours.

When a child is given a feeding of breast milk and the entire amount is not consumed, the leftover milk is to be discarded immediately.

Once a bottle has been given to a child, at no time is it to be refrigerated again and reheated and given to the child.

At **no time** is the bottle of milk to be warmed in the microwave. Serious burns may occur because of "hot spots" in the bottle. Also, using a microwave oven to warm breast milk can change the milk's composition. Always shake the bottle after heating to prevent "hot spots," then check the temperature by shaking a few drops out onto the back of your hand. It should feel cool or slightly warm. **Remember, a baby's mouth and skin is very sensitive. Milk that feels warm to you will probably be too hot for the infant.**

At the end of the day, the refrigerator should be checked and unused bottles sent home with the parent.

PLEASE NOTE: The same bottle should not be used for two feedings. Bottles should be prepared with just enough milk for a single feeding. Always rinse the nipple inside and out with running water if it is set aside for a few minutes. This will prevent the baby from developing THRUSH.

MountainHeart Community Services
Early Head Start
Infant Formula Procedure

Staff must wash hands thoroughly prior to preparation of formula.

Check formula log to determine which formula to prepare for infant.

Select clean bottles to use and prepare formula as indicated on side of can. If preparing powdered formula, drinking water or distilled water is to be used.

If "Ready to Feed" formula is used and the formula has been refrigerated, then warming should be done by placing bottle in a cup of warm water until correct temperature is obtained. **Remember, a baby's mouth and skin is very sensitive. Milk that feels warm to you will probably be too hot for the infant.**

"Ready to Feed" formulas, once opened, should be stored in a plastic container, labeled and stored in the refrigerator for up to 48 hours. After 48 hours, the remaining formula must be discarded.

At **no time** is the bottle to be warmed in the **microwave**. Serious burns may occur because of **"hot spots"** in the bottle. Also, using a microwave oven to warm milk can change the composition of the milk.

When a child is given a feeding of formula and the entire amount is not consumed, the bottle may be covered with a bottle cap and left at room temperature for up to 1 hour from the beginning of the feeding and then discarded.

PLEASE NOTE: The same bottle should not be used for two feedings. Bottles should be prepared with just enough milk for a single feeding.

MountainHeart Community Services
Early Head Start
Mealtime for Infants and Toddlers

The Single most effective way to prevent the spread of illness in child care is **HANDWASHING!!!**

Before and after eating, and before and after handling food (especially raw meat), care-givers must scrub their hands with soap and water for at least ten seconds and rinse well under running water. Hands should be dried with a paper towel, which should then be used to turn off the faucet. Lotion should be applied to the hands to keep them soft and free of cracks where bacteria could get in.

For comfort and security, young infants should be held on the lap for feeding until they can sit up well on their own. Chairs should fit so that the child's feet can be flat on the floor, and the table should not be too high or too low.

By sitting and eating with the children, the care-giver provides a secure environment, a calming influence, encourages pleasant mealtime conversation, and models eating and social skills.

MountainHeart Community Services
Early Head Start
Breast Pump Disinfecting Procedure
Prenatal Division

Upon return of a breast pump by a prenatal client, the Prenatal Home Visitor or the Prenatal & Health Specialist will either use the **CaviCide** or **bleach mixture** (1/4 cup bleach to 1 gallon of water) to thoroughly clean the breast pump.

After thoroughly washing the unit as stated above, the unit will be allowed to **air-dry**.

After the unit is thoroughly dried, then it shall be packaged in the self-contained case for storage.

Documentation of the return and disinfecting of the breast pump will be made on the proper form and kept in the cabinet where the unit is stored.

At no time are the personal breast pump **kits** to be given to another person. These are to be used by only one person and are not recyclable.

MountainHeart Community Services
Head Start/Early Head Start
Spills Procedure

The following information is to be used in the cleaning of a spill, splashes of blood, or body fluids for all divisions within MountainHeart Community Services:

Surfaces and equipment contaminated with spills, splashes of blood, or body fluids must be cleaned immediately or as soon as practical.

Gloves must be worn when cleaning up spills, splashes of blood, or body fluids. Other protective equipment may be necessary if blood or body fluids is likely to be splashed into the eyes, nose, or mouth (i.e. gowns, masks, or goggles). Shoe coverings may be necessary if there is a massive amount of blood contamination on the floor or surfaces.

Wipe up spills, splashes of blood, or body fluids first with paper towels. Discard towels in the appropriate container. Feces and urine can be discarded with regular trash, but you must double bag the trash before discarding. If towel is completely blood soaked, it must be discarded in the regulated trash marked contaminated. If not blood soaked, it may be discarded in the regular trash, only double bag.

After cleaning up the blood or body fluid, wash the spill or splash with a water and detergent solution and then rinse with a freshly made solution of household bleach and water **(1 part bleach to 10 parts water) or (1/4 cup of bleach to 1 gallon of water).** Chemical germicides that are approved as "disinfectants" and tuberculodial when used at recommended dilutions may be used to decontaminate.

Discard items contaminated with blood or body fluids according to OSHA guidelines: Blood soaked items in container marked **"Contaminated"** or **"Biohazard."** This is not be discarded with the regular trash. You must notify the appropriate agency for removal of this type of trash (Biohazard Control).

Other items may be disposed of in regular trash (double bag).

Remember to wash your hands after you clean and discard your used gloves in the trash.

When in doubt, contact your immediate supervisor, director, or person in charge of safety issues within the agency.

Head Start staff who have had Bloodborne Pathogen training are the only ones allowed to clean up and disinfect after a spill of this kind in the Head Start center and on buses used to transport children.

MountainHeart Community Services
Head Start/ Early Head Start
Liquid Waste Procedure

Milk:

1. Use a bucket to catch the liquid waste.
2. A strainer should be inserted into the bucket to catch any silverware that may be poured into the bucket by accident.
3. Before emptying the bucket of milk into the sink, remove the strainer, the cereal/food waste should be placed in the trash.
4. Wash and sterilize the bucket and strainer immediately after usage.

Grease:

1. Use a bucket to store grease waste.
2. Place a plastic bag in the bucket before pouring grease/oil into the bucket (grease/oil should be cold before putting into bucket.)
3. At the end of the day remove the bag of grease/oil waste, after securing the bag so the grease/oil waste will not leak out, and place it in the trash can.
4. The bucket should be washed and sterilized after each use.

**Each step of the procedure should be followed
**Food waste must go in the garbage (no fool is to be poured into the commode)
**At no time should grease/oil be poured in any drain.

MountainHeart Community Services, Inc.
Head Start/Early Head Start Monitoring Instrument
Health and Safety Checklist
Center Observation

Date:_____Center:_____

*** (The areas marked with an asterisk apply only to the Early Head Start Centers)***

General Indoor Areas

_____Floors are smooth and have non-skid surfaces. Rugs are skid proof.
_____Doors to places that children can enter, such as bathrooms, can be easily opened from the outside by a child or an adult. Bathroom doors do not lock.
_____Windows cannot be opened more than 6 inches from the bottom.
_____Walls and ceilings have no peeling paint and/or no cracked, falling plaster.
_____The childcare center is free of toxic or lead paint and of crumbly asbestos.
_____Safety covers are on all electrical outlets.
_____Electrical cords are out of children's reach. Electrical cords are placed away from doorways and traffic areas.
_____Nobody smokes or has lighted cigarettes, matches, or lighters around children.
_____Tap water is **120 degrees Fahrenheit or lower.**
_____Trash is covered at all times and is stored away from heaters or other heat sources.
_____Drawers are closed to prevent tripping or bumps.
_____Sharp furniture edges are cushioned with cotton and masking tape or with commercial corner guards.
_____Emergency lighting works.
_____Regular lighting is bright enough for good visibility in each classroom.
_____Enough staff members are always present to exit with children safely and quickly in an emergency.
_____All adults can easily view all areas used by children.
_____All adult handbags are stored out of children's reach. (In a locked area.)
_____All poisonous and other dangerous items are stored in a locked cabinet out of children's reach. This includes cleansers, etc.

Toys and Equipment

_____Toys and play equipment have no sharp edges or points, small parts, pinch points, chipped paint, splinters, or loose nuts or bolts.
_____Toys are put away when not in use.
_____Toys that are mouthed are washed after each use.
_____Children are not permitted to play with any type of plastic bag, balloon, or latex/ vinyl gloves.
_____Toys that are too large to completely fit into a child's mouth and have no small, detachable parts to cause choking. No coins, safety pins, or marbles for children under 4 years of age.

_____Infants and toddlers are not permitted to eat small objects of foods that may easily cause choking, such as hot dogs, hard candy, seeds, nuts, popcorn, and uncut round foods that may easily cause choking, such as whole grapes and olives.
_____Shooting or projectile toys are not permitted.

Pinch, Crush, and Shearing Points
(To be completed by Transportation/Facilities Specialist)
_____All spaces are too big or too small to entrap a child's finger.
_____All wooden parts are smooth and without splinters.
_____All corners are rounded, especially at exit ends and along slide bed.
_____Exposed ends of tubing have caps that cannot be removed without tools.

Sand Areas
(To be completed by Transportation/Facilities Specialist)
_____Sand-digging areas are in the shade.
_____Sand-digging areas are contained by smooth frames.
_____Sand is covered when not in use to prevent infectious disease and injury risk when animals and insects get into it.

Emergency Preparedness
_____All caregivers have roles and responsibilities in case of fires, injury, or other disasters
_____One or more caregivers are certified in First Aid and CPR.
_____All first aid kits have required supplies. The kits are stored where the caregivers can easily reach them in an emergency. The Fanny Pack (first aid travel kit) is available and positioned so staff can get it on the way out of door in case of an emergency and to use for outside play and field trips, etc. First aid kits are restocked routinely.
_____Each room and hallway has a fire escape route clearly posted.
_____Emergency procedures and telephone numbers are posted near the phone and can be easily taken along in case of an emergency evacuation.
_____Emergency procedures include the following:
_____How to phone emergency medical services (911).
_____Transportation to an emergency facility.
_____Notification of parents.
_____Where to meet if the childcare setting is evacuated.
_____Plans for a staff member to care for the children while a a caregiver stays with injured children. (This includes escorting children to emergency medical care.)
_____All exits are clearly marked and free of clutter.
_____Doors and gates all open out for easy exit.
_____Children are taught to report if they or anyone else is hurt.
_____Children are taught the words **"Stop" and "No."** Caregivers avoid using those words unless there is danger.
_____Children are taught how to **phone 911 (EMS),** if applicable.
_____Children are taught to **STOP, DROP, and ROLL,** in case their clothes catch fire.
_____Children are taught to point out any matches they find to an adult.

Surfacing

(To be completed by Transportation/Facilities Specialist)

_____Measure the highest point that a child can climb to (critical height). For swings, the critical height is measured from the pivot point where the swing is suspended down to the ground. For elevated structures with guardrails, the critical height is measured from the top of the guardrail down to the ground. The highest accessible part for platforms with protective barriers is the deck. For all other structures, the critical height is measured from the highest point of the structure down to the ground.

_____Surfaces underneath indoor and outdoor play equipment that children can climb are covered with impact-absorbing material, according to Head Start Performance Standards recommendations for critical height.

_____The following surfacing materials are not in use underneath indoor play equipment that children can climb: asphalt, concrete, soil or hard-packed dirt, turf, linoleum, or carpeting.

_____The dirt in the play area has been found free of toxic materials, including lead.

_____There are no toys or objects (including surfacing materials) with diameter of less than 1 1/4 inch accessible to children who are still placing objects in their mouths.

Protrusion and Entanglement

_____All metal edges are rolled.

_____There are no equipment pieces that could catch clothing. There are no strings or loose items on children's clothing or around children's necks that could get caught on play equipment.

_____Any exposed bolts do not protrude more than 2 threads beyond the face of the nut; exposed bolts have no burrs or sharp edges.

_____There are no S hooks.

_____There are no openings in any piece of active play equipment between 3 1/2 and 9 inches that could cause head entrapment.

Equipment Spacing

(To be completed by Transportation/Facilities Specialist)

_____There are at least 6 feet of use on all sides of each piece of equipment.

_____Play equipment pieces are spaced at least 12 feet apart from each other (each has its own 6 foot use space.

_____Traffic patterns are designed to prevent children from bumping into each other.

Trip Hazards

_____All anchoring devices, such as footings and bars at the bottom of climbers, are below the playing surface.

_____There are no exposed tree/plant roots.

_____Changes in elevation are made obvious by the use of brightly colored visual or other barriers.

_____Sleeping surfaces are firm.*

_____Cribs, playpens, and highchairs are away from drapery cords and electrical cords.*

_____Cribs and highchairs are used according to manufacturer's recommendations for age and weight. Cribs have no corner posts.*

_____Toys are not hung across cribs of infants who can sit up.*
_____Rattles, pacifiers, or other objects are never hung around an infant's neck.*
_____Infant walkers are not used.*

Bathrooms

_____Stable step stools are available where needed.
_____Electrical outlets have safety covers.
_____Cleaning products and disinfectants are locked in a cabinet out of children's reach.
_____Toilet paper is located where children can reach it without having to get up from the toilet.
_____If potty chairs are used, they are to be cleaned with bleach solution **(1/4 cup bleach to 1 gallon water).***
_____Potty chairs are not used in the food preparation or dining areas, and potty chairs cannot be reached by children when they are not in use.*
_____There are enough toilets so that children do not have to stand in line to use the toilet.
_____Caregivers and children always wash their hands after toileting and diaper change.
_____The changing of diapers or soiled underwear is done in a special area away from food and play.
_____The diapering or changing table has rails to keep the child from rolling off.*
_____Trash cans for diapers, tissues, and other materials that come in contact with body fluids can be opened with a step pedal and are lined with a plastic bag emptied daily, and kept clean.
_____Paper towels and liquid soap are readily available at the sink.
_____Thermometers are used to check that water temperature are **120 degrees F. or below.**
_____Children are never left alone on a changing table, bed, or any other elevated surface.*
_____Children are never left unsupervised in or near water.

Active Play Areas, Including Playgrounds
(To be completed by Transportation/Facilities Specialist)

_____The play area offers a wide range of parallel and interactive activities.
_____Water for drinking and first aid is available near the play area.
_____A well stocked first aid kit is accessible to all caregivers during outdoor play.

Walkways and Exits

_____Handrails are securely mounted.
_____Doorways to unsupervised or unsafe areas are closed and locked unless the doors are used for emergency exits.
_____Emergency exit doors have easy-open latches.
_____Safety glass is used in all areas of potential impact.
_____Caregivers can easily monitor all entrances and exits to keep out strangers.
_____Floors are clear of objects that can cause a fall.

Kitchen, Food Preparation, and Storage Areas

_____Caregivers always wash hands before handling food.
_____Caregivers always wash children's hands before mealtimes.
_____Trash is always stored away from food preparation and storage areas.
_____Refrigerator temperature is monitored by thermometer and is kept **at or below 40 degrees Fahrenheit.**
_____Hot foods are kept at **140 degrees F. or higher until ready to be eaten.**
_____Pest strips are not used.
_____Cleaners and other poisonous products are stored in their original containers, away from food and out of children's reach.
_____Nonperishable food is kept in labeled, insect-resistant metal or plastic containers with tight lids.
_____Refrigerated medicines are kept in a locked container and placed out of children's reach.
_____Food preparation surfaces are clean and are free of cracks and chips.
_____Eating utensils are clean, free of cracks, chips and lead.
_____Pot handles are always turned towards the back of the counter to prevent children from pulling them off.
_____An ABC-type fire extinguisher is securely mounted to the wall near the stove or in the kitchen area.
_____All caregivers know how to use the fire extinguisher correctly and have seen a demonstration by members of the fire department or trained personnel.
_____A sanitarian has inspected food preparation and service equipment and procedures within the past year.
_____Children are taught the meaning of **"Hot."**
_____Trash is stored away from the furnace, stove, and hot water heater.
_____Caregivers do not prepare food while holding a child.

MountainHeart Community Services
Head Start/ Early Head Start
Ongoing Monitoring Plan

HEALTH STATUS TRACKING: The health status of all children will be reviewed by the health specialist upon child's entrance into the program. Health information received is filled in the health section of the child's master file. Any additional information will be obtained through the referral process at the time of this record review to ensure quality health and safety services for each child enrolled. A tracking instrument will be used to follow health progress on each child, along with the use of computer tracking using the available instrument (FACS PRO). This review of children's files will be preformed within the first 30 days of enrollment. This includes immunization status, and heights and weights on all children enrolled.

All information will be shared with the teaching staff during regular team meetings three or four times a year and on an as needed basis when concerns arise. The health specialist and teaching staff will share all information with the parent/guardian though the use of notices and or phone calls or face to face communication as the need arises. All information obtained will be documented appropriately and kept in the child's file taking measures to protect confidentiality by keeping file in appropriate area that only designated personnel has access to.

All physicals and dental will be monitored with the appropriate tools, using the written tracking instrument, computer files (FACS PRO), and the participant's hard files located at the central office. Physicals and dentals will be done within 90 days of enrollment into the program.

VISION AND HEARING TRACKING AND SCREENING: For the Preschool/Head Start (children 3-5 years), vision and hearing screenings will be obtained within 45 days of child's enrollment into the program. Parents will be notified within 10 days prior to the screenings and a written result will be sent to the parent within 10 working days of obtaining screening. The screening instruments to be used will be the Titmus Pediatric Screener for vision and the Earscan for hearing screenings, also the Pediatric Vision chart will be used for children unable of follow direction with the Titmus screener. Documentation for ongoing monitoring purposes will follow using written tracking instruments, and computer tracking. All results will be discussed through the regular team meetings scheduled to assure that appropriate referrals are made for children with identified concerns.

The Early Head Start program (children birth to three), vision and hearing screening exams will be done within 45 days of enrollment into the program using the instruments provided, this includes any visual assessments, by observing the child for possible concerns, and by using the Welch/Alan pediatric screener for vision, and the Eroscan screener for hearing, and the Otitis Media screener. Tracking of results will be done by using the appropriate written tracking system, and computer tracking. On-going monitoring will continue with teaching staff during regular team meetings scheduled to discuss any concerns identified with hearing and vision. Referral to appropriate agencies to assist parents with follow up for concerns will be provided and monitoring of such referrals will include written tracking, and computer tracking.

On-going monitoring will also include any concerns that arise during the course of the program year identified either by parents/guardians or teaching staff. This monitoring may include re-screening or assisting parent with referrals to appropriate medical professionals for further testing.

ON SITE OBSERVATIONS IN CENTERS FOR HEALTH AND SAFETY CONCERNS:

Using the Health and Safety Checklist, these observations will be conducted 3 times per year. The first one will be done by the center staff at the beginning of the school year. Issues regarding Health and Safety concerns, inside the classroom and on the playground will be observed for needed re-pains or replacement. This information will be given to the Health Specialist's who will then review and provide copies to the management team in order to get concerns corrected as soon as possible. The facilities coordinator will then provide the corrected information to the management team with a list of items corrected and issues of concerns that need outside assistance for repair. By December of the program year, the Health Specialist's will conduct another onsite observation to monitor all concerns addressed. During April, the Health Specialist's will conduct a final on site observation to address any needs that need attention during the summer months.

FIRST ADIS SUPPLEIS FOR CLASSROOMS AND BUSES;

All teaching staff will be supplied with a check off form to monitor first aid boxes on a monthly basis, including buses, Head Start and Early Head Start. These forms will be sent to the Health Specialist's and items will be replaced appropriately.

MONITOR CPR/FIRST AID CERTIFICATION FOR ALL HEAD START STAFF:

Certification will be monitored thorough computer files, personnel files, and the Health and Safety Specialist and other staff certified to be instructors will keep all CPR/First Aid training's in a separate file. All staff needing training will be scheduled on an ongoing basis as their certification expires.

MONITOR ALL HEPATITIS B VACCINATIONS AND TITER RESULTS ON ALL MHCS STAFF:

All staff requesting Hepatitis B Vaccinations and a Titer blood test , according to the exposure control plan for the agency will be monitored by the Health and Safety Specialist. All persons who receive these Vaccinations will be required to take an as approved form from this agency to be filled out by the Health Department each time they receive one of the three vaccines. This form will be used to monitor Titer blood test also. This information will be kept by the Health and Safety Specialist in a separate file in the office, and also in the employee's personnel file kept by the Fiscal Department.

MONITORING USDA REPORTS AND NUTRITION STATUS ON HEAD START CHILDREN:

Monitoring Nutrition reports will include the appropriate forms supplied on a daily basis at every meal. Nutrition monitoring includes making sure that all children are participating in meals by doing meal counts, and nay staff or volunteer is included. This will be conducted by the cooks and driver/nutrition aid on the proper CACFP forms.

The production worksheet is completed by the cook or person preparing the meal at every meal, this ensures that approve menu's are being followed to ensure adequate nutrition for the children.

Special Dietary Needs/Physicians Medial Statement forms will be used to monitor children with allergies or special dietary needs. This form is provided by the CACFP. These are completed during the enrollment process, and shared with appropriate staff, to ensure these special needs are met. Information regarding special dietary needs will be kept on file bye the teaching staff and information will be posted 8in the kitchen for cook's to refer to at a glance.(Taking care to provide confidentiality)

Nutrition monthly reports will be provided to the Nutrition Specialist at the beginning of each month to be review and monitored accordingly. Meal Count Production Records are the forwarded to the Fiscal Department for reimbursement purposes. The Nutrition Specialist keep a separate file in her office for monitoring purposes.

Approval by Policy Council & Approval by Health & Social Advisory please put sticker on this page.