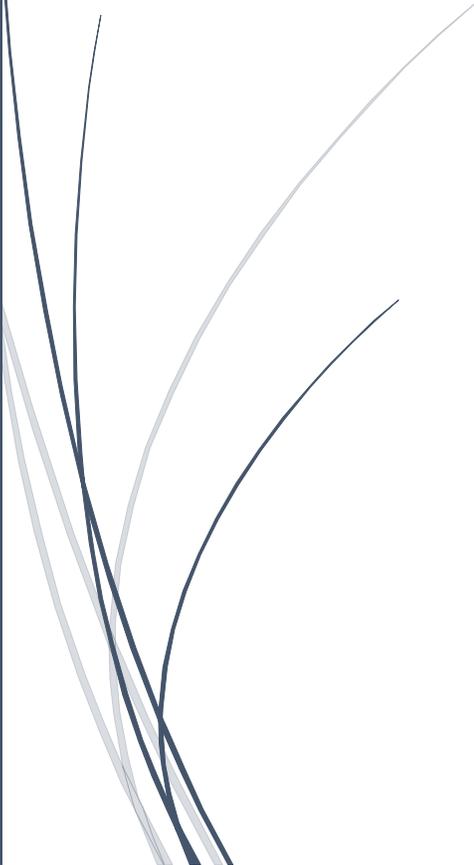


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Lowndes County BOE Head Start

Policies and Procedures Manual

~HEALTH PROGRAM SERVICES~





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Part 1302: Program Operations
Subpart D Health Program Services
Section: 1302.40
Subject: **Purpose.**
Date Approved PC: **January 12, 2022**
Date Approved BD: **January 13, 2022**

Policy:

A program must provide high-quality health, oral health, mental health, and nutrition services that are developmentally, culturally, and linguistically appropriate and that will support each child's growth and school readiness. (b) A program must establish and maintain a Health Services Advisory Committee that includes Head Start parents, professionals, and other volunteers from the community

Procedure:

1. Through a collaboration with families, Family and Community partnership staff, and health professional, all child health and developmental concerns are identified at enrollment. Families are linked to an ongoing source of continuous, accessible care to meet their basic health care needs. The Health/ Mental Health Coordinator (HMHC) will support healthy physical development by encouraging practices that prevent illness or injury by providing health prevention information to children, families, and staff. The HMHC will also ensure the maintenance of healthy and safe environments.
2. The HMHC in collaboration with Administrative staff will establish and maintain a Health Services Advisory Committee. Head Start parents, community partners, health care and other professionals will be recruited to participate, provide support and advice, and related information to the Head Start program. The Health Services Advisory Committee will meet at least twice a year.
 - a) The Health Services Advisory Committee meets as an entire body at least twice a year.
 - b) The purpose of the Health Services Advisory Committee includes helping the program stay abreast of current community health needs and recommending necessary interventions for children and families.



Part 1302: Program Operations
Subpart D Health Program Services
Section: 1302.41
Subject: Collaboration and communication with parents.
Date Approved PC: **January 12, 2022**
Date Approved BD: **January 13, 2022**

Policy:

For all activities described in 1302.40-1302.47, the program must collaborate with parents as partners in the health and well-being of their children in a linguistically and culturally appropriate manner. The program must also, communicate with parents about their child's health needs and developmental concerns in a timely and effective manner.

Procedure:

During enrollment the Family Advocate Practitioner (FAP):

1. Will provide individual opportunities for the parent/guardian to discuss the health needs of their child/children.
2. Will communicate the process of providing emergency care with the parent and obtain written authorization from the parent/guardian. (1302.41)(b)(2)
3. Will discuss procedures for administering health and developmental screenings including hearing, vision, dental, growth assessments, and social/emotional classroom observations.
4. Will obtain written authorization from the parent/guardian for screenings/observations.
*When results are available, they are shared with the parents including recommendations for further care. (1302.41)(a)(b)(1)
5. Will encourage the parents/guardians that refuse to sign the authorization forms to sign a refusal for health services form (1302.41)(b)(1)
6. Will also provide resources during parent meetings, at Head Start sites, about dental, health, and social-emotional development of children. Additional resources will also be provided.

1302.41(b)(1) Parents/Guardians have the right to refuse health services for their children, Head Start staff must obtain written documentation of the refusal. Head Start staff will discuss with the parent/guardian all benefits of and reasons for recommended health procedures, including medical screenings, immunizations, and dental screenings.



Part 1302: Program Operations
Subpart D Health Program Services
Section: 1302.42
Subject: Child health status and care.
Date Approved: January 12, 2022
Date Approved BD: January 13, 2022

Policy:

The program, within 30 calendar days after the child first attends the program, will consult with parents to determine whether every child has a source of ongoing/continuous, accessible healthcare. Furthermore, the program requires that all children have a complete (up-to-date) documented physical and dental exam on file within 90 days of program entry.

Procedure:

The FAP staff will:

1. Conduct an intake process that will include the collection of family, medical, dental, and nutrition information.
 - a) Parent/guardian will be asked to indicate any safety and/or special needs including medical, mental health, disabilities, and or medication administration (1302.42)(a)(1)
 - b) The parent/guardian will be asked to provide information concerning the child's ongoing source of continuous medical and dental care, and health insurance carrier.
2. Make a determination as to whether or not the child as an ongoing source of continuous accessible medical and dental care (1302.42)(a)(2)
 - a) Results will be documented in Child Health Records and ChildPlus.net.
 - b) The name of the insurance carrier, insurance number and the health and dental provider will be noted.
 - c) If the family does not have a usual source of health care and/or health insurance:
 - d) Refer the parent/guardian to Alabama Medicaid and/or other insurance carriers as appropriate.
 - e) Provide a list of medical and dental providers to parent/guardian.
 - f) Ensure families maintain health care providers and health insurance.
 - g) Obtain from the parent/guardian up-to-date medical and dental assessments in compliance with Alabama EPSDT schedule, and a valid Alabama Immunization Record.
 - h) The initial health (physical examination) report must be dated no more than one year prior to the date of attendance.
 - i) The initial dental exam report must be dated no more than 6 months prior to the date of attendance.
 - j) Immunization record will also be required under Alabama law for all children attending schools and childcare group settings. For those children who have not received immunizations the HMHC and/or FAP will inform/assist the parent/guardians in obtaining updated immunizations. For Children who are exempt



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from immunizations because of medical issues, parents must provide a written exemption signed by the healthcare provider.

The HMHC will:

1. Upon receiving the child's health information review the file and determine if the child has valid health insurance and a continuous source of health and dental care.
 - a) Make a determination regarding the completeness and the currency of the information.
 - b) If the child still does not have a source of ongoing healthcare or insurance, the staff will assist the family with applying for health insurance and provide a list of health and dental providers.
 - c) The goal is for the family to secure insurance and a source of ongoing health and dental services within 30 days of program participation.
 - d) Review the child's health history to identify health concerns that need to be accommodated including health conditions and chronic health issues (1302.42)(b)(4)
 - e) Require updated verification from a health care provider or Health Department of vaccines administered in accordance with the recommendation of the State of Alabama.
 - f) With the assistance of the FAP, obtain updated health records from the parent/guardian; updated physical exam every 12 months and dental exams every 6 months. The reports must be signed and dated by a health care provider. (1302.42)(c)
 - g) View the written health reports to identify health needs, abnormal results of screenings and any recommendations for treatment and management during school hours.
 - h) Collaborate with school and community partners to conduct vision, hearing, and growth screenings on each Head Start child within 45 days of the child's entry into the program, if information is not provided of physical exam form.
 - i) Parents/guardians will receive written reports of failed screenings. Parent/guardians will be advised to have their child evaluated by their usual source of health care.



Part 1302: Program Operations
Subpart D Health Program Services
Section: 1302.42(d)
Subject: Extended Follow-up Care.
Date Approved PC: **January 12, 2022**
Date Approved BD: **January 13, 2022**

Policy:

The program, within 30 calendar days after the child first attends the program, will consult with parents to determine whether every child has a source of ongoing/continuous, accessible healthcare. Furthermore, the program requires that all children have a complete (up-to-date) documented physical and dental exam on file within 90 days of program entry.

Procedure:

The HMHC will:

1. Follow-up on children failing screenings to ensure that they are evaluated. The HMHC and FAP will follow-up and track children with health problems and assist parent/guardians as appropriate (1302.42)(d)(1).
2. For children with health problems requiring special management accommodations during school hours; the HMHC, in collaboration with Healthcare provider, parent/guardian, FAP, classroom teacher and other appropriate staff will meet together to plan and review management of the child and develop a written individual health care plan (assist parents in obtaining resources to carry out plan) and train all parties involved.
3. Track and monitor the implementation of the health care plan through observation and parent/teacher conferences.
4. Enter all updated health information into ChildPlus.net.
5. Monitor records and Child Plus to determine when updated assessments are required.
 - a. Letters or telephone calls to parents reminding them of upcoming expiration dates.
6. Provide necessary forms for health care providers completion.
7. Provide assistance to parents in scheduling appointments with health care providers when indicated.
8. Track status of health, oral health, and immunizations using ChildPlus.net “Expired Events Report”
9. Enter notes into ChildPlus.net to document status and actions taken.



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10. Maintain child health files containing:

- a) Parental/guardian consent
- b) Insurance Carrier information
- c) Name of health care provider
- d) Name of dental provider
- e) Child health history
- f) Physical exam
- g) Dental exam
- h) Immunization record
- i) Growth charts
- j) Vision screening results
- k) Nutrition information
- l) Health provider notes
- m) Letters to parents



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Part 1302: Program Operations
Subpart D Health Program Services
Section: 1302.42(e)
Subject: Procedures for use of funds.
Date Approved PC: January 12, 2022
Date Approved BD: January 13, 2022

Policy:

The program, within 30 calendar days after the child first attends the program, will consult with parents to determine whether every child has a source of ongoing/continuous, accessible healthcare. Furthermore, the program requires that all children have a complete (up-to-date) documented physical and dental exam on file within 90 days of program entry.

Procedure:

1. LCBOEHS will use program funds to provide supplemental health and nutrition supplies (such as: Pull-ups, wipes, Gatorade, lactose free milk, and etc.) for enrolled Head Start children during the program day.
2. LCBOEHS will assist the family in finding access to other available resources within the community for professional mental health, medical, and oral health services.
 - a. The FAP and HMHC will refer families to local community resources and place a copy of the referral form in the child's master file.
 - b. The FAP will follow-up to ensure that families made contact with resources.
 - c. The FAP and HMHC will eliminate barriers such as transportation, translation services, and etc. by providing assistance.
3. When program funds are used for such services, the Grantee and delegate agencies will have written documentation of diagnosis for the need of supplemental health and nutrition supplies and/or written documentation of the efforts to access other available sources of funding.



Part 1302: Program Operations
Subpart D Health Program Services
Section: 1302.43
Subject: Oral health practices.
Date Approved PC: January 12, 2022
Date Approved BD: January 13, 2022

Policy:

The program encourages effective oral health practices for children through educational activities and effective dental hygiene. All LCBOE Head Start centers are located in areas which have fluorinated water supplies. Children, assisted by staff, will brush their teeth with toothpaste containing fluoride at least once daily, after a meal (breakfast or lunch).

Procedure:

1. The HMHC will distribute supplies for tooth brushing to each classroom instructor. This will be done quarterly, at the beginning of each program year, in November, and March; or as necessary due to viral illnesses.
 - a) Toothbrush holder (replaced as needed)
 - b) Cover/screen for toothbrush holder (replaced as needed)
 - c) Toothbrushes for each child in the class, and at least 5 extra
 - d) Toothpaste
 - e) Disposable cups
2. Care of supplies
 - a) Holders must be cleaned daily with Clorox wipes
 - b) The mesh covering is to be cleaned weekly with a bleach/water solution
 - c) Toothbrushes are labeled with child's first name and last name or initial
 - d) Toothbrushes are to air dry in the holders, handles down and bristles not touching
 - e) When not in use, toothpaste is stored out of reach of children
3. Tooth brushing procedure
 - a) Teachers will assure that the children rinse their toothbrushes before and after each use.
 - b) Teachers assist by dispensing the toothpaste, a small pea-sized amount is sufficient, in the disposable cups.
 - c) Teaching staff members will brush their teeth while allowing the children to brush his/her own teeth, until proper routine is established. Adult toothbrushes are supplied for this purpose.
 - d) Teachers will encourage children to watch themselves in the mirror as their teeth are brushed.
 - e) Teachers will assist children in placing a small amount of water in the same cup and allow child to rinse his/her mouth.



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- f) Teachers will make sure that the toothbrush is thoroughly rinsed and stored toothbrushes properly in toothbrush holders to allow air-drying after each use.
 - g) Teachers/children dispose of paper cups after each use.
4. Instructional staff will:
- a) Wear gloves when assisting children to rinse toothbrush before/after use.
 - b) Wear gloves when returning toothbrushes to the holder
5. Place toothbrushes in the holder, do not allow child to place toothbrush in holder. Be careful not to let the heads of the toothbrushes touch.



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Part 1302: Program Operations
Subpart D Health Program Services
Section: 1302.44
Subject: Child nutrition.
Date Approved PC: **January 12, 2022**
Date Approved BD: **January 13, 2022**

Policy:

The LCBOE Head Start program provides children with wellness by providing USDA approved nutrition services that supplements and complements those of the home and community. We assist families in meeting each child's nutritional needs and establish good eating habits, that nurture healthy development and promote life-long well-being. Staff and families work together to identify each child's nutritional needs.

Procedure:

1. LCBOEHS will provide at least 2/3 of the child's daily nutritional needs and feeding requirement, which includes two meals and a snack (1302.44)(2)(ii)
2. All children will be offered breakfast upon arrival
3. Clean drinking water will be made available at all times during service hours. Follow all CACFP meal service requirements (1302.44)(2)(ix)
4. If the height and weight data is not available in the child's Physical Examination, within 45 days of enrollment, Teaching Staff, FAP, or the Health Coordinator will conduct a height and weight measurement of the children and record the data. **(1302.33)**
5. In March, Teaching Staff, FAP, or the Health Coordinator will conduct a second height and weight measurement of all children and record the data.
6. A nutrition plan will be developed for any relevant nutrition related assessment data (height, weight, hemoglobin/hematocrit), including nutrition related health problems such as obesity, iron deficiency, failure-to-thrive, food allergies including tree nut allergies, food intolerances, milk allergies, lactose intolerance, and anything else requiring special dietary considerations.



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Part 1302: Program Operations
Subpart D Health Program Services
Section: 1302.44(a)(1)
Subject: Procedures for family style eating.
Date Approved PC: January 12, 2022
Date Approved BD: January 13, 2022

Policy:

The LCBOE Head Start program provides children with wellness by providing USDA approved nutrition services that supplements and complements those of the home and community. We assist families in meeting each child's nutritional needs and establish good eating habits, that nurture healthy development and promote life-long well-being. Staff and families work together to identify each child's nutritional needs

Procedure:

Instructional staff will:

1. Serve all meals and snacks family style according to the posted time per classroom, and allowing sufficient time for the children to eat. Family style service is defined as all children sitting at the table at the same time for meals.
2. Talk with the children and encourage them to try each of the foods served, but do not force them to taste or eat.
3. Complete accurate documentation of meals served to each child at point of service during meal times every day.
4. Review meal count/attendance and sign-in/out sheet at the end of each work day for accuracy.
5. Post menus on the parent bulletin board.
6. Post meal times on daily schedule and inform parents of meal times.
7. Review menu to be sure that all items are served.
8. Sit with children and model positive attitudes and behaviors during meal times and make meal times enjoyable.
9. Include meal times as educational experiences that incorporate Head Start Child Outcomes.
10. Integrate food related experiences into classroom curriculum.

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11. Initiate natural meaningful conversations with children during meal times.
12. Never use food as a punishment or reward for any child.
13. Allow children to clean up after accidents and remove items from the table when the meal is complete.
14. Offer children 1% low fat milk.
15. Review Food Allergy list to ensure foods are served correctly to children with special dietary needs.



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Part 1302: Program Operations
Subpart D Health Program Services
Section: 1302.44(2)(iii)
Subject: Dietary Allowances.
Date Approved PC: January 12, 2022
Date Approved BD: January 13, 2022

Policy:

Procedure:

The Head Start program will:

1. Serve foods such as cheese and other milk products to children as part of meals and snacks.
2. Not serve sweet and sticky foods, especially those high in refined sugar.
3. Provide low-fat milk and cheese for the children.
4. Provide food low in salt.
5. Provide low-fat, whole grain foods.
6. Serve no more than 4oz of 100% fruit juice per day.
7. Provide access to water during meals and throughout the day.
8. Special dietary needs are discussed at intake. A medical statement is required from the child's doctor listing foods that must be restricted or altered and appropriate food substitutions.
9. The diet plan information will be shared with the HMHC, Nutrition director, center cooks, FAP, and the child's teacher.
10. Under no circumstance will a child be served a meal that does not contain all required USDA components or medically determined substitute.
11. The nutrition director and the center cook will review the menu, noting any necessary changes to ensure that the child's special dietary needs will be met at each meal and snack.



Part 1302: Program Operations
Subpart D Health Program Services
Section: 1302.44
Subject: Nutrition Education for Children.
Date Approved PC: January 12, 2022
Date Approved BD: January 13, 2022

Policy:

The program ensures that nutritional services contribute to the development and socialization of enrolled children by providing that as developmentally appropriate, opportunity is provided for the involvement of children in food-related activities.

Procedure:

1. Classroom teaching staff will discuss the menu with children prior to each meal.
2. Classroom staff will teach nutrition education activities through food experiences, cooking activities, books, puzzles, games, and other educational media.
3. The program's nutrition education will include the *Color Me Healthy* curriculum and topics including:
 - a) Manners
 - b) Hand-washing and hygiene
 - c) Where food comes from
 - d) Colors, shapes, and textures of food
 - e) Food safety and nutrition
4. Teachers document nutrition education on weekly lesson plans.



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Part 1302: Program Operations
Subpart D Health Program Services
Section: 1302.44
Subject: Parent Involvement in Nutrition.
Date Approved PC: January 12, 2022
Date Approved BD: January 13, 2022

Policy:

The program encourages parent participation by means of verbal and/or written communication. Parent education activities include opportunities to assist individual families with food preparation and nutritional activities.

Procedure:

The program encourages parents to participate in nutrition activities such as:

1. Helping during meal service,
2. Co-planning menus (within established guidelines),
3. Contributing recipes of their child's favorite foods and/or cultural recipes,
4. Making materials for nutrition learning activities.



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Part 1302: Program Operations
Subpart D Health Program Services
Section: 1302.44
Subject: No Food Brought in From the Outside.
Date Approved PC: January 12, 2022
Date Approved BD: January 13, 2022

Policy:

The LCBOE Head Start program provides children with wellness by providing USDA approved nutrition services that supplements and complements those of the home and community. We assist families in meeting each child's nutritional needs and establish good eating habits, that nurture healthy development and promote life-long well-being. Staff and families work together to identify each child's nutritional needs.

Procedure:

The program is responsible for meeting the nutritional needs and feeding requirements of each child, including those with special dietary needs (allergies and parent preference) and children with disabilities.

1. No food is to be brought into Head Start by staff or parents
 - a) Exceptions may apply to parent providing authentic cultural foods for children to sample and/or special occasions.
2. The Nutrition Director and the Health Coordinator are available to discuss nutrition concerns.



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Part 1302: Program Operations
Subpart D Health Program Services
Section: 1302.44
Subject: Meal Services for Field Trips.
Date Approved PC: January 12, 2022
Date Approved BD: January 13, 2022

Policy:

The LCBOE Head Start program provides children with wellness by providing USDA approved nutrition services that supplements and complements those of the home and community. We assist families in meeting each child's nutritional needs and establish good eating habits, that nurture healthy development and promote life-long well-being. Staff and families work together to identify each child's nutritional needs.

Procedure:

The Head Start Education/Disability Manager will:

1. Send the request form to the center's dietary manager 10 working days in advance to request a bag lunch for the trip.
2. With the assistance of the HMHC, the Ed/Dis Manager will make sure all dietary guidelines are followed on the field trip.

In accordance to 1302.47, to avoid choking, the following foods will not be offered to Head Start Children:

1. Hotdogs, chunks of meat, or sausage rounds
2. Whole grapes, hard raw vegetables and fruits, and uncooked dried fruit
3. Candy, marshmallows, or chewing gum



Part 1302: Program Operations
Subpart D Health Program Services
Section: 1302.45
Subject: Child mental health and social and emotional well-being.
Date Approved PC: January 12, 2022
Date Approved BD: January 13, 2022

Policy:

The program embraces a vision of mental wellness and social/emotional well-being. The objective is to build a collaborative relationship among children, families, staff, healthcare providers, mental health professionals, and the community; in order to enhance awareness and understanding of mental wellness and the contribution it has to the wellness of all children and families.

Procedure:

The program will:

1. At least once a year provide a scheduled on site mental health consultation involving the mental health professional, HMHC, program staff, and program participants for the purpose of observing and developing program practices that are responsive to the needs of the individual child.
2. Promote children's social/emotional wellness by providing group and individual staff and parent education on social/emotional well-being.
3. Assist in providing help for children with atypical behavior or development.
4. Utilize other community mental health resources as needed.
5. Provide families and staff with educational resources to support their social/emotional well-being.
6. Obtain parental consent for individualized mental health consultation services, if needed.
7. Staff, teaching staff/classroom staff, will utilize the Behavioral Observation forms to document/refer prevalent child mental health concerns, including social-emotional, and behavioral issues.
8. Prepare a mental health consultation schedule, allow the Mental Health Consultant to perform classroom observations and reviews assessment results for all children and enters observations in ChildPlus.net, and maintain a log of the services provided.



Individualized Mental Health Protocol

The program's mental health protocol provides for the active involvement of parents in planning and implementing any mental health interventions for their children. Parent permission is required for individualized observation of children who have a concern based on screenings or assessments. The individualized mental health protocol involves:

- Screening/assessment
 - Classroom observation
 - Individual specific observation
 - Parent Support
 - Referral
1. **Screening Results-**When a child's screenings or assessments reveal a possible mental health concern, the Teacher or FAP forwards the information to the Health Coordinator and the Education/Disability Manager who documents the concern in the ChildPlus.net and schedules a classroom observation.
 2. **Observations-** The Health Coordinator will gather data such as classroom observations (Behavior Incident reports), assessments, and any other information as applicable. If specific behaviors are found, the Health Coordinator, Education/Disability Manager, and the classroom teaching staff will discuss a recommendation for a mental health referral. If classroom specific behaviors are found, the Health Coordinator, Education Manager, and classroom staff will discuss recommendation/s for the classroom and work together to develop strategies and modifications to implement in the classroom.
 3. **Parent Support-** The Health Coordinator, Teacher, Education Manager, and FAP will meet with the parent to discuss concerns and offer the option of mental health services. If the parent agrees to mental health services, the parent completes the referral form and signs the permission form.
 4. **Referral-**The Health coordinator forwards the referral to the Mental Health Consultant to arrange an appointment. The Health Coordinator works with the Mental Health Consultant to acquire the mental health information/results or recommendations and enter it into ChildPlus.net.



Part 1302: Program Operations
Subpart D Health Program Services
Section: 1302.45(a)(1)
Subject: Parent-Initiated Child Mental Health Referrals.
Date Approved PC: **January 12, 2022**
Date Approved BD: **January 13, 2022**

Policy:

Parents can make referrals to ensure timely and effective identification of, and intervention in, family and staff concerns about a child’s mental health. The child is then observed for referral to the Mental Health Consultant.

Procedure:

Follow-up for Mental Health and Disabilities Concerns

1. The Health Coordinator will communicate with the parents and service providers to ensure that services for child mental health are obtained by the child and family as needed.
2. The Health Coordinator documents and follow up in the Mental Health section of ChildPlus.net at the time of or soon after meeting with the parent.

Mental Health Emergency- All Head Start staff are trained in identifying behaviors that indicate possible mental health issues. When encountering an individual (child, parent, staff, or etc.) with a suspected mental health emergency:

1. Ensure the safety and well-being of everyone involved
2. Immediately contact the Health Coordinator
3. If the situation is severe notify the emergency contacts

The following situations are reasons to consider an Emergency Mental Health Intervention:

1. Harming self or others
2. Death or loss of a loved one, close friend/co-worker
3. Extremely aggressive behavior
4. Disaster or traumatizing event.

Mental Health Education-The program collaborates with parents and staff to provide training on issues related to mental health awareness for children and adults. The program:

1. Provides a child mental health workshop to parents annually.
2. Provides monthly mental health contact with staff
3. Arranges for specialized training for parents as needed in the area of family mental health.

Arranges for specialized mental health training to staff as needed.



Part 1302: Program Operations
Subpart D Health Program Services
Section: 1302.46
Subject: Family support services for health, nutrition, and mental health.
Date Approved PC: **January 12, 2022**
Date Approved BD: **January 13, 2022**

Policy:

The program will follow-up with parents/guardians on health, nutrition, and mental health needs and treatment strategies will be implemented by one or more of the following methods: Individual consultation, phone consultation, group class, distribution of education materials, and/or referral to community resource. Each parent/guardian has to option of refusing services, which will be documented in the child's file.

Procedure:

The Edu/Dis Mgr. and the HMHC will:

1. Train instructional staff on the importance of healthy eating and physical activity. (Color Me Healthy) (1302.46) (b)(1)(ii)
2. Hold an annual nutrition workshop, which includes: nutrition director, nutrition consultant, HMHC, Edu/Dis Mgr., FAP staff, teachers, and parents.

The Instructional Staff will:

1. Encourage parents to volunteer in the classroom during activities and meal times.
2. Allow sufficient time for children to eat and allow for slow eaters to finish their food.
3. Adults participating in meals should be present for the entire meal. Adults should not eat or drink other foods in addition to those served at meal times.
4. Ask parents to present and prepare simple meals with the children in the classroom, meals that reflect the families culture. (Ingredients will be supplied by Head Start)

Family Assistance with Nutrition (1302.46) (a)

The Nutrition director, HMHC, or FAP will:

1. Provide nutrition education opportunities to parents through nutrition workshops.
2. Send out monthly menus to the classrooms to be distributed to families.
3. Provide a monthly nutrition newsletter, Nutrition Nuggets.
4. Discuss with parents/guardians problems related to the nutritional status of children, based on nutrition/growth assessments.



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Family Support Services for Health (1302.46) (b)(2)(i)(ii)(iii)

The HMHC and FAP will:

1. Assist parents with enrollment into health insurance for themselves and their families.
2. Assist the parents with the understanding of the health insurance enrollment process, results of diagnostic and the procedures, as well as ongoing care.
3. Encourage and assist families in obtaining continued family healthcare.

Family Support for Mental Health (1302.46) (1)(iii)(iv)

In collaboration with the instructional staff, FAP, and Mental Health Consultant, the HMHC will:

1. Discuss mental health family concerns, diagnostic and treatment procedures, plans for ongoing care, and familiarize families with information on mental health issues upon request.
2. Make referrals to behavioral/mental health agencies as needed and follow-up with families regarding progress with treatment.



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Part 1302: Program Operations
Subpart D Health Program Services
Section: 1302.47
Subject: Safety Practices.
Date Approved PC: January 12, 2022
Date Approved BD: January 13, 2022

Policy:

LCBOEHS has established, trained staff on, implemented, and enforced a system of health and safety practices that ensure children are kept safe at all times. The program has implemented a system of management, in accordance with 1302.102. The Quality Assurance Team (Administrative staff, policy council members, parents, and FAP) will make scheduled BI-Monthly and unannounced visits to the centers to monitor all aspects of health and safety.

Procedure:

Quality Assurance: In collaboration with staff and parent volunteers, the Quality Assurance team will make bi-monthly unannounced visits to each site to assess that safety standards are being met.

- The “Environmental Health and Safety” screener in ChildPlus.net will be used before the start of school.
 - The “Bi-Monthly Safety Checklist” in ChildPlus.net will be used in October, December, February, and April.
 - “Safe Environments Snapshots” forms will be used by the management team randomly throughout the year.
1. Hazards noted to pose possible injury or harm are reported immediately for repair.
 2. All other concerns are addressed in a timely manner.
 3. Solutions are identified and documented on the form with an action plan describing how it will be corrected and identifying a lead staff member responsible for follow up.

Arrival and release of children from Head Start classroom

1. During the registration process, a pick-up and release form will be completed with the names of the persons authorized to be contacted in case of an emergency and those authorized to pick up the child.
 - a. All persons dropping off or picking up a child MUST be on the pickup list
 - b. Be at least 16 years old.
 - c. Show a state/government id.
2. In cases where a parent has lost custody of their child, court documents (custody decree, restraining order, termination of parental rights) must be submitted
 - A copy will be locked in the teacher’s file, FAP file, and the director’s file.

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3. In cases where potential kidnapping or violence is an issue, photographs of said persons should be provided from the family to assist staff with identification.
4. If there are concerns on the part of the signatory adult, but there is no legal documentation available, the FAP will make appropriate referrals to legal aid or other legal counsel.
5. If an adult shows up at a center that is not listed on the pickup list: The teacher or FAP must immediately notify the parent/legal guardian that he/she **MUST** come in and give written permission before child can be released.

Requesting Health Supplies: All classroom health supplies will be distributed through the HMHC and the Maintenance Crew.

- When classroom health and/or first aid supplies are need, the teacher completes the “Health Supply” request form, and submits it to the Head Teacher.
- The Head Teacher reviews the form and submits it to the HMHC.
- The HMHC reviews, signs, and forwards the form to the maintenance crew so that the supplies can be prepared and delivered.
- The appropriate staff member signs the form when the supplies are received. A copy of the form is returned to the HMHC.
- The Head Teacher distributes supplies.



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Part 1302: Program Operations
Subpart D Health Program Services
Section: (1302.47) (b)(1)(v)(vi)
Subject: Maintaining First Aid bags.
Date Approved PC: January 12, 2022
Date Approved BD: January 13, 2022

Policy: LCBOEHS has established, trained staff on, implemented, and enforced a system of health and safety practices that ensure children are kept safe at all times.

Procedure:

1. Stocked First Aid kits and Personal Protective Equipment will be given to instructional staff by the HMHC prior to the first day of the program year.
2. Instructional staff will wear First Aid fanny packs at all times during the program day.
3. Instructional staff will take the First Aid fanny packs with them when children are taken to outdoor activities, playgrounds, on trips, etc.
 - a) Instructors/assistant instructors are responsible for maintaining the supplies in the kit.
 - b) Instructors/assistant instructors will check the contents of the fanny pack and request supplies on the last business day of the month, or more often as needed.
 - c) Food and other non-authorized items are not to be stored in the First Aid fanny pack.
 - d) The Quality Assurance team will check first aid fanny packs during the QA checks.
 - e) Fanny packs will be collected at the end of the program year and returned to the classroom fully stocked at the beginning of the next program year.



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Part 1302: Program Operations
Subpart D Health Program Services
Section: 1302.47 (4)
Subject: Safety Training.
Date Approved PC: **January 12, 2022**
Date Approved BD: **January 13, 2022**

Policy:

LCBOEHS has established, trained staff on, implemented, and enforced a system of health and safety practices that ensure children are kept safe at all times. The program has implemented a system of management, in accordance with 1302.102. The Quality Assurance Team (Administrative staff, policy council members, parents, and FAP) will make scheduled BI-Monthly and unannounced visits to the centers to monitor all aspects of health and safety.

Procedure:

The HMHC will provide initial training during new hire orientation and annually during pre-service to all staff with regular contact with the children. Training in all state, federal, and program-developed health, safety, and child care requirements to ensure the safety of children in their care based on staff roles. Training includes but are not limited to:

- a) The prevention and control of infectious diseases.
- b) Administration of medications and treatment consistent with health care provider instructions and parent/guardian consent.
- c) Prevention and management of emergencies due to allergic reactions to food and other substances.
- d) Building and physical premises safety including identification and protection from hazards, bodies of water and vehicular traffic.
- e) Prevention and reporting of child maltreatment and neglect.
- f) Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.
- g) Adult/pediatric CPR and First Aid class.



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Part 1302: Program Operations
Subpart D Health Program Services
Section: (1302.47) (5)(7)(c)
Subject: Reporting Incidents and Accidents.
Date Approved PC: January 12, 2022
Date Approved BD: January 13, 2022

Policy:

LCBOEHS has established, trained staff on, implemented, and enforced a system of health and safety practices that ensure children are kept safe at all times. The program has implemented a system of management, in accordance with 1302.102. The Quality Assurance Team (Administrative staff, policy council members, parents, and FAP) will make scheduled BI-Monthly and unannounced visits to the centers to monitor all aspects of health and safety.

Procedure:

1. All incidents/accidents, even if there is no evidence of injury, are to be reported if the incident/accident could have resulted in an injury. For all incidents/accidents, Instructional staff will complete either a Boo Boo report or an Accident/Incident form, depending on the severity of the situation.
 - a) Administer first aid, as appropriate.
 - b) Notify the HMHC and FAP of injuries or possible injuries. Notify parent/guardian immediately if accident/incident resulted in injury.
 - c) Complete the accident/incident report if there is an injury. Complete a Boo Boo report if there is no obvious sign of injury. Contact the parents, if the parents cannot be reached the emergency contacts will be notified and advised of child's status.
 - d) If injury is serious the HMHC will notify the Edu/Dis Mgr. and the Director, and emergency personnel.
 - e) In instances of biting, a behavior log will be created for the child who is doing the biting.
 - f) A copy of the Boo Boo report is sent home with the child.
 - g) A copy of all completed reports are submitted to the HMHC monthly for review. Incident/accidents are tracked to identify areas where frequent incidents/accidents occur.



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Part 1302: Program Operations
Subpart D Health Program Services
Section: 1302.47
Subject: Special Health Concerns.
Date Approved PC: **January 12, 2022**
Date Approved BD: **January 13, 2022**

Policy:

LCBOEHS has established, trained staff on, implemented, and enforced a system of health and safety practices that ensure children are kept safe at all times. The program has implemented a system of management, in accordance with 1302.102. The Quality Assurance Team (Administrative staff, policy council members, parents, and FAP) will make scheduled BI-Monthly and unannounced visits to the centers to monitor all aspects of health and safety.

Procedure:

All staff will keep children safe when involving health concerns.
Staff will follow each individual health plan.



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Part 1302: Program Operations
Subpart D Health Program Services
Section: 1302.47
Subject: Maintaining Emergency Contact Forms.
Date Approved PC: **January 12, 2022**
Date Approved BD: **January 13, 2022**

Policy:

LCBOEHS has established, trained staff on, implemented, and enforced a system of health and safety practices that ensure children are kept safe at all times. The program has implemented a system of management, in accordance with 1302.102. The Quality Assurance Team (Administrative staff, policy council members, parents, and FAP) will make scheduled BI-Monthly and unannounced visits to the centers to monitor all aspects of health and safety.

Procedure:

1. The FAP obtains emergency contact information.
2. The information is completed at enrollment.
3. Emergency contact information is updated at least every six months, or as changes occur. Instructional staff and FAP are to check with parents periodically regarding changes in their phone numbers and other contact information.
4. The original emergency contact information and updated forms are maintained in the child's social services file and in ChildPlus.net. Copies of the information are distributed to the instructional staff and HMHC. Copies are also kept in a binder at the center for late pickup.



Part 1302: Program Operations
Subpart D Health Program Services
Section: (1302.47) (b)(6)(i)
Subject: Helping Children Stay Healthy.
Date Approved PC: January 12, 2022
Date Approved BD: January 13, 2022

Policy:

LCBOEHS has established, trained staff on, implemented, and enforced a system of health and safety practices that ensure children are kept safe at all times. The program has implemented a system of management, in accordance with 1302.102. The Quality Assurance Team (Administrative staff, policy council members, parents, and FAP) will make scheduled BI-Monthly and unannounced visits to the centers to monitor all aspects of health and safety.

Procedure:

Frequent hand washing is the single most effective way to prevent the spread of infectious disease in child care settings.

1. Washing hands
 - a) All staff must wash their hands:
 - When you arrive at the center in the morning
 - Before preparing or serving meals
 - After contact with a sick child
 - After using the bathroom
 - After assisting a child with toileting
 - After contact with body fluids
 - Before and after administering medication
2. Staff must teach children:
 - a) When to wash hands
 - b) How to wash all surfaces of the hands
 - c) And demonstrate hand washing while singing “Happy Birthday to you” two (2) times; or the “ABC’s” one (1) time.
 - d) Use the hand washing poster as a supplemental teaching tool.



Part 1302: Program Operations
Subpart D Health Program Services
Section: (1302.47) (b)(2)(i)
Subject: Health and Safety.
Date Approved PC: **January 12, 2022**
Date Approved BD: **January 13, 2022**

Policy:

LCBOEHS has established, trained staff on, implemented, and enforced a system of health and safety practices that ensure children are kept safe at all times.

Procedure:

Classroom/child care/food areas

1. Instructional staff should clean/sanitize specified areas in the classroom and other areas including but not limited to:
 - a) Diaper changing tables after each use
 - b) Countertops/tables daily
 - c) Food preparation and service surfaces before and after contact with food activity
 - d) Toys weekly and when soiled
 - e) Dress-up clothes weekly
 - f) Hats after each child's use; or use disposable hats that only one child wears
 - g) Cots weekly
 - h) Cot sheets and blankets weekly (personal blankets are sent home weekly for cleaning)
 - i) Cubbies monthly
 - j) Telephone receiver weekly
 - k) Computer/mouse weekly
 - l) Any surfaces contaminated with body fluids, saliva, vomit, urine, feces, or blood immediately
 - Clean: To physically remove dirt and contamination. The friction of cleaning removes most germs and exposes any remaining germs to the effects of a sanitizer or disinfectant used later
 - Sanitize: To reduce germs on inanimate surfaces to levels considered safe by public health codes or regulations
 - Disinfect: To destroy or inactivate most germs on any inanimate object, but not bacterial spores.

Note: The term "germs" refers to bacteria, viruses, fungi, and molds that may cause infectious disease.

2. Documenting cleaning, sanitizing, disinfecting frequency on checklists
 - a) Instructional staff documents frequency of cleaning, sanitizing, disinfecting on the classroom cleaning checklist.
 - b) The Edu/Dis Mgr. collects and reviews the classroom checklists at the end of each month. Concerns are reviewed with the Edu/Dis Mgr.



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Part 1302: Program Operations
Subpart D Health Program Services
Section: (1302.47) (a)
Subject: Pet Policy.
Date Approved PC: January 12, 2022
Date Approved BD: January 13, 2022

Policy:

LCBOEHS has established, trained staff on, implemented, and enforced a system of health and safety practices that ensure children are kept safe at all times.

Procedure:

Decisions about pets in the classroom are based on potential hazards:

- Injury from bites or scratches
- Illness from animals that may be carrying disease
- Allergic reactions

Animals with limited to no contact with the children are the only acceptable class pets (turtles and fish).



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Part 1302: Program Operations
Subpart D Health Program Services
Section: 13024.47
Subject: Maintaining Health Posters.
Date Approved PC: January 12, 2022
Date Approved BD: January 13, 2022

Policy:

LCBOEHS has established, trained staff on, implemented, and enforced a system of health and safety practices that ensure children are kept safe at all times.

Procedure:

The HMHC and the Edu/Dis Mgr. will provide and monitor required health information in each classroom at the beginning of each program year. The classroom instructor will ensure that the information remains posted continually throughout the school year. The information will be posted and maintained in a highly visible place in the classroom. Each class shall have the following information posted.

- First aid sign and first aid kit check list
- First aid and CPR/choking posters
- Sick child/exclusion policy
- Emergency phone numbers
- Tooth brushing poster- at sink
- Hand washing poster- in classroom and bathroom
- Classroom safety checklists
- Emergency booklet



Part 1302: Program Operations
Subpart D Health Program Services
Section: (1302.47) (b)(7)(iv)
Subject: Medication Administration.
Date Approved PC: January 12, 2022
Date Approved BD: January 13, 2022

Policy:

LCBOEHS has established, trained staff on, implemented, and enforced a system of health and safety practices that ensure children are kept safe at all times. The program has implemented a system of management, in accordance with 1302.102.

Procedure:

No medication shall be administered without a signed authorization form from the child's physician and parent/guardian. The authorization form must include time(s) and date(s) for medication to be administered, dosage, storage instructions, possible side effects, and specific directions for administration.

- Medication must be in the original bottle from a pharmacy with the prescription name, number, date, doctor's name, and child's name and dosage to be given. No over the counter medication will be given, unless authorized by a physician.
- The medication will be left at the center.
- Medication will be administered by staff members that have completed the medication administration training. That person will be responsible for documenting the amount, date, and time that the medication was given as well as initialing the form when the appropriate information is recorded.
- All medication is counted/measured upon intake and the amount is noted on the medication administration form.
- The parent/guardian is responsible for the cost of all medication.
- Medication is stored out of reach of children. In the classroom, non-emergency medication is locked in a lockbox.
- Parent/guardians must deliver the medication to the school.



Part 1302: Program Operations
Subpart D Health Program Services
Section: 1302.47
Subject: Severe Weather and Safety Drill.
Date Approved: January 12, 2022
Date Approved BD: January 13, 2022

Policy:

LCBOEHS has established, trained staff on, implemented, and enforced a system of health and safety practices that ensure children are kept safe at all times. The program has implemented a system of management, in accordance with 1302.102.

Procedure:

In the event of a fire or severe weather, the following steps will be followed to ensure the safety of all Head Start children and staff:

1. Fire
 - a) Make sure that all children, staff, and volunteers are accounted for.
 - a) Secure the emergency contact booklet
 - b) Follow the center's fire drill plan.

2. Tornado
 - a) Take all children, staff, and volunteers to the hallway.
 - b) Secure the emergency contact booklet
 - c) Follow the center's tornado drill plan.

3. Severe thunderstorm
 - a) Make sure that all children, staff, and volunteers are in the building
 - b) Keep everyone away from the windows.

4. Intruder
 - a) Make sure all children, staff, and volunteers are accounted for.
 - b) Place everyone in a quiet area away from the doors and windows.
 - c) Follow the center's intruder alert protocol.



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Part 1302: Program Operations
Subpart D Health Program Services
Section: (1302.47) (b) (1) (ii)
Subject: Pest Control.
Date Approved PC: January 12, 2022
Date Approved BD: January 13, 2022

Policy:

LCBOEHS has established, trained staff on, implemented, and enforced a system of health and safety practices that ensure children are kept safe at all times. The program has implemented a system of management, in accordance with 1302.102.

Procedure:

LCBOE Head Start contracts with a certified pest control company.

- Monthly visits are made by a certified pest control representative
- No children are exposed to the spraying of pesticides
- Instructional staff will notify the Edu/Dis Mgr. immediately if pest are observed.



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Part 1302: Program Operations
Subpart D Health Program Services
Section: (1302.47) (b)(1)(iii)
Subject: Smoke-Free Campus.
Date Approved PC: January 12, 2022
Date Approved BD: January 13, 2022

Policy:

LCBOEHS has established, trained staff on, implemented, and enforced a system of health and safety practices that ensure children are kept safe at all times. The program has implemented a system of management, in accordance with 1302.102.

Procedure:

Smoking is prohibited, at all times, in all space utilized by the program. This policy is for staff, parents, and volunteers

- No smoking in the Head Start office space
- No smoking in the Head Start vehicles
- No smoking on field trips or other off-site activities (including conferences)

LCBOE will assist those wishing to quit smoking by facilitating access to recommended smoking cessation programs and materials.



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Part 1302: Program Operations
Subpart D Health Program Services
Section: (1302.47) (b)(1)(iii)
Subject: Handling Body Fluids.
Date Approved PC: January 12, 2022
Date Approved BD: January 13, 2022

Policy:

LCBOEHS has established, trained staff on, implemented, and enforced a system of health and safety practices that ensure children are kept safe at all times. The program has implemented a system of management, in accordance with 1302.102.

Procedure:

The program promotes safe and simple universal precautions against the transmission of diseases.

- Head Start considers all body fluid as contaminated
- All staff and volunteers will wash their hands after coming in contact with body fluids
- Staff and volunteers will wear gloves whenever cleaning up body fluids, blood spills, vomit, urine, feces, etc.
- When a spill occurs, that area is isolated until the spill is cleaned up and the area is disinfected
- Cover a vomit spill with vomit powder, and follow the cleaning process
- Double bag all contaminated material and place in an outside waste receptacle
- Always wash hands when cleanup is complete



Part 1302: Program Operations
Subpart D Health Program Services
Section: (1302.47) (b)(1)(iii)
Subject: Blood borne Pathogens.
Date Approved PC: January 12, 2022
Date Approved BD: January 13, 2022

Policy:

LCBOEHS has established, trained staff on, implemented, and enforced a system of health and safety practices that ensure children are kept safe at all times. The program has implemented a system of management, in accordance with 1302.102.

Procedure:

The program follows universal precautions regarding potential exposure to blood and other potentially infectious materials.

- When an employee or volunteer has come in contact with human blood and any other potentially infectious materials, he/she must notify their supervisor and the HMHC immediately.
- The program will provide the affected employee or volunteer with access to lab testing and/or medical evaluation after the exposure has been reported to the supervisor.
- Blood borne pathogen info sheets are provided during initial orientation and a refresher is given yearly at Pre Service.



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Part 1302: Program Operations
Subpart D Health Program Services
Section: (1302.47) (b)(4)(i)(K)
Subject: Reporting Suspected Child Abuse/Neglect.
Date Approved PC: January 12, 2022
Date Approved BD: January 13, 2022

Policy:

LCBOEHS has established, trained staff on, implemented, and enforced a system of health and safety practices that ensure children are kept safe at all times. The program has implemented a system of management, in accordance with 1302.102.

Procedure:

LCBOEHS will uphold Federal and State laws that mandate the reporting of suspected child abuse and neglect.

1. The persons observing the evidence of suspected abuse must orally report it to DHR immediately. The reporting staff must contact the DHR intake worker by phone and make the report.
2. The staff who reports the suspected abuse/neglect must prepare a written report using the State of Alabama Department of Human Resources form, "Written Report of Suspected Child Abuse/Neglect" and Fax to DHR
3. The reporting staff will then provide a copy to the HS Director and the Family and Community Partnership Manager, to be filed in a confidential location.



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Part 1302: Program Operations
Subpart D Health Program Services
Section: 1302.47
Subject: Health Records for Transitioning Children.
Date Approved PC: January 12, 2022
Date Approved BD: January 13, 2022

Policy:

LCBOEHS has established, trained staff on, implemented, and enforced a system of health and safety practices that ensure children are kept safe at all times. The program has implemented a system of management, in accordance with 1302.102.

Procedure:

Parents must consent to and sign a release of information form prior to any transfer of records.

1. The HMHC and FAP staff are responsible for transferring health records at the request of the parent/guardian.
2. Parents of children leaving prior to the end of the program year may request that the HMHC forward completed records. Parents sign a consent form to transfer records during the enrollment process.



Part 1302: Program Operations
Subpart D Health Program Services
Section: 1302.47 (b)(7)(iii)
Subject: Sick Child.
Date Approved PC: January 12, 2022
Date Approved BD: January 13, 2022

Policy:

The program does not deny program admission to nor exclude any child from attendance solely on the basis of his/her health care needs or medication requirements.

Procedure:

If a child is exhibiting signs or symptoms of a contagious illness, Certificate of Immunization is not valid, or specific medical home services and/or treatments are being provided, the child will be temporarily excluded from school until he/she is evaluated by a physician and given written clearance to return to school or until signs and symptoms of the condition are gone.

The instructor will:

1. Perform an initial health check when every child arrives at school.
 - a) If a child appears ill:
 - Have the person bringing the child to school remain, unless the child arrived on the bus.
 - Check for symptoms that meets the criteria for short term exclusion from school.
 - Inform the person picking up the child of the requirements to return (see short term exclusion guidelines) and notify the HMHC
 - Document in ChildPlus.net
 - Notify FAP to follow up with parent/guardian

EXCLUSION GUIDELINES FOR SPECIFIC CONDITIONS

Parents of children with the following conditions should not bring the child to the Head Start Center until receiving a clearance letter from a Health Care Provider.

Parents/guardians are urged to notify the teacher when their child is known to have been exposed to a contagious disease outside of child care.

1. Chicken Pox	Stay at home until sores are all crusted over. Health care provider must sign a return to care authorization
2. Conjunctivitis (Pink Eye)	See a health care provider to obtain medication and a release to return to care authorization.
3. Hepatitis A	See health care provider to obtain a release to return to care authorization. Stay at home until all those who should be protected have received gamma globulin injections.



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4. Lice	Public health nurse must sign a release to return to care authorization, after treatment has begun. Treatment can be purchased at any pharmacy - over the counter.
5. Ringworm	Seek health care to obtain a release to return to care authorization & to receive medication.
6. Scabies	See health care provider to obtain a release to return to care authorization and to receive medication.
7. Strep Throat/Scarlet Fever	See health care provider to obtain a release to return to care authorization and to receive medication.
8. Pin worms	See health care provider to obtain a release to return to care authorization and to receive medication.
9. Vaccine Preventable Diseases (Measles, Mumps, Whooping Cough, Rubella, etc.)	Health care provider must sign a release to return to care authorization. These must be reported to the Health Department.
10. Drastic Changes in Behavior	See physician if the child has become unusually irritable, without energy, excessive sleep, overly active, withdrawn, etc.
11. Severe Respiratory Problems	See a physician for excessive coughing, sneezing, wheezing, labored or rapid breathing, or excessive runny nose (especially if drainage is thick green and yellow). Return with a statement stating they are not contagious.
12. Open Sores (including Hand, Foot, and Mouth Disease)	Child must see health care professional for open and/or runny sores on body or in mouth and bring statement stating not contagious.
13. Rash	A suspicious rash must be seen by health care provider to certify that it is not contagious.

IT IS NOT NECESSARY TO SEE A HEALTH CARE PROVIDER FOR THE CONDITIONS LISTED BELOW, UNLESS THE CONDITION IS PERSISTENT.

1. Diarrhea	Child has more than 2 loose stools. May return to care 24 hours after last loose stool without medication.
2. Fever	Child has an oral or under the arm temperature of 100 F or higher. The child may return to care when he/she is free of fever for 24 hours without medication.
3. Vomiting	Child may return to care 24 hours after last episode of vomiting.
4. Obvious Signs That Child Is Getting ILL	Child is listless, irritable, loss of appetite, etc. Child must stay home until symptoms have subsided.

1. When Performing Health Checks
 - a. Be at the child's level. Kneel down if you need to.

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- b. If child exhibits any sign of possible illness or the parent shares information about the child not feeling well, consult the HMHC.
- c. Look:
 - Is the child's behavior normal?
 - Does the child look pale or flushed?
 - Do you see a rash?
 - Do the child's eyes look red or pink?
 - Is there a discharge from the child's eyes, ears, or nose?
 - Is the child coughing or having difficulty breathing?
 - Does the child seem itchy?
- d. Listen:
 - How does the child sound?
 - What did the parent or child say?
 - Do you hear wheezing or abnormal sounds?
- e. Feel:
 - Does the child's body temperature feel abnormal?
 - Is the child shaking/shivering?



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Part 1302: Program Operations
Subpart D Health Program Services
Section: (1302.47) (b)(7)(iii)
Subject: Managing Children Who Appear Ill
Date Approved PC: January 12, 2022
Date Approved BD: January 13, 2022

Policy:

When any staff person observes that a child has signs and symptoms of an illness or a health condition for which the child may need to be sent home, the following steps are to be followed:

Procedure:

The instructional staff will:

1. Telephone the HMHC and report observations. The HMHC will give instructions by phone.
2. Inform the HMHC of any changes in the child's appearance/behavior.

The HMHC will:

1. If on site, provide care for the child
2. If not on site,
 - a. Determine if the child needs to be sent home. If the child is to remain in school but needs first aid, staff will be advised of appropriate first aid measures to be administered. Staff will document any first aid administered.
 - b. Determine that the child's condition
 - Is not communicable/contagious
 - If the child is too ill to remain in school, contact parent/guardian
 - The child will remain in the classroom with the instructional staff until the parent/guardian arrives. The instructional staff will closely monitor any changes in the child's appearance/behavior.
 - The HMHC will advise when 911 should be called. The HMHC will be responsible for contacting 911.
 - If the child is suspected of being contagious, a health provider (doctor) excuse will be needed to return to school.
 - c. If the HMHC is unable to contact the parent/guardian or emergency contacts. The FAP will assist.
3. If it is determined that a child has been diagnosed with a contagious/communicable disease.
 - a. Staff in the classroom will be informed in writing with directives
 - b. If a reportable illness is confirmed, letters will not be sent home, unless the Grantee and the State/County Health Department directs.



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4. Under NO CIRCUMSTANCES should instructional staff or FAP notify parents of any illness/suspected illness. Only the HMHC or Head Start Director will share this information.



Part 1302: Program Operations
Subpart D Health Program Services
Section: (1302.47) (b)(7)(i)
Subject: Identify Signs and Manage Symptoms Requiring Immediate
Emergency Medical Care
Date Approved PC: **January 12, 2022**
Date Approved BD: **January 13, 2022**

Policy:

Head Start will assume responsibility for the initiation of emergency and first aid measures should a need arise. Emergency procedures/numbers must be posted in each classroom. Instructional staff will be provided with an emergency medical booklet.

Procedure:

All Staff:

1. If a child is seriously ill, the instructional staff will inform the HMHC immediately. If the HMHC is not available, contact the Director. Depending upon the condition of the child, parent/guardian and 911 will be notified simultaneously.
2. If the child needs to be transported to the hospital a staff person accompanies the child, preferably the HMHC or the FAP.
 - a. Take a copy of the child's emergency contact information as well as the insurance information.
 - b. Staff will document the occurrence and the outcome in ChildPlus.net
 - c. The staff person will stay with the child until the parent/guardian assumes responsibility for the child.
 - d. The Director will be informed that a staff person will need a ride back from the hospital. **NO CHILD IS TO BE TRANSPORTED IN A STAFF PERSON'S VEHICLE FOR ANY REASON.**

Accident/Incident forms must be completed and filed in the child's folder. A copy of the form must be submitted to the HMHC, Education/Disability manager, and the Director.



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Part 1302: Program Operations
Subpart D Human Resources Management
Section: 1302.93
Subject: Staff Health and Wellness.
Date Approved PC: January 12, 2022
Date Approved BD: January 13, 2022

Policy:

The program assures that each staff member (including BOE staff and contractual staff) who works with Head Start children will have an initial health examination (that includes screening for tuberculosis) and a periodic re-examination. All potential new hires must have a TB skin test prior to hire and returning staff must adhere to a physical every 3 years and TB skin test annually.

Procedure:

1. This requirement is implemented consistent with the requirements of the Americans with Disabilities Act and section 504 of the Rehabilitation Act.
 - a.) All new staff must have a physical examination which certifies them to be free from any communicable diseases and that they are physically able to work with children ages 3-5 years. This document is submitted to the Fiscal/Human Resources Manager.
 - b.) Physical examinations will be required of every new employee at the time of hire and required every three years after the initial physical examination. Tuberculosis (TB) skin tests are updated yearly.
 - c.) Employees will be notified of their physical examination expiration date in May. No one will be allowed to attend pre-service training without proper documentation of the required physical.
 - d.) The Fiscal/Human Resources Manager will review all physical examination reports and share with the Health Coordinator for follow up as needed.

2. The following disciplinary actions will be implemented when an employee fails to adhere to the above policy and procedures:
 - a.) The employee will be suspended without pay for a maximum of five (5) working days.
 - b.) If proper documentation has not been received after five (5) working days, the employee will be subject to dismissal.

The program makes every effort to provide mental health and wellness information to all staff. Additional information will be made available to staff with concerns that may affect their job performance.



Part 1302: Program Operations
Subpart D Health Program Services
Section: 1302.47
Subject: COVID-19
Date Approved PC: January 12, 2022
Date Approved BD: January 13, 2022

Policy:

As we navigate the program year with COVID-19, modifications and the development of best practices are needed to mitigate the risk of spreading the novel coronavirus and other infectious diseases. This policy is designed to supplement the 1302: Subpart D, Health Program Services policies and procedures.

Procedure:

1. In reference to 1302.42, all participants will have a source of continuous/accessible healthcare and have a complete (up-to-date) physical, dental, and immunization record on file prior to entering the program. Health records must be valid at all times to remain in attendance. Records may be faxed, mailed, emailed, or delivered to the school prior to the expiration dates.
2. In reference to 1302.43, tooth brushing has been temporarily discontinued. Head Start will provide home dental kits to encourage tooth brushing at home.
3. In reference to 1302.44, children will be spread out as much as possible at the tables. Avoid family style meals. Avoid sharing food. Limit talking while eating. No parent/volunteer involvement with food service.
4. In reference to 1302.46, all meetings/conferences will be held via teleconference or virtually.
5. In reference to 1302.47, the Quality Assurance team will consist of the Administrative staff, FAP, and maintenance staff. Instructional staff will sanitize/disinfect commonly touched areas throughout the day, especially after touching/using. Instructional staff will sanitize the bathroom in between each child. Social distancing will be maintained during safety drills. Staff will “double glove” when handling body fluids. Staff will follow all blood borne pathogen precautions.
6. In reference to 1302.47 (Sick Child policy), children with diarrhea, fever, vomiting, and undiagnosed respiratory issues will be excluded from attendance until he/she is free from symptoms for 72 hours without medication intervention. Daily health checks (including temperature checks) will be done immediately, upon arrival to the center. Health checks will be entered immediately in ChildPlus, Daily Health Check tab. A child that is deemed sick will be removed from class immediately and placed in the sick room, parents will be



notified to pick up their child immediately (follow the sick child policy). (We do not diagnose we just report physical and observable symptoms) Children temp checks will be done at arrival and again at lunch time.

7. In reference to 1302.93, all staff are required to submit an updated physical and TB test no more than 30 days prior to the return to campus. Staff will be required to complete a self-assessment questionnaire prior to the first day on campus and then weekly thereafter, before 6 p.m. on Sundays until further notice.

Hygiene Practices

- **Personal Protective Equipment**

Based on the recommendation of the CDC, we will require the use of certain personal protective equipment. Disposable gloves are no substitute for hand washing. Gloves shall be changed between each child and when visibly soiled. Gloves must be removed without touching the outside of the glove. Use of protective face coverings while at work is required until further notice. Face shields, reusable, and disposable mask may be provided to staff members. Staff will use their own face mask. Staff members are responsible for the cleaning and care of reusable masks. Disposable masks are to be replaced if they become wet or soiled. Face coverings may be removed in order to eat or drink; care must be taken not to touch the outside surface, where contamination may exist.

- **Disinfection and cleaning**

Note: Only cleaning and disinfecting products provided by the program are to be used.

Responsibilities

Teachers are responsible for frequently cleaning and disinfecting children's work areas throughout the day, and provide a thorough classroom/common area disinfecting before drop off and pick up. Teachers shall remove toys from their classroom after each use and place them in a tub/bin to be sanitized. Toys made of fabric/cloth and dress up materials must be removed from the classroom until further notice. Books will also be rotated daily from the classrooms allowing books five days before being reintroduced to the room.

- **Daily:**
 - Empty all waste receptacles and replace liners.
 - Sweep and mop classroom floors.
 - Vacuum carpeted areas thoroughly.
 - Disinfect glass in doors and windows.
 - Allow fresh air in classroom.
 - Disinfect commonly touched areas (tables, doorknobs, light switches, countertops, handles, desks, faucets, phones, sinks, keyboards, mouse, toilets) Keyboards, phones, mouse, and toilets are to be disinfected in between each person.
- **Weekly:**
 - Launder reusable mask, blankets, and other items according to the manufacturer's instructions. Use the warmest appropriate/available water settings and dry items completely. Wear disposable gloves when handling dirty laundry.

Health Program Services



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Administrative staff members are responsible for frequently cleaning and disinfecting areas in which they work and that are commonly touched. Examples of these commonly touched areas include desks/workstation surfaces, keyboards, mouse, phones, printers, and copiers. Staff members shall use hygienic practices when using the restroom, clean up behind yourself. Empty your personal waste receptacle and replace liners. This is not an all-inclusive list.

Maintenance staff will clean and disinfect common areas like bathrooms and hallways. Maintenance staff will do a deep cleaning/disinfecting if someone is sick:

- Close off areas used by the person who is sick.
- Open outside doors and windows to increase air circulation in the area. If possible, use fans to vent air outside of the room.
- Wait 24 hours before cleaning or disinfecting. If 24 hours is not feasible, wait as long as possible.
- Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, common areas, and shared electronic equipment.
- Vacuum the space if needed. Do not vacuum a room or space that has people in it. Wait until the room or space is empty to vacuum. Turn off room fans and the central HVAC system that services the room or space, so that particles that escape from vacuuming will not circulate throughout the facility.
- Once an area has been appropriately disinfected, it can be opened for use.
- If more than 7 days since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.



Part 1302: Program Operations
Subpart D Health Program Services
Section: (1302.47) (b)(S)(iii)
Subject: Playground Safety
Date Approved PC: May 11, 2022
Date Approved BD: May 12, 2022

Policy:

All staff and consultants will follow appropriate practices to keep children safe during all activities, including appropriate indoor and outdoor supervision of children at all times. Routine safety inspections, appropriate supervision and rules will be established and maintained to assure child safety during outdoor play. LCBOE Head Start will follow the Consumer Product Safety Commission and National guidelines related to playground safety.

Procedure:

1. Teachers will conduct daily inspections of the playground. The inspection will include but not be limited to the search for glass, chipped paint, rust, and other sharp objects. Suspicious persons do not have any legitimate reason being in or around the playground area. Search areas underneath play structures and swings for the depth of ground cover, (bark chips, sand, etc.) to be adequate, (at least 12 inches). Other dangers may include: poisonous or hazardous foliage including sharp branches, thorns, poisonous mushrooms, bee or wasp nests and wood structures that have sharp splinters, bolts, nails, etc. Hazards will be reported immediately to maintenance, the education manger, and/or the health coordinator. Children will play in alternate play area until the playground is deemed safe by the Quality Assurance team.
2. The Quality Assurance team should inspect the playground several times throughout the program year, focusing on these areas: Movable play structures must only be located on a cushioned surface (with 6 feet of space on all sides) in an area that is at least 6-8 feet away from jumping (from structures) and running zones.
3. Some equipment located on public school playgrounds is inappropriate for the ages of Head Start children (ex: monkey bars, chain and net climbers, free standing arch climbers, sliding poles). Head Start children should not be allowed to play on these structures and should be instructed to only play on the structures that are age appropriate.
4. Staff should be familiar with the CPSC Playground Safety Checklist. Each center will have a copy of the Playground Safety Handbook as a reference.
5. If vandalism is a problem with a site's playground, mechanisms to prevent vandalism should be explored.



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6. Staff will routinely go over playground safety rules with children and consistently reinforce the rules. These rules should be written and include appropriate pictures or visual cues and should encompass:
 - a. Training for staff regarding playground safety will be developed based on the CPSC Public Playground Safety Handbook as a reference. Each center will have a copy of the Playground Safety Handbook as a reference.
 - b. Establishment of areas that are safe for running (i.e., not under play structures where a child might be jumped on).
 - c. Establishment of playground boundaries if fences are not present. In this case some type of visual marker must be used and introduced to children as the playground boundary.
 - d. Appropriate places to jump off play structure. Safety rules related to elevated areas where children of this size and age should not be jumping: Anything at or above four feet is too high for children of this age to safely jump from.
 - e. Appropriate play for slide safety: Sitting down facing frontward on slide is considered safe. Unsafe slide play would be laying down head first, sitting down backwards, climbing up slide, jumping off top of slide, etc.
 - f. Sand play: throwing, eating, putting down clothing, etc.
 - g. Safety regarding found objects, (e.g.- glass, trash, insects)
7. Tricycle play:
 - a. Talk about traffic safety (driver and pedestrian) rules when going over trike safety. Establish a specific direction of travel and safe location for children to ride without running into pedestrians. Add crosswalks if necessary.

Supervision of Children on the Playground:

1. There will always be a minimum of two staff on the playground during outdoor play. The ratio must never fall below 1 Head Start staff per 10 children and more commonly should be at 1 Head Start staff per 8 (or less) children. (Note: This ratio specifically clarifies that only Head Start staff will be considered the supervising adults when children are on the playground, parents and volunteers can increase the ratio of adults to children but they will at no time replace the Head Start staff to child ratio which is 1-10 or 1-8).
2. Staff must be strategically located on the playground so that they are on opposite sides of the play structure and situated so that all the children are within view at all times.
3. First Aid kits must always be taken and carried by a staff person when the children are engaged in outdoor play. First aid kits carry items that pose potential risks to children and are not to be placed on a bench or other area where they are in reach of children or can be picked up by others.