

## Early Childhood Development and Health Services

### Abbreviations used in service area plans

Board of Directors	Board
Policy Council	PC
Executive Director	Ex. Dir.
Program Director	Prog. Dir.
Fiscal Director	Fiscal
Human Resource/Fiscal Assistant	HR
Maintenance/Custodians	Custodian
Data Encoder/Program Assistant	Tech.
Executive Secretary/Receptionist	Secretary
Program Nutrition Specialist	Nutrition
Program Health and Safety Specialists	H & S
Program Behavioral/Mental Health Specialist	MH
Program Family and Community Partnership Specialists	FCP
Education Managers	Ed. Mgr.
Program Disabilities/Transition Specialist	Disabilities
Assistant Cook	Asst. Cook
Cook	Cook
HS Teachers	Teacher
HS Teacher Assistants	T. Asst.
HS Home Visitor and EHS Home Visitor	HV
Disabilities/Transition Coordinator	Dis. Coor.
Transportation Coordinator	Trans. Coor.
Mental Health Consultant	MHC
Management Team (Directors, Managers, All Specialists)	Management Team

## 1304.22 Child Health and Safety

## Early Head Start

P.S. #	Performance Standard	Implementation	Responsible	Time Frame	Documentation
1304.22(a)	<b>(a)Health emergency procedures. Grantee and delegate agencies operating center-based programs must establish and implement policies and procedures to respond to medical and dental health emergencies with which all staff are familiar and trained. At a minimum, these policies and procedures must include:</b>	Procedures for responding to medical and dental health emergencies are reviewed with Health Services Advisory Committee and training is provided to staff annually.	<b><u>H&amp;S</u></b> Health Services Advisory Committee	Annually	HSAC Minutes, Staff Training Records
1304.22(a)(1)	<b>(1) Posted policies and plans of action for emergencies that require rapid response on the part of staff (e.g., a child choking) or immediate medical or dental attention;</b>	<ul style="list-style-type: none"> <li>• Emergency First Aid procedures are posted in each classroom and at each outlying site and include: Emergency posters from the AAP, Emergency evacuation routes, Severe Weather Procedures and routes to safe areas, Name and address of facility, Phone number to activate Emergency Response system.</li> </ul>	<b><u>H&amp;S</u></b> Teacher HV	Ongoing	Health and Safety Inspection Forms
1304.22(a)(2)	<b>(2) Posted locations and telephone numbers of emergency response systems. Up-to-date family contact information and authorization for emergency care for each child must be readily available;</b>	<ul style="list-style-type: none"> <li>• Information can be found in Tracking System and in individual classroom emergency backpacks.</li> <li>• In Early Head Start, parents/ Street Address and “911” are posted near phones in each classroom and Home Base sites.</li> </ul>	<b><u>H&amp;S</u></b> Enrollment Staff Teacher HV Parent/Guardians	Enrollment, ongoing and updates as needed	Health and Safety Inspection Forms, Emergency contact information in emergency backpacks, Family services section of child’s File

		<ul style="list-style-type: none"> <li>• Teachers and Home Visitors have information on emergency contacts and authorizations for emergency care.</li> <li>• guardians should be in attendance with their child at home visits and socializations. In the case of injury or emergency situations a parent/guardian will make decisions for their child or the injury notification form procedures will be followed.</li> <li>• Parents are required to complete an “Injury notification procedure” form.</li> </ul>			<p>ChildPlus Tracking System</p>
<p><b>1304.22(a)(3)</b></p>	<p><b>(3) Posted emergency evacuation routes and other safety procedures for emergencies (e.g., fire or weather-related) which are practiced regularly (see 45 CFR 1304.53 for additional information);</b></p>	<ul style="list-style-type: none"> <li>• Emergency evacuation routes map are posted at every site in the required postings area for that site.</li> <li>• This map will include a designated common meeting point to ensure complete evacuation of the site by the home visitor taking attendance at this meeting area.</li> <li>• Fire drills will be practiced twice a year at every site during socialization and will be documented on the monthly “health and safety</li> </ul>	<p><b><u>H&amp;S</u></b> Teacher HV</p>	<p>Twice yearly Ongoing</p>	<p>Required postings area at each site, health and safety checklist files, Socialization lesson plan</p>

		<p>checklist” form.</p> <ul style="list-style-type: none"> <li>• Fire drills will include a discussion after wards with parents and children on how the drill went, discussing appropriate and inappropriate actions taken by participants.</li> <li>• EHS Home Visitors at this time will encourage parents to practice fire drills at home.</li> <li>• Weather related safety procedures are posted in the required postings area of each site and practiced at least annually and documented on the monthly “health and safety checklist”.</li> </ul>			
<p><b>1304.22(a)(4)</b></p>	<p><b>(4) Methods of notifying parents in the event of an emergency involving their child; and</b></p>	<ul style="list-style-type: none"> <li>• Home, work and emergency contact phone numbers are on file for each child and accessible to staff in emergencies by having a copy of information in the emergency backpacks kept in each classroom.</li> <li>• Written contact notes are used in documenting incidents or injury. Information will include what happened, where it happened, and what was done to help the child.</li> </ul>	<p><b>FCP</b>  <b>H&amp;S</b>                  Appropriate staff as needed</p>	<p>Enrollment, ongoing as needed</p>	<p>Family Services or Health section of Child’s file, ChildPlus Tracking System</p>

		<p>Original form are kept in Administrative office and a copy is placed in the child's file and also sent to parent.</p> <ul style="list-style-type: none"> <li>• In Early Head Start, parents/guardians should be in attendance with their child at home visits and socializations.</li> <li>• In cases of injury or emergency situations a parent/ guardian will make decisions for their child or the injury notification form procedures will be followed.</li> </ul>			
<b>1304.22(a) (5)</b>	<b>(5) Established methods for handling cases of suspected or known child abuse and neglect that are in compliance with applicable Federal, State, or Tribal laws.</b>	<ul style="list-style-type: none"> <li>• Program established policy and process are followed.</li> <li>• <b>Refer to Child Abuse and Neglect Statement in Policies &amp; Procedures.</b></li> </ul>	<b><u>All Staff</u></b>	Pre-service and/or at time of hire	Signed policy in staff file
<b>1304.22(b)(1)</b>	<b>(b) Conditions of short-term exclusion and admittance. (1) Grantee and delegate agencies must temporarily exclude a child with a short-term contagious illness, that cannot be readily accommodated, from program participation in center-based activities or group experiences, but only for that generally short-term period when keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the</b>	<ul style="list-style-type: none"> <li>• Short-term exclusion policies are described in the parent handbook and provided to parents at the time of enrollment.</li> <li>• Parents are requested to inform their child's Home Visitor or H&amp;S if their child has an illness.</li> <li>• Appropriate decisions can then be made accordingly, whether the child should have a home visit or attend socialization.</li> </ul>	<b><u>FCP</u> <u>H&amp;S</u></b>	Enrollment and ongoing as needed	Parent Handbook, Health section of Child's file

	<b>child.</b>	<ul style="list-style-type: none"> <li>• The SD Department of Health is used as a resource in determining exclusion for contagious infections.</li> <li>• Doctor's orders may be required for return to home visits and/or socializations following an injury or illness.</li> </ul>			
<b>1304.22(b)(2)</b>	<b>(2) Grantee and delegate agencies must not deny program admission to any child, nor exclude any enrolled child from program participation for a long-term period, solely on the basis of his or her health care needs or medication requirements unless keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child and the risk cannot be eliminated or reduced to an acceptable level through reasonable modifications in the grantee or delegate agency's policies, practices or procedures or by providing appropriate auxiliary aids which would enable the child to participate without fundamentally altering the nature of the program.</b>	South Dakota Department of Health, Family Physicians, and Health Services Advisory Committee are used as resources and consultants in modifying the Head Start or Early Head Start experience to meet health care needs and preventing long-term exclusion.	<b><u>H&amp;S</u></b>	Ongoing as needed	Health section of Child's File
<b>1304.22(b)(3)</b>	<b>(3) Grantee and delegate agencies must request that parents inform them of any health or safety needs of the child that the program may</b>	<ul style="list-style-type: none"> <li>• At enrollment a Child Health History form is completed. At this time parents are requested to</li> </ul>	<b><u>H&amp;S</u></b> <b><u>Parent/</u></b> <b><u>Guardian</u></b> Staff working	Enrollment and ongoing as needed	Health section of child's file Health tab in ChildPlus Tracking

	<b>be required to address. Programs must share information, as necessary, with appropriate staff regarding accommodations needed in accordance with the program’s confidentiality policy.</b>	<p>inform the enrollment staff or the H&amp;S of any health or safety needs of their child that OCDC may be required to address.</p> <ul style="list-style-type: none"> <li>• Parents are requested to inform their child’s Home Visitor, Teacher or H&amp;S if their child has any health or safety needs that OCDC may be required to address as needed on an ongoing basis after enrollment has been completed.</li> <li>• Appropriate staff will be informed of the child’s health and safety needs on a “as need to know basis” in accordance with OCDC confidentiality policy.</li> </ul>	with children as appropriate		system
<b>1304.22(c)</b>	<b>(c) Medication administration. Grantee and delegate agencies must establish and maintain written procedures regarding the administration, handling, and storage of medication for every child. Grantee and delegate agencies may modify these procedures as necessary to satisfy State or Tribal laws, but only where such laws are consistent with Federal laws. The procedures must include:</b>	These written procedures regarding the administration, handling, and storage of medication are established and reviewed with HSAC.	<b><u>H&amp;S</u></b>	As needed	HSAC minutes
<b>1304.22(c)(1)</b>	<b>(1) Labeling and storing, under lock and key, and refrigerating, if</b>	<ul style="list-style-type: none"> <li>• Medications must be in original pharmacy container</li> </ul>	<b><u>H&amp;S</u></b>	Ongoing as needed	Medication administration

	<b>necessary, all medications, including those required for staff and volunteers;</b>	<p>and include pharmacy label and instructions.</p> <ul style="list-style-type: none"> <li>• Medications are kept in locked box.</li> </ul>			record kept in file with locked box then filed in health section of child’s file after medication is complete.
<b>1304.22(c)(2)</b>	<b>(2) Designating a trained staff member(s) or school nurse to administer, handle and store child medications;</b>	<p>Health and Safety Specialists administer, handle and store all medication.</p> <p>Other staff specifically trained as needed.</p>	<b><u>H&amp;S</u></b>	Ongoing as needed	Medication administration record kept in file with locked box then filed in health section of child’s file after medication is complete.
<b>1304.22(c)(3)</b>	<b>(3) Obtaining physicians’ instructions and written parent or guardian authorizations for all medications administered by staff;</b>	<ul style="list-style-type: none"> <li>• Physicians must fill out the designated form with medication instructions and signature for all prescription medications and any over the counter medications..</li> <li>• Original pharmacy labels must be on the medication bottle or the original container for over the counter medication’s.</li> <li>• Written parent permission is required before administration of medication on site.</li> </ul>	<b><u>H&amp;S</u></b>	Ongoing as needed	Permission to Administer Medication Form
<b>1304.22(c)(4)</b>	<b>(4) Maintaining an individual record of all medications dispensed, and reviewing the record regularly with the child’s parents;</b>	<ul style="list-style-type: none"> <li>• Time, date and amount of medication administered, as well as the staff member’s signature shall be recorded for each dose and medication.</li> </ul>	<b><u>H&amp;S</u></b> Other staff administering medications	Ongoing as needed	Medication Administration Form

		<ul style="list-style-type: none"> <li>The forms are kept by the lock box.</li> </ul>			
<b>1304.22(c)(5)</b>	<b>(5) Recording changes in a child’s behavior that have implications for drug dosage or type, and assisting parents in communicating with their physician regarding the effect of the medication on the child; and</b>	<ul style="list-style-type: none"> <li>Behavior changes are logged and reported to parents.</li> <li>Written reports to physician are provided when requested by parent.</li> </ul>	<b>H&amp;S</b> Staff working with child	Ongoing as needed	Logging or Health section of Child’s file Health tab under notes in ChildPlus tracking system
<b>1304.22(c)(6)</b>	<b>(6) Ensuring that appropriate staff members can demonstrate proper techniques for administering, handling, and storing medication, including the use of any necessary equipment to administer medication.</b>	Training is provided for appropriate staff members on the proper procedures for medication administration	<b>H&amp;S</b>	Annually and as needed	Staff Training Records
<b>1304.22(d)(1) &amp; (2)</b>	<b>(d) Injury prevention. Grantee and delegate agencies must: (1) Ensure that staff and volunteers can demonstrate safety practices; and (2) Foster safety awareness among children and parents by incorporating it into child and parent activities.</b>	<ul style="list-style-type: none"> <li>Health and Safety Inspections are completed at Pierre center and at all sites that are utilized by Headstart or EHS.</li> <li>Results and needs are shared with Program Director and appropriate staff for improvements.</li> <li>Staff is trained in CPR/First Aid annually.</li> <li>The training is also available for parents at all sites. Scholarships are available for parents.</li> </ul>	<b>H&amp;S</b> <b>Prog. Dir.</b>	Health & Safety inspections are a minimum of 4 times per school year, Training for staff is annually and parents receive training as needed	Health and Safety Checklists Prog. Dir. records action taken Staff Training records Monthly reports
<b>1304.22(e)(1) &amp;(2)</b>	<b>(e) Hygiene. (1) Staff, volunteers, and children must wash their hands with soap and running water at least at the following</b>	<ul style="list-style-type: none"> <li>All OCDC staff receives training on blood borne pathogens, which includes hand wash procedures and</li> </ul>	<b>H&amp;S</b> All Appropriate Staff Parent/ Guardian	Annually, Ongoing	Staff Training record, Health and Safety checklist,

	<p><b>times:</b>  <b>(i) After diapering or toilet use;</b>  <b>(ii) Before food preparation, handling, consumption, or any other food-related activity (e.g., setting the table);</b>  <b>(iii) Whenever hands are contaminated with blood or other bodily fluids; and</b>  <b>(iv) After handling pets or other animal.</b>  <b>(2) Staff and volunteers must also wash their hands with soap and running water:</b>  <b>(i) Before and after giving medications;</b>  <b>(ii) Before and after treating or bandaging a wound (nonporous gloves should be worn if there is contact with blood or blood-containing body fluids); and</b>  <b>(iii) After assisting a child with toilet use.</b></p>	<p>appropriate times to do so.</p> <ul style="list-style-type: none"> <li>• Volunteers, parents and children are required to wash their hands prior to eating, prior to and after diapering and at other appropriate times.</li> <li>• Hand washing posters, diapering and tooth brushing procedures are posted in the bathrooms of all sites.</li> </ul>			Lesson Plans
1304.22(e)(3)	<p><b>(3) Nonporous (e.g., latex) gloves must be worn by staff when they are in contact with spills of blood or other visibly bloody bodily fluids.</b></p>	<p>Nonporous gloves are provided to each classroom and bathroom area and in all sites in appropriate areas.</p>	<b><u>H&amp;S</u></b>	Ongoing	Health and Safety Checklist
1304.22(e)(4)	<p><b>(4) Spills of bodily fluids (e.g., urine, feces, blood, saliva, nasal discharge, eye discharge or any fluid discharge) must be cleaned and disinfected immediately in keeping with professionally established guidelines (e.g.,</b></p>	<p>Staff is trained annually in OSHA Standards and program policy for handling body fluids and prevention of infectious diseases.</p>	<b><u>H&amp;S</u></b>	Annually	Training Records

	<p><b>standards of the Occupational Safety Health Administration, U.S. Department of Labor). Any tools and equipment used to clean spills of bodily fluids must be cleaned and disinfected immediately. Other blood-contaminated materials must be disposed of in a plastic bag with a secure tie.</b></p>				
<p><b>1304.22(e)(5)</b></p>	<p><b>(5) Grantee and delegate agencies must adopt sanitation and hygiene procedures for diapering that adequately protect the health and safety of children served by the program and staff. Grantee and delegate agencies must ensure that staff properly conducts these procedures.</b></p>	<ul style="list-style-type: none"> <li>• Procedures for diapering are posted at every site’s diapering areas.</li> <li>• Diapering procedures are as follows:               <ol style="list-style-type: none"> <li>(1)All necessary supplies will be gathered prior to placing an infant on the changing table (when a changing table is not available a changing mat will be used in an appropriate area away from eating and play areas).</li> <li>(2)At no time will an infant be left unattended physically or visually while on a changing table. Individuals will wear nonporous gloves.</li> <li>(3)After the diaper has been changed the soiled diaper wipes, and gloves will be disposed of in a proper receptacle and the changing</li> </ol> </li> </ul>	<p><b><u>Teacher/T.Asst.</u></b> <b><u>H&amp;S</u></b></p>	<p>Ongoing as needed</p>	<p>Health &amp; Safety Checklist</p>

		table/mat will be cleaned properly with disinfectant. (4)The staff or parent will immediately wash their hands with soap and water and will wash infants hands with soap & water.			
<b>1304.22(e)(6)</b>	<b>(6) Potties that are utilized in a center-based program must be emptied into the toilet and cleaned and disinfected after each use in a utility sink used for this purpose.</b>	<ul style="list-style-type: none"> <li>• Child potty seats are placed atop adult toilets and a child footstool is placed in front of the toilet for potty training or trained children to use.</li> <li>• The child potty seat is properly disinfected in a utility sink or with a spray disinfectant after each use.</li> </ul>	<b><u>H&amp;S</u></b>	After each use	Health and safety checklist
<b>1304.22(e)(7)</b>	<b>(7) Grantee and delegate agencies operating programs for infants and toddlers must space cribs and cots at least three feet apart to avoid spreading contagious illness and to allow for easy access to each child.</b>	<ul style="list-style-type: none"> <li>• OCDC’s Early Head Start program is a home-based option.</li> <li>• Infants and toddlers are brought together twice a month for socialization and are required to be accompanied by a parent/guardian.</li> <li>• Children are not required to take naps during this time and cribs and cots are not applicable.</li> <li>• OCDC does make accommodations for a sleeping infant as needed during socialization. 1 port a</li> </ul>	<b><u>H&amp;S</u></b> <b><u>HV</u></b>	As needed	Health & Safety Checklist

		crib is available at each site and is disinfected between uses.			
<b>1304.22(f)(1)</b>	<b>(f) First aid kits. (1) Readily available, well-supplied first aid kits appropriate for the ages served and the program size must be maintained at each facility and available on outings away from the site. Each kit must be accessible to staff members at all times, but must be kept out of the reach of children.</b>	First Aid kits are available in all classrooms and socialization sites, buses and program owned vehicles.	<b><u>H&amp;S</u></b>	Ongoing	Health and Safety Checklist
<b>1304.22(f)(2)</b>	<b>(2) First aid kits must be restocked after use, and an inventory must be conducted at regular intervals.</b>	First aid kits are restocked after use and inventoried at time of Health and Safety Checklists. Expiration dates are checked	<b><u>H&amp;S</u></b> Staff using first aid kits	4 times per school year	Health and Safety Checklist