

Education Service Center, Region 20
Head Start Program

Procedure or Form Title	Reporting Child Health & Safety Incidents
Timeline	Throughout the school year
Location of Documentation	Child File – Health, Dental & Nutrition Services, Parent Center, locked file cabinet
Performance Standard	ACF-OHS-IM-24-06

Procedural Steps	
1.	The Head Start Program Performance Standards (HSPPS) at <u>45 CFR §1302.102(d)(1)(ii)</u> require programs to “report, as appropriate, to the responsible HHS official immediately but no later than 7 calendar days following the incident, related to: (A) Any significant incident that affects the health or safety of a child that occurs in a setting where Head Start services are provided and that involves: (1) A staff member, contractor, or volunteer that participates in either a Head Start program or a classroom at least partially funded by Head Start, regardless of whether the child receives Head Start services; or (2) A child that receives services fully or partially funded by Head Start or a child that participates in a classroom at least partially funded by Head Start.” OHS places the utmost priority on child health and safety. Research shows the impact of child abuse and child maltreatment is associated with adverse health and mental health outcomes in children and families, and those negative effects can last a lifetime. Preventing significant incidents that affect children’s health and safety in Head Start programs is everyone’s responsibility.
2.	A program must report all significant incidents affecting the health and safety of children. OHS requires mandated reporting for any mandated reports regarding agency staff or volunteer compliance with Federal, State, or local laws addressing child abuse and neglect or laws governing sex offenders; serious harm or injury of a child resulting from lack of preventative maintenance; serious harm, injury, or endangerment of a child resulting from lack of supervision; and, any unauthorized release of a child, or violates Head Start standards of conduct at <u>45 CFR §1302.90(c)(1)(ii)</u>.
3.	1302.90 Personnel Policies (c) Standards of conduct (1) A program must ensure all staff, consultants, contractors, and volunteers abide by the program’s standards of conduct that: (i) Ensure staff, consultants, contractors, and volunteers implement positive strategies to support children’s well-being and prevent and address challenging behavior; (ii) Ensure staff, consultants, contractors, and volunteers do not engage in behaviors that maltreat or endanger the health or safety of children, including, at a minimum: (A) Corporal punishment; or physically abusive behavior, defined as intentional use of physical force that results in, or has the potential to result in, physical injury. Examples include, but are not limited to, hitting, kicking, shaking, biting, pushing, restraining, force feeding, or dragging; (B) Sexually abusive behavior, defined as any completed or attempted sexual act, sexual contact, or exploitation. Examples include, but are not limited to, behaviors such as inappropriate touching, inappropriate filming, or exposing a child to other sexual activities;

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	(C) Emotionally harmful or abusive behavior, defined as behaviors that harm a child’s self worth or emotional well-being. Examples include, but are not limited to, using seclusion, using or exposing a child to public or private humiliation, or name calling, shaming, intimidating, or threatening a child; and (D) Neglectful behavior, defined as the failure to meet a child’s basic physical and emotional needs including access to food, education, medical care, appropriate supervision by an adequate caregiver, and safe physical and emotional environments. Examples include, but are not limited to, leaving a child unattended on a bus, withholding food as punishment or refusing to change soiled diapers as punishment; (iii) Ensure staff, consultants, contractors, and volunteers report reasonably suspected or known incidents of child abuse and neglect, as defined by the Federal Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C. 5101 note) and in compliance with Federal, State, and local laws; (iv) Ensure staff, consultants, contractors, and volunteers respect and promote the unique identity of each individual and do not stereotype on any basis, including gender, race, ethnicity, culture, religion, disability, sexual orientation, or family composition; (v) Require staff, consultants, contractors, and volunteers to comply with program confidentiality policies concerning personally identifiable information about children, families, and other staff members in accordance with subpart C of part 1303 of this chapter and applicable Federal, State, local, and Tribal laws; (vi) Ensure no child is left alone or unsupervised; (vii) Ensure no child is released to an Unauthorized individual (must be 18 years or older) from a Head Start facility, bus, or other approved program transportation to a person without the permission or authorization of a parent or legal guardian, and whose identity has not been verified by photo identification. (2) Personnel policies and procedures must include appropriate penalties for staff, consultants, and volunteers who violate the standards of conduct. (d) Communication with dual language learners and their families. (1) A program must ensure staff and program consultants or contractors are familiar with the ethnic backgrounds and heritages of families in the program and are able to serve and effectively communicate, either directly or through interpretation and translation, with children who are dual language learners and to the extent feasible, with families with limited English proficiency. (2) If a majority of children in a class or home-based program speak the same language, at least one class staff member or home visitor must speak such language. 1302.94 Volunteers (a) A program must ensure volunteers have been screened for appropriate communicable diseases in accordance with State, Tribal or local laws. In the absence of State, Tribal or local law, the Health and Mental Health Services Advisory Committee must be consulted regarding the need for such screenings. (b) A program must ensure children are never left alone with volunteers.
4.	It is not possible to provide an exhaustive list of incidents that threaten children’s health and safety. However, OHS considers the following types of incidents to require submission of a report, identified in steps 5 – 9 below.
Procedural Steps	
5.	Any mandated reports regarding agency staff or volunteer compliance with federal, state, or local laws addressing child abuse and neglect, or laws governing sex offenders , such as if the program becomes aware of a report of suspected child abuse identifying program staff or volunteers as potential perpetrators.
6.	Suspected or known maltreatment or endangerment of a child by staff, consultants, contractors, and volunteers such as:
	Teachers Assistants

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	<u>Corporal punishment or physically abusive behavior</u> - intentional use of physical force that results in, or has the potential to result in, physical injury. Examples may include, but are not limited to, hitting, kicking, shaking, biting, pushing, restraining, force feeding, or dragging. <u>Sexually abusive behavior</u> - any completed or attempted sexual act, sexual contact, or exploitation. Examples may include, but are not limited to, behaviors such as inappropriate touching, inappropriate filming, or exposing a child to other sexual activities. <u>Emotionally harmful or abusive behavior</u> - behaviors that harm a child's self-worth or emotional well-being. Examples may include, but are not limited to, using seclusion, exposing a child to public or private humiliation, or name calling, shaming, intimidating, or threatening a child. <u>Neglectful behavior</u> - failure to meet a child's basic physical and emotional needs, including access to food, education, medical care, appropriate supervision by an adequate caregiver, and safe physical and emotional environments. Examples may include, but are not limited to, leaving a child unattended on a bus, withholding food as punishment, or refusing to change soiled diapers as punishment.	Class Monitors Management Team FSA
7.	Serious harm or injury of a child resulting from lack of preventative maintenance of a Head Start facility (e.g., in a classroom, bathroom, on a playground), bus, or other approved program transportation. Serious injuries require immediate professional medical attention, such as hospitalization, including for example: broken bones, severe sprains, chipped or cracked teeth, head trauma, deep cuts, contusions or lacerations, and animal bites	Teachers Assistants Class Monitors Management Team FSA
8.	Serious harm, injury, or endangerment of a child resulting from lack of supervision while in the care or under the supervision of program staff. Lack of supervision includes leaving a child alone and unattended anywhere on the grounds of a Head Start facility (e.g., in a classroom, bathroom, on a playground), as well as outside in a parking lot, on a nearby street, or on a bus or another program-approved transportation or excursion while under the care of the Head Start program. <u>Endangerment</u> involves conduct that puts children at reasonable risk of harm and can be considered similar to supervisory neglect or failure to supervise. Examples of endangerment can include, but are not limited to: -Leaving children in situations where they have access to dangerous chemicals or toxins, choking hazards, or life-threatening substances, -Unsupervised or unrestricted exposure to vehicular traffic, extreme temperatures, risk of drowning, or risk of leaving the facility alone, -Leaving children alone with access to unknown or unauthorized adults, -Leaving a child unsupervised such that their basic needs are not met, -Knowingly failing to protect a child from maltreatment perpetrated by another caregiver in the program When determining whether lack of supervision resulted in endangerment, the ESC-20 program will examine each situation on a case-by-case basis and consider factors such as: the child's age and developmental needs, the length of time the child was left unsupervised, and the inherent dangers of the child's unsupervised environment.	Teachers Assistants Class Monitors Management Team FSA
9.	Unauthorized release from a Head Start facility, bus, or other approved program transportation to a person without the permission or authorization of a parent or legal guardian and whose identity had not been verified by photo identification.	Teachers Assistants Class Monitors Management Team

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		FSA
10.	Preventative Measures: Action Plan ● Training ○ 1st Teacher HV – add section to ask parents to be patient with teachers returning their cell phone calls until they are on break or the end of the day. ○ Roles & Responsibilities – add to the teacher and assistant document to only return cell phone calls from parents when they are on break or at the end of the day. ○ Relocate the Standards of Conduct at the beginning of the Roles & Responsibilities document ○ Pre-service training focus on child safety, adult behaviors, ACES, active supervision, removal of benches / chairs from playground, more mental health staff support ○ One-on-one training throughout the school year to focus on the individual concerns. ○ Utilize online training module for Active Supervision. ● Social Emotional Learning ○ Embed <i>Conscious Discipline</i> into the Frog Street instructional curriculum and daily schedule / routines, however it is not embedded into Creative Curriculum. ○ Extended DECA training and use of strategies for teachers ● Ongoing Monitoring ○ Management and FSA staff focus on observing classroom staff treatment of children ○ Staff training on required reporting to program leaders / OHS ○ Staff documentation in monitoring system about direct conversations held with classroom staff ● Collaborative Support from Partnership School Districts ○ Review safety procedures. ○ Add safety behaviors to annual financial contract. ○ Learn from school districts about the different efforts on campus, such as Capturing Kids Hearts, Leader in Me, PBIS, etc. that also helps support child safety and social emotional learning.	Program Coordinator Component Director Management Team FSA Class Monitors Campus Administrator Teachers Assistants
11.	Reporting Documentation – The Critical Incident Report form will be used to document any reportable incident. ● A Critical Incident Report is completed by the Head Start staff that was made aware of the situation, using an ink pen, within 24 hours of being aware. ● No spaces are left blank on the Critical Incident Report. Each field must be completed to provide full documentation and description of the incident. ● The staff reporting the incident will write a detailed description of what happened as it was witnessed by them or reported to them. ● If there are additional witnesses to the incident, the witness will write a detailed description of what they witnessed on page 2 of the form. <u>Note: If another adult was present, but did not witness the accident, that adult will still provide a statement saying they were present, but did not witness the accident.</u>	Program Coordinator Campus Administrator Component Director Safety Facilitators Teacher Assistant

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	• The program Coordinator follows-up with the campus administrator to ensure that needed support and resources have been made available to everyone working with the incident. • The reporting Head Start staff also report the incident to their campus administrator and school nurse.	
12.	Reporting To - For reporting significant incidents regarding the health and safety of children in Head Start programs, the responsible HHS official is the program specialist assigned to your grant or the regional program manager. • Once the program Critical Incident Report – Teacher Form has been completed by the classroom staff and submitted to the Safety Facilitator to follow-up with the parent, it is given to the program Coordinator. • The program Coordinator and Component Director work together to complete the Child Health & Safety Incident Report – OHS Form. • The Component Director emails both the Child Health & Safety Incident Report – OHS Form and Critical Incident Report – Teacher Form to the Regional Office Program Manager.	Component Director Program Coordinator
13.	Timeframe for Reporting - HSPPS 45 CFR §1302.102(d)(1)(ii) requires programs to submit reports, as appropriate, to the responsible HHS official immediately or as soon as practicable. OHS interprets “immediately or as soon as practicable” to mean without delay, but no later than seven calendar days following an incident. Head Start programs should not wait for adjudication through local or state officials. Incidents must be reported to OHS staff within seven days of the incident, regardless of investigations by relevant local, state, tribal, or federal law enforcement.	Component Director Program Coordinator
14.	Consequences for Failure to Report - To make sure programs report significant incidents to their assigned program specialist or regional program manager, OHS reviews publicly available information and reports from the grant period to identify any child health and safety incidents. If OHS discovers a program failed to report a significant incident within seven calendar days from the time of the incident, the program will receive a monitoring finding, which may include a deficiency determination. It is important to report all incidents involving Head Start staff that affect the health and safety of young children in early childhood settings, including those not funded by Head Start dollars. These actions have broader implications for all children served in the program. For this reason, the requirement to report applies to incidents involving Head Start staff, and volunteers in all settings, including blended classrooms.	Component Director Program Coordinator
15.	Input to Procedure – The Reporting Child Health & Safety Incidents procedure has been reviewed with the ESC-20 Board, Head Start Policy Council, and Health Services Advisory Committee (HSAC). Each group has provided input and approved the procedure with Action Plan steps embedded. • HSAC – The committee met on February 28, 2023 to review, discuss and provide input to the Reporting Child Health & Safety Incidents procedure. • Policy Council – October 16, 2025 • ESC-20 Board – October 29, 2025	Component Director

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