

Tri-County Community Council, Inc.
Head Start/Early Head Start

Section: Child Health and Safety P.S. 1304.22

Subject: Ongoing Health Care

POLICY:

Head Start/Early Head Start will determine if each child has an ongoing source of health care.

PROCEDURE:

1. Identify the name of the physician of the child.
2. Identify the name of the dentist of the child.
3. Identify the name of the insurance company of the child.
4. If no physician, dentist, Medicaid, or insurance is identified, the Head Start/Early Head Start staff will assist the parents through phone calls, filling out forms, and computer assistance for available providers.
5. If the parent has no phone, the Head Start/Early Head Start center phone number can be a contact for the provider information.
6. Home-based families that do not have a phone may use the Home visitors phone to make medical appointments and can have the number be a medical contact number only.

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Subject: Outdoor Prevention

POLICY:

All Children will be dressed appropriately according to the weather when going outdoors and will be protected from insect-borne disease.

PROCEDURE:

1. All children will be dressed appropriately according to the weather.
2. If weather is at 90 degrees or above, outside time can be reduced.
3. If weather is at 40 degrees or below, outside time can be reduced.
4. If the temperature falls below 30 degrees the Health Services Coordinator will make a determination to allow outside activities. Health Services Coordinator will contact centers via telephone on the decisions (as needed).
5. Health Services Coordinator will work together with the local Health Departments to ensure knowledge of any insect-borne activity.
6. Children will be monitored at all times for heat or cold protection.
7. If the wind chill factor is 30 degrees or below outside activities must be brought inside to encourage physical activity. Examples: bouncy balls, sack race, parachute, and freeze dancing.

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Section: **Child Health and Safety** P.S. 1304.22(a)(2)

Subject: **Permission to Obtain Emergency Medical Care**

POLICY:

Every child will have a medical emergency consent form filled out yearly.

PROCEDURE:

1. An “Authorization to Consent to Medical Treatment for a Minor Child” Department of Children and Families form will be filled out by the parent/guardian at the beginning of each program year with the following information:
 - a. Parent/guardian's name
 - b. Address of parent/guardian
 - c. Child's name
 - d. Birthday
 - e. Head Start/Early Head Start Center
 - f. Doctor's name
 - g. Child's allergies
 - h. Medication child is taking
 - i. Insurance Company
 - j. Insurance number

2. The form will then be checked by the Family Service Worker, Home visitor or Center Coordinator and notarized.

3. The form will be placed in the child's folder.

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Section: Children Health and Safety P.S 1304.22

Subject: Picking up children at Head Start/ Early Head Start

POLICY:

Head Start/ Early Head Start will adhere to the state of Florida child care standards that state that children shall not be released to any person other than their parents or legal guardians or a person authorized in writing by the custodial parent or legal guardian.

PROCEDURE:

1. Any person picking up a child from Head Start/ Early Head Start facility must be on the pick-up list.
2. In the event the person attempting to remove a child is unfamiliar to staff members, the staff member must request to see the picture I.D. of the individual, and the name on the I.D. should be on the pick-up list. If the name is not on the pick-up list, the child will not be released.
3. The parent/guardian must make the request in person and in writing that an individual that is not on the pick-up list has permission to remove a child from the center, staff must request picture I.D. and make a copy to be placed in the family file along with a note signed by the parent.
4. In case of an emergency and the parent/guardian cannot pick up child and no prior arrangement has been made center staff will contact the adults on the child's emergency contact list.

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Section: Child Health and Safety P.S. 1304.22

Subject: Preventative and Primary Health Care

POLICY:

Every Head Start/Early Head Start child will be up to date on a schedule of age appropriate preventative and primary health care.

PROCEDURE:

1. Head Start/Early Head Start will incorporate the requirements utilized by the well child exam.
2. Head Start/Early Head Start will require the latest immunization recommendations issued by the Center for Disease Control and Prevention.
3. Head Start/Early Head Start will follow the local Health Services Advisory Committee recommendations based on the community health problems.
4. Head Start/Early Head Start will assist parents in making arrangements to bring the child up to date on the schedule provided.
5. Head Start/Early Head Start will continue to follow the recommended schedule after the child has been brought up to date.
6. Head Start/Early Head Start will track the provision of health care services.
7. Head Start/Early Head Start will arrange testing, examination, and treatment for each child with an observable, known, or suspected health or developmental problem.
8. Head Start/Early Head Start will develop and implement a follow-up plan for any identified condition so that any needed treatment can begin.

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Section: Child Health and Safety P.S. 1304.22 (a) (1)

Subject: Reporting Accidents

POLICY: () Delete

An accident report form will be filled out every time a child has an accident (gets a scratch, scrape, bump, or bite) while in the care of Head Start/Early Head Start personnel.

PROCEDURE:

1. Emergency telephone numbers, including ambulance fire, police, poison control center, Florida Abuse Hotline, the county public health unit, and the facility's address and directions to the facility, including major intersections and local landmarks. This must be posted on or near all facility telephones, and shall be used to protect the health, safety and well-being of any child in care.
2. Head Start/Early Head Start staff will report all accidents/incidents to their immediate supervisors immediately.
3. The staff member witnessing the accident/incident will fill out the Children and Families accident/incident report at the time of the accident with the following information and give to their supervisor for signature:
 - a. Child's name
 - b. Date and time of accident/incident
 - c. Type of accident/incident
 - d. Name of Head Start/Early Head Start center
 - e. Parent/guardian signature
 - f. A brief report of accident/incident.
4. If the accident requires medical attention, the supervisor will report the accident/incident to the Human Resource Manager and Head Start/Early Head Start Director.
5. Telephone parent/guardian to inform them of the accident/incident.
6. The parent/guardian will sign the accident/incident report on the day that accident/incident occurs.
7. If the parent/guardian does not pick up the child then the person picking up the child will sign and a copy will be given so the person can give the parent/guardian a copy.
8. Form will be filed accordingly in the child's folder.
9. Accident/Incident will be reported to the Director via weekly Director's report submitted by the Center Coordinator.

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Section: Child Health and Safety P.S. 1304.22

Subject: Seizures

POLICY:

Head Start/Early Head Start will maintain a safe environment for all enrolled children.

PROCEDURE:

1. Do not restrain the child's movements any more than is necessary to protect him/her from hurting himself/herself.
2. Loosen clothing.
3. Keep the child away from sharp or hot objects.
4. Do not force the child's mouth open.
5. Do not force anything between the teeth.
6. Turn the child on his/her side so that the saliva can flow out of the mouth.
7. Treat the occurrence matter-of-factly, and explain to the other children that there is no danger, that the seizure will be over in a few minutes.
8. After the seizure stops and the child is relaxed, let him/her sleep or rest for a few minutes.
9. Notify the parent/guardian that a seizure has taken place and let them contact their local doctor if needed.
10. In describing the seizure to the parent/guardian, doctor, or supervisory personnel, be as accurate as possible.
11. Use this opportunity to help the other children understand the nature of the classmate's illness.
12. Fill out Accident/Incident report (with all appropriate signatures) and file in child's folder.

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Section: **Child Health and Safety** P.S 1304.22 (b) (1)

Subject: **Short Term Exclusion from Head Start**

POLICY:

Tri-County Community Council, Inc. Head Start/ Early Head Start does not exclude any child from the program based on his or her health care needs. However, the program may temporarily exclude a child if attending the program puts the child, other children in the program, or the staff at risk. These exclusions include short-term injuries or short-term contagious diseases required by Florida Statute to the local Department of Health.

PROCEDURE:

1. The following illnesses will require exclusion from the program:
 - a. Fever: Temperature of 101 or higher. Tri-County Community Council, Inc. Head Start/Early Head Start program uses digital ear thermometers to check temperatures. If a child has a fever of 101 or above, the child will be sent home until the temperature has been normal for 24 hours.
 - b. Signs of possible severe illness: These include, but are not limited to lethargy, irritability, persistent crying, or difficulty breathing. Parents will be notified to pick up the child. The child cannot return to the center until he or she is seen by a physician and gets a slip stating the child can return
 - c. Uncontrollable diarrhea: Increased number of stools compared to what is normal for the child, with liquid consistency. Parents will be notified to pick up the child and the child cannot return until the diarrhea has stopped.
 - d. Vomiting: If the child has vomited two or more times in a 24 hour period, the parent will be notified to pick up the child and the child cannot return until he or she has not vomited in the previous 24 hours.
 - e. Mouth sores: The child will be picked up by the parent unless the child's physician or health department has sent a note stating that the child is not contagious.
 - f. Rash: If the child has a rash and has a fever or change in the child's behavior, the parent will be notified to pick up the child. The child cannot return until the physician or health department states it is all right for the child to attend.
 - g. Rubella: The child will immediately be sent home from the program and cannot return until 7 days after the rash appears or the health department confirms the child is no longer infectious. (Child must be free of fever for at least 24 hours.)

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h. Purulent conjunctivitis (pink eye): Defined as pink or red conjunctivitis with white or yellow discharge, often matted eyelids after sleep. Child may not return to the program until cleared by the physician or health department.

i. Infestation (scabies, head lice, etc.): The child must be treated with a recognized lice treatment, available at most drug and discount stores and the health department. The child cannot return until after treatment and the child must be bug free at the time of return.

j. Open sores that are draining: The child will be sent home and cannot return until 24 hours after treatment is initiated.

k. Sore throat accompanied by fever: The child will be sent home and the child cannot return until 24 hours after treatment begins and child's temperature is normal for 24 hours.

l. Persistent anal itching: Child will be sent home from the program and will not be allowed to return until the health department, or physician assesses the child and determines when the child can return.

m. Ringworm: (tinea capita, tinea, corporia, tinea curis, and tines pedis): The child will be sent home from the program and cannot return until they have received treatment for at least 24 hours. Scalp ringworm involves treatment with oral medications and may take two to five days to become non-contagious. Both types of ringworm require a medical release from a physician before the child will be allowed to return to Head Start.

n. Varicella (chickenpox): Child will be sent home at the onset of the rash or fever and will not be allowed to return until 6 days after the onset of the rash or until all lesions have dried up.

o. Pertussis (whooping cough): Either lab confirmed or suspected based on symptoms. Child will be sent home and cannot return to the program until 5 days after he or she has completed the appropriate antibiotic therapy or until the health department or physician provides a written statement that it is safe for the child to return.

p. Mumps: The child will be sent home at the onset of fever and will not be allowed to return to the program until 9 days after the onset of swelling.

q. Measles: The child will be sent home at the onset of the fever and cannot return to Head Start until the fifth day after the rash appears or until the physician or health department sends a written report releasing the child.

2. If for any reason a child is excluded from other children the Documentation of temporary exclusion form must be completed.

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*Documentation of temporary exclusion form will be filled out and filed in child's family file under "Health".

Documentation of Temporary Exclusion

Child's Name

Date

Time exclusion began: _____ a.m. /p.m.

Time of exclusion ended: _____ a.m. /p.m.

Place of exclusion:

Reason of exclusion:

Results of exclusion:

Child returned to class ____

Child went home ____

Attending Staff

Date

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Section: Child Health and Safety P.S. 1304.22

Subject: Supervision of Children

POLICY:

In compliance with Head Start/ Early Head Start, all children must be under the direct supervision of 2 Head Start/ Early Head Start Staff or 1 Head Start/Early Head Start staff and a volunteer, indoors and outdoors, at all times during Head Start/ Early Head Start's hours of operation.

PROCEDURE:

1. At all times there will be (2) Head Start/ Early Head Start Staff or 1 Head Start/Early Head Start staff and a volunteer supervising children.
2. Staff and volunteers will place themselves strategically around the classroom and playground so that all children can be observed and direct supervision can be provided. Volunteers may be counted as a ratio only on the playground.. The majority of the ratio must be a paid staff member.
3. Volunteers that are being counted as ratio for any amount of time will be background screened, familiarized with age appropriate development, Child Abuse and Neglect, Code of Ethics, Confidentiality and will need to be familiar with the children and be knowledgeable of the Periodic Roll Roster Policy to ensure children's safety is recognized.
4. Staff/Volunteers will at no time leave a child unattended for any amount of time.
5. Staff will monitor children using the bathroom.
6. Staff/Volunteers will do a roll call using the roll call form at 9:00a.m., 10:00a.m., 10:45a.m., 11:30a.m., and 1:25p.m. If for any reason you do not leave the room, for example it is raining, mark through the time and document on the form the reason or if you transition at a time other than what is on the list, for instance if you leave the cafeteria early cross through and write in time.
 - A. Using the roll call form created, one teacher in the class will call the child's name, once the child is visually identified both staff members will simultaneously place a **check mark** for the present child or an **A** for the absent child.
 - B. Once roll has been completed staff will write in total children present and initial.
 - C. Kitchen staff will conduct the 8:30a.m., 11:00a.m., and the 1:30 p.m. roll calls in conjunction with the USDA meal count. Each child's name will be called out and

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the child will be visually identified before being marked present or absent on the USDA roster.

7. Any staff member designated to a classroom as a floater or volunteer will carry a class roster on their person to assist in accounting for children at all times. When relieved for any reason whoever relieves you, must be given your roster and then returned back to you once you return. example: break

8. If a therapist or Head Start/Early Head Start staff member removes the child from the classroom they must sign the child in/out on the sign in/out form and staff must document on their roll roster why the child is out, i.e. speech, Elks or Battelle.

9. Completed Periodic Roll rosters must be filed and kept in the Center Coordinator's office for monitoring access.

* This is a policy that if not followed could be grounds for disciplinary action to the staff member. Disciplinary action to the staff will be determined by the severity.

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Section: Child Health and Safety P.S 1304.22(a) (1)

Subject: Tornado Drill

POLICY:

It is the policy of Tri-County Community Council, Inc. Head Start/ Early Head Start that all staff and children in the program will know what to do in case of a tornado emergency at any of the Head Start/ Early Head Start centers or at the home of a home based family. Drills will be performed in the months of September and January. Home based drills will be performed within 30 calendar days of entry into the program and in January.

PROCEDURE:

1. Drills will be performed in the months of September and January by the Head Start/ Early Head Start. All center staff and children at each center will participate in the tornado drills. Home visitors will assist home based families with an individual plan for their homes. Documentation will be filed in the child's family file by the home visitor.
2. The Center Coordinator or Health Services Coordinator will provide staff with training on appropriate measures to take in the event a tornado warning is issued prior to the drill.
3. Staff will provide all children with training on appropriate measures to take in the event a tornado warning is issued.
4. The center coordinator will designate a staff member to initiate the drill using one of the following categories:
Tornado Watch
Tornado Warning
Tornado Strike
5. The designated staff member will document the drill, focusing on how long it took staff to complete the drill and what measures need improvement to ensure the safety of children and staff.
6. Documentation of the drill will be kept in the classrooms and the Center Coordinator's office or the home based family file.

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Section: **Child Health and Safety** P.S. 1304.22(d)(1)

Subject: **Tricycles**

POLICY:

Tricycles will be available for children during outside play on a daily basis.

PROCEDURE:

1. Children will have free choice when outside and can choose to ride the tricycles.
2. Children are encouraged to take turns when others want to ride the tricycles.
3. Children will not be allowed to ride tricycles into other children and/or other tricycles.
4. Children will be required to wear a helmet properly when riding a tricycle, bicycle, or wagon

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Section: Child Health and Safety P.S. 1304.22 (a) (5)

Subject: When Protective Services removes a child from the Head Start/Early Head Start Center

Policy:

Head Start/Early Head Start will cooperate with child protective services to ensure the safety and well-being of the child.

Procedure:

1. Upon arrival at center, the Protective Services worker will be asked to sign in on the visitor's sheet.
2. The Center Coordinator or Family Service Worker will obtain identifying information from the child protection worker to include: Name: (correct spelling) Contact Number and office location. Supervisor's Name and contact number.
3. If the Protective Services Worker states that he/she will be removing the child from the center, he/she must sign the child out on Removal of Child Form.
4. Center Staff should collect the child's backpack and personal items and send them with the investigator.
5. Center Staff should pass on information about when the child last ate, any known allergies, medication, special needs, likes and dislikes or medical needs to the person removing the child.
6. The date, time, agency contact name as well as any pertinent information released on the child should be documented on the Removal of Child Form.
7. The investigating officers from Law Enforcement or Department of Children and Families may have access to the information in the family file. They must sign and date the confidentiality form in the front of the family file.