

**Subpart D-Health Program Services**  
**Section 1302.40-1302.47**

**Head Start Performance Standard**

**§1302.40 Purpose.**

- (a) 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.

**Plan of Action**

The W.H. Burnett Head Start program is committed to wellness and embraces a comprehensive vision of physical and mental health for children. The agency will support healthy physical development by promoting practices of wellness and illness/injury prevention as well as promoting positive, culturally relevant health and safety behaviors that enhance well-being. The Performance Standards are met and exceeded in all these areas.

**Monitoring Plan**

List of community health care providers, child's health file and health & developmental history, health follow-up plans, reports of team meetings, referrals, screening and diagnostic protocols in students' files, letters to parents, resource guide receipt, observation of classroom and outdoor environments, safety checklist, daily schedules, and maintenance file

**Person (s) Responsible**

HS Director, Education Manager, Disabilities Manager, Health & Family Services Manager, classroom aides, floaters, TISD maintenance dept.

### **Timeline**

August-May

#### **§1302.41 Collaboration and communication with parents.**

(a) For all activities described in this part, programs must collaborate with parents as partners in the health and well-being of their children in a linguistically and culturally appropriate manner and communicate with parents about their child's health needs and development concerns in a timely and effective manner.

(b) At a minimum, a program must:

(1) Obtain advance authorization from the parent or other person with legal authority for all health and developmental procedures administered through the program or by contract or agreement, and, maintain written documentation if they refuse to give authorization for health services; and,

(2) Share with parents the policies for health emergencies that require rapid response on the part of staff or immediate medical attention.

### **Plan of Action**

Our program partners with HS parents in regards to the health and well-being of their children. We communicate with parents in a linguistically and culturally appropriate manner about their child's health needs and development concerns in a timely and effective manner.

Parents are educated and familiarized with the use and rationale for all health and developmental procedures, whether such procedures are done through the program or by way of a contract or agreement. Procedures that are mandated by the State of Texas will be performed regardless of parent permission. Parents will receive a consent form for the non-state mandated procedures. The child's parent/guardian must authorize all health and developmental procedures in advance. The results of these procedures are shared with the parents throughout the process so they are involved and informed of the progress. In this way, the parents are active participants in all of the procedures involving their child.

The object here is to explain how we let parents know our policies. to parents, the following methods are established as procedures: Emergency numbers for the children are posted with a cover sheet on the filing cabinet. The emergency response systems' telephone numbers are posted. Authorization for the emergency care of each child is located in his or her comprehensive file.

Move this paragraph up to the discussion of the consents. If the parent or guardian of a child refuses to give authorization for health services, the Health & Family Services Manager speaks with the parent or guardian in an effort to explain the importance of and possible outcomes of refusing such procedures-treatment. If the parent continues to refuse authorization, the Health/FS Manager and Family Services Staff document the refusal in the child's file.

### **Monitoring Plan**

Trainings, classroom observations, staff records, Health Policies and Procedures, bulletin, posting of emergency numbers

**Person (s) Responsible**

Education Manager, Family Service Staff, Health & Family Services Manager

**Timeline**

August-May

**§1302.42 Child health status and care.**

**(a) Source of health care.**

(1) A program, within 30 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, must consult with parents to determine whether each child has ongoing sources of continuous, accessible health care – provided by a healthcare professional that maintains the child's ongoing health record and is not primarily a source of emergency or urgent care – and health insurance coverage.

(2) If the child does not have such a source of ongoing care

and health insurance coverage or access to care through the Indian Health Service, the program must assist families in accessing a source of care and health insurance that will meet these criteria, as quickly as possible.

### **Plan of Action**

This is a 30 day deadline, so we need to determine how we are going to obtain the information in a timely manner. At the time of the initial interview (when is this?) at registration, the person(s) reviewing the medical history makes the initial determination as to a source of ongoing care. If no ongoing source of care is determined, then the interviewer provides the family with information regarding local health care and insurance providers from the Community Resources on Child Plus. ~~Parents are introduced to the Community Resource Guide during registration or at the first home visit, which lists area-wide medical services and providers available for Head Start families.~~

### **Monitoring Plan**

List of community health care providers, child's health file, health & developmental history

### **Person (s) Responsible**

Health & Family Services Manager, Family Service Staff

### **Timeline**

March-Ongoing

#### **(b) Ensuring up-to-date child health status.**

(1) Within 90 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, with the exceptions noted in paragraph (b)(3) of

this section, a program must:

(i) Obtain determinations from health care and oral health care professionals as to whether or not the child is up-to-date on a schedule of age appropriate preventive and primary medical and oral health care, based on: the well-child visits and dental periodicity schedules as prescribed by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the state in which they operate, immunization recommendations issued by the Centers for Disease Control and Prevention, and any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems;

(ii) Assist parents with making arrangements to bring the child up-to-date as quickly as possible; [this needs to be done by](#) and, if necessary, directly facilitate provision of health services to bring the child up-to-date with parent consent as described in [§1302.41\(b\)\(1\)](#).

(2) Within 45 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, a program must either obtain or perform evidence-based vision and hearing screenings.

(3) If a program operates for 90 days or less, it has 30 days from the date the child first attends the program to satisfy paragraphs (b)(1) and (2) of this section.

(4) A program must identify each child's nutritional health needs, taking into account available health information,

including the child's health records, and family and staff concerns, including special dietary requirements, food allergies, and community nutrition issues as identified through the community assessment or by the Health Services Advisory Committee.

### **Plan of Action**

The staff obtains children's health history information during registration. The Health & Family Services Manager reviews the Health Histories for pertinent information, and if needed, refers to the appropriate professional.

The Health & Family Services Manager and Family Service staff will determine whether the child is up to date on required medical, dental, and health records in keeping with the Texas Health Steps guidelines. TB and lead questionnaires are provided at orientation and sometimes at the doctor visit. In addition, each Head Start child must have a completed physical and dental exam by a health care provider within [45/90] days of enrollment as required. If updated documents are needed prior to or within months of school beginning, parents receive a reminder of the health events due (form signed during registration).

The child's immunization records are checked regularly and parents receive reminder letters and a phone call before the child's immunizations are due. Parents are referred to health care providers listed in the Community Resource Guide. The Health & Family Services Manager assists with appointments and provides transportation as necessary to ensure that each Head Start child is current with the EPSDT Periodicity schedule. All immunization records are updated as needed and placed in the child's Head Start file.

Parents are educated and familiarized with the use and rationale for all health and developmental procedures, whether such procedures are done through the program or by way of a contract or agreement. The child's parent/guardian must authorize all health requirements in advance. The results of these diagnostic and treatment procedures, administered by the program, are shared with the parents throughout the process so they are involved and informed of the progress. In this way, the parents are active participants in all of the procedures involving their child.

Screenings are conducted within 45 calendar days of the child's entering the Head Start program. Screenings include the developmental, visual, auditory, behavioral, and other areas as required in the Performance Standards and Regulations. The child is provided language accommodations to ensure accuracy and fairness of these screening procedures. If the child enrolled after or was absent on the scheduled screening dates, accommodations are made to ensure the screenings are completed.

After screenings and classroom/child observations, the Mental Health Consultant reviews all related findings to address needs. The child's documents are reviewed prior to a meeting with parents to discuss cognitive, education, vision, and hearing results to determine the next step in the assessment process. If indicated, there may be further assessment or a referral.

The developmental profile of each child includes academic/health screening results, observations from parents, staff, and professionals, and staff notes on social interactions. These multiple sources, as



many as applicable, are used to help understand each child's development and behavior.

### **Monitoring Plan**

Child's health file, Child Plus reports, health events due form, health tracking reports, ASQSE screening results, referral tracking forms, referrals, and reports of team meetings

### **Person (s) Responsible**

Medical Assistant, Health & Family Services Manager, Family Service staff

### **Timeline**

August - May

#### **(c) Ongoing care.**

- (1) A program must help parents continue to follow recommended schedules of well-child and oral health care.
- (2) A program must implement periodic observations or other appropriate strategies for program staff and parents to identify any new or recurring developmental, medical, oral, or mental health concerns.
- (3) A program must facilitate and monitor necessary oral health preventive care, treatment and follow-up, including topical fluoride treatments. In communities where there is a lack of adequate fluoride available through the water supply and for every child with moderate to severe tooth decay, a program must also facilitate fluoride supplements, and other necessary preventive measures, and further oral health treatment as recommended by the oral health professional.

**Plan of Action**

At the time of registration, the person(s) reviewing the medical history makes the initial determination as to a source of ongoing care. If no ongoing source of care is determined, then the interviewer provides the family with information regarding local health care providers. In addition, parents are introduced to the Community Resource Guide, preventive health measures, new health concerns, and strategies from the program, the community health professionals, and the Health Services Advisory Committee.

**Monitoring Plan**

List of community health care providers, child's health file, health & developmental history, Community Resource Guide, parent letters, Health Services Advisory Committee minutes

**Person (s) Responsible**

Medical Assistant, Health & Family Services Manager, Family Service staff

**Timeline**

August – May

**(d)Extended follow-up care.**

(1) A program must facilitate further diagnostic testing, evaluation, treatment, and follow-up plan, as appropriate, by a licensed or certified professional for each child with a health

problem or developmental delay, such as elevated lead levels or abnormal hearing or vision results that may affect child's development, learning, or behavior.

(2) A program must develop a system to track referrals and services provided and monitor the implementation of a follow-up plan to meet any treatment needs associated with a health, oral health, social and emotional, or developmental problem.

(3) A program must assist parents, as needed, in obtaining any prescribed medications, aids, or equipment for medical and oral health conditions.

### **Plan of Action**

During the registration period and/or home visits, parents are informed of the resources available to them in the community. In addition, staff members share a Community Resource Guide with parents that includes resources for medical and dental conditions. To make sure follow-up procedures are successfully implemented, parents will receive reminder letters, phone calls, and/or home visits when needed. In the event that a family is in need of assistance, the Health & Family Services Manager intervenes to facilitate the support and resources necessary to the situation.

### **Monitoring Plan**

Health follow-up plans, reports of team meetings, referrals, screening and diagnostic protocols in students' files, letters to parents, partnerships with local health care providers, and Community Resource Guide receipt

**Person (s) Responsible**

Medical Assistant, Health & Family Services Manager, Family Service staff, Disabilities Manager, Mental Health Coordinator, teachers, parents

**Timeline**

August - May

**(e) Use of funds.**

(1) A program must use program funds for the provision of diapers and formula for enrolled children during the program day.

(2) A program may use program funds for professional medical and oral health services when no other source of funding is available. When program funds are used for such services, grantee and delegate agencies must have written documentation of their efforts to access other available sources of funding.

**Plan of Action**

If the parent does not have financial means, medical/dental insurance, CHIP, or Medicaid to cover the child's medical expenses or supplies, the Health & Family Services Manager will review the family file and make a recommendation to the Head Start Director. If all efforts fail, the Head Start Director will review the family's information and interview the parents. Head Start funds will only be used as a last resort. After all other means of payment are exhausted and proper written documentation of these efforts are completed, community resources are enlisted to supplement the cost.

The parents will then be required to sign a Financial Assistance Agreement, stating that they do not have insurance and are unable to afford treatment.

**Monitoring Plan**

IEP, health tracking report, referral, Community Resource Guide, Head Start budget

**Person (s) Responsible**

Medical Assistant, Health & Family Services Manager, Disabilities Manager, Family Services staff, Head Start Director, teachers

**Timeline**

Ongoing

### **§1302.43 Oral health practices.**

A program must promote effective oral health hygiene by ensuring all children with teeth are assisted by appropriate staff, or volunteers, if available, in brushing their teeth with toothpaste containing fluoride once daily.

#### **Plan of Action**

The children's daily routine will include dental care, with teeth brushing after breakfast and fluoride toothpaste is always used. There are also videos and books available for the teaching of proper dental care techniques. With the cooperation of the parents, Head Start staff help to schedule health treatments for the children. Part of that treatment includes a dental exam, which is considered one of many necessary aspects of preventive dental measures.

#### **Monitoring Plan**

Daily schedule, observation, health follow-up plans, reports of team meetings, referrals, screening and diagnostic protocols in students' files, letters to parents, Community Resource Guide receipt

#### **Person (s) Responsible**

Medical Assistant, Health & Family Services Manager, Disabilities Coordinator, teachers, parents, Family Service staff

#### **Timeline**

Ongoing

#### **§1302.44 Child nutrition.**

##### (a) Nutrition service requirements.

(1) A program must design and implement nutrition services that are culturally and developmentally appropriate, meet the nutritional needs of and accommodate the feeding requirements of each child, including children with special dietary needs and children with disabilities. Family style meals are encouraged as described in § [1302.31 \(e\)\(2\)](#).

(2) Specifically, a program must:

- (i) Ensure each child in a program that operates for fewer than six hours per day receives meals and snacks that provide one third to one half of the child's daily nutritional needs;
- (ii) Ensure each child in a program that operates for six hours or more per day receives meals and snacks that provide one half to two thirds of the child's daily

nutritional needs, depending upon the length of the program day;

(iii) Serve three- to five-year-olds meals and snacks that conform to USDA requirements in 7 CFR parts 210, 220, and 226, and are high in nutrients and low in fat, sugar, and salt;

(iv) Feed infants and toddlers according to their individual developmental readiness and feeding skills as recommended in USDA requirements outlined in 7 CFR parts 210, 220, and 226, and ensure infants and young toddlers are fed on demand to the extent possible;

(v) Ensure bottle-fed infants are never laid down to sleep with a bottle;

(vi) Serve all children in morning center-based settings who have not received breakfast upon arrival at the program a nourishing breakfast;

(vii) Provide appropriate healthy snacks and meals to each child during group socialization activities in the home-based option;

(viii) Promote breastfeeding, including providing facilities to properly store and handle breast milk and make accommodations, as necessary, for mothers who wish to breastfeed during program hours, and if necessary, provide referrals to lactation consultants or counselors; and,

(ix) Make safe drinking water available to children during the program day.

(b) Payment sources. A program must use funds from USDA Food, Nutrition, and Consumer Services child nutrition programs as the primary source of payment for meal services. Early Head Start and



Head Start funds may be used to cover those allowable costs not covered by the USDA.

### **Plan of Action**

Relevant nutrition related assessment data is obtained for each child following enrollment in order for the Food Service Director to consider the composition of the district when planning menus. A variety of food is offered in an effort to teach about the broad and diverse tastes of our enrolled students. While breakfast is served in the classroom, the nutritional setting reflects a family-style atmosphere of dining during lunch.

TISD Head Start follows and is funded by the National School Lunch and Breakfast Guidelines, as well as the Texas Public School Nutrition Policy; snacks are funded by the Child and Adult Care Food Program (CACFP). The nutritional needs and feeding requirements of each child are accommodated, including those with special dietary needs. A variety of fruits and vegetables as well as other healthy foods are offered to children in order to expand their healthy choices.

The food personnel follow the National School Lunch and Breakfast Requirements. All children are provided with a nourishing breakfast, and late arrivers are served food even if it is past the time designated for school breakfast to be eaten. By serving the child breakfast, lunch, and snack, the child receives at least 1/2 to 2/3 of their daily nutritional needs.

Our children are introduced to and encouraged to eat a wide variety of food. If a child refuses to eat or drink any particular offering, they are not forced to do so but rather are re-introduced to that item at a later time. Adults sit and eat with the children

during meals in an informal setting. The adults interact with children to guide and encourage appropriate mealtime conversation, proper napkin and utensil use, good manners, and eating behavior. Our eating time periods are intentionally scheduled to support instructional time, yet allow for maximum flexibility. It is in each child's best interest to eat an appropriate portion, and if a child needs extra time to do so, an assistant is assigned to monitor the student until they complete their meal. Food cannot be withheld as a punishment or used as a reward. Safe drinking water is made available to children during the program day.

### **Monitoring Plan**

Monthly meal invoices, breakfast and lunch menus, observations, breakfast participation report

### **Person (s) Responsible**

Health & Family Services Manager, Food Services, Head Start staff

### **Timeline**

Ongoing

## **§1302.45 Child mental health and social and emotional well-being.**

(a) Wellness promotion. To support a program-wide culture that promotes children's mental health, social and emotional well-being, and overall health, a program must:

- (1) Provide supports for effective classroom management and positive learning environments; supportive teacher practices; and, strategies for supporting children with challenging behaviors and other social, emotional, and mental health concerns;
- (2) Secure mental health consultation services on a schedule of sufficient and consistent frequency to ensure a mental health consultant is available to partner with staff and families in a timely and effective manner;
- (3) Obtain parental consent for mental health consultation services at enrollment; and,
- (4) Build community partnerships to facilitate access to additional mental health resources and services, as needed.

(b) Mental health consultants. A program must ensure mental health consultants assist:

- (1) The program to implement strategies to identify and support children with mental health and social and emotional concerns;
- (2) Teachers, including family child care providers, to improve classroom management and teacher practices through strategies that include using classroom

observations and consultations to address teacher and individual child needs and creating physical and cultural environments that promote positive mental health and social and emotional functioning;

(3) Other staff, including home visitors, to meet children's mental health and social and emotional needs through strategies that include observation and consultation;

(4) Staff to address prevalent child mental health concerns, including internalizing problems such as appearing withdrawn and externalizing problems such as challenging behaviors; and,

(5) In helping both parents and staff to understand mental health and access mental health interventions, if needed.

(6) In the implementation of the policies to limit suspension and prohibit expulsion as described in § [1302.17](#).

### **Plan of Action**

In order to embrace a vision of mental wellness for children and their families, our program strives to build collaborative relationships among families, mental health professionals, and the community. The aim of this collaboration is to enhance awareness and understanding of mental wellness and the impact on available services for the wellness of all children and families. Both formal and informal communications between parents and staff allows for discussion of many issues related to family mental wellness.

The staff uses Changemakers as preventative practices in the classroom. The same techniques are shared with parents at parent events, home visits, and/or conferences. Parents may participate in parenting classes that are taught throughout the year. Parenting classes and parent training are available to parents at various times to encourage appropriate responses.

The staff receives training on developmentally appropriate behaviors and activities. Teachers and parents discuss appropriate responses to the child's behaviors during parent/teacher conferences and/or home visits. Parent boards, fliers, brochures, and other handouts announce any forthcoming community mental health activities. Informative fliers are sent home with each child.

Family nights (virtually) are held and offer a variety of opportunities for staff to promote and encourage positive parent and child interaction. Parents are invited and encouraged to attend meetings and scheduled mental health conferences. Transportation may be arranged for the parent/guardian to attend meetings at the center. If the family is in need of mental health services, which cannot be provided by the mental health professional, the district social worker is contacted to provide services or make a referral to mental health resources.

The Mental Health Agreement provides a licensed specialist in school psychology that provides services on campus a minimum of three times a year to meet with staff and classrooms. The school counselor visits each classroom on a regular basis to support program staff and parents regarding mental health concerns. The mental health professionals meet with program staff and parents to provide regular scheduled mental health services. If referred for

mental health services, the mental health professionals meet with the parents to discuss techniques to use with the child or a plan that supports the child and family. Parents or staff can make a mental health referral at any time.

### **Monitoring Plan**

Training sign-in sheet, parent conference form, home visit form, family contact log, event fliers, mental health schedule, behavior referrals, Community Resource Guide, mental health agreement, referral form (as needed), mental health tracking log (ongoing), disability agreement

### **Person (s) Responsible**

Family Services staff, school counselor, TISD behavior specialists, Head Start Director, Head Start staff, Education Manager

### **Timeline**

Ongoing

### **§1302.46 Family support services for health, nutrition, and mental health.**

(a) Parent collaboration. Programs must collaborate with parents to promote children's health and well-being by providing medical, oral, nutrition, and mental health education support services that are understandable to individuals, including individuals with low health literacy.

### (b) Opportunities.

- (1) Such collaboration must include opportunities for parents to:
  - (i) Learn about preventive medical and oral health care, emergency first aid, environmental hazards, and health and

safety practices for the home including health and developmental consequences of tobacco products use and exposure to lead, and safe sleep;

- (ii) Discuss their child's nutritional status with staff, including the importance of physical activity, healthy eating, and the negative health consequences of sugar- sweetened beverages, and how to select and prepare nutritious foods that meet the family's nutrition and food budget needs;
- (iii) Learn about healthy pregnancy and postpartum care, as appropriate, including breastfeeding support and treatment options for parental mental health or substance use problems, including perinatal depression;
- (iv) Discuss with staff and identify issues related to child mental health and social and emotional well-being, including observations and any concerns about their child's mental health, typical and atypical behavior and development, and how to appropriately respond to their child and promote their child's social and emotional development; and,
- (v) Learn about appropriate vehicle and pedestrian safety for keeping children safe.

### **Plan of Action**

During our Head Start orientation, parents and families are familiarized with the use of and rationale for all health and developmental procedures administered through the program contract and/or agreement. The results of diagnostic and treatment procedures and ongoing care are shared with and understood by the parents.

At the time of registration, parents receive literature and materials about the program so that they can find ways to become active participants in their child's preschool experience. Parents are welcomed and encouraged to participate with their children at home as well as during appropriate times at school. In addition, parents will have the opportunity to attend pre-screening, regularly scheduled screenings, and open house events with their children.

The parents are educated and advised to be active partners in their children's health care process. They are also provided assistance to enroll and participate in a system of ongoing family health care.

Parents will be offered assistance with making appointments with the physicians and dentists for medical and dental treatments, and assisted with transportation if necessary. On an ongoing basis, there is parent training for health care issues affecting themselves and their children. Topics are wide range and may include:

- preventive medical and oral health care, emergency first aid, environmental hazards
- health and safety practices for the home
- health and developmental consequences of substance abuse and exposure to lead
- the importance of physical activity and healthy eating
- selecting and preparing nutritious foods to meet the family's nutrition and food budget needs
- healthy pregnancy and postpartum care, including breastfeeding support (if needed)
- treatment options for parental mental health or substance use problems, including perinatal depression



- issues related to child mental health and social and emotional well-being and how to appropriately respond to their child and promote their child's social and emotional development
- vehicle and pedestrian safety

### **Monitoring Plan**

Parent sign-in sheets, monthly parent calendar, announcements and invitations, screening schedules, students' files, and Red Ribbon week

### **Person (s) Responsible**

Education Manager, Family Services staff, Health & Family Services Manager, school counselor, Disabilities Coordinator, Head Start teachers

### **Timeline**

Ongoing

(2) A program must provide ongoing support to assist parents' navigation through health systems to meet the general health and specifically identified needs of their children and must assist parents:

(i) In understanding how to access health insurance for themselves and their families, including information about private and public health insurance and designated enrollment periods;

(ii) In understanding the results of diagnostic and treatment procedures as well as plans for ongoing care; and,

(iii) In familiarizing their children with services they will receive while enrolled in the program and to enroll and participate in a system of ongoing family health care.

### **Plan of Action**

Again, parents will have the opportunity to attend pre-screening, regularly scheduled screenings, and open house events with their children.

The parents continue to receive literature and experiences to be active partners in their children's health care process. The exposure to participate in a system of ongoing family health care is continuous.

### **Monitoring Plan**

Parent sign-in sheets, monthly parent calendar, announcements and

invitations, screening schedules, students' files

**Person (s) Responsible**

Family Service staff, Health & Family Services Manager, Disabilities Coordinator, Head Start teachers

**Timeline**

Ongoing

**§1302.47 Safety practices.**

(a) A program must establish, train staff on, implement, and enforce a system of health and safety practices that ensure children are kept safe at all times. A program should consult Caring for our Children Basics, available at [http://www.acf.hhs.gov/sites/default/files/ecd/caring\\_for\\_our\\_children\\_basics.pdf](http://www.acf.hhs.gov/sites/default/files/ecd/caring_for_our_children_basics.pdf), for additional information to develop and implement adequate safety policies and practices described in this part.

(b) A program must develop and implement a system of management, including ongoing training, oversight, correction and continuous improvement in accordance with §1302.102, that includes policies and practices to ensure all facilities, equipment and materials, background checks, safety training, safety and hygiene practices and administrative safety procedures are adequate to ensure child safety. This system must ensure:

(1) Facilities. All facilities where children are served, including

areas for learning, playing, sleeping, toileting, and eating are, at a minimum:

- (i) Meet licensing requirements in accordance with §§ 1302.21(d)(1) and 1302.23(d);
- (ii) Clean and free from pests;
- (iii) Free from pollutants, hazards and toxins that are accessible to children and could endanger children's safety;
- (iv) Designed to prevent child injury and free from hazards, including choking, strangulation, electrical, and drowning hazards, hazards posed by appliances and all other safety hazards;
- (v) Well lit, including emergency lighting;
- (vi) Equipped with safety supplies that are readily accessible to staff, including, at a minimum, fully-equipped and up-to-date first aid kits and appropriate fire safety supplies;
- (vii) Free from firearms or other weapons that are accessible to children;
- (viii) Designed to separate toileting and diapering areas from areas for preparing food, cooking, eating, or children's activities; and,
- (ix) Kept safe through an ongoing system of preventative maintenance.

(2) Equipment and materials. Indoor and outdoor play equipment, cribs, cots, feeding chairs, strollers, and other equipment used in the care of enrolled children, and as applicable, other equipment and materials meet standards set by the Consumer Product Safety Commission (CPSC) or the American Society for Testing and Materials, International (ASTM). All equipment and materials must

at a minimum:

- (i) Be clean and safe for children's use and are appropriately disinfected;
- (ii) Be accessible only to children for whom they are age appropriate;
- (iii) Be designed to ensure appropriate supervision of children at all times;
- (iv) Allow for the separation of infants and toddlers from preschoolers during play in center-based programs; and,
- (v) Be kept safe through an ongoing system of preventative maintenance.

(3) Background checks. All staff have complete background checks in accordance with § 1302.90(b).

### **Plan of Action**

Our program is committed to wellness and embraces a comprehensive vision of continual safety for children, families and staff. We promote practices of wellness and illness/injury prevention as well as promoting positive, culturally relevant health and safety behaviors.

All facilities where children are served, including areas for learning, playing, sleeping, toileting, and eating meet licensing requirements in accordance with §§ 1302.21(d)(1) and 1302.23(d). Facilities are clean and free from pests, pollutants, hazards and toxins that are accessible to children. Areas are designed or supplemented with safety equipment to prevent child injury. Toileting and diapering areas are separate from areas for

preparing food, cooking, eating, and other children's activities. The staff are trained and prepared through implemented and established procedures to respond to medical and dental emergencies. Staff members are trained in CPR, first aid, and bloodborne pathogens. In addition, dental, medical, and emergency numbers are posted in the classrooms.

The TISD maintenance department renders services as in-kind contributions for the Head Start program. Ongoing maintenance or replacements for electrical, plumbing, heating, and air conditioning are provided. Also included are maintenance of the grounds, major/minor repairs, and renovation. The TISD Director of Maintenance and his staff make frequent campus walk through inspections to ensure that each campus receives necessary materials or services to maintain a safe environment.

Materials that are considered poisonous to children such as pesticides, herbicides, and cleaners are stored at the maintenance department away from children. All other hazardous materials that are used for cleaning are stored in the custodian's closet under lock and key. Any spraying of pesticides or herbicides is done when children are not present.

TISD facilities are considered a Drug Free Zone and there is a no smoking policy, which prohibits smoking on any of the district's property, both indoor and outdoor. The Head Start facility is free from asbestos and lead-based paints.

Classroom/compliance aides support these safety measures. The grounds and building are well lit, including emergency lighting and safety supplies that are readily accessible to staff, including, at a minimum, fully equipped and up-to-date first aid kits and appropriate fire safety supplies. First aid kits are maintained in each

classroom, on each bus, the cafeteria, and each classroom has a traveling first aid kit. Kits are kept out of reach of children and are inventoried and restocked as needed. WHB campus is a firearm/weapon free campus.

All areas are kept safe through an ongoing system of preventative maintenance. Routine safety checks and inspections are conducted by Head Start floaters and by the TISD maintenance department staff. Teachers are aware of general safety precautions for classroom, mealtimes, and playground time. Children are taught about safety on an ongoing basis. In addition, many methods are used to constantly remind children of safety such as books, videos, dramatic play areas, etc. Teachers implement these or other safety lessons throughout the year. Health and safety lessons are integrated into the PE schedule and library times. Parents are encouraged to volunteer and participate in all safety activities.

All staff and volunteers have complete background checks in accordance with § 1302.90(b).

### **Monitoring Plan**

Training notebook, classroom observations, staff records, health policies and procedures, bulletin board, posting of emergency numbers, drill records, safety inspections, lesson plans, orientation/training

### **Person (s) Responsible**

Head Start Director, Education Manager, Disabilities Manager, Health & Family Services Manager, classroom/compliance aides, TISD maintenance department staff, PE teacher, librarian

## **Timeline**

Ongoing

### **(4) Safety training.**

(i) Staff with regular child contact. All staff with regular child contact have initial orientation training within three months of hire and ongoing training in all state, local, tribal, federal, and program-developed health, safety, and child care requirements to ensure the safety of children in their care; including, at a minimum, and as appropriate based on staff roles and ages of children they work with, training in:

- (A) The prevention and control of infectious diseases;
- (B) Prevention of sudden infant death syndrome and use of safe sleeping practices;
- (C) Administration of medication, consistent with standards for parental consent;
- (D) Prevention and response to emergencies due to food and allergic reactions;
- (E) Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic;
- (F) Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
- (G) Emergency preparedness and response planning for emergencies;
- (H) Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants;



- (I) Appropriate precautions in transporting children, if applicable;
- (J) First aid and cardiopulmonary resuscitation; and,
- (K) Recognition and reporting of child abuse and neglect, in accordance with the requirement at paragraph (b)(5) of this section;

(ii) Staff without regular child contact. All staff with no regular responsibility for or contact with children have initial orientation training within three months of hire; ongoing training in all state, local, tribal, federal and program-developed health and safety requirements applicable to their work; and training in the program's emergency and disaster preparedness procedures.

## **Plan of Action**

All staff with regular child contact have an initial orientation training before entry into the classroom and receive appropriate ongoing training in all state, local, federal, and program-developed health, safety and child care requirements to ensure the safety of children in their care. Staff receive new employee orientation and subsequent annual training on bloodborne pathogens to aid in the prevention and control of infectious diseases.

There are trained staff members designated to administer, handle and store children's medications. On the inside of the nurses' cabinet, there is a list of such designated/trained employees. A School District RN is also available to provide support services and training for the campus nurse, Head Start teachers, and the Health

& Family Services Manager. Before any medication is administered to a child, parent/guardian authorizations have been obtained, and a written medication plan is in place. An individual record is maintained of all medications dispensed. The nurse documents medications administered on the parent authorization form, and communicates with parents regularly about any changes or concerns, especially if the child is on the medication for a long period of time. A child's behavior patterns will be observed and monitored by staff members. The nurse keeps medication records, and anecdotal records are kept in the child's classroom by the classroom staff. These records reflect an account of the child's behavior patterns over a period of time, and help identify a correlation between behavior and medication usage. Information regarding an individual child's behavior is obtained through formal and informal communication. Teachers, Family Services Case Managers and managers meet to discuss the children and any individual concerns that may surface.

With the exception of the EpiPen, WHB Head Start office and classroom staff do not administer medication. Staff are all trained by the district, and school nurses, in the use of the EpiPen. At the time of registration, parents are asked in the health history forms, to supply any information of the health and safety needs of their child. Staff members who interact regularly with the child are made aware of any such needs, and specially trained in order to provide the appropriate services. Each employee signs a confidentiality statement at the beginning of the school year, which is located in the office of the Health & Family Services Manager. Disclosure logs are located in the child's comprehensive file. There is a set protocol for the handling of children's medication. The procedure includes who is able and authorized to administer medication, as well as a written medication administration plan.

This plan is posted on the inside of the cabinet in the nurses' station. Medication is stored in either a locked closet, or the refrigerator, both of which are located in the nurses' station. The locked closet has the capacity to house additional unrefrigerated medications.

The TISD police officer covers building and physical premises safety training during annual staff development for current staff and at new employee orientation for new employees. Handling of hazardous materials is covered in the Head Start orientation. Staff as well as students participate in bus safety training three times a year.

Safety procedures and awareness are a constant theme throughout the year. All drill and emergency procedures are reviewed and practiced with all staff members before the school year begins.

Fire/evacuation drills are performed monthly, while tornado and intruder drills are conducted at least four times per year. The TISD Maintenance Department conducts safety inspections on a periodic basis. Teachers are aware of general safety precautions for classroom, mealtimes and playground time. Children are taught about safety on an ongoing basis. In addition, many methods are used to constantly remind children of safety such as books, videos, dramatic play areas, etc. Teachers implement these or other safety lessons throughout the year. Also, health and safety lessons are integrated into the PE schedule. Parents are encouraged to volunteer and participate in all safety activities. Staff members are trained in CPR and first aid. The staff will be trained and prepared through implemented and established procedures to respond to medical and dental emergencies. In addition, dental, medical, and emergency numbers are posted in

the classrooms. Annually, WHB Head Start staff receive training in the recognition and reporting of child abuse and neglect. Information and the 800 numbers are posted on the emergency board in each classroom.

Staff with limited child contact receive initial basic training and ongoing training in all state, local, tribal, federal and program-developed health and safety requirements applicable to their work; and training in the program's emergency and disaster preparedness procedures.

### **Monitoring Plan**

Medication plan, drill records, safety inspections, lesson plans, orientation/training records, classroom observations, staff records, health policies and procedures, bulletin board, posting of emergency numbers

### **Person (s) Responsible**

Health & Family Services Manager, Head Start staff members

### **Timeline**

Ongoing

5) Safety practices. All staff and consultants follow appropriate practices to keep children safe during all activities, including, at a

minimum:

- (i) Reporting of suspected or known child abuse and neglect, including that staff comply with applicable federal, state, local, and tribal laws;
- (ii) Safe sleep practices, including ensuring that all sleeping arrangements for children under 18 months of age use firm mattresses or cots, as appropriate, and for children under 12 months, soft bedding materials or toys must not be used;
- (iii) Appropriate indoor and outdoor supervision of children at all times;
- (iv) Only releasing children to an authorized adult, and;
- (v) All standards of conduct described in §1302.90(c).

### **Plan of Action**

All staff and consultants are trained to follow appropriate practices to keep children safe during all activities, such as reporting suspected or known abuse and neglect according to pertinent laws, providing safe sleeping arrangements, maintaining ratios, and following active supervision procedures at all times. If a person responsible for the child's health or welfare has cause to believe that a child has been or may have been abused, neglected or a victim of child indecency, whether it occurs inside or outside the program, they will make a report to the Child Abuse Hotline at 1-800-252-5400 or on line at [www.txabusehotline.org](http://www.txabusehotline.org) immediately, but no later than 48 hours after the person first suspects that the child has been abused. The campus Principal/Head Start Director and the Health & Family Services Manager should be notified if a child has physical evidence of

abuse or neglect. Staff are directed to contact campus administration as well as the Health & Family Services Manager promptly if immediate action is required that jeopardizes the health and safety of children or families.

During nap, students are monitored by two staff members and are in plain view of those staff. Children are sufficiently monitored during all activities. On the playground, staff are stationed in a manner so that all areas are in view. Children are only released to authorized individuals listed as contacts in their files. All staff uphold the conduct standards.

### **Monitoring Plan**

Observations, signed copies of the active supervision form

### **Person (s) Responsible**

Health Manager and staff

### **Timeline**

Ongoing

(6) Hygiene practices. All staff systematically and routinely implement hygiene practices that at a minimum ensure:

- (i) Appropriate toileting, hand washing, and diapering procedures are followed;
- (ii) Safe food preparation; and,
- (iii) Exposure to blood and body fluids are handled consistent with standards of the Occupational Safety Health Administration.

### **Plan of Action**

All staff, specifically our custodial personnel, is trained on the proper ways of disinfecting and cleaning up spills of bodily fluids (and bowel movements). Spills are cleaned up immediately and by a specific plan of action, which is in accordance with professionally established guidelines. Our staff is trained on bloodborne pathogens, and our children are reminded daily to use tissues at appropriate times. Restrooms are appropriately disinfected. The sink is washed and disinfected and staff members wash their hands before returning to the classroom. Diapering is handled in specific areas and the area is cleaned after use. Food preparation and

exposures are handled in consistency with Occupational Safety Health Administration,

### **Monitoring Plan**

Observation, training records

### **Person (s) Responsible**

Health & Family Services Manager, Head Start staff

### **Timeline**

Ongoing

(7) Administrative safety procedures. Programs establish, follow, and practice, as appropriate, procedures for, at a minimum:

- (i) Emergencies;
- (ii) Fire prevention and response;
- (iii) Protection from contagious disease, including appropriate inclusion and exclusion policies for when a child is ill, and from an infectious disease outbreak, including appropriate notifications of any reportable illness;
- (iv) The handling, storage, administration, and record of administration of medication;
- (v) Maintaining procedures and systems to ensure children are only released to an authorized adult; and,
- (vi) Child specific health care needs and food allergies that include accessible plans of action for emergencies. For food



allergies, a program must also post individual child food allergies prominently where staff can view wherever food is served.

(8) Disaster preparedness plan. The program has all-hazards emergency management/disaster preparedness and response plans for more and less likely events including natural and manmade disasters and emergencies, and violence in or near programs.

(c) A program must report any safety incidents in accordance with §1302.102(d)(1)(ii).

### **Plan of Action**

TISD has established emergency procedures such as maps that are posted on every classroom wall. The plan and the maps give clear instruction for evacuation during tornado or intruder-related emergencies.

Fire/evacuation drills are practiced monthly. Tornado and intruder drills are practiced at least four times per school year. The drill schedule is forwarded to the TISD administrative staff who share the schedule with the fire department. All information pertaining to these drills is recorded and maintained throughout the year by the assistant principal.

Methods are in place to quickly and efficiently notify parents in the event of an emergency involving their child. Each classroom has a

current copy of all emergency numbers for each child posted on the wall of the classroom and in the backpack so that the teacher or another designated staff member is able to contact the parent in the event of an emergency.

WHB Head Start policy dictates that only an authorized adult may pick up a student in lieu of the parent. Authorized adults must be listed on the emergency contact form. Changes to transportation cannot be made by phone to ensure safety. Students are dropped off each morning in designated areas and are escorted or directed to classrooms. Parents, or authorized individuals, must show valid picture ID and sign in at the office in order to pick up a student prior to dismissal. Once signed in, parent receives an early release form that must be presented to the teacher. The classroom staff will not release children without following this required procedure. For after school dismissal, policy requires that parents remain in the car and post a sign provided by the school listing their child's information. Children are placed in cars by car duty staff.

If a person responsible for the child's health or welfare has cause to believe that a child has been or may have been abused, neglected or a victim of child indecency, whether it occurs inside or outside the program, they will make a report to the Child Abuse Hotline at 1-800-252-5400 or on line at [www.txabusehotline.org](http://www.txabusehotline.org) immediately, but no later than 48 hours after the person first suspects that the child has been abused. The campus principal/Head Start Director and the Health & Family Services Manager should be notified if a child has physical evidence of abuse or neglect. Staff are to contact the Principal/Head Start Director and the Health & Family Services Manager promptly if immediate action is required that jeopardizes the health and safety of children or families.

### **Monitoring Plan**

Observation, sign in sheets, student sign out sheets

### **Person (s) Responsible**

Health & Family Services Manager, all staff members

### **Timeline**

Ongoing