Bishop Indian Head Start
Health and Environmental Safety
Policies and Procedures

Additional policies and procedures in the area of Mental Health/Disability Services have been included.

The Bishop Indian Head Start Center is committed to the health, safety and wellness of the children, families and staff.

ADMINISTRATION PLAN

The Administration Plan for the Bishop Indian Head Start Program sets forth and establishes administrative policies and procedures to ensure the safe and healthy operation of the Bishop Indian Head Start Program for the children, visitors, employees and community.
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I. A Imminent Health Hazard Policy

POLICY: It is the policy of the Bishop Indian Head Start Center that the Head Start Program Director, and the Bishop Indian Head Start Center staff will take whatever steps are necessary to prevent the creation of an imminent health hazard and to protect the children, staff and community from any imminent health hazards that may occur.

PROCEDURE: In order to reduce the effect of an imminent health hazard, as described in Section 3-101.2 of the AIPB Head Start Environmental Health Standard, the following actions will be taken:

✓ If the Health/Disabilities Manager or AIPB identify an imminent health hazard, the Director will:

✓ Follow the recommendations to eliminate of the health hazard or reduce the risk of exposure to the health hazard, which could include evacuation of the Center.

Coordinate actions necessary to permanently eliminate the health hazard to the satisfaction of the Health Manager

Prepare a written request to the Head Start Director requesting that the Center be allowed to reopen. The request will include what the imminent health hazard was, what was done to eliminate the hazard or reduce the risk of exposure to the hazard, and a copy of the written recommendation by the Health Manager to open the Center or written declaration that the health hazard has been eliminated.

If the Bishop Indian Head Start Center staff or visitors identify an imminent health hazard, the Center Administrator will:

✓ The Director will determine if the situation is an emergency and if evacuation of the Center is necessary. If evacuation is necessary, then the Emergency Evacuation Procedures presented in Section VI.C of this Plan will implemented.

For non-emergency imminent health hazards, the Director will:

✓ The Director will take steps to eliminate the imminent health hazard or to limit exposure to the imminent health hazard immediately.

Call the Head Start Director at (760) 872-3911 immediately of the situation and what actions are planned.

Call the Health/Disabilities Manager at (760) 872-3911 immediately of the situation and what actions are planned and request technical assistance.

Follow the recommendations to eliminate of the health hazard or reduce the risk of exposure to the health hazard as provided by the Health Manager.

Coordinate actions necessary to permanently eliminate the health hazard to the satisfaction of the Bishop Indian Head Start Director.
I. B Environmental Health Survey and Evaluation Policy

POLICY: The Bishop Indian Head Start Center staff encourage environmental health surveys of the Center to ensure the health and safety of the children, staff and visitors and will work with the Health Manager, the Health Services Advisory Committee and the Parent Advisory Committee (or whatever your committee is called) to correct problems identified at the Center.

PROCEDURE: In order to ensure that a comprehensive environmental health survey is conducted annually, the following actions will be taken.

a. The Health/Disabilities Manager will contact the Health Manager in September of each year to schedule the environmental health survey of the Bishop Indian Head Start Center.

b. The Director will make sure all policies and procedures, plans, and reports needed for the survey are complete and ready for inspection.

c. The Director, or their designee, will be present during the survey to respond to questions and provide information to the Health Advisor.

d. The Director will review the survey report and schedule a meeting with the Health Advisor if necessary to clarify any information contained in the report.

e. Within one month of receiving the survey report, the Director will prepare a Compliance Plan and Schedule to correct items noted in the survey report.

f. The Director will share the survey report and the Compliance Plan and Schedule with the Health Advisory Committee for the Center at the next regularly scheduled meeting after the survey report is received and will provide periodic progress reports on corrections.
I.C Administrative Authority Policy

POLICY: The Bishop Indian Head Start Director will ensure the efficient and practical operation of the Bishop Indian Head Start Center by granting administrative authority for the day-to-day operation of the Center.

PROCEDURE: In order to ensure effective and efficient day-to-day operation of the Head Start Centers, the following actions will be taken:

a. The Bishop Paiute Tribal Council grants administrative authority for the day-to-day operation of the Bishop Indian Head Start Center to Head Start Director. These authorities are granted to the Director in order to enhance and protect the health and safety of the children, staff and visitors at the Bishop Indian Head Start Center.

b. The Director will post a list of delegated authority for the Bishop Indian Head Start Center on main information board, at reception desk indicating who is in charge when the Director is absent.
Child Health and Safety

Environmental Health Practices

Policy

Bishop Indian Head Start will purchase and use non-toxic, environmentally safe substances and methods for cleaning, sanitizing and pest management of facilities.

Procedure

1. The Health Services Advisory Committee will provide safety recommendations to the Administrative Staff to ensure that Head Start staff, children and families are kept free from any harm related to the use of toxic substances.

2. The Health Services Advisory Committee will be utilized for guidance and recommendations prior to purchasing and using toxic cleaning agents and other chemicals on Head Start premises.

3. In the event that non-toxic cleaning and pest management agents do not meet state health guidelines, are found to be ineffective or are too costly the Health Services Advisory Committee will research other alternatives and create a safe plan for using “least toxic” substances on a limited basis.

4. Maintenance workers will use protective goggles, face masks, gloves and other appropriate protective devices when spraying, applying or handling toxic substances.

5. All classrooms, offices and kitchens will have a material safety datasheet (MSDS) available in a binder for all chemical substances used at BIHS center.

6. The BIHS Director and Health/Disabilities Manager will ensure that MSDS notebooks are located in each classroom, kitchen, janitor room, and in staff resource room and kept current.

7. Any chemical substances must only be purchased with approval from the Health Consultant (Indian Health Service) and the Health Services Advisory Committee. If chemical substance is needed for the Health and Safety of children, families, and the community; then it must be applied when children, families, and the community are not present. And ONLY with a current MSDS on hand prior to the application. Indian Health Service must be informed as soon as possible.

This policy complies with Head Start Performance Standard 45 CFR Section 1304.22.
I.D Staff Ratio Policy

POLICY: The Bishop Indian Head Start Center will not leave children unattended or supervised and will maintain required staff to student ratios to protect the health and safety of the children at the Center.

PROCEDURE: In order to comply with the staff to student ratios presented in the Head Start Performance Standards, Sections 1306.32 and 1304.52(g)(4) and also with the more stringent requirements of the local fire code, the following actions will be taken:

The following staff to student ratios will be maintained at the Bishop Indian Head Start Center during all hours of operation:

Head Start: Children 3 years to 5 years.

(a) There will be a minimum of 2 adult staff persons on duty at all times.
(b) There will be a staff to student ratio maintained at the Center for children 3 to 5 years of age as follows:

- 1 adult staff member per 8 children age 3-4 years
- 1 adult staff member per 8 children ages 5 years or older.

Staff Absences: There are occasions when, due to illness or unforeseen circumstances, the number of staff available to provide services may temporarily less than required. In these instances the following procedures will apply:

(a) If a Head Start Teacher does not report to work or must leave work during the day, and a substitute teacher cannot be found, a Head Start staff member will be shifted to provide service only to the Head Start children. (Management staff will serve as substitute teachers).
(b) At least one of the staff providing service to a group 15 Head Start children ages 3-4 years must be a paid Teacher. If this cannot be maintained then the Center Director will declare an emergency situation and will implement the emergency contact procedures for the Head Start children and will cancel classes.

Staff Shortages: There are occasions when, due to long term illness, resignations or other unforeseen circumstances, the number of staff available to provide services will be less than required for more than two days. In these instances the following procedures will apply:

(a) The Head Start Director immediately of the staffing shortage and determine if any Head Start Administrative staff, or other identified qualified substitutes can assist until the shortage can be resolved.
(b) The Head Start Director will provide orientation to all substitutes and volunteers within the first week of hire or presence at the Center. Substitutes and volunteers will be under the supervision of one of the regular Head Start staff at all times.
(c) If the staff shortage cannot be resolved through the use of substitute staff, then the Center Director will reduce the enrollment of the Head Start Program, until adequate staff can be hired.
I.E Plan Review Policy

POLICY: The Bishop Indian Head Start Center will work with the Head Start Director to ensure that renovated and new facilities are designed to protect the health and safety of the children, staff and visitors.

PROCEDURE: In order to reduce and eliminate unnecessary delays and expenses associated with a renovation, construction or move in to a new facility, the following actions will be taken:

- New Facilities: The Head Start Director will notify the Health/Disabilities Manager in writing of any proposals to construct a new Head Start facility, including the name and phone number of a contact person to arrange for the review of plans for the new facility.
- Renovations to Existing Centers: The Director will notify the Health Manager in writing of any plans to renovate the existing facility, including the name and phone number of a contact person to arrange for the review of the renovation plans.
- Occupying an Existing Facility: The Head Start Director will ask the Health Manager to conduct a site visit of any facility that the Head Start Program intends to occupy for use as a Head Start Center. Prior to occupying any facility, the Head Start Program will have approval from.
II. Health Promotion and Protection Plan

II.A Health Services Advisory Committee Policy

**POLICY:** The Bishop Indian Head Start Center will participate in and utilize the expertise of the Health Services Advisory Committee (HSAC) for health and safety issues.

**PROCEDURE:** In order to utilize the valuable and important source of health and safety information available from the Health Service Advisory Committee, the following actions will be taken:

a. The Health Services Advisor Committee provides service for the Bishop Indian Head Start Center. The Bishop Indian Head Start Center is represented on the Health Services Advisory Committee by the Health Manager.

b. The Health Services Advisory Committee will review all health and safety policies and procedures and provide guidance on such issues as immunization schedules for staff.

c. The Bishop Indian Health Services Advisory Committee meets *annually and as needed*. Prior to the meeting, the Director will ask the staff for any issues or concerns they would like presented to the HSAC.

d. The Health Manager will provide a verbal report to the staff on topics covered during the HSAC meeting and make available copies of minutes from the meeting to the staff.
II.B Parental/Community Health and Safety Concerns Policy

POLICY: The Bishop Indian Head Start Center staff will encourage and provide opportunities for the Head Start parents/guardians to be involved to the fullest extent in the Bishop Indian Head Start Center Program.

PROCEDURE: In order to ensure parental participation in Head Start Program activities the following actions will be taken:

- Parents/guardians will be made to feel welcome at the Center at all times and will be treated with dignity and respect at all times.
- The Head Start Director will respond quickly and confidentially to the needs and concerns of parents/guardians regarding their children, their families and the Head Start Program.
- The Head Start Director will make available to parent/guardian fact sheets and information on health and safety issues and the Bishop Indian Head Start health and safety policies and procedures.
- Parents/guardians will choose to participate in Head Start activities without fear of endangering their child’s right to be in the Program.
- Parents/guardians may review their child’s records on request at any time during the year.
- Non-confidential reports on injury trends, inspections reports, compliance to standards and regulations and other similar information will be made available to parent/guardian on request.
- Parents/guardians will be encouraged to:

  - Participate in the process of making decisions about the nature and operation of the Head Start Program by electing and serving as representatives in decision making groups. The Head Start Director will provide to the parents/guardians at the time of their child’s enrollment, information on the various decision making groups, what groups they can automatically participate in, and how they can be elected to other decision making groups.
  - Participate in classrooms as paid employees, volunteers or observers.
  - Present ideas for activities for themselves and Head Start Children.
  - Work with their children in cooperation with the Head Start staff.
Policy: Bishop Indian Head Start will maintain a safe and healthy workplace for all employees.

Procedure: Management commitment to workplace safety (Roles and Responsibilities)

1. Provide necessary physical resources (tools, equipment, and materials) to ensure employees are able to accomplish their assigned tasks in a safe and efficient manner.
2. Provide psychosocial support (training, workloads and scheduling) to ensure employees are able to accomplish their assigned tasks in an efficient and safe manner.
3. Prevent, identify, control, and correct hazards and behaviors.
4. Attend training in Accident/Incident Investigation and Hazard Identification
7. Coordinate safety work orders with Bishop Paiute Maintenance Department.
8. Ensure all employees under their supervision have adequate knowledge and skills to perform duties assigned.
9. Recognize and reward employees who voluntarily participate in safety activities.

Head Start Director: (Roles and Responsibilities)

1. Coordinate with Bishop Paiute Tribal Human Resource Department to ensure injury claim reporting and processing are accomplished in a timely manner.
2. Coordinate with Bishop Paiute Tribal Human Resource Department to ensure employees have an opportunity to perform appropriate work as soon as possible after an injury.
3. Coordinate with Bishop Paiute Tribal Human Resource Department to ensure records on occupational injury, illness, incidents and accidents for statistical analysis are maintained.
4. Coordinate with Bishop Paiute Tribal Human Resource Department to help employees who voluntarily request assistance.

Health/Disabilities Manager:

1. Identify, evaluate, and assist in controlling physical hazards in the workplace.
2. Employee Wellness Program that prepares employees for the physical and psychosocial demands of work.
4. Provide management data for measuring effectiveness and improving the safety plan.
5. Assist with implementing safety education and training.
6. Assist in observations, safety inspections, job safety analysis, and incident and accident analysis.
7. Evaluate and assist in controlling chemical hazards in the workplace.
8. Assist in implementation required safety programs, plan processes, procedures, and practices.

Safety Committee:

1. Make written recommendations to Management.
2. Track and analyze all Incidents and Accident reports.
3. Create and run a Safety Recognition/Incentive Program.
4. Enhance safety awareness among staff.

Employees:

3. Complete an Accident/Incident report for any Accident or Incident within 24 hours. Give one copy to The Bishop Paiute Resource Department and one copy to your supervisor.
4. Warn co-workers of unsafe conditions, hazards, or unsafe behaviors.

Relates to Performance Standards 1304.52 (k) (1)-(3)
II.C Health Records Policy

POLICY: It is the policy of the Bishop Indian Head Start Center that only those records required by the AIPB, the Tribe or the local State will be maintained in order to meet the health, mental and social needs of the children in our care. These health records will be developed in conjunction with the parent/guardian and health care professionals and will be maintained on site in a confidential manner.

PROCEDURES: In order to enhance and protect the health and safety of the children, their families, and the staff, and to maintain health information in a professional and confidential manner, the following actions will be taken:

✓ Required Records: Certain health information about each child is required by the Head Start Performance Standards, State child care regulations, or Tribal child care regulations. We ask for the following information in our registration packet:

1. Pre-admission enrollment information will be collected at the time of admission

(1) Medical Records

(a) Child’s medical history
(b) Child’s developmental history
(c) Child’s screening results
(d) Child’s medical and dental examination data
(e) Immunization Certificate
(f) Report from health care professional’s determination on schedule of age appropriate prevention and primary care.
(g) Schedule of well child care and treatment plan
(h) Parent permission for health screening and developmental testing, or the parent’s written refusal for their child’s receiving health screening and developmental testing.

(2) The Center Staff will review the forms with the parent/guardian at admission and explain what the health information is for and how it will be maintained in a confidential manner. A fact sheet will be provided to the parent/guardian on how this information will be used by the Center.

(3) The Health Manager will update medical information forms with new information on the following schedule:
(a) Yearly for children over two years of age.

Confidentiality of Records:

✓ Under all circumstances, confidentiality about the child’s medical condition and the family’s status shall be preserved unless such information is released at the written request of the parent/guardian. Tribal or State laws and regulations apply to the release of confidential information in cases where abuse or neglect is a concern.

(1) When custody has been awarded to only one parent, access to records shall be limited to the
custodial parent only.

(2) Each child’s records shall be copied for the child’s parent/guardian on request.

(3) Head Start Center staff shall not disclose or discuss personal information regarding children and their relatives with any unauthorized person.

(4) The Head Start Director will consult with the Head Start Health/Disabilities Manager and decide who among the staff may have access to confidential information and may have confidential information discussed with them. Confidential information shall only be seen and discussed with staff that needs the information in order to provide service.

(5) During enrollment of a child, the staff shall ask the parent to identify the child’s health care providers and to provide written consent to enable the staff to establish communication with those providers, if necessary.

(6) Each person gaining access to confidential records must complete the Records Access Form attached to the cover of each record.

(7) Written releases must be obtained from the child’s parent or legal guardian prior to forwarding information or the child’s records to other service providers, unless release of the information to authorized health agencies is required by State, Tribal or federal laws.

(8) Staff health records are confidential and are maintained by the Head Start Director. Permission from the staff member for review or release of staff health information must be obtained prior to forwarding information to other service providers, unless release of the information to authorized health agencies is required by State, Tribal or Federal laws. The Head Start Director will consult with the Head Start Health/Disabilities Manager and decide who among the staff need access to confidential health information on other staff members, before a request for disclosure of such information is made.
II.D Child and Staff Immunization Requirement Policy

**POLICY:** To protect all children in our care and our staff, the Bishop Indian Head Start Center follows the immunizations and schedules for children and staff established by the Bishop Indian Health Services Advisory Committee and shall not be less than the immunizations and schedule recommended by the Centers for Disease Control and Prevention (CDC), Advisory Committee on Immunization Practices (AIPC).

**PROCEDURES:** In order to comply with State and Tribal laws and to ensure the health of the children, staff and community, the following actions will be taken:

- Child Immunization:
- Certificate of Immunization:
- Parent/guardian must provide at the time of enrollment a Certificate of Immunization signed and issued by a health care professional that indicates the current immunization status of the child.
- We keep on file the Certificate of Immunization status provided by the parent during enrollment. When a child leaves our care, the Certificate is returned to the parent.
- The Teacher and or Health/Disabilities Manager will review the Certificate of Immunization with the parent/guardian and discuss any problems or missing immunizations.
- We allow three months for parent/guardian to obtain the required immunizations from the date of admission to the center. The Head Start Director and or Health Manager will send a written reminder to the parent/guardian every 30 days.
- A child whose immunizations are not kept up-to-date shall be dismissed after three written reminders to parent/guardian over a 3 month period.
- A child can be accepted into care without immunization when the parent/guardian provides a signed statement stating:
  - They oppose their child being immunized due to religious, philosophical or personal grounds or;
  - Immunizations are medically unsafe or unnecessary for their child. In this instance the child’s health care provider must describe the medical reason why it is not safe and sign a statement advising against immunization.
  - Children who are not immunized will not be accepted for care during a disease outbreak for diseases which can be prevented by immunization. This is for the un-immunized child’s protection and to reduce the spread of the disease. Examples are a measles or mumps outbreak.
  - the following immunization schedule will be followed (use schedule established by your HSAC, local State or Tribe). For children younger than seven years of age and not immunized at infancy, we will follow the recommendations of the HSAC.
b. **Staff Immunization**: The staff shall have the same immunization status as required for the children. Proof of immunization status shall be maintained as part of the confidential medical record.

- As established by the HSAC, the immunization status of the staff shall be determined by:
  - Certificates of Immunization; or
  - Certified immune by a health care professional through serological testing; or Age indicating presumed immunity to certain diseases.
  - All staff shall have completed a primary series for tetanus and diphtheria, and shall receive boosters every 10 years.
II.E Health Screening Policy

POLICY: The Bishop Indian Head Start Center, in collaboration with the parent/guardian and health care professionals will determine and promote the medical, dental and mental health needs of the children and staff and will assist families in developing links with ongoing sources of continuing and accessible health care.

PROCEDURE: In order to identify health problems and improve the provision of health care for the children and the staff, the following actions will be taken:

- Determining Health Status: In collaboration with parent/guardian, during the enrollment (or admission) process, and within the first 30 calendar days of entry, the Center Administrator will:
  1. Determine if the child has ongoing source of continuous, accessible health care.
  2. Ask the parent/guardian the child has any health or safety needs that the Head Start Program may need to address.
  3. Ensure there is a Health Status Medical Report is completed and signed by the child’s health care provider or completed by the health care professional that conducts the Bishop Indian Head Start Centers health screening.
  4. Obtain the health care professional's determination if the child is up-to-date on the schedule of age appropriate prevention and primary health care, which includes medical, dental and mental health. The schedule is established by the Early and Periodic Screening and Diagnosis and Treatment (EPSDT) Program of the Medicaid agency of State.
  5. Schedule of Well-Child Care and Treatment Plan:
     - The Health/Disabilities Manager will develop a Treatment Plan in collaboration with the parent/guardian and health care provider based on the child’s age appropriate schedule of well child care. The Treatment Plan will document what immunizations or examinations should be carried out to become up-to-date or to stay current with the schedule.
     - For children who are not up-to-date on their age appropriate schedule of well child care, the Health Manager will provide to the parent/guardian a schedule of health care needs. The Head Start director will collaborate with the parent/guardian and health care providers for the children, to ensure the needed immunizations and examinations are received.
     - For children who are up-to-date with their age appropriate schedule of well child care, the Health Manager will provide to the parent/guardian the schedule for continuing with the well child care.
     - The Health/Disabilities Manager will meet with the parent/guardian regularly to determine if examinations or treatments have taken place, and will update the child’s records accordingly.
  6. Health screening will be conducted for a child only with a signed Health Screening Consent Form signed by the parent/guardian.
(7) If a parent/guardian refuses to give authorization for health services, the parent/guardian must provide their refusal in writing using the Health Screening Consent Form.

(8) The Health/Disabilities Manager will provide to the parent/guardian fact sheets on all health screening and related health activities that will occur at the center. The fact sheets will explain what health screening will be done, what they are intended to determine, and how the results will be used.

(9) The results of all health screening will be provided to the parent/guardian for each of their children. The results will include a summary of the health care provider’s interpretation of the screening results and any recommendations for further testing. The Head Start Teacher and/or Health/Disabilities Manager will offer to schedule a meeting with the parent/guardian to discuss the screening results.

**Screening for Developmental, Sensory and Behavioral Health**

✓ Linguistically and age appropriate screening shall be conducted for each child within 45 days of entry with parental permission. The screening devices used at this Center have been approved by the Health Services Advisory Committee and include:

(a) Dial 4
(b) PATHS

(1) The results of developmental, sensory and behavioral screening will be reviewed by a certified or qualified mental health specialist or child development specialist. The mental health specialist or child development specialist available for consultation with the Bishop Indian Head Start Center is ___Lori Simpson, PSY.D.____ of Toiyabe Indian Health Project, phone number (760) 873-6394.

(2) If the parent/guardian, developmental consultant, staff or other health care provider, believe additional testing may be required for a child based on the screening results, then the Head Start Teacher will assist the parent/guardian in arranging for the additional testing.

(3) The Head Start Teacher will provide to the parent/guardian fact sheets on all developmental and behavioral screening activities that will occur at the center. The fact sheets will explain what developmental and behavioral screening will be done, what the screening is intended to determine, and how the screening results will be used.

(4) The results of all developmental and behavioral screening will be provided to the parent/guardian for each of their children. The results will include a summary of the interpretation of the screening results by the developmental consultant and any further testing that may be indicated. The Head Start Teacher will offer to schedule a meeting with the parent/guardian to discuss the screening results.

✓ Staff Health Screening: All staff will have a health appraisal completed within the 3 months prior to employment. For staff hired during the school year, the health appraisal will be completed within the first month of employment.
II.F Medication Handling, Storage and Administration Policy

POLICY: The Bishop Indian Head Start Center designated staff will properly store and administer medication, following the written authorization of the child’s parent/guardian or physician to safeguard the health of the children, staff and families.

PROCEDURE: In order to ensure the safe handling, storage and administration of medicines to the children, the following actions will be taken:

- The Head Start staff and the parent must complete the Medication Administration Plan that specifies the conditions for the administration of prescription and non-prescription medication and the parent’s consent for administration of medications to their child. A child’s medication will be sent home when it is no longer needed.
- The Health/Disabilities Manager will arrange for the training of staff members on the administration, handling and storage of medications in the week prior to children starting school. This annual training is provided by Toiyabe Indian Health Project.
- A designated staff member who has been properly trained is responsible for administering medications and keeping documentation of the date and time the medication was given on the Daily Medication Record Form.
- When the parent/guardian of a child needing medication during school will give the medication to the Teacher or Health/Disabilities Manager. The designated staff member will take the medication from the parent/guardian and:
  - Ensure there is a Medication Administration Plan signed by the parent for the child and that the medication to be administered is in compliance with the Medication Administration Plan;
  - ensure there is a prescription by a health care provider, if required;
  - Complete the Medication Labeling Checklist Form to determine if all the information required on the label is provided on medication brought to the center by parent/guardian.
  - The Health/Disabilities Manager will record any medications given during the day on the Daily Medication Administration Form for each child taking medication.
  - These forms will be maintained in the child’s medical record.
  - The Health/Disabilities Manager will review with the staff any potential reactions that a child may have to a medication.
  - The staff will observe the child for any adverse reactions to the medication and record any observed adverse reactions on the Medication Administration Form.

Adverse reactions could include:

- Signs of being tired, or sleepy; Moodiness; Aggressiveness; Physical reactions: such as rashes, swelling, or breathing difficulty

Prescription Medications: Prescription medications will be administered to children only with signed parental consent. The medication must be in the original container from the pharmacy and properly labeled (see Section II.F.2.d (3) of this Plan).

- The parent/guardian must provide information on any adverse reactions that may be associated with use of the prescription medication as provided by the health care provider or the pharmacy. The parent/guardian should be encouraged to give the first dose of the medication at home and observe the child for any adverse reactions.

Non-Prescription Medications (over the counter drugs):
Examples of non-prescription medication include:

- Antihistamines,
- Non aspirin fever reducers/pain relievers,
- Non-narcotic coughs suppressants,
- Decongestants,
- Anti-itching ointments/locations intended to relieve itching,
- Diaper ointments, intended for use with “diaper rash”
- Sunscreen
- Vitamins
- Anti-diarrhea medications

- We will only give a child a non-prescription medication when the medication is in its original container and the parental consent form includes the dose and frequency for the child. The medication must be age-appropriate.

- Non-prescription medications will be administered to children only with signed parental consent. The medication must be in the original container and properly labeled (see Section II.F.2.d (3) of this Plan).

Storage of medication:

- We store medications so they are inaccessible to children, under lock and key and at the proper temperature when at the center or if medications must be taken on field trips. The following storage procedures are used:

- All medications are stored with child-proof caps and in locked cabinets that is location inaccessible to children. The medical storage box is located in the Health Office.

  Internal medications are stored separate from external medications.

  Internal medications are stored (in the Health Office).

  External medications are stored (in the Health Office).

- All medications are stored at the proper temperature (refrigerated or non-refrigerated).
  - Refrigerated medications will be stored in leak-proof lock boxes and in such a manner that is not to contaminate food and to not be contaminated by food.
  - Medications shall not be used after the expiration date.
  - Medications that must be transported for field trips or other activities will be transported in a lock box and at the proper temperature using an ice chest if needed.
Child Health and Development Services

Medical and Dental Home and Follow Up

Policy

Program staff will support families in establishing a medical and dental home (an ongoing source of medical or dental care) for their child within 90 days of the child’s first day of class. Procedures will be in place to make a determination about whether the child is up to date on well-child care within 90 days. If any medical or dental follow-up is required, a follow-up plan will be developed to assist families in accessing needed treatment.

Procedure

Family Advocate and Director Responsibilities:

1. Assess whether the child has a medical and dental home. This should initially occur during the registration interview:
   1. If so, the names of those providers and any insurance; this information should be documented on the interest application form, enrollment application, emergency and family contact form.
   2. These forms will be reviewed by the Health and Disabilities Manager as soon as information is collected. The Health and Disabilities Manager will follow-up with family to secure a medical and dental home for those families who indicated they had no home. In addition, the Health and Disabilities Manager will keep a chart of all enrollment families Medical and Dental homes.

2. If financial limitations are the only barrier, they should be given information about community resources, and encouraged to apply for Health Plan options provided by the Health and Disabilities Manager and or contract care-otherwise, the Teacher/Family Advocate and Director has primary responsibility for addressing barriers.

3. The BIHS Director should encourage parent or guardian to sign the Authorization for Dental Hygiene services so that preventive dental care can occur in the Head Start setting in coordination with the child’s dental home. If there is no dental home in place, the Dental Hygiene Exam will assist us in connecting family with appropriate community resources for dental care.

Teacher, Family Advocate and or BIHS Director Responsibilities:

1. Teacher, Family Advocate and or Director should ascertain which families do not have medical and dental homes by using the Health and Disabilities Manager report.

2. For any families who do not have a medical or dental home established in 90 days, there must be documentation in child’s file of all barriers, and a plan of action must be developed with the family. Ideally this should be incorporated in with the Strengths and Needs Assessment.

3. If the Teacher, Family Advocate and or Director are unable to get a family to participate in a plan to establish a medical and dental home, the Health Consultant should be contacted for support.

4. As soon as a medical & dental home is established, the Teacher, Family Advocate and or Director should provide this information the Health and Disabilities Manager. They should also update the child's file with the Medical/Dental
5. If the Teacher, Family Advocate and or Director learn of medical or dental issues that require ongoing follow-up they will document this in child's file, and request assistance from the Health and Disabilities Manager in developing a follow-up plan.

Health and Disabilities Manager and Health Consultant Responsibilities:

1. The Health and Disabilities Manager and Health Consultant will work together to get Health Appraisal form completed by the child's medical provider in a timely manner.

2. The Health and Disabilities Manager will use the dental Hygiene Exam form to document dental needs in the screening section (health) of the child file.

3. The Health and Disabilities Manager will input information from Health Appraisal form into the child's file and will notify Health Consultant of any that come back indicating that the child is not up to date on Well Child Care.

4. If child’s Healthcare Provider responds that the child is not up to date on Well Child Care, the Teacher, Family Advocate, Health and Disabilities Manager and the family will work together to develop a plan to bring the child up to date on Well Child Care. The Health and Disabilities Manager will document this in the Child’s file.

5. If the Health Appraisal form indicates that the child has ongoing medical issues that require follow-up, the Health and Disabilities Manager will develop a follow-up plan and document this in the Child's File.

This policy complies with Head Start Performance Standard 45CFR Section 1304.20.
Child Health and Development

Head Start Payment for Child Medical and Dental Services

Policy

Head Start funds will be made available to families to cover the cost of medical and dental care on a case by case basis, when no other source of payment is available. The Health and Disabilities Manager must approve the treatment plan in advance for any costs that exceed $500. There is an upper limit on spending per child, of $1500, which can be exceeded only with written authorization of the BIHS Director, Tribal Administrator, and Fiscal Officer.

Procedure

1. The Health and Disabilities Manager will be the primary gatekeeper for Head Start pay requests. Children will be eligible for HS payment based on these three scenarios:

   1. Child has Social Security Number but is over income for California Health Plan. Documentation required: family income documentation, or a denial letter from medical.

   2. Child does not have a Social Security Number (not a US citizen), thus ineligible for a California Health Plan. Documentation required: family income documentation, but not a denial letter from medical.

   3. Family over income for a California Health Plan and has private insurance. Documentation required: information about insurance benefits, and family income documentation.

2. The Family Services Advocate working with the family in need of Head Start pay, will be expected to assist the Health and Disabilities Manager in gathering any needed documentation, and additional information about the medical or dental care that is needed.

3. If there is no medical or dental home, the Health and Disabilities Manager will determine which provider to refer the child to, based on established agreements with medical and dental providers.

4. The Health and Disabilities Manager will track all expenditures in excel and work with the accounts payable department to ensure that Head Start payments do not exceed budgeted amounts.

This policy complies with Head Start Performance Standard 45 CFR Section 1304.20.
Child Health and Development Services

Dental Triage Prevention Interventions and Follow Up

**Policy:** All children enrolled in BIHS will be offered a professional Dental Hygiene Examination and appropriate dental prevention interventions in partnership with the Toiyabe in Health Project. The results of the Dental Hygiene exam will be used to assist with appropriate referrals to the child’s dental home.

**Procedure: Health and Disabilities Manager Responsibilities:**

1. During enrollment interview the Family Advocate should encourage parent or guardian to sign the Authorization for Dental Hygiene Services/and or Consent form. (Only children with a signed authorization form will receive Dental Prevention services in the Head Start classroom)

2. The signed original form should be forwarded to the Health and Disabilities Manager. It is recommended that a copy be kept with the Child’s file.

**Family Advocate Responsibilities:**

1. Teachers will work in partnership with Health and Disabilities Manager on days that dental services are scheduled in the HS classroom or Toiyabe Dental Clinic to assure that children are escorted to and from the dental services as efficiently as possible. If the FA is unable to be at the site on the scheduled day they should inform the Health and Disabilities Manager so that alternative support can be arranged.

2. Teacher and Health and Disabilities Manager will determine the family’s capacity to follow-through with the referral recommendations and proceed accordingly.
   
   1. Families will be expected to follow through on their own unless there are unusual barriers in place. If staff determines that the family cannot follow through appropriately on referrals, they should contact the Health and Disabilities Manager.
   
   2. Health and Disabilities Manager will work from the follow-up plan developed by Toiyabe Dental and document progress in form designed by the Health and Disabilities Manager.

**Health and Disabilities Manager Continued Responsibilities:**

1. Health and Disabilities Manager will develop a schedule at the beginning of each program year that indicates when a Licensed Dental Professional will be at a particular site or schedule Toiyabe Dental Visit. That schedule will be adapted as needed during the school year dependent on triage results and planned prevention interventions.

2. Health and Disabilities Manager will accompany Licensed Dental Professional to classrooms to provide administrative support if more than 5 children are scheduled for services.

3. Health and Disabilities Manager will document results on the Health Summary.

4. A copy of the Dental Exam form will then be forwarded to the Health and Disabilities Manager so that she can develop a follow-up plan.

5. Health and Disabilities Manager will enter Dental Referrals into the Referral Tracking and Reporting form as indicated from the triage results.

6. Health and Disabilities Manager will coordinate prevention interventions directly with Toiyabe Indian Health Project and manage any associated contracts or billing.

This policy complies with Head Start Performance Standard 45CFR Section 1304.20.
II.G Daily Health Assessment Policy

**POLICY:** The Bishop Indian Head Start Center shall conduct daily health assessments of children in a manner that is comfortable to the children to determine the health of the child and any recent illness in the child or injuries to the child.

**PROCEDURE:** In order to identify conditions that may require medical attention and to protect the health of the children, staff and families, the following actions will be taken:

- The Bishop Indian Head Start Center staff will receive annual training from the Health Manager on conducting a health assessment.

- The Daily Attendance Sheet will include a column that indicates if the daily health assessment was conducted. A mark of a check (indicate type of mark, such as OK) will indicate that no problems were observed. A mark of for absent (indicate type of mark, such as FORM) indicates that an Illness Incident Report was completed and has been placed in the child’s health record. This form records data for the entire group of children for a Monthly period and helps identify patterns of illness for an individual child or the group in a center.

- The staff shall observe the children throughout the day for any of the following that may indicate a health concern:

  - Changes in behavior or appearance from those observed during the previous day’s attendance.

    (1) Skin rashes, itch skin, or itchy scalp.

    (2) Increase in body temperature, determined by taking the child’s temperature, if there is a change in the child’s behavior or appearance.

    (3) Complaints of pain or if not feeling well.

- If any of the above conditions are noted, the staff will inform the Health Manager. The Health/Disabilities Manager will talk with the child and discuss the observations with the parent.

- The Daily Attendance Sheets will be reviewed weekly by the Health/Disabilities Manager to identify any illness or injury trends among the students.
II.H Incident Log Policy

POLICY: The Bishop Indian Head Start Center shall maintain an incident log of illness and injuries to promote the health and safety of the children and staff, to identify disease outbreaks and determine injury trends, and implement effective interventions.

PROCEDURE: In order to document how injuries and illnesses occurred, what was done for the child as a result of an injury or illness, and what steps were taken to protect health, the following actions will be taken:

✓ Illness
✓ The Illness Incident Form will be completed for any child who is identified as ill during the daily health assessment or during the day when symptoms appear.

1. When a more serious illness occurs that requires first aid or medical attention to a child or adult, the Director will treat the illness as a Medical Emergency and follow the procedures presented in Section VI.E of this Plan.
2. The parent/guardian will be notified immediately of an illness that requires professional medical attention. The staff will document this notification of parent/guardian on the Illness Incident Form.
3. The Illness Incident Report shall be completed in triplicate. A copy of the report will be distributed as follows:
   ✓ One copy shall be given to the child’s parent or legal guardian or discussed with the parent when they pick the child up from the center (or the ill adult).
   ✓ One copy shall be kept in the child’s or staff’s medical file.
   ✓ One copy shall be kept in a chronologically filed illness log.

4. The completed Illness Incident Form will be maintained in the child’s health record for a two year period. The Illness Incident Form will be made available to health care professionals and the Health Manager for review and analysis only with parental permission.
5. The Health Manager will prepare a summary report of all illnesses observed quarterly for review by the Health Services Advisory Committee. This report will not identify children but will identify disease trends.

✓ Accident

1. When an injury occurs in the Bishop Indian Head Start Center to a child or adult, the Teacher, Health Manager and or Staff member will complete the Accident Report Form. The completed Accident Report forms shall be made available to the Health Manager and other appropriate health agencies for review and analysis only with parental permission.
2. The Accident Report shall be completed in triplicate. A copy of the report will be distributed as follows:
   ✓ One copy shall be given to the child’s parent or legal guardian or discussed with the parent when they pick the child up from the center (or the injured adult).
   ✓ One copy shall be kept in the child’s or staff’s medical file.
   ✓ One copy shall in a chronologically filed injury log.

3. When a more serious injury occurs that requires first aid or medical attention to a child or adult, the Health Manager will treat the injury as a Medical Emergency and follow the procedures presented in Section VI.E of this Plan.
4. The parent/guardian will be notified immediately of an injury that has occurred with their child. The staff will document this notification of parent/guardian on the Accident Form.
II.1 Exclusion/Re-Admission Policy

**POLICY:** The Bishop Indian Head Start Center shall not deny admission to or send home any child because of illness unless the child is unable to actively participate in program activities, they expose other children and staff to illness or they are at risk for being exposed to other illnesses when their resistance is low.

**PROCEDURE:** In order to ensure that children and staff are not unnecessarily excluded from Head Start activities and to protect the health of the children and staff, the following actions will be taken:

- **Children Exclusion and Re-Admission**
  
  1. The Bishop Indian Head Start Center will not deny admission nor exclude any enrolled child from program participation for long-term period solely on the basis of his or her health care needs or medication requirements unless keeping a child in care poses a significant risk to the health or safety of the child or other children, staff or visitors and the risk cannot be eliminated or reduced to acceptable levels through reasonable modifications in procedures, policies or staffing. Long term exclusion of a child can only be approved by the Head Start Director after consultation with the child's parent/guardian, health care provider and the Head Start Health/Disabilities Manager.
  
  2. The following are conditions of short term exclusion from and for re-admission to the Bishop Indian Head Start Center:

- Fever of 101°F auxiliary (under arm) or higher **AND** who also have one or more of the following:
  - Diarrhea
  - Earache
  - Sore throat
  - Rash
  - Show signs of irritability or confusion
  - Symptoms and signs of possible severe illness such as lethargy, uncontrolled coughing, irritability, persistent crying, difficulty breathing, or wheezing, until medical evaluation allows inclusion
  - Vomiting, on 2 or more occasions within a 24 hour period, until the vomiting resolves, or a health care provider determines the illness to be non-communicable, and the child is not in danger of dehydration.
  -Diarrhea, that is, increased number of stools, increased stool water or decreased form that is not contained by a diaper.
  -Mouth sores with drooling, unless a health care provider or health official determines the condition is noninfectious.
  -Rash with fever or behavior change until a health care provider determines that these symptoms do not indicate a communicable disease.

  **Eye discharge or pinkeye~ Children can be readmitted after:**

- Medical diagnosis to rule out bacterial infection, or 24 hours on antibiotic treatment
- Tuberculosis, until a health care provider or health official states that the child can attend.

- Impetigo, until 24 hours after treatment has been initiated.
- Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and the cessation of fever.
✓ Chicken pox, until 6 days after onset of rash or until all sores have dried and crusted, or with permission by their health care provider.

✓ Pertussis (Whooping Cough), until 5 days of appropriate antibiotic treatment to prevent and insure that an infection has been completed.

✓ Mumps, until 9 days after onset of parotid gland swelling.

✓ Hepatitis-a virus, until 1 week after onset of illness or as directed by the health department when passive immunoprophylaxis has been administered to appropriate children and staff.

✓ Measles, until 6 days after onset of rash.

✓ Rubella, until 6 days after onset of rash.

✓ Shingles (herpes zoster), exclusion only on recommendation of child’s health care provider. Sores shall be covered by clothing or a dressing until the sores have crusted.

✓ Children with open oozing sores, which cannot be covered, will not be allowed to be at the center until: 24 hours after starting antibiotic treatment, or

- Sores are properly covered (e.g. bandage/clothing, staff-gloves),
- Sores have healed.

✓ Lice, nits, scabies or other infestations, have been treated for a 24 hours period.

(3) If a child must be sent home because of an illness, the staff will place the child in quiet isolation and attend to their needs to the extent that this attention does not compromise the care of the other children. The isolation area/room for the Center is located ____ in the Health Office ____.

(4) If child with uncontrolled diarrhea or vomiting shall be provided separate care in the isolation area, apart from other children until the child’s parent arrives to remove the child from the Center.

(5) If the Health/Disabilities Manager has concerns about a child’s ability to safely return to the Center, we reserve the right to request a note from the child’s health care provider.

(6) When a child is excluded from attending our child care center the staff will note this in the Illness Incident Report or Injury Incident Report (refer to Section II.H of this Plan).

**Staff Exclusion:**

✓ Staff members should be excluded for the following reasons:

✓ Chicken pox, until 6 days after the onset of the rash or until all sores have dried and crusted over.

✓ Shingles (herpes zoster), exclusion only on recommendation of child’s health care provider. Sores shall be covered by clothing or a dressing until the sores have crusted.

✓ Rash with fever or joint pain until diagnosed not to be measles or rubella.

✓ Measles or Rubella until 5 days after rash onset.

✓ Vomiting, 2 or more occasions within a 24 hour period, until the vomiting resolves or is determined to be due to a non-communicable condition.

✓ Diarrhea illness: three or more episodes of diarrhea during previous 24 hours, until diarrhea resolves.

✓ Hepatitis-a virus, until 1 week after onset of illness or as directed by the health department when passive immune prophylaxis has been administered to appropriate children and staff.
✓ Tuberculosis, until a health care provider or health official states that the child can attend.
✓ Impetigo, until 24 hours after treatment has been initiated.
✓ Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and the cessation of fever.
✓ Pertussis (Whooping Cough), until 5 days of appropriate antibiotic treatment.
✓ Mumps, until 9 days after onset of parotid gland swelling.
✓ Non-Exclusion Conditions: Certain conditions do not constitute a reason for denying admission to, or sending a child home from child care, unless the child is determined by the Health Advisor to contribute to transmission of the illness at the facility. Exclusion of children for any of the following conditions will be decided by the Head Start Director with consultation of the child’s parent/guardian and the child’s health care provider
  ✓ Presence of germs in urine or feces in the absence of illness.
  ✓ Non-purulent conjunctivitis.
  ✓ Cytolomegalovirus (CMV) infection.
  ✓ Hepatitis-B virus carrier state and have no behavioral or medical risk factors
  ✓ HIV infection and have no behavioral or medical risk factors.
II.J Tobacco Use Policy

**POLICY:** The Bishop Indian Head Start Center, in compliance with the Head Start Performance Standard (45 CFR 1304.53(a)(8)), prohibits the use of all forms of tobacco in all spaces used by the program, in the evening as well as the day, including classrooms, staff offices, kitchens, hallways, outdoor play areas and vehicles used for transporting children.

**PROCEDURES:** In order to protect the children from adverse health effects from tobacco and to promote good health behaviors to the children, the following actions will be taken:

✓ Parent/guardian will be informed upon enrollment of their child of the tobacco use policy and that it will be strictly enforced.

✓ Tobacco use by Head Start parent/guardian and staff will be prohibited during any Head Start activity, both at the center and away from the center. This includes field trips, socialization activities, meeting, home visits, and other Head Start activities.

✓ Any staff member or parent who notices a violation of this policy may request the violator to extinguish all smoking materials or dispose of other forms of tobacco that may be in use, immediately, and may inform him/her of the tobacco use policy.

✓ NO SMOKING signs will be posted throughout the Head Start building to inform all staff, parent/guardian and visitors that smoking is prohibited in the Center.

**OPTIONAL:** Some Head Start may ask for religious teaching for their children or practice religious beliefs that may include the burning of tobacco in pipes or other devices as part of the religious ceremony. The following statement allows the use of tobacco smoke for religious purposes only with parental permission.

✓ The use of tobacco smoke or mountain smoke for religious reasons shall be strictly restricted to religious practices and must be approved by the Head Start Director. Only children, with written parental consent may be present when the tobacco is used.
II.K Animal Policy

**POLICY:** Any pet or animal present at the Bishop Indian Head Start Center, indoors or outdoors will be in good health, show no evidence of carrying any disease and be a friendly companion for the children.

**PROCEDURES:** In order to ensure that pets and animals kept at the Center do not pose a significant risk to the health and safety of the children or staff, the following actions will be taken:

a. The Director will obtain written approval of the for any animals, wild or domestic, that will be kept at the Center.

b. There shall be no ferrets, turtles, psittacoses birds (birds of the parrot family), or any wild or dangerous animals kept at the center.

c. Potentially very aggressive animals shall not be in the center.

d. The Health Manager will maintain all vaccination records for all dogs or cats kept at the Center. Any dogs or cats shall be maintained on a flea, tick, and worm control program that is approved by the Health Manager.

e. At the Bishop Indian Head Start Center, we have approval from the Health Manager to keep the following animals: **Gold Fish**. Specific procedures for their feed, care and maintenance are as follows:

   ✓ Dog: (include name, age, sex, weight, breed of dog (if known), spayed or neutered, vaccination requirements, amount of feed required per day, amount of water required per day, responsible person for feeding and watering the dog, instructions for care of the animal, maintenance of the animal pen and other information on the local 4-H clubs may be able to offer written instructions for the care and maintenance of many animals, otherwise consult with a veterinarian).

   (2) Repeat same basic information for any dogs, cats, birds, fish or other animals approved for your Center.

f. Animal cages will be of an approved type with removable bottoms and will be kept clean and sanitary.

g. The living quarters of animals shall be enclosed and kept clean of waste to reduce the risk of human contact with the waste.

h. Animal litter boxes shall not be located in areas accessible to children.

✓ All animal litter must be immediately removed from children’s areas and be disposed of properly. For outdoor animals, staff will be assigned cleaning duties of litter on the duty chart.

j. Staff will always be present when children are exposed to domestic animals. Children shall be instructed on safe procedures to follow when in close proximity to animals (local veterinarians may be able to provide safety procedures for most animals).
Pets in the Workplace

Policy
Pets in the workplace may pose concerns related to liability, work distractions to the owner and others, health issues (fleas and allergies), etc. In order to minimize potential problems and to maximize the productivity of all BIHS employees, the practice of bringing pets into the workplace on a recurring or lengthy basis is impermissible.

Employees who have questions in regard to this policy should speak with their manager or the Human Resources Department.

Service Animal in the Workplace
A service animal is any dog that has been individually trained to perform tasks for the benefit of a person with a disability, including a physical, sensory, psychiatric, intellectual or other mental disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purpose of the definition. The work or tasks performed by the service animal must be directly related to the individual’s disability. Tasks may include, but are not limited to, guiding individuals with impaired vision, alerting individuals with impaired hearing to intruders or sounds, pulling a wheelchair, or retrieving dropped items.

Dogs that are not trained to perform tasks that mitigate the effects of a disability and any animal that is used purely for emotional support, comfort, or companionship are not considered service animals and are not allowed on the BIHS premises.

Restrictions and Exclusions

1. BIHS may impose some restrictions or remove from BIHS property a service animal that is out-of-control, not housebroken, poses a direct threat to health and safety of others, or whose presence fundamentally alters a program, service, or activity. Restrictions or removals are considered on a case-by-case basis in accordance with applicable laws.

2. In determining whether a service animal poses a direct threat to the health or safety of others, BIHS will make an individualized assessment, based on reasonable judgment that relies on current medical knowledge or on the best available objective evidence, to ascertain: the nature, duration, and severity of the risk; the probability that the potential injury will actually occur; and whether reasonable modifications of policies, practices, or procedures or the provision of auxiliary aids or services will mitigate the risk.

3. In those circumstances where a service animal is believed to fundamentally alter a service, program, or activity, BIHS has the burden of proving that a fundamental alteration would occur. The decision that allowing the service animal would result in a fundamental alteration must be made by the head of BIHS or his or her designee. The disabled individual must be provided with a written statement of the reasons for reaching that conclusion. If allowing the service animal would result in a fundamental alteration, BIHS shall take other actions to nevertheless ensure that individuals with disabilities receive the benefits or services provided by BIHS.

4. In the event restriction or removal of a service animal is determined to be necessary, BIHS will take other actions to ensure that the disabled individual will still be offered the opportunity to participate in services, programs and activities without having the service animal present.

Responsibilities of Individuals Using Service Animals
An individual with a service animal is responsible for the following:

1. Ensuring that the animal is under control by its handler by means of a harness, on a leash or tether in most cases. In instances where a person’s disability or the service animal’s performance of work or tasks precludes use of a harness, leash or tether, the service animal must still otherwise be under control (e.g. by voice control, signals, or other effective means). If an animal is out of control and the animal’s handler does not take effective action to control it, the matter will be addressed individually by BIHS.

2. Be responsible for the care and supervision of the service animal.

3. Assure that service animals are housebroken (i.e., trained so that, absent illness or accident, the animal controls its waste elimination). Individuals with physical disabilities who cannot pick up and dispose of the animal’s waste should work with BIHS Director to identify appropriate service animal toileting areas.

Requirements for Faculty, Staff and Students

1. Allowing service animals to accompany the person they are assisting in all areas of BIHS where member participants in services, programs or activities, or invitees, as relevant, are allowed to go.

2. Not distracting a service animal in any way. Do not pet, feed, or interact with the animal without the handler’s permission.

3. Not separating a disabled person from his or her service animal.

4. Clarifying an animal’s status as a service animal only when it is not readily apparent that an animal is a service animal. In such cases, designated staff may not ask about the nature or extent of a person’s disability, but may make two inquires to establish whether the animal is a service animal:
   1. Is the animal required because of a disability? And
   2. What work or task the animal has been trained to perform?

5. In the case of an emergency, an animal may become disoriented or try to communicate the need for help. BIHS staff will make every effort to keep a service animal with the disabled person it is tasked to assist. However, the first effort should be towards the disabled person, which may result in the service animal being left behind in some emergency evacuation situations.

This policy complies with Head Start Performance Standard 45 CFR Section 1304.22.
This policy was approved by Policy Council on
This policy was approved by Tribal Council on
See Bishop Tribal Employee Handbook
Drafted July 23, 2013
Child Health and Safety
Tools in the Classroom

Policy: Safety will be the first consideration when children learn about and use tools for carpentry, plumbing and other types of construction.

Procedure: General Safety Rules

1. Anyone who is supervising woodworking must:
   1. Check all tools prior to use.
   2. Have prior training regarding H.S. policies and procedures regarding the use and supervision of woodworking activities.
   3. Ensure that children are wearing safety devices; gloves and goggles except for in cases where it may impair coordination.
   4. Volunteers must observe teachers demonstrate how to supervise a woodworking activity prior to supervising this activity.
2. Tools are to be used only when a trained adult supervises.
3. Tools are used only in the woodworking area. Children will need to learn that tools are not toys and can be dangerous when not properly used.
4. No more than two children should be at the workbench area at a time. Children who are observing should stand well away from the area. A crowded work area can contribute to accidents.
5. The work area should be kept free from clutter, with only the materials in direct use in the area. Hardware, glue, and accessories should be stored conveniently nearby, but not on the bench or in the work space.
6. Drilling, hammering, sawing will only occur on specific pieces of wood and careful attention will be paid toward ensuring the workbench is protected from these activities.
7. Stains, shellacs and other chemical substances used for woodworking are potentially toxic and not allowable for use.
8. Tools must be put down immediately if children in work area have a disagreement.
9. Children must return tools to their proper storage place. If storage is in a tool box rather than a rack, for safety purposes, teachers will need to hand children new tools.
10. Children who cannot observe the limits will be asked to leave the area and find a different activity.
11. Each classroom will have a reference copy of Woodworking for Young Children by NAEYC. This book will have many ideas and concepts that new teachers can utilize to make the child’s woodworking experience successful and safe.
12. Teachers and Volunteers will model safety practices through demonstration and by wearing protective safety devices (gloves and goggles).

Setting up the Classroom/woodworking environment

1. Tools should be introduced to children prior to use. Safety concepts and use of glove and goggles should be demonstrated and discussed at this time.
2. In order to reduce noise and distraction from other activities it is recommended that a special construction area be set-up outside or away from other activities.
3. To maintain safety while using the tools the ratio should be one teacher per two children at a time.
4. When possible arrangements should be made to have extra volunteers to help supervise other activity areas that the second teacher typically would supervise. These activities should be planned ahead with safety and low maintenance in mind.
5. To avoid conflicts as much as possible, it is recommended that children be allowed to choose a partner to work with.
6. Choosing the right kind of wood is an important element in assisting children with successful carpentry skills.
   1. The wood used must be a soft wood. Pine (white, eastern, western, sugar) is ideal and highly recommended. Second choices would be Cedar, Poplar, White, Black, Red, Sitka and Engelmann Spruce and Insulation board or Fiberboard is great for beginners.

Specific Tool Safety

Hammer
Children are still developing their fine motor abilities and it is important that teachers ensure that the hammers are used to tap *not drive* nails into holes.

1. Basic hammer skills must include becoming familiar with the weight and size of the hammer and nails.
2. Goggles and Gloves should always be worn unless a child cannot effectively see and manipulate the tools when using these safety devices.
3. The most appropriate nail to begin with is a 1.5 inch roofing nail which has a larger surface of impact and allows the children to place finger low enough under nail head to not crush finger.
4. Children will only hammer with the face of the hammer head and only onto the piece of wood they are working on.
5. Nails must never be left protruding through a piece of wood even for unfinished projects. Take all protruding nails out of wood for safe storage and keeping.

**Drill and Saw**

1. Safe drilling/sawing will require the use of the workbench and a vice or “C” clamp.
2. Children must wear gloves and goggles and keep their gloved “free” hand safely away from where the saw might slip and cut them.
3. Saws are only for sawing. Pounding with the saw may break its teeth. Weight on the side of a saw may bend it. A Bent or rusted saw will not slide through the saw cut well. This is why saws are hung up in their places immediately after use.
4. The wood must be placed so that it extends past the workbench surface by at least 6 inches. The teacher may need to begin the saw cut or drill hole first to ensure success and demonstrate safety.
5. The wood should be less than 1 inch width and diameter to begin with and as the child begins to master the tool use, the size can be increased.

This policy complies with Head Start Performance Standard 45CFR Section 1304.22.

Currently BIHS does not have a woodworking area. This policy is part of a planning process to explore woodworking in the BIHS classrooms. Wood working area with tools will not be set up until policy has been approved. Teachers may work with wood and sand paper. It is recommended that children use safety goggles.
II.M Health Education Policy

POLICY: The Bishop Indian Head Start Center will promote good physical, mental, oral and social health and safety through demonstration, modeling healthy behavior, educational materials and presentations for the children and their parent/guardian. The health education program is part of the Head Start curriculum.

PROCEDURES: In order to provide basic knowledge to the children, parent/guardian and staff on health and safety issues and improve the health of our community, the following actions will be taken:

✔ Health Education for Children

✔ Health education will be integrated daily in the program of activities. Health education for children will include: (The subjects covered by your program will probably be different but these are some recommended in the Caring for Our Children on page 338. You need to list those subjects that will be taught in your Head Start).

✔ Body awareness
✔ Families and cultural heritage
✔ Personal/Social skills
✔ Expression of feelings
✔ Injury prevention
✔ Motor vehicle safety
✔ Hygiene
✔ Playground safety
✔ Etc.

(1) Center staff will talk to the children about healthful behaviors while carrying out routine daily activities. Activities shall be accompanied by words of encouragement and praise for achievement.

(2) All health education activities shall be geared to the developmental age of the child and shall take into account individual personalities and interests.

(3) The center shall use age-appropriate health education materials in children’s projects that, when taken home, will help educate the parent/guardian and other children at home.

Health Education for Parent/guardian

✔ Parent/guardian shall be given opportunities to observe staff modeling of healthy behavior and child development activities, and have the opportunity to ask questions and comment on the effectiveness of these activities with regards to their child.

(1) The ____ Bishop Indian ____ Head Start Center will distribute a health news letter once per regularly or as need due to an illness outbreak ___.

(2) The Head Start Director will ensure that the health education plan for parent/guardian meets the needs of individual families and family conditions. Written pamphlets and information will be provided
to the parent/guardian in the following areas:

- Safety (home, vehicular, bicycle, playground, etc.)
- Oral health promotion and disease prevention
- Value of wellness care (exercise, nutrition, avoidance of substance abuse)
- Child development
- Parental health
- Prevention and management of infectious disease (hand washing, diapering, etc.)
- Child behavior (normal and problem behavior)
- Handling emergencies/first aid
- Child advocacy skills
- Special needs.

**Health Education for Staff:**

- The Director will schedule at least 12 hours of training during the school year for the Bishop Indian Head Start Center staff in the areas of health and safety issues.
- The Director will provide orientation to all new staff and volunteers within the first week of their employment or presence at the Center. The staff will be able to demonstrate knowledge of the following:
  - The names and ages of the children that they will be responsible for and the children’s specific developmental needs.
  - Any special adaptations to the facility for children with special needs.
  - Any special health or nutrition needs of the children under the new staff’s supervision.
  - The planned program of activities at the facilities.
  - Routines and transitions
  - Accepted methods of discipline.
  - Occupational health hazards for the staff.
  - Emergency health and safety procedures.


  1. The Health/Disabilities Manager will work with new staff to ensure that within the first 3 months at the Center, the new staff will receive further orientation on the Health and Safety Plan and be able to demonstrate key elements of the Plan to include:

- Recognition of symptoms of illness and correct use of the Illness Incident Report and Daily Incident Log.
  - Exclusion and Re-admission procedures.
  - Cleaning, sanitation and disinfection procedures.
  - Medication Administration procedures
  - Procedures for notifying parent/guardian of illness and injury events.
  - Procedures for performing and documenting the Daily Health Assessment.
II.N Infectious Disease Control Policy

POLICY: The Bishop Indian Head Start Center will reduce the spread of communicable diseases among the children and staff through proper hygiene, housekeeping and infection control practices.

PROCEDURE: In order to reduce the spread of communicable diseases in the Head Start Center, the following actions will be taken:

✔ Reportable Diseases

(1) The following illnesses are reported to the local State Health Department by physicians. The Health/Disabilities Manager will call the Health Advisor or the local Health Department for information when a child or staff member has contracted any of these illnesses. A list of these diseases will be provided to the parent/guardian upon enrollment of their child. The parent/guardian shall be asked to notify the Center Administrator if their child is diagnosed with any of these illnesses: (check with your local health department to determine the list of reportable diseases in your area)

| Acquired Immune Deficiency Syndrome (AIDS) | Kawasaki Syndrome |
| Campylobacter (Campy)Diphtheria E. Coli 0157: H 7 | Meningitis |
| Giardiasis | Mumps |
| Homophiles Influenza Type B (HIB) Hepatitis | Pertussis(Whooping Cough) |
| Tetanus | Poliomyelitis (Polio) |
| Lyme Disease | Rheumatic Fever |
| Measles (Rubella) | Reye’s Syndrome |
| Chlamydia Infections | Rabies |
| Conjunctivitis | Rheumatic Fever |
| | Rocky Mountain Spotted Fever |
| | Meningitis |
| | Salmonella |
| | Rubella (German or 3 day measles) |
| | Shigellosis |
| | Rubella (10 day measles) |
| | Tuberculosis (TB) |
| | Tetanus |
| | Streptococcal Infection |
| | Typhoid Fever |
| | Lyme Disease |
| | Tuberculosis |
| | Meningococcal |

✔ Communicable or contagious diseases are caused by germs and are easily spread from one person to another. Germs can be spread in many ways. Common methods of germ spread are:

✔ Direct contact with human waste (stools, urine)

a) Contact with body fluids (drool, blood, nose and eye discharges, and vomiting.)

b) Direct skin to skin contact

c) Indirect contact with inanimate objects (drinking glasses, toys, bedding, etc.)

d) Mice or other rodents, files, mosquitoes or other insects (vectors) capable of spreading a disease.

(2) The Director will notify the Health/Disabilities Manager within 24 hours if any child is diagnosed with any of these illnesses. The Health/Disabilities Manager Telephone number is: (760) 872-3911.

(3) The Director after consultation with the Health/Disabilities Manager shall follow the recommendations of the Health Manager regarding notification of parent/guardian of children who attend the facility about exposure of their child to a communicable disease. When notification is recommended, the Health Manager shall notify the
parent/guardian in writing and shall include the following information:

- The disease to which the child was exposed, and whether this is one case or part of an outbreak.
  
  a) Signs and symptoms of the disease that the parent should watch for in the child.
  
  b) How the disease is spread.
  
  c) The incubation period of the disease (when they might see symptoms appear).
  
  d) How long the disease can be spread.
  
  e) Disease prevention measures recommended by the Health Advisor.
  
  f) What control measures have been implemented at the center?

- Exposure Control Plan:

  The purpose of this exposure control plan is to eliminate or minimize employee and volunteer exposure to blood or certain other body fluids. This plan meets or exceeds the Administration for Children and Families (ACF) Occupational Health Standards for Blood borne Pathogens (ACYF-IM-93-21).

- Procedures for Preventing Risk:

  a) Employee Exposure Determination: Anyone at the Bishop Indian Head Start Center (teachers, volunteers, bus drivers, cooks) may conceivably have to administer first aid in an emergency situation. This may include cleaning of blood or blood-containing body fluids and tissue discharges. The incidental nature of these circumstances establishes first aid and cleaning as collateral duties of all Head Start staff.

  b) All staff, volunteers and children shall wash their hands after exposure to blood or blood-containing body fluids and tissue discharges as specified in the Hand washing procedures, Section II.N.2(c), of this Plan.

    ➢ Staff and volunteers shall avoid contact with blood or blood-containing body fluids and tissue discharges. Gloves shall be worn if there is potential contact with blood or blood-containing body fluids and tissue discharges.

  c) Evaluation of Exposure to Blood borne Pathogens: Incidents of exposure to blood, tissue and body fluids visibly contaminated with blood must be reported to the (Health Coordinator or Head Start Director) by the Center Administrator before the end of the work shift during which the incident occurred. Any Head Start staff, volunteers or children exposed to blood/blood contaminated materials shall be referred to (the local Tribal clinic or hospital) or other appropriate medical services for evaluation and disposition within 24 hours after exposure.

- The Director will complete an Exposure Report Form for any activities by the staff, children or visitors that may have resulted in an exposure to body fluids. The completed forms shall be attached to a summary of all incidents or events that required first aid. The Exposure Report Form shall include

- Names of all people involved in providing first aid or in cleanup activities, description of the injury or illness event, and the date and time of the exposure.

  ➢ This report shall be maintained in the (Health Manager or Head Start Director’s) office and be
readily available for review by the Health Advisor or OSHA.

- Personal Protective Equipment

- Latex gloves /Non Latex shall be worn if there is contact with blood or blood–containing body fluids or tissues.
  - Gloves shall be available in the center first aid kit and the bus first aid kit, in each classroom and in the office.
  - Teachers and volunteers must carry one pair of gloves on the playground.
  - Teachers, bus drivers and volunteers must carry one pair of gloves on field trips.

- Disposable gloves are not to be washed or reused after use.

- Disposable gloves shall be changed as soon as practical when they become contaminated and as soon as feasible when they become torn or punctured.
  - Utility rubber gloves used for cleaning shall be washed and disinfected after use and disposed of when they become cracked, peeling or their ability to act as a barrier is otherwise compromised.
  - Procedures for Cleaning: Universal Precautions: Staff shall follow universal precautions as presented below:

- Spills of body fluids include blood, urine, stools (feces), drool (saliva), vomit, and drainage from sores/rashes (pus) shall be cleaned up immediately as follows:

  - For spills of vomit, urine and feces, on floors, walls, bathrooms, table tops, toys, kitchen countertops, and diaper changing tables shall be cleaned and disinfected with ¼ cup chlorine bleach mixed into a gallon of water.

  1) For spills of blood or blood-containing body fluids and drainage from sores/rashes (pus) the area shall be cleaned and disinfected using a proper disinfecting agent (e.g. ¼ cup bleach to a gallon of water). Gloves shall be used when cleaning blood or blood-containing body fluids and drainage from sores/rashes (pus).

  2) Mops used for cleaning up body fluids shall be cleaned, rinsed in disinfection solution (e.g. ¼ cup bleach to a gallon of water), and then wrung as dry as possible and hung to dry. Any brushes, brooms, dustpans, mops, etc. used to clean-up body fluids will be soaked in the disinfecting solution, and rinsed thoroughly. Equipment used for cleaning is stored safely out of children’s reach.

  3) All disposable cleaning materials used to clean up body fluids will be put in a plastic bag, secured with a tie and placed in a covered waste container.

- Any open cuts or sore on children or staff will be kept covered. Depending on the type of wound, a covering may be a bandage, or clothing, or gloves.
- Whenever a child or staff comes into contact with any body fluids the body area will be washed immediately with soap and warm water and dried with disposable paper towel.
- Children’s clothes soiled with body fluids will be put into a plastic bag and sent home with the child’s parent for laundering. Parents will be asked to send a change of cloth in their child’s back pack. If the child does not have a change of clothing, then Head start will provide a change of clothing for the child in child care.,
- All clothing soiled with body fluids will be changed. Staff in regular contact with body fluids (e.g. changing diapers)
is provided an apron to protect their clothing. Staff working with infants or toddlers is advised to have a fresh change of clothes at the center. All soiled laundry will be kept safely out of reach of children and will be laundered daily.

✓ Hands are always to be washed after handling soiled laundry or equipment.
✓ Post Exposure and Hepatitis B Vaccinations:
✓ All medical evaluations and procedures, including the Hepatitis-B vaccine and vaccination series and post-exposure follow-up shall be: made available at no cost to the staff, volunteer or child.
✓ Expenses incurred shall be the responsibility of the Bishop Indian Head Start Program after other funding sources such as private insurance, Medicaid are exhausted.
✓ Made available at a reasonable time and place and performed by or under the supervision of a licensed physician.
✓ Provided according to the latest recommendations of the U. S. Public Health Service.

   4) Documented by the health agency or by the private physicians according to their protocol.

✓ All Hepatitis B laboratory tests shall be conducted by an accredited laboratory at no cost to the employee, volunteer or child.

   5) If a routine booster of Hepatitis-B vaccine is recommended by the U.S. Public Health Service at a future date, the Head Start Program will make available the booster.

   6) Any employee or volunteer who declines the Hepatitis-B vaccination offered shall sign a Hepatitis-B Vaccination (OSHA or other equivalent form) required waiver form.

Training and Communication of Hazards

✓ All staff and volunteers shall be trained annually on exposure to blood borne pathogens. This training shall include:

✓ Explanation of the laws and regulations

   1) Information on blood borne diseases and methods of transmission.

   2) Components of the Head Start Exposure Control Plan

   3) Safety and prevention guidelines

   4) Exposure reporting

   ➢ This training shall be provided during working hours, within the first month of employment for initial assignments.
   ➢ This training shall be provided annually for all staff.
   ➢ This training shall be provided if staff member changes assignments within the Head Start Center and their new assignments increase their risk for exposure.

✓ Copies of the exposure control plan shall be provided to each staff member and volunteer upon initial assignment and to parent/guardian upon enrollment of their child.

Hand washing and Hygiene

Hand washing is the single best way to reduce or stop the spread of bacteria (germs) that cause a child to be ill,
e.g. diarrhea. A continuous supply of hand washing soap and disposable paper towels (or other approved drying device) will be provided at each lavatory and hand washing sink. Bishop Indian Head Start Staff wash their hands regularly and teach or help children to wash their hands according to:

- Staff hand washing policies and procedures:
  - Upon arrival at the child care center.
  - Before handling foods, cooking activities, or serving food.
  - Before and after eating meals or snacks.
  - After toileting self, the children or diaper changing
  - After handling or coming in contact with body fluid or items contaminated with body fluids, such as blood, drool, vomit, urine, stools (feces) or discharges from the eyes or nose.
  - After coming in from outside play time.
  - After handling pets or other animals.
  - Before and after administering medications.
  - Children will be directed or assisted in washing their hands:
    - Upon arrival at the Head Start Center.
    - Before meals or cooking activities.
    - After toileting.
    - After outdoor play.
    - After coming in contact with body fluids.
    - After handling pets or other animals.

Hand washing by both children and staff will be done by the following method:

- Soap, warm water and individual towels are available for staff and children
- Turn on water and adjust temperature.
- Wet hands and apply a liberal amount of soap.
- Rub hands in wringing motion from wrists to fingertips for a period of not less than 10 seconds.
- Rinse hands thoroughly.
- Dry hands, using an individual towel.
- Use hand drying towel to turn off water faucet(s).

**Personal Use Items**

Personal use items include soft, non-washable toys used by infants/toddlers, individual cloth towels, washcloths, combs, hair brushes, toothbrushes, blankets and pillows or other items capable of transmitting communicable diseases and ectoparasites.

- Combs, hair brushes, toothbrushes, pacifiers, personal clothing, bedding and towels shall never be shared and shall be labeled with the child’s name.
- Separate storage shall be provided for each child’s and staff member’s personal use items and clothing.
- Bedding shall be labeled with the child’s name and stored separately for each child.
- Coat hooks shall be spaced so coats will not touch each other (in lieu of coat hooks, which can pose an injury problem, individual cubicles or lockers can be provided for storage of children’s clothing and personal use items).

(5) Toothbrushes shall be stored: _in the children’s classrooms_ (in an approved manner so that: 1. The brushes air dry; 2. The brush heads are at least two inches apart; 3. The toothbrushes don’t drip on each other; and 4. The brush heads don’t touch any other surface).

(6) Soft, non-washable toys in the infant/toddler areas shall be limited to personal use articles that are not shared
between children.

(7) Children’s personal items, such as individual cloth towels, washcloths, combs, and hairbrushes shall be returned home for cleaning and disinfection at least weekly. (If a center has the capability, the personal use items can be cleaned and disinfected by the staff weekly. A cleaning schedule and procedure for personal use items would need to be developed).

➢ Toy Use

✓ Toys that are placed in children’s mouths, or are otherwise contaminated by body secretions or excretions, shall be set aside to be cleaned with water and detergent, disinfected (¼ cup chlorine to a gallon of water), and rinsed with clean water before handling by another child. Machine washable cloth toys can be used and shall be machine-washed when contaminated.

✓ All frequently touched toys in rooms in which infants and toddlers are cared for shall be cleaned and disinfected daily and when soiled.

✓ Toys in rooms in which older, non-diapered children are cared for shall be cleaned and disinfected weekly and when soiled.

✓ Toys and equipment provided at the Head Start Center shall be cleaned and disinfected weekly and be maintained in good repair to allow adequate cleaning and disinfection.

(5) The staff shall be assigned to clean and disinfect play equipment and toys. Staff assignments for the inspection of the play equipment and toys will be established on the monthly cleaning and duties schedule.

➢ Diaper Changing

✓ Diapers worn by children shall be able to contain urine and stool and minimize fecal contamination of the children, staff, environmental surfaces, and objects in the Head Start Center.

The use of modern disposable paper diapers is associated with less fecal contamination of the Head Start environment. Therefore it is the policy of the Bishop Indian Head Start Center that reusable cloth diapers are allowed in the facility. Disposable diapers are provided for the children by (the parent/guardian or by the Center)

✓ On a diapered child’s arrival at the Center, their assigned teacher will check for wetness or feces.

✓ The assigned staff will check their diapered children's diapers for wetness or feces at least hourly or when the child indicates discomfort or exhibits behavior that suggests a soiled or wet diaper. The child shall be changed promptly when found to be wet or soiled.

(5) The following diaper changing procedures are posted in the diaper changing area and consist of the following:

✓ Wash hands (refer to Section II.N2(c) of this Plan).
✓ Gather necessary materials, i.e., clean diaper, wipes, clean clothing if needed.
✓ Put-on disposable gloves (not required)
✓ Place single use cover on table (if part of Center’s practice)
✓ Child is gently placed on the approved diaper changing table. Soiled diaper is removed and deposited in a plastic lined and foot-peddle type covered waste receptacle (foot peddle type is best).
The child’s diaper (peri-anal) area is cleaned from front to back with a clean, damp wipe, for each stroke.

✓ Wash hands (refer to Section II.N2I of this Plan).

✓ Topical cream/ointment/lotion is applied only when parent’s written request has been received by the infant room staff. This parental permission shall be kept in the child’s medical record (refer to Section II.F.2.h (3))

✓ Put on clean disposable diaper and clean clothing if the child’s clothing is soiled.

(a) Child’s hands are washed. Infant or child can now return to other children.

(b) Single-use table cover is put in covered waste receptacle (if using single-use cover is part of Center’s practice).

(c) Disinfect diaper changing table using ¼ cup chlorine bleach to a gallon of water.

(d) Remove and dispose of gloves, if used.

(e) Wash hands.

(f) Children shall be diapered only on the approved diaper changing table and on no other surface.

✓ Diaper changing tables shall be kept in good repair and shall be cleaned and disinfected after each use. The tables shall be cleaned to remove visible soil, followed by wiping with an approved disinfectant (1/4 cup chlorine bleach in a gallon of water). Disposable, nonabsorbent paper table covers are not used at this center. (If used at the center the covers must be approved by the Health Advisor prior to use).

✓ Soiled diapers shall be stored in containers separate from other waste and labeled with SOILED DIAPERS (or whatever labeling your center wants). The washable containers are provided with plastic, disposable linings and are located within arm’s reach of each changing table. The soiled diaper containers are kept tightly covered when not in use.

✓ Diaper containers shall be cleaned and sanitized at least weekly or whenever there is a buildup of soil or odor. The Early Head Start teachers will share the duties for cleaning and disinfecting the soiled diaper containers (or the facility administrator can schedule cleaning duties that includes cleaning the soiled diaper containers).

✓ Soiled diaper containers shall be emptied at least daily or as often as necessary to prevent the accumulation of soiled diapers in the container
II.O Sanitation and Disinfection Policy

**POLICY:** The Bishop Indian Head Start center staff will conduct housekeeping activities to maintain our facility in a clean and sanitary manner to reduce the transmission of infectious and communicable diseases.

**PROCEDURE:** In order to reduce the spread of disease through adequate and effective cleaning and disinfection, the following actions will be taken:

- Always wear proper PPE! See posted cleaning charts for regular updates on safe procedures!

☐ Cleaning Chemicals and Equipment: The Bishop Indian Head Start center will use only chemicals that do not pose a significant risk to the children, staff or visitors at the center and will only use and maintain housekeeping equipment that is necessary for cleaning and disinfecting our facility.

☐ The Bishop Indian Head Start Center does not use disinfection agents with Phenol or Quaternary Ammonium compounds. These agents require extra time to rinse off surfaces and remove any harmful residues. At our Center we choose to use only chlorine bleach solutions for disinfecting surfaces. The solutions are mixed according to the table below. (Refer to posted Sanitation VS Disinfection Procedures)

<table>
<thead>
<tr>
<th>Use to Clean (sanitize):</th>
<th>Amount of Bleach</th>
<th>Amount of Water</th>
<th>Temperature of Water</th>
</tr>
</thead>
<tbody>
<tr>
<td>All surfaces, With Clorox disinfectant diapering areas, hard surface, toys</td>
<td>1 tablespoon</td>
<td>1 gallon</td>
<td>Let stand 2 minutes. Clean it off with water, then air dry. Minimum 70°F</td>
</tr>
<tr>
<td></td>
<td>Same concentration, as above, just makes more disinfectant</td>
<td>1 gallon</td>
<td></td>
</tr>
<tr>
<td>Dishes, utensils, pans, etc.</td>
<td>1 teaspoon</td>
<td>1 gallon</td>
<td>minimum 70°F</td>
</tr>
</tbody>
</table>

☐ Each day, the staff will do the following:

☐ Mix and fill all clean spray bottles to be used with disinfection solution

☐ Label each bottle with the date

☐ Empty all spray bottles filled at the end of each day

☐ If other cleaning chemicals are used, such as glass cleaners or floor cleaners, the manufacturer’s recommendations for use of these cleaners will be followed.

☐ The cleaning schedule is posted in the Teacher’s classrooms. The center administrator develops the cleaning schedule and assignments monthly and ensures that the cleaning schedule is followed.

**Housekeeping equipment:**

☐ Brooms, dust pans, sponges

☐ Heavy duty utility gloves designated for cleaning and disinfection will not be used for any other purpose.

☐ Mops with mop bucket

☐ Spray bottles for disinfectant

☐ Disposable paper towels

☐ Cleaning Chemical Storage: Cleaning chemicals will be stored in their original container and stored in the Janitorial Cleaning Closet, which is inaccessible to children.

☐ Cleaning Equipment Storage: Brooms, dustpans, mops, vacuum cleaners, spray bottles and other cleaning
supplies shall be stored in the Janitorial Cleaning Closet, in an orderly manner. Mops will be hung on mop racks to facilitate drying.

- Cleaning and disinfection of hand washing sinks, toilets and potty chairs:
  - Toilet rooms, flush toilets, potty chairs and hand washing sinks will be cleaned and disinfected at least daily and when obviously soiled.
  - Potty chairs will be emptied in toilets, cleaned and disinfected after each use and stored in the toilet room on a hard, easily cleanable surface.
  - Utility gloves used for cleaning and disinfecting will be used for each cleaning and will not be used for other cleaning purposes.
  - Disposable towels used for cleaning will be removed to outside garbage immediately after cleaning.
  - Chemical air fresheners will not be used. Toilet room odors will be controlled by adequate ventilation and disinfection.

Cleaning and Disinfection of Diaper Changing Area:

- Diaper changing tables will be cleaned and disinfected after each use.
- Hard floors in the diaper changing area will be cleaned and disinfected daily.
- Carpeted floors will be vacuumed daily and steam cleaned monthly.

Cleaning and Disinfection of Floors

1. Floors and carpets will be maintained in good repair.
2. Hard floors will be swept and mopped with a disinfection solution at least daily and when soiled.
3. Carpeted floors will be maintained free from visible soil. Carpeted areas will be vacuumed daily and shampooed at least every quarter or as often as necessary to remain free of visible soil that can be removed by shampooing. Carpets will be cleaned when children are not present.
4. Carpeted floors and all rugs will be spot cleaned, shampooed or steam cleaned whenever body fluids contaminate the surfaces.
5. Large throw rugs that cannot be laundered will be vacuumed at least daily and shampooed at least quarterly.
6. Small rugs that can be laundered will be shaken or vacuumed at least daily and laundered at least weekly or when soiled.

Cleaning and Disinfection of Toys and Play Equipment: Toys will be cleaned at a frequency as specified in Section II.N.2 (e) of this Plan.

1. Plastic and other hard surface toys are washed in soap and water and dipped in a disinfectant solution for a minimum of 1 minute and allowed to air dry. Toys which cannot be easily dipped are sprayed with a disinfectant solution. The solution is allowed to stay on the item for 1 full minute before being dried.
2. Toys, including plastic toys that look like food, that are placed in a child’s mouth, or otherwise contaminated by body secretions or excretions will be set aside to be cleaned and disinfected before being used by another child.
3. Cloth toys are washed weekly or when contaminated by body fluids in the washing machine at a water temperature of 150°F. Cloth toys are machine dried.
(4) Washing Machine and dryer will be maintained and cleaned after each use. Instructions are posted on dryer outer door. Dryer may not be used while children are present in playground area.

✓ Cleaning and Disinfection of Pet and Animal Pens and Areas: The Bishop Indian Head Start Center has the following pets or animals approved for the center: Gold Fish. The following cleaning and disinfection schedules have been established. (These schedules are dependent on the types of animals present at the center. In general, animal waste should be removed at least daily, which includes litter boxes. Large animal waste, such as dogs, should be removed immediately. Litter boxes should be inaccessible to children. Cages and pens should be completely cleaned and disinfected at least weekly. For more information on cleaning and disinfection of your specific type of animal contact your local veterinarian, county extension office or a local 4-H club.)
II.P Infections Disease Outbreak Policy

POLICY: The Bishop Indian Head Start Center will work cooperatively with the parent/guardian, Health Advisor and local health departments to control and limit the spread of infectious diseases during an outbreak in the community or in the center.

PROCEDURES: In order to control the spread and impact of an infectious disease outbreak that occurs, the following actions will be taken:

✓ Parent/guardian will be informed of the need to notify the center within 24 hours after their child has developed a known or suspected communicable disease, or if a member of the immediate household has a communicable disease.

✓ The center shall provide to the parent/guardian a list of reportable diseases as provided by the State or local health department. If any child has a confirmed or suspected case of any disease on the reportable disease list, then the Health Manager shall notify the Director within 24 hours of being notified.

✓ In cooperation with the Environmental Health Officer and the local Tribal, I or other health department, parent/guardian of other children who attend the center shall be informed in writing by the Center Administrator that their child may have been exposed at the center to the following diseases or conditions:

  - Meningitis
  - Pertussis (whooping cough)
  - Streptococcal Infections/Scarlet Fever
  - Chicken Pox
  - Head Lice/Scabies
  - *Giardia Lamblia* diarrhea
  - Salmonella
  - Shigellosis Diarrhea
  - Hepatitis-A
  - Haemophilus Influenza B.
  - Hand, Foot and Mouth Disease
  - Measles (rubella)
  - Mumps

✓ In the event of a known or suspected communicable disease outbreak the Health Manager will take the following steps:

  Notify Toiyabe at (760) 873-8461 or the local health department.

Follow the recommendations of the Health Manager for control of the outbreak.

Request from the Health Manager written handouts on the disease to distribute to the parent/guardian. The name and phone number of the Health Advisor should be on the handout to facilitate questions from parent/guardian or health care providers.
✓ Provide a written notification to the parent/guardian of the outbreak that includes:

✓ The disease to which the child was exposed.

   a) Signs and symptoms of the disease that the parent should watch for in the child.

   b) How the disease is spread.

   c) The incubation period of the disease (when they might see symptoms appear).

   d) How long the disease can be spread.

   e) Disease prevention measures recommended by the Health Manager.

   f) The disease control measures have been implemented at the Bishop Indian Head Start.
III. SANITARY FACILITIES PLAN

III.A Water Supply Policy: The Bishop Indian Head Start Center will provide adequate amounts of clean, potable water for cooking, cleaning, hand washing, drinking, toilets and outside activities.

PROCEDURES: IF YOUR WATER IS ON A COMMUNITY WATER SYSTEM: The Bishop Indian Head Start Center is provided with piped running water under pressure from an approved source. The Bishop Indian Head Start Center is provided water from, which is operated by _Dept. of Water and Power_ (name of system operator). The water system is inspected by _Bishop Paiute Tribal Environmental Office_ (name of local OEHE office, Tribal Office or state agency that inspects the water system for compliance to the Safe Drinking Water Act).

IF YOUR CENTER IS ON AN INDIVIDUAL WATER SYSTEM THEN: The Bishop Indian Head Start Center is provided with piped running water under pressure. The water source for the Bishop Indian Head Start Center is from three ground water sources. This water supply is owned by the Bishop Paiute Tribe and is operated and maintained by _Bishop Tribal Public Works Department located at 630 Brockman Lane (760-873-6638)_ (name of person, program or agency responsible for the operation and maintenance of the system). The water system is inspected annually by _Bishop Paiute Tribal Environmental Office (760-873-3665 ext 237)_ and _Public Works Department (760-873-6638)_ (name of program or agency that inspects the water system).

Water samples on the Bishop Indian Head Start Center water system for bacterial water quality are collected _Monthly_ (Federal Safe Drinking Water Act). Copies of bacterial water sample results are maintained on file at the center for a period of _forever_ years. Copies are on file with EPA and IHS.

Water samples on the Bishop Indian Head Start Center water system for chemical water. Copies of chemical water sample results are posted outside the Health and Disabilities Manager.

Based on the inspections and the bacterial and chemical water quality sample results the Bishop Indian Head Start Center water supply is considered satisfactory for use.

In order to provide adequate water to provide a positive educational experience and to ensure the health of the children, the following actions will be taken:

✓ Repairs or maintenance activity and all water system equipment currently in the Center, or that may be installed in the Center, will have no cross connections to the water system that could result in contamination of the water supply.

✓ Disruption of the water supply for a period of more than two hours will be considered an imminent health hazard and the procedures presented in Section I.A of this Plan will be implemented.
III.B Liquid Waste Disposal Policy

✓ **POLICY:** The Bishop Indian Head Start Center liquid waste is disposed of in a sanitary manner to promote and protect the health of the children and their families, the staff and the community.

✓ **PROCEDURE:**

The Bishop Indian Head Start Center is connected to the Bishop Paiute Tribe designated sewer line system that connects with Eastern Sierra Community Service District System (name of community sewer system), which is operated by Bishop Tribal Public Works Department located at 630 Brockman Lane (760-873-6638) (name of system operator). The sewer system is inspected by Bishop Tribal Public Works Department located at 630 Brockman Lane (760-873-6638) (name of local health department or state agency that inspects the sewer system).
III.C Solid Waste Disposal Policy

**POLICY:** The Bishop Indian Head Start Center collects and disposes of solid waste in a manner that provides proper sanitation and prevents insect and rodent infestations.

**PROCEDURES:** In order to ensure that solid waste generated at the Head Start Center is adequately collected and disposed, the following actions will be taken:

- Garbage generated by the Bishop Indian Head Start Center is removed from the center daily. The Bishop Indian Head Start Janitor replaces the plastic liners from each garbage container and deposits them in a large plastic bag. The large plastic bag is deposited in the outdoor containers at least twice weekly (or as often as needed to prevent the accumulation of garbage in the Center).

- Garbage containers are lined with disposable plastic garbage bags, leak proof, and labeled with the name of the classroom.

- The outside garbage storage area is located __100 Ft__ from the outside play area. The outside garbage is picked up two times a week.
IV. VECTOR CONTROL PLAN

IV.A Vector Control Policy

POLICY: The Bishop Indian Head Start Center will maintain the facility to reduce the potential for and eliminate any rodent or insect infestations to safeguard the health and safety of the children, staff and visitors.

PROCEDURE: In order to prevent vector borne diseases, infectious diseases and problems with venomous insects, the following actions will be taken:

The following potential vector borne diseases are common to our area according to the Health Manager:
- Hantavirus
- Plague
- West Nile Virus
- Rabies

The following venomous insects/animals are found in our area according to the Health Manager:
- Black Widow Spiders
- Brown Recluse Spiders
- Scorpions
- Wasps
- Rattlesnakes (species vary according to geographical area)

✓ All outer openings in the foundation, walls, ceiling, roof, windows and exterior doors shall be sealed to prevent the entrance of insects and rodents.

✓ All gaps and openings around pipes and conduits will be sealed on the interior side of the Center.

✓ Windows used for ventilation are equipped with screening that is in good repair. (If other types of flying insect control devices are used, such as air curtains, then list these devices) Outer doors to the Center are equipped with properly adjusted self-closing devices.

✓ When the Director/Health and Disabilities Manager declares that there is a rodent or insect infestation at the Center, the Director/Health and Disabilities Manger will ensure all recommendations provided are followed.

✓ The staff will clean any spider webs identified inside the building daily.

✓ Playground equipment will be inspected weekly to identify spider nests or other insect breeding sites and eliminate them.
IV.B Pesticide Use/Documentation Policy

**POLICY:** The Bishop Indian Head Start Center will allow the use of chemical pesticides only when necessary and in a manner that will not harm the health of the children, staff and visitors.

**PROCEDURES:** In order to prevent any health related problems for the children, staff or visitors that could result from the use of chemical pesticides, the following actions will be taken:

- All extensive pesticide application will be conducted by a licensed (or certified) pesticide applicator contractor and shall be applied only when the children are not present at the Center. Pesticide application services are provided to the Bishop Indian Head Start Center by Dewey Pest Control. This contractor is licensed through the State of California.

- The staff may apply commercial, over-the-counter pesticides at the Center only with the approval of the Center Administrator and only when the children are not present.

- Only U.S. Environmental Protection Agency approved pesticides can be applied at the Center.

- The licensed pesticide contractor will provide a list of all pesticides that will be applied at the Center, including information on the type of pesticide used, the common and chemical name of the pesticides used, the purpose for applying the pesticide, how the pesticides should be applied, and any warnings or special precautions that the staff should be aware of for the pesticide used.

- Pesticides will not be applied while the children are present at the Center. The Support Services Manager (or their designee) will be present and observe the application of pesticides by the pesticide applicator.

- The Support Services will document the use of pesticides at the center on the Pesticide Use log. The log will contain the date and time of application, the pesticide applied, who applied the pesticide and the purpose for application.
V. SAFETY AND INJURY PREVENTION PLAN

V.A General Safety Policy

POLICY: The Bishop Indian Head Start Center will ensure that children in our care are released only to people authorized by the custodial parent or guardian, and only into a situation where the health and safety of the child is not placed in jeopardy.

PROCEDURES: In order to ensure that access to children is limited only to authorized persons, the following actions will be taken:

✓ The Head Start Teachers/Staff will ensure that children are not released to any person not authorized by the custodial parent or guardian. The Center Administrator will take the following actions:

(1) Maintain a list of the names, addresses, and telephone numbers of persons authorized to take the child from the Center.
(2) Require the custodial parent to provide written legal documentation of custody.
(3) Allow telephone authorization to take a child from the Center only with prior written permission of the custodial parent.

✓ Any child that is dropped off at the Center will be signed in by the parent/guardian using the Daily Sign-In/Sign-Out Sheet.

✓ A child will not be released to any person in an obvious state of intoxication. In the event that a parent, guardian or other authorized person arrives to pick-up a child in a state of apparent intoxication, the Director will:

(1) Take the intoxicated person into the office or other location isolated from the children and informs the person that they can not release the child to the person.
(2) If the person becomes agitated or violent, the Director will implement the Emergency Procedures in Section VI.H of this Plan.

   (a) If the Director cannot locate any authorized person on the Emergency Contact list for the child, then the (department of social services, child protective services, police or whatever your Tribe or State requires) will be called to take custody of the child.
   (b) The Director will talk with the custodial parent/guardian about any event involving an intoxicated person arriving to take their child.
   (c) In the event an intoxicated custodial parent/guardian arrives to take their child, the Head Start Director and Head Start Health Manager discuss the situation, and discuss appropriate actions that should be taken to ensure the safety of the child.
   (d) In the event that a non-custodial parent attempts to take a child from the Center without the consent of the custodial parent, the Director will explain that the child cannot be released to them. If the non-custodial parent becomes angry or violent, the Director will implement Section VI.H of this Plan if necessary.
V.B Fire Safety Policy

POLICY: The Bishop Indian Head Start Center will reduce the risk of fires through proper training and equipment to eliminate harm to the children and staff and reduce damage to the Center.

PROCEDURES: In order to prevent the occurrence of a fire and to ensure the health and safety of the children, staff and visitors in the event of a fire, the following actions will be taken:

Fire Protection

✓ Highly flammable chemicals and materials will not be kept in the Head Start Center. All flammable chemicals will be stored at the Tribal Maintenance Building.

✓ The Director will inspect the center monthly to ensure less than 25 percent of wall areas are covered with combustible materials, such as paper.

✓ Monthly fire safety inspections will be conducted on the center using the Monthly Fire Safety Inspection Check Lists.

✓ A fire that cannot be immediately extinguished by the Center staff will be considered an imminent health hazard and the Center will be evacuated in accordance with Section VI.C of this Plan. The Director will follow the procedures for an imminent health hazard as described in Section I.A of this Plan.

✓ The Head Start Director will notify the local fire department within 24 hours of any fire emergency that involved the Bishop Indian Head Start Center. The notification will include what the fire emergency was, the date and time of the emergency, the actions taken by the staff, any injuries that occurred and the damage to the facility.

✓ The staff will receive annual in-service training on the fire safety policies and procedures, the use of fire extinguisher, and the safe evacuation of children. This in-service training will be documented in the staff training files including the date, names of staff members trained, who conducted the training and what information was covered in the training.

✓ The BIHS Director will maintain a fire plan for the center that will be posted at every exit. The fire plan includes the routes of evacuation from various areas of the Center, the location of fire extinguisher, the location of smoke detectors, and the location of the outside assembly point.

Fire Detection

✓ The BIHS Director will ensure that an adequate number of functional smoke detectors are provided and located as required in the Environmental Health Standards and as recommended by the Health Manager. The locations of the smoke detectors are indicated on the fire plan for the center.

✓ The Director/ Tribal Maintenance will change the batteries for all battery operated smoke detectors during the first week of classes. (All smoke detectors are hard wired into the building).

✓ The Director/ Tribal Maintenance will replace batteries immediately for battery operated smoke detectors that emit and audible chirp indicator that the batteries are low.

✓ The Director/ Tribal Maintenance will check the operation of the smoke detector monthly, by pushing the test button on the detector.(N/A) (All smoke detectors are hard wired into the building).

Fire Suppression and Evacuation
(1) Fire Emergency: The closest responding fire station to the Center is located 2 miles from the Center with an average response time of 10 minutes.

✓ The primary responsibility for the Head Start Center staff is for the safe evacuation of children and not to extinguish fires. If a fire can be extinguished quickly and safely, then a staff member will extinguish the fire while the children are being evacuated by the other staff.

(2) Fire extinguishers in the Center are ABC-Type and are located in the kitchen, children's classrooms, community room, front office, janitor's room, and buses. The locations of the fire extinguishers are indicated on the fire plan for the Center.

✓ Fire extinguisher will be inspected as follows:

   (a) Fire extinguishers are serviced annually and tagged by Bishop Volunteer Fire Department, a qualified fire extinguisher service contractor.

   (b) Fire extinguisher will be inspected monthly using the Monthly Fire Safety Inspection Check List by the BIHS Director. Manufacturer's recommended routine maintenance activities will be carried out.

   (c) If a fire extinguisher is used, it will be taken out of service until inspected and recharged by a qualified fire extinguisher service contractor.

✓ The sprinkler system throughout the Head Start building and in the kitchen will be inspected annually by (name of certified or qualified fire safety equipment contractor is posted in Fire Suppression Room: CDD Director contracts the certified contractor in collaboration with BIHS).

✓ The children will be taught the stop-drop-n-roll technique for putting out clothing fires. This will be practiced by the children at least once per quarter.

✓ The Director will ensure that all emergency exits are unobstructed and not locked, chained or otherwise made unusable.

✓ All emergency exits will be clearly labeled with large EXIT signs. (If your Center operates after dark, that is one hour after sun set or before sun rise, then you must have illuminated fire exit signs and develop procedures to test the illuminated signs).

✓ The fire evacuation plan for the center will be posted near the each exit and will include the routes of evacuation from rooms and the location of the assembly point outside the building. The assembly point for the Bishop Indian Head Start Center is the Barlow Lane Gym. Evacuation of the Center in the event of a fire will follow the emergency evacuation plan presented in Section VI.C of this Plan.

   ➢ Fire drills at the Bishop Indian Head Start Center will be conducted as follows:

   ✓ Fire drills are conducted at least one time per month, with two drills conducted the first two weeks of school.

   ✓ All children at the Center, including infants and toddlers, will participate in fire drills.

   ✓ Fire drills will be conducted following the emergency evacuation procedures presented in Section VI.C of this Plan.

   ➢ The cook will observe the fire drill for the orderly evacuation of the center, including the time to evacuate the center to the designated assembly point.

Fire drills for the Bishop Indian Head Start Center bus will be conducted as follows:

(a) Fire drills are conducted on the transportation vehicle 2 times per year with two drills conducted the first two weeks of school. Fire drills will be conducted at locations and in a manner that will not place
the children at risk of injury due to motor vehicle traffic or other hazards.

(b) The bus driver will observe the fire drill for the safe and orderly evacuation of the bus, including the time it takes to evacuate the bus to a safe distance.

- Fire Drills for the Center and the bus will be documented on the Fire Drill Report Form and will include the following information:
  - Date the drill is conducted
  - Time the drill is conducted
  - Number of children participating
  - Number of staff participating
  - Time to evacuate the center to the designated assembly point outside the center.
  - Comments on the fire drill, including how orderly evacuation is preceded, any hazards identified by the staff during the drill, any problems or delays noted during the drill.

- Fire Drill Report Forms will be maintained on file at the Center for a period of three (3) years (or whatever length of time is required by the Tribe or State).
V.C Toxic Substances Policy

POLICY: The Bishop Indian Head Start Center will operate a safe and hazard free environment.

PROCEDURES: In order to eliminate or reduce toxic substances used at the Center and to limit access to any toxic substances that must be used, the following actions will be taken:

✓ Hazardous and Toxic Chemicals

(1) Toxic chemicals include cleaning chemicals, detergents, some art materials, duplicating fluids, other office chemicals, pesticides, aerosol cans, health and beauty aids, poisons and other toxic substances. These substances that are required for use at the center will be stored in the Janitor’s supply closet which is inaccessible to children.

✓ The BIHS Director will develop a list of all cleaning chemicals, detergents, office chemicals, pesticides poisons and other chemicals that will be used at the Center. The BIHS Director will substitute non-toxic chemicals for the toxic chemicals whenever possible. The list of approved chemicals for the Bishop Indian Head Start Center will be kept on file at the Center.

✓ Toxic chemicals whose original label come off or had been damaged in a way that prevents complete identification of the contents will be properly disposed of according to the instructions on the label or the Material Safety Data Sheet (MSDS) or HCS Hazard Communication System for that chemical.

✓ During employee orientation the BIHS Director will provide each employee with information on the toxic chemicals used at the Center. Any Material Safety Data Sheets for chemicals at the Center will be provided to and reviewed with the employees during orientation.

✓ The Bishop Indian Head Start Center uses only non-toxic art materials. At the beginning of each school year all staff receive training on Material Safety Data Sheet (MSDS) or HCS Hazard Communication System. Outside chemicals or art materials containing toxic-chemicals are prohibited

✓ Hazardous Materials: The Bishop Indian Head Start Community Center was constructed in 2008. Therefore the Bishop Indian Head Start is not at risk for lead based paint. The Center does not contain any painted surface, inside or outside the Center, with lead (Pb) above 1mg/cm².

✓ The Director will ensure that all new paint applied to either the inside or outside of the Center, including playground equipment, does not contain hazardous quantities of lead (Pb) exceeding 0.06 percent Pb (the label on paint will usually indicate the lead content as PbO₂ or PbO₃).

✓ The Director will maintain a listing of all hazardous building materials at the center including lead based paint, formaldehyde, and asbestos.

✓ The Bishop Indian Head Start Community Center was tested for the presence of radon gas in 2009 and ended February 1st, 2009. Hazardous levels of radon were not found. (Talk with your Health Advisor about radon testing in your area is conducted). (If elevated levels of 4pci/l radon are found or associated with your Head Start Center, then include the abatement plan developed and implemented)

✓ The Bishop Indian Head Start Center was constructed in 2008. The Bishop Indian Head Start Center is not at risk for the presence of asbestos containing materials.
✓ The Health and Disabilities Manager will maintain all sampling results, assessment reports and abatement plans for any hazardous materials at the center. Any hazardous material identified at the Center will have an abatement plan developed and approved.

✓ Information on hazardous substances present at the Center, including MSDS sheets HCS Hazard Communication System will be shared with all new employees during their orientation.

✓ Fact sheets on lead based paint, asbestos, radon and other hazardous materials will be provided to parent/guardian by all Centers to help parents understand hazardous materials they may have at their homes.

✓ The BIHS Director will maintain a list of all plants in the Center and will check with the local poison control center to determine if any are poisonous. Any plant that is poisonous or has parts that are poisonous will be hung in a manner inaccessible to children (or not allowed in the Center).
V.D Playground Safety Policy

POLICY: The Bishop Indian Head Start Center will provide and maintain a safe outdoor play area that is properly designed, and age and developmentally appropriate to prevent injuries to the children.

PROCEDURES: In order to provide a safe outside play area, the following actions will be taken:

*Playground Equipment and Grounds*

- A list of all playground equipment provided at the Bishop Indian Head Start Center will be developed and updated annually by the Director. The list of all playground equipment, and what age groups can use the equipment, will be maintained on file at the Center.

- The Director will ensure that all playground equipment is age and developmentally appropriate based on the manufacturers labeling of the equipment.

- The playground layout and design, equipment, type and depth of fill material, and equipment construction and design were inspected by Indian Health Services on an annual basis.

- Any modifications to the playground design, layout or equipment will be approved by Indian Health Services before modification.

- The children will be supervised by at least two staff members while on the playground.

- The Head Start Teachers will develop a set of playground safety expectations based on the equipment manufacture’s recommendations and general safety considerations. These expectations will be reviewed with the children and will be posted in the children’s classroom or reviewed verbally prior to playing outside.

- The playground safety expectations will be reviewed with the children on the first day of class and before the children use the playground. The playground staff will remind children of the safety rules while the children are at play.

*Playground Inspections:*

- The playground will be inspected daily prior to use by the children by using the Daily Playground Inspection Form. The Director will ensure that any problems identified during the daily inspection are corrected immediately or the equipment or area of the playground restricted from use until the problem or hazard is corrected.

- The Daily Playground Inspection Reports will be reviewed monthly by the center staff during the staff meetings to identify recurring problems and develop methods or ways to prevent the recurrence of these problems.

- The Daily Playground Inspection Reports will be maintained on file at the center for one year (or longer if required by Tribal or State laws).

- The staff will notify the Director of any equipment or playground hazards noted by the children or the supervisory staff. These hazards will be noted on the Daily Playground Inspection Form for that day. The staff will correct any problems that can be corrected immediately before the children enter the play ground.

- The playground equipment will be inspected monthly by the Head Start Janitor using the Playground Equipment
Checklist. Any equipment hazards identified will be corrected immediately or the equipment will be taken out of service until the problem can be corrected.

✓ The monthly Playground Equipment Checklists will be reviewed annually by the center staff to identify recurring hazards with specific types or brands of equipment, and develop methods to prevent the recurrence of these hazards.

✓ The monthly Playground Equipment Checklist will be maintained on file at the center for three years.

✓ Playground equipment that cannot be repaired or made safe will be removed from the playground area as soon as possible.
V.E  

**Toy Safety Policy**

**POLICY:** The Bishop Indian Head Start Center will provide only toys that are safe and age appropriate, and will maintain all toys in a safe condition for use by the children.

**PROCEDURE:** In order to ensure that all toys are safe and age appropriate and are properly maintained and stored, the following actions will be taken:

- Before each school year begins, the Teachers will inspect all toys in the Center to ensure:
  - Toys for children under the age of three (3) years do not have removable parts, and are not smaller then 1 inch in diameter and less then 2 inches long.
  - Toys for children over the age of three (3) years and under the age of four (4) years are not smaller then 1 inch in diameter, and do not have removable parts smaller then 1 inches in diameter.
  - Toys are free of sharp points and sharp edges.
  - No projectile type toys are allowed.
  - Scissors and other educational tools will have rounded ends and be free of sharp edges.
  - Stuffed animals and other soft toys will not have detachable eyes or other loose parts.
  - Any toys that are damaged or not age appropriate will be discarded in the garbage.
  - Balloons will not be used at the Bishop Indian Head Start Center.
  - The children will not have access to plastic bags or Styrofoam objects at the Center.
  - The staff will remove any toy that they believe because of design or deterioration is not safe for the children to play with, and will inform the Director of what toys are being removed from play.
  - The Health/Disabilities Manager will provide to the parent/guardian information sheets on toy safety and the need to use age-appropriate toys at home.
  - Toys are stored in a safe, orderly fashion to reduce clutter and maximum use of the floor space.
V.F Injury Prevention Policy

POLICY: The Bishop Indian Head Start Center will prevent the occurrence of injuries and reduce the severity of those injuries that may occur through education, providing and maintaining a safe environment, and providing adequate supervision of the children.

PROCEDURE: In order to prevent injuries by encouraging safe behavior, eliminating hazards, and protecting children and staff from hazards that cannot be eliminated, the following actions will be taken:

Training and education of staff, children and parent/guardian.

(1) Staff will model safe behavior, including wearing seat belts and using age appropriate child restraints in their private vehicles.
(2) When an unsafe action by a child is observed by the staff, the staff talks with the child in a positive manner about the unsafe action as soon as possible.
(3) Staff will provide injury prevention training and information to the children in the following topics: (your Head Start Center and health coordinator should consult with your Health Advisor to develop the list appropriate to your Center).

(a) Seat belt use and child restraint use.
(b) Pedestrian Safety
(c) Playground Safety
(d) Fire Safety/Burn Safety
(e) Bicycle Safety
(f) Firearm Safety
(g) Poison Prevention

Injury Monitoring and Trend Analysis

✓ The Health/Disabilities Manager will review each Accident Report (refer to Section II.H.2.b of this Plan) for each injury that occurs at the Center to determine if a modification to equipment, the grounds, or other environmental modification would reduce the chance for a repeat of the injury. The Director will make note on the Accident Report of what actions were taken or will be taken to eliminate the conditions or hazards that contributed to the injury.

✓ The Head Start Director will review the Injury Incident Log (refer to Section II.H.2b of this Plan) to identify injury trends among the students and staff. Trends identified will be presented to the Parent Policy Council, the Health Manager, for review and comment. The Head Start Director will develop a plan to correct any problems that contribute to the injuries and will implement this plan prior to the beginning of the next school year.
VI. EMERGENCY PLAN

VI.A Emergency Policy

POLICY: The Bishop Indian Head Start Center will ensure that the children and staff are safe and secure while at the center during natural or man-made emergencies or while on travel away from the center.

PROCEDURE: In order to reduce the risk to children and staff and ensure proper medical care is provided during an emergency event, the following actions will be taken:

(The exact procedures needed are dependent to a large extent on the types of emergencies that occur in your area. The Health Advisor and local emergency response programs should be able to help with developing specific procedures for emergencies common to your area.)

The following types of emergencies could occur in the Bishop Indian Head Start Center region: (include only those emergencies that are considered a possibility in your region)

1. Medical Emergencies
2. Bus and Transportation Emergencies
3. Industrial Accidents
4. Weather Emergencies
5. Death of a Child or Staff Member
6. Lost or Missing Children
7. Hostage Situations
8. Bus Jacking
9. Environmental

Responsibilities:

✓ The Director: Has the direct authority for the classroom, staff and visitors at the Center. The decision to implement the emergency plan is the Director, or their designee. The Director is the principal decision maker for the Bishop Indian Head Start Center.
✓ For any emergency situation, the Director is the principal spokesperson for the Bishop Indian Head Start Center.
✓ In the event that either children or staff is injured, the Director will implement the Medical Emergency Procedures found in Section VI.E of this Plan.
✓ The Director will determine if it is safe to re-enter the building after evacuation based on the recommendations of emergency response personnel.
✓ The Director will prepare a written report on any emergency event to include when and where the event occurred, what the emergency was, what actions were taken to safeguard the children and staff, any emergency response and who responded, any injuries that occurred, the severity and to whom (specific names, ages and injuries), actions that will prevent reoccurrence of the emergency.
✓ Teachers Aide

(a) The Teacher’s Aide will collect and carry the Emergency Contact Information file and the Daily Attendance Log if evacuation of the Center is required.
(b) The will assemble all children and adults inside the Center and notify Center Administrator if any are missing.
(c) The Teacher’s Aide will supervise the children once outside the Center at the safe assembly point.
(d) The Teacher’s Aide will, if properly trained, administer emergency first aid.
✓ Cook

(a) The Cook will, upon direction from the Director, call “911.”
(b) The Cook will assist with the evacuation and supervision of children once they have evacuated the Center.
(c) The Cook will, if properly trained, administer emergency first aid

✓ Bus Driver: For Center based emergencies:

(a) The Bus Driver will assist with locating any missing children.
(b) The Bus Driver, with the approval of the Director, may extinguish fires.
VI.B Emergency Contact Policy

POLICY: The Bishop Indian Head Start Center will ensure that the parents/guardians of children can be contacted and kept informed in the event of an emergency.

PROCEDURES: In order to keep parent/guardian informed on the health of their children and to help a child involved in an emergency situation, the following actions will be taken:

✔ Emergency contact information for each child shall be maintained in and Emergency Contact File that accompanies the children on any outings or field trips. Emergency contact information for each child is recorded on the Emergency Contact Information Form and includes:

1. Names and telephone numbers (both home and work) of the parent/guardian or legal guardians.
2. Names and telephone numbers (both home and work) of parent or contact persons to whom the child may be released, if the parent/guardian is unavailable.
3. Name, address and telephone number of the child’s usual source of medical and dental care.
4. Information on the child’s health insurance, including the name of the insurance carrier, identification number, and the subscriber’s name.
5. Special conditions, disabilities, allergies, or medical and dental information, such as date of the latest DPT immunization.
6. Parents or guardians written consent, in case emergency care is needed.

✔ In the event of an illness, injury, emergency situation or other event where immediate contact of the parent/guardian is necessary, the Center Administrator will:

1. Call the parent/guardian using the Emergency Contact Information provided by the parent. The Teacher/ Health/Disabilities Manager or other designated available staff will calmly and clearly explain to the parent what has occurred and how their child was involved, the severity of injury or illness, what first aid or care has been provided by the staff, and what further medical care has been required. The parent needs to know where their child is, how sick or injured their child is how and when their child became sick or injured and what is needed of the parent/guardian.
2. In the event the parent/guardian cannot be located, the designated person will contact the other people authorized by the parent on the Emergency Contact List. The person taking custody of the child will sign the child out using the Daily Sign-In/Sign-Out Sheet.
3. If neither the parent/guardian nor any of the emergency contacts can be located, the Director will contact the (department of social services, child protective services, police or whatever agency of the Tribe or State is appropriate).
4. In the event that Emergency Contact procedures are implemented, the Center Administrator will complete the Injury Incident or Illness Incident Report form, whichever is appropriate, and include who was contacted, the time of the contact and who finally did pick up the child.

**POLICY:** The Bishop Indian Head Start Center staff will ensure any emergency evacuation of the Center is conducted in a calm, safe and efficient manner to avoid any injury or adverse effect to the children and staff.

**PROCEDURES:** These emergency evacuation procedures apply to emergency evacuation of the Center only. Emergency evacuation procedures for Bus and Transportation emergencies are presented in Section VI.D of this Plan. In order to ensure the safe and orderly evacuation of the Center by infants and toddlers, special needs children and other children and staff, the following actions will be taken:

(The emergency evacuation plan for your center is generally referred to as the fire evacuation plan, but there are other emergencies when evacuation of the Center may be necessary. The evacuation plan for each Center will differ based on the number of staff, the number of classes or groups of children and the building arrangement. You must adapt the evacuation plan specific to the needs of your Center, including provisions for special needs children and infants and toddlers. You are encouraged to work with you Health Advisor to help you develop and emergency evacuation policy and procedures for your Center that meets yours needs. Emergency Evacuation: In the event that emergency evacuation of the Center is required the Director will implement the following emergency evacuation procedures:

- The Director will sound the fire alarm indicating that evacuation of the Center is necessary.
- When the fire alarm is sounded, the Cook will call 911*. Information to be related to the emergency services personnel should include:
  - The name of the Head Start Center
  - That the Center is being evacuated
  - The physical location of the Head Start Center, including directions how to get to the Center if necessary.
  - The nature and extent of the emergency (i.e. fire, chemical spill, violent visitor, etc.)
  - How many people are at the Head Start Center.
  - Caller name and the telephone number the caller is calling from.
  - Any specific information requested to assist with the response.
- When the fire alarm is sounded, the Teacher’s Aide (or each group teacher) will make sure all of their children are accounted for and will verify this using the daily attendance sheet. The Teachers Aid will place any special needs children in evacuation wheel chairs or strollers.
- The Teachers Aid will lead the children from the classroom and the Center to the designated safe assembly location. The safe assembly location is the outdoor classroom. The Teachers Aid will, if necessary take charge of any wheel chairs or evacuation strollers and push the wheelchair/stroller in front of the group.
- If any children are not accounted for, the Teacher’s Aide will immediately notify the Director before evacuating the other children. The children will then be evacuated from the Center. The Center
Administrator and Bus Driver will inspect each room of the Center to locate the missing children. Once located, the Center Administrator will lead the children from the Center.

- The Cook will follow the students out of the Center. If necessary, the Cook will assist with the evacuation of additional special needs children and push their wheelchair/stroller behind the group.

- The Director will be the last person out of the building and will ensure that all children and staff have safely evacuated the Center. Once outside, the Director will verify, based on the daily attendance sheets, that all of the children have been evacuated.

- The Director will decide if the children and staff should be moved to a refuge building, especially in bad weather. The emergency evacuation refuge building is the Barlow Lane Gym, which is located 232 North Barlow Lane.

- The Director will wait for emergency assistance to arrive. The director will make the decision to initiate the Emergency Contact Procedures to have children picked up by their parent/guardian.

- The Center will not be re-entered unless cleared by the emergency response personnel and approved by the Director.

- The Director will prepare a letter to the parents/guardians of children explain the date and time of the evacuation, the reason for the evacuation, what steps have been taken to prevent the emergency in the future and any information that parent/guardian may want to explain to their children.

- The Head Start Director, with a copy on any emergency evacuation required at the Center. The report will include the date and time of the evacuation, the reason for the evacuation, the number of children and staff involved, any injuries involved, if Emergency Contact procedures were implemented and any long term effects of the emergency.
VI.D  Medical Emergencies Policy

POLICY: The Bishop Indian Head Start Center staff will provide, to the best of their ability emergency first aid to the children and staff until emergency medical personnel can continue treatment.

PROCEDURES: In order to ensure that a medical emergency is handled promptly, effectively and appropriately, the following actions will be taken:

- Emergency medical procedures for CPR/First Aid are located in the main office and in the children’s classrooms.
- The Health Manager will ensure, to the extent necessary for the staff to provide care that the Center staff are made aware of the medical needs of special needs children.
- When an immediate response is required, the following emergency procedures will be used:
- A staff member trained in First Aid or CPR shall provide appropriate emergency care to the person or persons.
- If directed by the Director, the Health/Disabilities Manager (other designated person) will call “911” to contact the Emergency Medical System and will provide the following information:
  
  (a) Name of caller
  (b) Name of Center: Bishop Indian Head Start
  (c) Nature of the emergency
  (d) Telephone number of the Center or where they are calling from
  (e) Address of the Center: 405 North Barlow
  (f) Directions to the Center
  (g) Exact location of injured person or persons
  (h) Condition of person injured
  (i) Emergency medical care being given.

- The person making the call will stay on the line until Emergency Medical System personnel arrive.
- Emergency transportation for necessary medical care will be determined by the Emergency Medical System operator or the parent/guardian.
- The Teacher (or other designated staff member) will implement the Emergency Contact Procedures.
- Emergency phone numbers will be posted near each of the phones at the Center and be included with the Emergency Contacts Information File for taking on field trips and outings. The following phone numbers will be included:
  - Fire: 873-5485
  - Police: 911
  - Emergency Medical Services: 911
  - Northern Inyo Hospital: 873-5811
  - Toiyabe Indian Health Project: 873-8461
  - Toiyabe Dental: 873-3443
  - Community Health: 872-2622
  - Inyo County Health Department: 873-7868

- At least one staff member with current training, in age-appropriate Cardio-Pulmonary Resuscitation (CPR) and First Aid, shall be present at the Center at all times and be present on all field trips. The Health Manager is responsible for assuring our first aid kit(s) are fully stocked in accordance with the
AIPB, Environmental Health Standard, and Section 5-102.29.

✓ When the Head Start children go on field trips the Bishop Indian Head Start Teacher’s are responsible for taking the First Aid Kit.

✓ The following conditions will also be treated as medical emergencies:

1. An infant under the 4 months of age has an auxiliary temperature of 100 degrees Fahrenheit or higher or a rectal temperature of 101 degrees Fahrenheit or higher.
2. A child over 4 months of age has a temperature of 105 degrees Fahrenheit or higher.
3. An infant under 4 months of age has forceful vomiting (more than once) after eating.
4. Any child looks or acts very ill or seems to be getting worse quickly.
5. Any child has neck pain when the head is moved or touched.
6. Any child has a stiff neck or severe headache.
7. Any child has a seizure for the first time.
8. Any child acts unusually confused.
9. Any child has unequally sized pupils (black centers of the eyes).
10. Any child has a blood-red or purple rash made up of pinhead-sized spots or bruises that are not associated with an injury.
11. Any child has a rash of hives or welts that appear quickly.
12. Any child breathes so fast or hard that he or she cannot play, talk, cry or drink.
13. Any child has a severe stomach ache without vomiting or diarrhea after a recent injury, blow to the abdomen or hard fall.
14. Any child has stools that are black or have blood mixed through them.
15. Any child has not urinated in more than 8 hours, and the mouth and tongue look dry.
16. Any child has continuous clear drainage from the nose after a hard blow to the head.

✓ The Director or designated staff will document medical emergencies on the appropriate Illness or Accident Report forms as presented in Section II.H of this Plan.

✓ Death of a Child

✓ If a child dies while at the facility:

(a) The Director will immediately notify the emergency medical personnel
(b) The Director will immediately notify the child’s parent/guardian.
(c) The Director will notify the Tribal Administration.
(d) Provide age appropriate information to the parent/guardian of the other children.
(e) Provide appropriate grief and other support information to the parent/guardian of the deceased child.
(f) Arrange for student and staff grief counseling.

✓ If a child dies while not at the Center, the Health/Disabilities Manager will

(a) Provide age appropriate information to the parent/guardian of the other children.
(b) Provide appropriate grief and other support information to the parent/guardian of the deceased child.
(c) Arrange for student and staff grief counseling.
VI.E Industrial Emergency Policy

**POLICY:** The Bishop Indian Head Start Center will reduce the effect of any industrial accidents through the location of the Center and proper response to any industrial accident that may occur.

**PROCEDURES:** In order to reduce the impact of any industrial accidents that may occur in nearby industries or on the roads or railroad tracks near the Head Start Center, the following actions will be taken:

- The Support Services Manager will identify any industrial/manufacturing facilities within close proximity to the Center and determine what potential risks to the Center exist.

- When an industrial accident occurs, the Director call “911,” to report the accident and obtain guidance on the risk from the hazard to the children, staff and Center.

- Evacuation of the Center will be done only when recommended by emergency services personnel, or, if the Director determines that there is reasonable risk to the health and safety of the children.

- If evacuation of the local area is required by the emergency services agency, the Center Administrator will notify the emergency services agency if additional transportation will be needed to evacuate the children to a safe location.

- The Director will implement the Emergency Contact Procedures in Section VI.B of this Plan, if the Center is evacuated to notify parent/guardian of the emergency and where their children should be picked up.
VI.F Weather Emergency Policy

**POLICY:** The Bishop Indian Head Start Center staff will reduce the health and safety risk associated with adverse weather conditions to the children and staff.

**PROCEDURES:** In order to reduce the impact of adverse weather conditions, including floods, blizzards, extreme cold, extreme heat, tornados, hurricanes, icy roads, muddy roads and other conditions that can impact the safety of children, the following actions will be taken:

(Your Center will need to develop policies for specific types of weather emergencies that occur in your area. Some types of emergencies that plans should be developed for include tornados, blizzards and others. The primary concern in a weather emergency is to protect the safety of the children and to take no action that would increase the children’s risk for injury. Consult with your Health Advisor and local emergency services programs to help develop specific procedures.)

- If the **Bishop Indian Head Start Director** announces over local radio stations that their classes have been canceled due to weather conditions, the Bishop Indian Head Start Center classes will also be canceled.

- The Director will make the determination if Bishop Indian Head Start Center classes will be canceled for a given day due to weather conditions. The Center Administrator will notify **KIBS/KBOV at FM/AM 107** that classes are canceled for the day.

- If adverse weather conditions develop during the day that cause early closure of the Center or prevent the bus from transporting the children, the Director will implement the Emergency Contact Procedures in Section VI.B in this Plan, to have the children picked up.

- If adverse weather conditions occur and delay normal bus runs, the Director and or Teachers will notify parent/guardian of the delay, the reason for the delay and how much of a delay is expected.
VI.G Violent Behavior Emergency Policy

POLICY: The Bishop Indian Head Start Center staff will protect the children and staff from violent acts, and minimize the impact on the children and staff due to any violent acts that may occur. Violence at our Head Start Center will not be tolerated.

PROCEDURES: In order to prevent violent acts and to minimize the impact of any violent acts on the children, the following actions will be taken.

(This is another one where you will need to consult with local law enforcement personnel and perhaps local schools and your Head Start Health/Disabilities Manager to determine the proper procedures. The main point is to isolate the children from the violent person.

✓ In the event that a visitor, staff member or parent becomes violent, the Director or their designee will take charge of the situation.

✓ The Director will attempt to calm the person and move them away from the children (do not take them into the office if this is the location of the only phone in the Center).

✓ The Teacher Aide will quietly and calmly move children away from the area of the confrontation.

✓ If possible, the Director will direct the Teacher to take the children outside to the playground.

✓ If violence appears imminent or has happened, the Director will direct the Cook (or Bus Driver, or other staff member, to close the office door. This is the signal to call 911 for law enforcement assistance. The Head Start Staff member will remain in the office with the door closed.

✓ The Bus Driver will leave the building to get additional help to the Center. The Bus Driver will return to the Center and be ready to assist the Director if necessary.)
VI.H Bomb Threat Policy

POLICY: The Bishop Indian Head Start Center staff will evacuate the children and staff immediately in the event of a bomb threat.

PROCEDURES: In order to help prevent bomb threats and to evacuate the children in the event of a bomb threat, the following actions will be taken:

- If a bomb threat is received at the Center, the person receiving the call will ask the caller:
  - Where the bomb is located
  - Why the bomb has been placed.
  - The person should listen for background noise, and try to determine the age and sex of the caller.
  - The person who receives the call will notify the Director immediately.
  - The Director will implement the Emergency Evacuation procedures presented in Section VI.C of this Plan.
  - The Director will allow re-entry of the building only after the Center has been cleared by the emergency response personnel.
  - If re-entry of the building is delayed, the Director will determine if the Emergency Contact in Section VI.B of this Plan will be initiated.
VI.J Missing Child Policy

**POLICY:** The Bishop Indian Head Start Center staff will provide continuous supervision of children in our care and, if a child should turn up missing, the staff will take whatever steps are necessary to locate the child.

**PROCEDURES:** In order to locate a missing child and ensure the safety of the other children, the following actions will be taken:

- If a child is missing from the Center:
  - The Teacher or other staff will immediately notify the Director.
  - The Director will confirm from the daily sign-in/sign-out sheets that the child was at the Center that day and has not been picked up.
  - The Director will initiate a search within the Center.
  - The Bus Driver and Cook will initiate a search of the grounds outside the Center.

- If the child is not located inside the Center or on the immediate grounds, the Director will notify the child’s parent/guardian that the child is missing and will call the local law enforcement at 911, to report a missing child.

- If a child is missing during an outing away from the Center:
  - The Teacher or other staff will immediately notify the Director.
  - The Director will confirm from the daily sign-in/sign-out sheets that the child was on the outing.
  - The Teacher’s Aid will ensure that all of the other children are kept in one location or area.
  - If in a building, the Directors will immediately notify the building manager that a child is missing and request immediate assistance to locate the child.
  - The Director and the designated staff will initiate a search of the building and the immediate grounds to locate the child.

- If the child is not located inside the building or on the immediate grounds of the building, the Director will notify the child’s parent/guardian that the child is missing and will call the local law enforcement at 911, to report a missing child.
VII. PHYSICAL ENVIRONMENT FACILITY PLAN

VII.A Handicapped Accessibility Policy

POLICY: The Bishop Indian Head Start Center will comply with the appropriate requirements for handicapped accessibility.

PROCEDURES: In order to ensure full participation of children with special needs, the following actions will be taken:

- The Director will ensure that all necessary handicapped accessibility requirements are provided as recommended by the Environmental Health Officer.

- The Director will ensure that any ramps, railings, wheel chair accessible toilets, sinks and drinking fountains can be effectively used by special needs children and then modifications to the design, height and position of these fixtures will be modified if necessary to facilitate their use by the special needs child.

- Adequate space is available for therapy needs of special needs children. The therapy area for the Head Start Center is located in the Community Room and or in the Staff Resource room.

- The Director will ensure that the movement or re-arrangement of furniture and equipment in the classroom and outdoor play area is kept to a minimum for children with visual or hearing impairments.
VII.B Heating, Air Conditioning, Ventilation Policy

POLICY: All rooms used by children at the Bishop Indian Head Start Center shall be heated, cooled and ventilated to maintain the required temperatures, humidity and air exchange and to avoid the accumulation of objectionable odors and harmful fumes.

PROCEDURES: In order to provide appropriate indoor environment and protect the health and safety of the children and staff, the following actions will be taken:

- The air temperature inside the Center will be maintained between 65 F to 75F during the winter months and between 68 F. to 82F during the summer months. Relative humidity will be maintained between 30 to 70 percent.

- The Director will schedule the annual inspection of the heating, ventilation, and air conditioning system with Bishop Heating and Air Conditioning. These inspections are required by the Head Start Performance Standards. Contact: 463 N. Warren St. Bishop CA.93514 Phone number: 760-873-3892.

- Heating: Heating for the Bishop Indian Head Start Center is provided heat by a type of heating system (Propane). The system was installed in 2008. Copies of the manufacturers operating instructions are maintained with Bishop Heating and Air Conditioning/and Community Development Department (270 See Vee Lane Bishop CA 93514 Phone Number 760-258-6875. Emergency repair or maintenance of the heating system can be provided by Lennox Dealer: Bishop Heating and Air Conditioning/and Community Development Department (270 See Vee Lane Bishop CA 93514 Phone Number 760-258-6875.

Depending on the type of heating system in use specific procedures for the operation and maintenance of this system will need to be developed. This should include inspection of the system at the beginning of the school year, protecting children from hot surfaces, ventilation requirements for flame-burning units, filter changing and cleaning requirements, wood stove safety, etc. Work with the Health Manager to develop policies and procedures specific to your heating system.

1. Portable open-flame and kerosene space heaters will not be used. Portable gas stoves will not be used at the Center.

2. Electric space heaters will be used only in the event of an emergency. The electric space heaters are UL-approved and will be placed so they are inaccessible to children and placed at least 3 feet from curtains, papers and furniture. The electric space heaters are provided with a protective cover to prevent injuries.

3. Hot surfaces above 110F will be made inaccessible to children. There are no hot surfaces accessible to the children. OR The following hot surfaces above 110F have been identified and are protected in the following ways: (List any hot surfaces and how they are protected or made inaccessible to the children)

4. The heating system is inspected annually by Bishop Heating and Air Conditioning/and Community Development Department (270 See Vee Lane Bishop CA 93514 Phone Number 760-258-6875.

5. If the heating system is unable to maintain the air temperature in the Center above 65F, for one day of classes, then the Center should be closed until the heating system is repaired.
If the temperature in the Center drops below 60°F, then the Director will declare an Imminent Health Hazard and close the school until the heating system can be repaired.

Cooling: Cooling for the Center is provided by (air conditioner and swamp coolers). The cooling system was installed in 2008. Copies of the manufacturers operating instructions are maintained with Bishop Heating and Air Conditioning/and Community Development Department (270 See Vee Lane Bishop CA 93514 Phone Number 760-258-6875. Emergency repair or maintenance of the cooling system can be provided by Bishop Heating and Air Conditioning. Contact: 463 N. Warren St. Bishop CA.93514 Phone number: 760-873-3892.

Air cooling is provided free of drafts on the children.

The air cooling system will be inspected at the beginning of each school year.

The air cooling system is maintained and cleaned in accordance with the manufacturer’s requirements.

If the cooling system is unable to maintain the air temperature in the Center below 82°F, for one day of classes, then the Center should be closed until the cooling system is repaired.

If the air temperature in the Center goes above 87°F, then the Director will declare an imminent health hazard and close the school until the cooling system can be repaired.

Ventilation: Ventilation for the Bishop Indian Head Start Center is provided by natural and mechanical means to ensure a minimum ventilation rate of 10 complete air changes per hour... Mechanical ventilation is provided in the toilet rooms, janitor’s closet (or where ever mechanical ventilation is provided) . Copies of the manufacturers operating instructions are maintained at Community Development Department (270 See Vee Lane Bishop CA 93514 Phone Number 760-258-6875. Emergency repair or maintenance of the ventilation system can be provided by Bishop Heating and Air Conditioning/and Community Development Department (270 See Vee Lane Bishop CA 93514 Phone Number 760-258-6875.

Windows used for natural ventilation are equipped with draft deflectors.

Electrical fans are (either mounted high on the wall/ceiling or guarded to limit the size of the openings, front and back, to less than inch) depending on what type of fan used at your Center.

The ventilation system is inspected annually by Bishop Heating and Air Conditioning. Contact: 463 N. Warren St. Bishop CA.93514 Phone number: 760-873-3892
VII.C Electrical System Policy

POLICY: The Bishop Indian Head Start Center provided with properly installed and maintained electrical service to facilitate operation of the Center and to prevent illness and injury.

PROCEDURES: The electrical power is provided by the Southern California Edison.

In order to provide safe electrical service for the Center, the following actions will be taken:

✔ The Director will ensure that any major repairs or alterations to the Center’s electrical system are provided by a licensed electrician and in accordance with the National Electric Code (NFPA-70) (or the local code used in your area).

✔ The Health/Disabilities Manager will provide electrical outlet safety plugs (shock stops) for all unused electrical outlets not equipped with protective covers. The Health /Disabilities Manager will inspect all electrical outlets in the Center at least monthly to ensure outlet safety plugs are in place. The Center staff will re-insert outlet safety plugs when done using an electrical outlet.

✔ The Director will ensure that any electrical outlet, fixture or equipment that is identified as faulty is not used until inspected and repaired by a licensed electrician.

✔ At the beginning of the school year, the Health/Disabilities Manager will inspect all electrical appliances to ensure they are UL-approved, that the cords are not frayed or damaged and that the electrical cords are placed out of easy reach by the children. Any appliance found to have damaged electrical cords will be taken out of service immediately.

✔ Extension electrical cords will be used only with the Center Director approval and only for short time periods. The extension cords will not be placed under carpets or across water sources.
VII.D Plumbing Policy

POLICY: The Bishop Indian Head Start Center plumbing system for water, waste water, and gas are installed and maintained free of defects, leaks and obstructions.

PROCEDURES: In order to provide safe and adequate plumbing, the following actions will be taken:

✓ The Director will ensure that any repairs or new installations of gas pipe, water pipe, gas burning fixtures, and plumbing fixtures and installations to the water or sewer or gas lines are done by a qualified plumbing contractor and meet the requirements of the Uniform Plumbing Code (or your local plumbing code) or the National Fuel Gas Code (NFPA 54) (or your local fuel gas code).

b. Hot water for the Center is provided by a (number of gallons), gas fired (or electrical, solar powered) water heater. The water heater is properly installed in the water supply system and all drain lines and connections are in compliance with the Uniform Plumbing Code. The hot water temperature is tested in the children’s lavatories (annually) and is maintained at or below 120 Fahrenheit. BIHS consults with Community Development Department (270 See Vee Lane Bishop CA 93514 Phone Number 760-258-6875 to maintain hot water temperature.

✓ Drinking water for the children is provided by dispensed from drinking fountains or by single-service cups and is accessible to children while indoors or outdoors.

✓ The Bishop Indian Head Start Center water system has been tested for the presence of lead in the drinking water as recommended by the U.S. Environmental Protection Agency. The Center water is satisfactory for use. Water sampling results are maintained by the Health/Disabilities Manager. (If your Center has not been inspected, then contact your Health Manager for assistance.)

✓ There will be no cross-connections that could permit contamination of the potable water supply.

✓ All gas piping will be repaired by a licensed plumber or qualified gas plumbing repair contractor.
VII.E Lighting Policy

**POLICY:** The Bishop Indian Head Start Center will provide adequate lighting to promote health and well being of the children and staff and to facilitate safe activities and facilitate cleaning.

**PROCEDURES:** In order to provide adequate lighting, the following actions will be taken:

- The Health/Disabilities Manager has an emergency flashlight located in the copy room/First Aid kits.
- The following levels of illumination are provided on various surfaces:
  - Reading, painting, other close work areas: 50 -100 foot candles on the work surface
  - Working and play areas: 30-50 foot candles on surfaces
  - Sleeping and napping area: no more then 5 foot candles during sleeping/napping.
  - Glare free lighting is provided in all areas of the Center.
  - Lighting in the food preparation area will be at the level and shielded as required in the local food sanitation code.
  - Emergency back-up lighting is installed in each classroom; hallways, and in the community room. Emergency lightning is inspected by Director monthly.
VIII. FOOD SERVICE PLAN-See Nutrition Plan

VIII.A General Food Sanitation Policy

**POLICY:** The Bishop Indian Head Start Center will provide nutritious meals prepared and served in a sanitary manner.

**PROCEDURES:** Food sanitation surveys and observations of the Bishop Indian Head Start Center are conducted by the Director, Kitchen staff, Management, classroom environment observers and Indian Health Services.

In order to ensure food provided at the Center is prepared and served in a sanitary manner, the following actions will be taken:

✔️ The Director will ensure that all of the Bishop Indian Head Start Center staff follows good food sanitation practices while preparing, serving and handling food and food equipment.

✔️ The Teachers and staff of the Bishop Indian Head Start Center will eat with the children and encourage family style meals.

✔️ The Director will ensure that while participating in family style meals, the children will not engage in food preparation of others or any activities that poses a risk of food contamination.

✔️ The Director will coordinate with the Health/Disabilities Manager for the provision of food handlers training for the Bishop Indian Head Start Center staff. The food handlers training should be provided within 3 months of the Center beginning annual operation.

✔️ The Director will provide basic food handling requirements to all new employees within 30 days of their employment at the Center. Indian Health Service will provide the food handling training.
Child Nutrition

Nutrition Screening and Follow up

Policy

Staff and families will work together to identify each child’s nutritional needs. The Health and Nutrition team will be responsible for addressing the needs of high risk children, (ie. Metabolic disorders, life threatening allergies).

Procedure

1. During registration, the Family Advocate, Teachers, and or Health and Disabilities Manager will talk with the family about any food allergies, special diet requests found on the Special Meals and or Accommodations Form, or other nutrition concerns that have been noted on the Child Health Information Form. The Nutritional Screening will be completed prior to the first day of school. If the family does not have any concerns, the Health and Disabilities Manager does not need to document follow-up needed. However, if there are any concerns or special circumstances, the Health and Disabilities Manager will document that there is follow up needed on a Family Contact form and Family and will work with family to seek a physician to sign a Medical Statement. Kitchen staff and the entire staff will be alerted of children nutritional needs based on the above information.

2. When DST identify children that have eating issues (picky eaters, over-eaters, inappropriate mealtime behaviors) or food allergies, special diet requests, or other nutrition concerns they must notify the Health and Nutrition team for consultation or present concerns during Case Management.

3. If follow up is needed, Teachers will ensure that follow up is completed. If nutrition education materials are needed, the BIHS team will order materials through the Health & Disabilities Manager.

4. If the family is not enrolled in WIC, information will be given to them about WIC and the Health and Disabilities Manager will document the reason for non-involvement in WIC in the child’s file during the registration interview.

5. Height and weight measurements are completed and documented on a BMI record form according Height/Weight Screening at least twice a year.

6. The Health and Disabilities Manager will monitor the growth patterns of children utilizing current guidelines on overweight and underweight and follow up with the family if there are concerns. http://www.cdc.gov/nccdphp/dnpa/bmi/childrens_BMI about children’s BMI.

This policy complies with Head Start Performance Standard 45 CFR Section 1304.23.
Child Nutrition

Food Allergies and Dietary Restrictions

Policy

There will be a plan to accommodate and ensure the safety of children who have food allergies and other dietary restrictions. Special diets will be printed and posted every Monday.

Procedure

1. If a child requires a special diet due to a medical reason or a personal preference, staff member will have the parent fill out and sign the “Special Diet Request” issued by the USDA food department. The special diet information will be entered into the child’s enrollment file under Health and Nutrition sections and a copy forwarded to the Health and Disabilities Manager, Director, and the BIHS Cook.

2. If an entire food group will have to be substituted (i.e. milk or all dairy, meat or poultry) the Health and Disabilities Manager will assure that the required medical authority’s signature is collected.

3. If the special diet needs of the child are significant (i.e. diabetic diet, PKU diet, gluten free diet, etc.) then the Director, Family Advocate, or teacher, (or person doing the registration) will check in with the Health and Disabilities Manager, and BIHS cook before telling the parents when the child can start.

4. Every Monday the special diet will be printed, reviewed and posted in kitchen and classroom. Teachers are responsible for assuring that special diets in their classroom are current.

5. Food Service staff and Direct Service staff will ensure that a plan is in place for all children who have dietary restrictions prior to the first day of class.

6. For children with diets that requires a significant amount of monitoring and extra preparation from the kitchen, special menus will be developed in consultation with the Toiyabe Registered Dietitian.

7. Food service staff and BIHS staff are to document substitutes on an allergy list on kitchen refrigerator. Lists of food allergies (without names) are to be posted by classroom (i.e. 1 or 2) on the refrigerator.

8. Classroom Food Service Workers and substitutes must be informed about each child’s dietary restrictions by the teachers and other direct service staff. Food deliveries should be checked daily to ensure that food has been planned for any special diets.

9. The Health and Disabilities Manager will coordinate with the family, direct service staff /Director and other specialists/consultants to assure that any needed follow-up occurs.

10. The Health and Disabilities Manager will monitor allergy plans.

11. All Direct Service teams will receive verbal and written education from the Health and Disabilities Manager and Toiyabe Registered Dietician about Food Allergies and Food Intolerance.

This policy complies with Head Start Performance Standard 45 CFR Section 1304.23.
Policy Council Approved on July 22nd 2013 and Tribal Council Approved on July 11, 2013
Child Health and Safety  

Tooth brushing

**Policy**
Each classroom will have daily supervised tooth brushing in conjunction with meals; that models and teaches good dental hygiene and prevents cross-contamination between children, toothbrushes, and toothpaste. (Cross contamination is the physical movement or transfer of harmful bacteria from one person, object or place to another).

**Sanitation/Storage**
1. Each child will have her/his own labeled toothbrush and brushes will be stored in holder and kept out of the reach of children when not in use.
2. Sanitation/Storage: Each toothbrush holder will be sanitized two times a month. The holder can be washed with warm water and soap and air dried.
3. Each classroom will be provided with a new toothbrush three times a school year: September 1, December 1, March 1.
4. The sink area must be sanitized before and after tooth brushing activities.
5. Tooth brushing with fluoride toothpaste will follow these guidelines to prevent cross-contamination:
   1. Group tooth brushing must be supervised by staff and/or volunteers who have been trained to monitor for activities that could result in cross contamination (spitting, playing with toothbrushes, etc.). **Children should never perform tooth brushing without adequate supervision.**
   2. To prevent cross contamination of the toothpaste tube, ensure that a pea-sized amount of toothpaste is always dispensed onto something other than the toothbrush first (wax paper, paper cups, or onto the child’s cup) **(Do Not Use Toothpaste Tube To Dispense Toothpaste to the Brushes)**
      1. Classroom procedure must insure that each child picks up only his or her own toothbrush.
      2. Classroom procedure must insure that children do not have the opportunity to spit onto or near other children’s toothbrushes. This will vary dependent on classroom layout, and it is the responsibility of teaching staff to determine the procedures that work best for their physical layout.
      3. Classroom staff will insure that toothbrushes are rinsed and stored properly after use. Plastic cups will be cleaned in the sanitizer after use.

This policy complies with Head Start Performance Standard 45CFR Section 1304.22.  
Policy Council Approved on July 22nd 2013 and Tribal Council Approved on July 11, 2013
Child Health and Safety

Hand Washing

Policy: Bishop Indian Head Start staff and all other adults working in the classroom will teach and model appropriate hand washing practices in order to lower the risk of spreading communicable diseases.

Procedure: Staff, parent helpers, and volunteers and children shall wash their hands whenever hands come in contact with body fluids and the following times:

1. At the beginning of the school day.
2. After using the bathroom or touching hair.
3. Before food preparation, handling, or serving. (including setting the table)
4. After toileting or changing diapers.
5. After assisting a child with toilet use.
6. Before and after eating meals or snacks.
7. After handling pets or other animals.
8. Before and after using disposable gloves.
9. After coughing or sneezing.
10. After inspecting hair for lice.
11. Before and after administering medications.
12. After coming in from outside play or indoor messy projects.
13. After cleaning activities.
14. Before putting on gloves to conduct first aide or to clean up bodily fluids with visible blood, and after completing first aide or cleaning bodily fluids with visible blood.
15. At the end of the day.

Clear, simple hand washing procedures will be posted in all classrooms, including these steps. The purpose is to outline the hand washing techniques that will be used by Staff, parent helpers, and volunteers and children

   Step 1 Wet hands with warm water and then add soap.
   Step 2 Use friction to work up lather and wash hands for at least 10-20 seconds.
   Step 3 Rinse well under a stream of warm water.
   Step 4 Dry hands thoroughly, with a single use paper towel.
   Step 5 Turn off faucet with a paper towel, if possible.
   Step 6 Discard towel in trash cans
       • If hands are very dirty, rub hands together for at least 15-30 seconds.
       • Wash all surfaces including: back of hands, wrists, between fingers; under fingernails,

This policy complies with Head Start Performance Standard 1304.22 (e) (1) (2)

Policy Council Approved on July 22nd 2013 and Tribal Council Approved on July 11, 2013
Child Health and Safety

Toileting

Policy: Bathrooms will be kept sanitized and visibly clean throughout the day and accommodations will be made for each child’s individual toileting and hand washing needs. Teaching staff will support children with toileting needs and encourage self-help and independence.

Procedure

1. All bathrooms will have sinks with running warm water.
2. All surfaces in bathrooms must be easily cleaned and must be sanitized on an as needed and daily basis. (see Classroom Sanitation policy)
3. Bathrooms will be supplied with paper towels, toilet paper and liquid soap.
4. Accommodations will be made for any children with special needs.
5. Adaptations will be utilized to assist with the toileting needs of children with physical disabilities and when necessary an assistant will be designated to aid in this process. To prevent disease transmission portable potty chairs will not be used unless a child’s condition is such that other adaptations will not safely accommodate the child. In the event that other portable potties or other adaptations are used, they must immediately be sanitized by staff following use.
   • Contents in porta-potties must be placed in toilet and flushed. Hepastat or appropriate bleach solution and disposable gloves will be used in sanitizing adaptive toileting devices. After usage portable potties or other adaptations will be stored in the bathroom out of reach of children.
6. Teachers must have a system in place where children check in with teacher before and after going to the bathroom.
7. Toilet paper and holders, paper towels and soap dispensers will be available within easy reach of all users.
8. When a child cannot reach the sink and/or soap dispenser without assistance, an adult non-slip stools will be provided to accommodate the child.
9. Staff will monitor toileting areas to ensure that proper hand washing and safety is maintained in bathrooms.
10. In the event that a child has an accident and visible body fluids are present in the bathroom, staff must wear disposable gloves and wash hands after sanitizing toilets, floors and sinks soiled with any body fluids. If a child needs assistance with cleaning themselves after an accident involving a bowel movement, baby wipes may be used and discarded into a bag and labeled. Mops and mop buckets are to be clean and stored outside of the classroom or in a locked closet after use.

This policy complies with Head Start Performance Standard 45 CFR Section 1304.22.
Policy Council Approved on July 22nd 2013 and Tribal Council Approved on July 11, 2013.
Child Health and Safety

Head Lice

Policy: For communicable disease prevention children with lice or nits will be sent home and may only return to the classroom when they are lice and nit free. However, if a child has more than one week of absences due to head lice, the Health Advisory Committee will be contacted so that an individualized plan can be developed with the family and the classroom staff that will prevent spread to other children while also enabling the child to attend school.

Procedure

1. Direct Service Teams (DSTs) will create a time and specific routine for performing regular head checks on children. Ideally all children should be checked daily to ensure that lice is not spread to other children/staff in the classroom. However, children should never be singled out for head checks, as this could be upsetting and affect the child’s self-esteem.

2. Regular head checks should be done during or prior to morning or afternoon circle time or when the children first come into the classroom with their parents. In this case, if the child has lice or nits they can be sent home with their parent(s) at that time.

3. If a child comes to school with lice or nits in their scalp the parent(s) or one of the persons on the emergency consent form will be called to come and take the child home as soon as possible. As with any other communicable disease, the child will need to be separated from the other children in a way that is not damaging to the child’s self-esteem but will also prevent the spread of lice to others.

4. If the child has been sent home for the day; the parent will need to self-transport the child to school and wait for their child’s head to be checked prior to classroom admittance.

5. If there are only a small amount of nits (10 or less) in the child’s hair and no live lice after the family has brought their child back the next day, staff can choose to pull the nits out and kill them rather than having the child be sent home. It is important that when we send the children home only with nits that we ask the family to remove and kill the nits only, not repeat the treatment. If live lice are found all members of the family should be treated.

6. When a child is sent home for lice, their family should receive information on How to Get Rid of Lice from the Health and Disabilities Manager. If they have any questions about lice control that cannot be answered by the Health and Disabilities Manager; they should be referred to the Toiyabe Health Specialist or the Health Consultant.

7. All classroom linens including pillows, stuffed animals, clothing and furniture must be washable and must be laundered following each head lice report. Coats and Hats should never be placed in a pile together- they must be hung up individually to prevent spread from these items of clothing.

8. Direct service teams will work with the Health and Disabilities Manager to ensure that parents receive the most current and safest information regarding the treatment and elimination of head lice.

9. If a classroom experiences multiple lice outbreaks, affecting many children- or if DST are unsure how to prevent Lice outbreaks, the Health and Disabilities Manager or Toiyabe Health Consultant should be contacted for further support.

This policy complies with Head Start Performance Standard 45CFR Section 1304.22.
Policy Council Approved on July 22nd 2013 and Tribal Council Approved on July 11, 2013
First Aid Kit Monthly Inventory Policy and Procedure

Subject: First Aid Kit Monthly Inventory Policy and Procedure/First Aid Kit Inventory Supply List/Monthly Monitoring First Aid Kit Checklist.

**Primary Staff Responsibilities:** Bishop Indian Head Start Health Manager is the primary staff to restock and check the First Aid monthly at Bishop Indian Head Start.

**General Procedure:**

1. Using a monthly First Aid Kit Monthly Inventory form. The Health Manager will check the first Aid Kits monthly and that the items listed are available for use in the first aid kit. If there are items missing the Health Manager will fill in what item(s) are needed and how many. If there are no items missing the staff will check off that there are all items. The First Aid Inventory Kit Form will be signed and checked off.
2. This will be done at the end of each month and stored in a First Aid Stocking supply Binder and information about First Aid Stocking for the month will be presented in a Manager's Report to the Bishop Indian Head Start Director.
3. The Health Manager will order items and bring them to the classroom as needed.
4. A Health Care Specialist will assist the Health Manager in the original First Aid Kit inventory ordering at the beginning of the school year. The Health/Nutrition Advisory Committee will assist with Policies and Procedures for First Aid Kit supplies.

**Documentation:** Documentation will be in a Binder with First Aid Inventory Forms, Purchase Orders or other Order forms. Other documentation will include Agenda/Minutes from the Health/Nutrition Advisory Committee. **Monitoring includes:** First Aid Supply Binder, First Aid Kits, Purchase Orders or other Order Forms.

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<tr>
<td>Purpose: Clean wounds</td>
<td>Purpose: Cover Minor Wounds</td>
<td>Purpose: Pressure dressing to stop bleeding</td>
<td>Purpose: Measure Temperature</td>
<td>Purpose: Clean/cover wounds</td>
<td>Purpose: Covers hands before handling blood or other body fluids</td>
<td>Purpose: Covers eyes before handling blood or other body fluids</td>
<td>Purpose: Covers body/clothes before handling blood or other body fluids</td>
<td>Purpose: Prevent Reduce Swelling</td>
<td>Purpose: eye irrigation to remove foreign objects</td>
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<td>Purpose: Dispose of waste or vomit; used gloves</td>
<td>Purpose: secure bandage; splint</td>
<td>Purpose: Cut tape or bandages</td>
<td>Purpose: Secure dressings and bandages</td>
<td>Purpose: Make a sling</td>
<td>Purpose: remove foreign objects sticking out of skin</td>
<td>Purpose: To cover someone in shock or cold</td>
<td>Purpose: In case of light power outage</td>
<td>Purpose: for reference</td>
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*These items are required by State Licensing and must be in your first-aid kit at all times.*

This Policy and procedure complies with Health and Safety Performance Standard 1304.22 9 (f)(1) and Performance Standard 1304.22 9 (f)(2).

HS Health Advisory/Nutrition Committee Approval Date: 12/3/11
Height/Weight Screening

Policy: Each child will be weighed and measured periodically to assess and track their individual growth and development.

Procedure

1. Children will be weighed and measured in both the Fall and Spring or for full day/year programs at least two times per year and six months apart (if possible).

2. During small group days each child will be measured and weighed appropriately. The results are entered into a tracking sheet.

3. Have child take off shoes when weighing and make sure the scale is on a hard surface, not a rug. Turn on scale first (if electronic) then have child step on scale and stand still. Record exactly what the scale shows as the child’s weight.

4. Attach height ruler to a wall with the bottom of the ruler at the same level as the floor in which the child will be standing. For reliable results measure the child on a hard surface rather than carpeting.

5. Have child take off shoes and look at object directly at eye level. Using a flat ruler or other rigid straight object hold on top of child’s head and move end of object straight across head to ruler, record height in feet and inches.

6. A second height and weight screening will be performed six months after the initial screening. The steps listed above should be followed.

7. The Nutrition and or Health Consultant may have special recommendations for children who are underweight below 10 percentile or overweight >95 percentile. In such cases the parent, Health/Disabilities Manager and Direct Services team (Teachers, Family Advocate) will be involved in the planning and implementation of any specific recommendations.

This policy complies with Head Start Performance Standard 45 CFR Section 1304.20.
Vision Screening

Policy

All Bishop Indian Head Start children will receive a vision screening within the first 45 days of the child’s first day in the program. BIHS children will receive an initial screening by the Medical provider during they receive their physical examination. If children were unable to be screened or follow up screening is recommended by the physician; the BIHS Health and Disabilities Manager will screen the children with parent permission.

Procedure

1. The Health and Disabilities Manager has primary responsibility for assuring that the vision screening is completed within the 45 day time period.

2. The BIHS Health and Disabilities Manager will ensure the vision screening will take place in a quite location with a screening distance of approximately 10 feet.

3. The Good Lite Vision Screening Chart will be used. Children will be asked to demonstrate with hand movement at each hand symbol they see. Eye covers will be sanitized between each child’s usages. Results will be documented on the Hearing/Vision screening form. The Health and Disabilities Manager is responsible for documentation.

4. If a child enters the program with eyeglasses, a vision screening should be entered into the Instrumental tracking form that states “glasses” in the results, and a follow-up plan should be written to assure that the child is getting annual evaluations by an optometrist. The Health and Disabilities Manager is responsible for documentation.

5. The Vision Screening results form will be used to record results in the Summary of Screening Form; which is then reviewed with parents during the First Parent Teacher Conference. It is the responsibility of the Health and Disabilities Manager to complete the Summary of Screenings for Parents. The child’s classroom teacher and or Health and Disabilities Manager will review the Summary of Screenings with each parent.

6. If the teaching staff feels that they need additional training to assure that the vision screenings are explained appropriately to parents, they should request assistance from the BIHS Health/Disabilities Manager.

7. If the child fails any portion of the physical observation, stereopsis, near, or distance screening; this should be reflected on the Hearing/Vision Screening Form or child’s physical examination form. A follow-up plan on rescreening in 3-4 weeks will be conducted for children who were unable to complete vision screening within 45 days; due to cooperation and or the Physician states “unable to screen” on Vision/Screening Form.

Performance Standards 45 CFR Section 1304.20.
Bishop Indian Head Start Lead Screening Policy

POLICY: All Head Start Children will be afforded the opportunity to have Blood Lead Test completed by a Health Care Professional. Blood Lead Testing will be conducted by a Health care professional from Toiyabe Community Health. A memorandum of understanding will be put into place between Bishop Indian Head Start and Toiyabe Indian Health Project to provide Lead screening to our families at no cost.

PROCEDURE: A Lead Screening Form will be completed for each child and educational information will be provided to each family about lead. The consent for lead testing will provide families with information; who is conducting the lead testing with their child and whom will complete the 45 day screening. This will be used as a tool to educate the parents on the risks of lead exposure as well as obtain their consent for the child to have a lead blood test.

- Lead Testing will be done when a child’s parent and or legal guardian has given permission.
- The Head Start Teacher will work with the parent/guardian to complete Lead Screening consent form. The lead screening form will provide parents with education about risks of lead exposure and 45 day screening requirements, as well as, obtain their consent for the child to have a lead blood test.
- If consent for Lead Blood test is obtained, the Family Advocate or Health and Disabilities Manager will work with the parent to have the Lead Blood test completed by the child’s medical provider or during a lead screening clinic. The family will be given copies of the lead screen to take to the provider and a copy of the results will be in the head Start child’s file. In all cases, BIHS staff must be available to answer any questions parents/guardians may have as they complete the form.
- For returning students, annual review of the Lead Screening Form with parents must be completed within the first 45 days of each school year for returning students

Tracking Lead Blood Test-

- When the results are directly sent to the Health Manager from the provider, the Health Manger will coordinate data entry by entering the results into the child’s file.
- When the medical provider has made recommendations; follow-up will be done by the Health and Disabilities Manager with families within 10 days after receiving formal communication regarding any additional referral.
- BIHS Staff will ensure that a copy of the lab results is maintained in the child’s file at all times.
- The Health and Disabilities Manager will review all formal follow-up records obtained from medical providers, and document “Follow-up Status” in the child’s file.
- The Health and Disabilities Manager will document in progress notes any identified follow-up from Physician and discuss the child’s current “health status” with the parent; document in progress notes health discussions regarding follow-up plans for screening or treatment completion; and inform Health Care professional of progress on health plans via e-mail or phone.
- The family will be given copies of the lead screen to take to the provider if follow up is needed.
- The parent/guardian will be asked to obtain a copy of the lab test results if the child previously received a lead screening at another facility.

Procedures for Lead Testing at BIHS facility:

- Lead Testing will be done when a child’s parent and or legal guardian has given permission.
- Each child will be served individually and testing will be done in an area of privacy.
- Testing will be completed in an area were sanitation can be completed easy on a no-carpet floor.
- Blood Borne Pathogen’s Policy for bodily fluid clean up will be followed.
- Latex gloves will be worn unless there is a latex allergy present. Non-latex gloves will be made available.
- Parents are welcome to be present during testing.
- All Health Care Professional guidelines and directions will be followed by the BIHS staff.
- Special considerations will be given to children with special needs and or medical conditions.
- Lead Test will be conducted by a finger poke.
Prior to finger poke; the child’s fingers will be fully cleaned by an alcohol pad and or hand washing.

There is no charge to parents/guardians to families for lead screening.

Results will be tracked on the tracking form with the Health Manager

Lead screening results will be shared with the family within 2 weeks. A discussion will take place if follow-up is needed and any additional referrals need to be made to assist family.

BIHS Staff will ensure that a copy of the lab results is maintained in the child’s file at all times.

The Health and Disabilities Manager will review all formal follow-up records obtained from medical providers, and document “Follow-up Status” in the child’s file.

The Family Advocate and or Health and Disabilities Manager will document in progress notes any identified follow-up for the family from Health and Disabilities Manager and discuss the child’s current “health status” with the parent. The Family Advocate, Health and Disabilities Manager, and or Teacher will document in progress notes health discussions regarding follow-up [plans for screenings or treatment completion. Health and Disabilities Manager will inform Director of the lead screening results and of follow-up with families as needed.
Hearing Screening, Summary and Follow-up

Policy: Head Start Children will receive a hearing screening using a standardized screening tool within 45 days of enrollment by their medical provider. Follow-up Hearing Screening or children “unable to screen” by their medical provider will be screened by a trained BIHS staff with parent permission. Parents will be notified of results. Follow-up plans will be developed by the Health and Disabilities Manager with input from Audiologists and Medical Providers.

Procedure:

1. Initial screenings will be done by the child’s medical provider unless the child was unable to be screened or follow up is determined on the child’s Physical Examination Form. Appropriately trained staff will use audiometry (Maico) MA 25.

2. Health and Disabilities Manager will have primary responsibility for assuring that all children are screened within 45 days. If child’s hearing has not been screened within 30 days, a plan will be developed to involve the family to assure completion of screening before the 45 day deadline. If additional equipment, or more staff training to assure that screenings will be completed, this should be requested through Head Start Director.

3. All Hearing Screening results and follow-up plans and activities will be documented on a Hearing/Vision screening form and in the Instrumental Health Tracking Form. The Health and Disabilities Manager, Family Advocate and Teachers will use data to communicate results and follow-up plans to families.

4. For children unable to be screened due to cooperation or re-screen stated; then follow up re-screen will be completed in 3-4 weeks of 45 day screening deadline. The data from the screening will be communicated to parents/guardians on the Summary of Screenings Form for the purpose of communicating results and follow-up plans with parents/guardians.

5. The child’s physician or Health and Disabilities Manager will determine whether child will continue to be re-screened within Head Start or whether they should be referred to their Medical Home or Audiologist. For repeated “unable to test” or failed screenings, staff should request specific follow-up support from the child’s physician or designated Medical Consultant.

6. For any children with diagnosed Speech or Language delay, the Health and Disabilities Manager will work with CCARES and the Medical Home, to ensure that a more thorough hearing evaluation is performed by their Speech Pathologist, or CCARES audiologist.

7. Re-enrolling children, who have passed a hearing screening the year prior; will only be required to be re-screened if there are delays in Speech & Language Development or concerns about hearing noted by staff or parents.

8. The Health and Disabilities Manager will consult with HSAC Pediatricians and Audiologists to evaluate the effectiveness of our screening methods- and to ensure that there is no unnecessary duplication of efforts.

This policy complies with Head Start Performance Standard 45 CFR Section 1304.20. (2) (b) 1304.20 (e) (1)308.
Implementation and Documentation of Individual Family Service Plan (IFSP)/ (IEP) Individual Education Plan

Policy

Individual Family Service Plans (IFSP) or Individual Education Plan (IEP) will be implemented as soon as possible after the IFSP/or IEP meeting by modifying the child” program in accordance with the IFSP/or IEP and arranging for the provision of related services. If a child enters Head Start with an IFSP/or IEP completed within two months prior to entry, services must begin within the first two weeks of program attendance. All IFSP/IEP meetings and services will be documented by the Health and Disabilities Manager.

Procedure

1. Early Childhood CCARES provides copies of all required paperwork to Head Start.

2. The BIHS Health and Disabilities Manager ensure necessary papers are placed in child” file and data entered in the Disabilities tracking form.
   1. If the required paperwork is missing, the BIHS Health and Disabilities Manager notifies Disabilities Specialist.
   2. Disabilities Specialist informs Early Childhood CCARES of missing paperwork.
   3. Teacher requests missing paperwork from the Health and Disabilities Manager.
   4. In the event the missing paperwork is not produced in a timely manner the Director of SELPA will be notified by the Director of Bishop Indian Head Start to formulate a Plan of Action.

3. The Health and Disabilities Manager will run monthly reports to track referrals and meeting dates.

4. The Health and Disabilities Manager provides each classroom with a file for each child receiving ECSE services. The File includes:
   1. a copy of the child’s IFSP/IEP goals,
   2. a two-way communication form for consultants and BIHS teachers,
   3. sign-in and out services log,
   4. and a copy of service calendars provided by the CCARES Manager for BIHS.

5. ECSE service log for each child will include required service, who is responsible, and time allotment. ECSE service provider will complete the service log.

6. Each service provider who sees a child will document their visit on the calendar by indicating time spent.

7. Additional consultant notes may be placed in the notebook to be added to child” file at end of each month.

8. DST will document services provided in the classroom in the two-way communication form, entering the date, type of service and consultant. This information is also reported in the teacher’s weekly reports and the Health and Disabilities Manager Monthly Manager Report and Program Monthly Progress Report.

Drafted January 26, 2013
Education and Early Childhood Development
Services for Children with Disabilities

Eligibility for Developmental Delay

Policy

Bishop Indian Head Start Team will ensure the process of examination of all areas of potential delay when conducting an evaluation, even when the main reasons for referral are emotional or behavioral. The criteria for Developmental Delay (DD) are as follows:

1. The child experiences a developmental delay according to Dial 4 final scores in two or more of the listed skill areas.
   1. Cognitive development
   2. Motor development (gross or fine motor development)
   3. Communication development (receptive language or expressive language)
   4. Social or emotional development Adaptive development

2. Isolated traumatic events may lead to emotional/behavioral changes in young children which, while serious and disruptive, are often short in duration.

3. Young children are often responsive to short term behavioral intervention. Many behavior rating scales have comparatively low test-retest reliability and should be used carefully.

4. Medical factors can have potential impact on child behavior.

5. Differing cultural norms can exert an influence on behavior.

6. Inappropriate educational programs/practices can affect child behavior.

This policy complies with Head Start Performance Standard 45 CRF Section 1304.21,1308.10
It was approved by Policy Council on February 8th, 2011
It was approved by Tribal Council on September 9th, 2011
Updated July 23, 2013
Mental Health  
Policies and Procedures  
Child/Family/Staff Case Management Meetings  

Policy  
All components of Head Start services will be integrated into the ongoing planning process for children and families throughout the year. Information will flow freely between families, service providers and other professionals involved in the lives of children. Family information is an integral part of the Case Management Meetings. For children with disabilities and other special needs, all team members will be fully informed of each child’s goal objectives, progress and services in order to collaborate for the planning and delivery of services for all children and families.  

Procedure  
1. Each child/family will have a Case Management Meeting at least once every three months, starting within 75 days of start and have them all completed by Winter Break. Children/families with high needs may have Case Study on a more frequent basis.  
   1. Prioritize children needing Early Childhood Special Education (ECSE) evaluation, family with emergent concerns  
   2. Use a Case Management Content checklist  
   3. At a minimum: Full Day will complete four case studies.  
2. Within a month of child’s enrollment, the family, ECSE consultants and any other professionals involved in the lives of the child and family will receive a phone call inviting them to attend a Case Management meeting. A phone call, in the family’s home language, to the extent feasible, will inform them of the Case Management procedure and ask them to inform the Family Advocate if they would like to attend. A tentative schedule will be included. The Family Advocate will distribute the Case Management Tentative Schedule for the child/families to be reviewed and will write these dates in the child’s file under Education. If the child is on an IEP, a copy of the dates will be placed in the Disabilities section.  
3. The Family Advocate will develop a plan with DST for scheduling Case Study Meetings by the end of October.  
4. The following people will be invited to Case Management Meetings: Parent, Teacher, Family Advocate, Associate Teacher, Director, appropriate service providers, Transportation staff, Cooks, program consultants, and interpreters, to the extent feasible.  
   1. When staffing DLL families be sure to include the interpreter in at least the first meeting.  
5. One person will assume the role of facilitator and one the role of note taker.  
6. The following guidelines for Case Management Meetings will be used:  
   1. Set a date, keep the schedule or notify participants, in advance, of changes.  
   2. Document who is present.  
   3. Have available any appropriate information, reports and the consultant notebook.  
7. Information will be entered into the Case Management Form at the time of the meeting.  

Child Development  
The summary in this area will include a review of the child’s developmental progress:  
1. Include any attendance issues. If there has been a problem, develop strategies and include them in the action plan.
2. Review reports for screenings completed and follow-up needing to be done. Check on status of all referrals. Add any strategies to complete staffing action plan.

3. Review assessment – Are updates in all 10 domains completed? DRDP? One to One documentation?
   1. Per child?

4. If there is a behavior plan in place, review behavior related charts, observations, notes from consultants, and other data to substantiate decisions on current status of the plan and how it is working.

5. Discuss status of home visits and parent/teacher conferences.
   1. Are they completed within time lines?
   2. Is action plan needed?
   3. Are there barriers?

6. Begin or update the child’s transition plan (to another program, to another Head Start classroom, to kindergarten).

Disabilities
   1. For children on an Individual Education Plan (IEP) or in the referral process, the IEP service coordinator should be present.
   2. Determine if the Disabilities documentation is current and note next IEP related meeting.
   3. Determine any need for additional evaluations, services or change of placement.
   4. Evaluate related services on IEP and determine their effectiveness.
   5. The Early Childhood CARES Consultant and DST will share information on child’s progress.

Health/Nutrition
   1. Refer to the Health and Disabilities Manager to ascertain whether the child currently has a medical and dental home. DST will note any barriers interfering with establishment of medical and dental homes.
   2. Refer to the screening summary and note any screening results which require follow-up and any open referrals.
   3. Refer to Health and Disabilities Manager and Nutrition Manager to ascertain whether child’s BMI is within normal limits and whether child requires a special diet.

Mental Health
   1. Refer to screening summary and note any referrals that have been made which require follow up. Note any barriers to receiving services and a plan to assist the family in addressing those barriers.
   2. Refer to the Information and Referral section in the Family Service section in file to see if the family has expressed interest in mental health services and note any follow up needed.
   3. See Education section in enrollment file/or classroom file of this procedure for recommendations regarding behavior plan information.
   4. Refer to Family Advocate for information regarding Family Goals in the Family Service and follow up as needed.

Parent Involvement
   1. Review ways family has been involved. Enter information in Family Services section of the Case Management Form. Make a plan to invite family to participate in program.
   2. Document strengths and accomplishments made by the family.

This policy complies with Head Start Performance Standard 45CFR Section 1304.21.1304.20 (a) (d), 1308.6, 1308.18, 1308.20
Drafted: January, 25th 2013
Policy

Children with communication (speech or language impairments) are eligible for special education services. Criteria include:

A. A speech or language impairment means a communication disorder such as stuttering, impaired articulation, language impairment, or a voice impairment, which adversely affects a child’s learning.

B. A child is classified as having a speech or language impairment whose speech is unintelligible much of the time, or who has been professionally diagnosed as having speech impairments which require intervention or who are professionally diagnosed as having a delay in development in his or her primary language which requires intervention.

C. A language disorder may be receptive or expressive. A language disorder may be characterized by difficulty in understanding and producing language, including word meanings (semantics), the components of words (morphology), the components of sentences (syntax), or the conventions or conversation (pragmatics).

D. A speech disorder occurs in the production of speech sounds (articulation), the loudness, pitch, or quality of voice (voicing), or the rhythm of speech (fluency).

E. A child should not be classified as having a speech or language impairment whose speech or language differences may be attributed to:

1. Cultural, ethnic, bilingual, or dialectical differences or being non-English speaking;
2. Disorders of a temporary nature due to conditions such as a dental problem;
3. Delays in developing the ability to articulate only the most difficult consonants or blends of sounds within the broad general range for the child’s age.

This policy complies with Head Start Performance Standard 45CFR Section 1304.21.1308.9
It was approved by Policy Council on February 8th, 2011
It was approved by Tribal Council on September 9th, 2011
Updated July 23, 2013
Education and Early Childhood Development
Services for Children with Disabilities

Early Childhood CARES Referral and Evaluation Procedure

Policy
Children will be referred to Early Childhood Coordinating Agency for Referral, Evaluation and Services (Early Childhood CARES) for evaluation as soon as the need is evident.

Procedure

1. Complete all screenings (developmental, behavioral, hearing, vision).

2. Discuss screening results and possible actions at initial Case Management Meeting:
   1. Initial case management team should include Head Start, Early Childhood CARES, parent and other agency personnel as needed.
   2. Possible actions include:
      1. No action needed.
      2. Refer for speech and language evaluation only.
      3. Refer for multiple evaluations (2 or more areas of development).
      4. Refer for social/emotional evaluation
      5. If unclear: BIHS Director and or Health and Disabilities Manager will do an observation to help decide on further action.
      6. Complete any observation/staff notes.

3. For Speech and Language referrals ONLY:
   1. Fill out Permission for Additional Services using BIHS referral form or Early Childhood CARES referral form and review and discuss with parents. The child’s parent or legal guardian must sign before proceeding.
   2. Health and Disabilities Manager documents referral process on a Screening & Referral form created and maintained by the Health and Disabilities Manager. Detailing referral (Type – Speech and Language evaluation; Provider – Early Childhood CARES; Referral – Date of referral; Target – 60 calendar days).
   3. Health and Disabilities Manager gives referral packet with referral checklist BIHS Director to review and sign.
   4. Health and Disabilities Manager will fax Permission or hand deliver for Additional Services to SELPA Director or Speech and Language Therapist at Early Childhood CARES.
5. Health and Disabilities Manager returns original referral (Permission for Additional Services) to teacher to file in the child’s hard file.

6. Health and Disabilities Manager emails referral information to SELPA Director and Speech and Language Therapist at Early Childhood CARES.

7. Teacher and Health and Disabilities Manager will responsible for following up on the progress of the referral and inform BIHS Director when the referral process is complete or delayed.

4. For all other Early Childhood CARES referrals (2 or more areas of development, Speech and Language, possible Autism or Social/Emotional only): Follow the same process as above.

5. The Early Childhood CARES Service coordinator makes sure the evaluations are completed and notifies the speech and language pathologist (SLP) to coordinate evaluations if the child needs a speech and language evaluation.

6. Early Childhood CARES evaluators or school district evaluators arrange the evaluation time and place with the parents and/or teachers. Evaluations can be conducted in the classroom, in the child’s home, in the classroom when other children are not there, at Early Childhood CARES; this will be determined based on the type of evaluation, and time needed and parent preference.

7. The Early Childhood CARES Service coordinator will coordinate the IEP meetings, end out the notices, facilitate the meetings and complete the required paperwork.

8. In very rare situations, if Early Childhood CARES does not evaluate the child, Head Start is responsible for arranging or providing for an evaluation, using its own resources and accessing others. In this case, the evaluation meets the following requirements:

   1. Testing and evaluation procedures are selected and administered so as not to be racially or culturally discriminatory, and administered in the child’s native language or mode of communication, unless it clearly is not feasible to do so.

   2. No single procedure may be the sole criterion for determining an appropriate educational program for a child.

   3. The evaluation is made by a multi-disciplinary team or group of persons including at least one teacher or specialist with knowledge in the area of suspected disability.

   4. Evaluators use only assessment materials which have been validated for the specific purpose for which they are used.

   5. Tests used with children with impaired sensory, manual, or communication skills are administered so that they reflect the children’s aptitudes and achievement levels and not just the disabilities.

   6. Tests and materials must assess all areas related to the suspected disability.
7. In the case of a child whose primary disability appears to be a speech or language impairment, the team ensures that enough tests are used to determine that the impairment is not a symptom of another disability.

8. Confidentiality is maintained in accordance with federal and state requirements. Parents are given the opportunity to review their child’s records in a timely manner and are notified and must give permission if additional evaluations are proposed. The grantee explains the purpose and results of the evaluation and makes concerted efforts to help the parents understand them.

9. The IEP team, including the parent, provides the results of the evaluation and its professional opinion of whether the child does or does not need special education and related services. If it is their professional opinion that a child has a disability, the team states which of the eligibility criteria applies and provides recommendations for program and services along with their findings. Only children, whom the evaluation team determines needs special education and related services, may be counted as children with disabilities.

10. Children who are not evaluated or do not qualify at the time of evaluation will be monitored for six months in terms of progress in the area of concern by their classroom teacher.

11. IEP evaluation and results are entered in the Health section of the Child’s file.

This policy complies with Head Start Performance Standard 45CFR Section 1304.21. 1308.6
It was approved by Policy Council on February 8th, 2011 (Disabilities Service Work Plan)
It was approved by Tribal Council on September 29th, 2011 (Disabilities Service Work Plan)
Updated July 23, 2013
Eligibility for Emotional Disorders

Policy

Children with emotional or behavioral functioning disorders are eligible for special education services. Criteria include:

1. An emotional/behavioral disorder is a condition in which a child’s behavioral or emotional responses are so different from those of the generally accepted, age-appropriate norms of children with the same ethnic or cultural background as to result in significant impairment in social relationships, self-care, educational progress, or classroom behavior.

2. A child is classified as having an emotional/behavioral disorder who exhibits one or more of the following characteristics with such frequency, intensity, or duration as to require intervention:
   
   1. Seriously delayed social development including an inability to build or maintain satisfactory age-appropriate interpersonal relationships with peers or adults.
   
   2. Inappropriate behavior (e.g., dangerously aggressive towards others, self-destructive, severely withdrawn, non-communicative).
   
   3. A general pervasive mood of unhappiness or depression, or evidence of excessive anxiety or fears (e.g., frequent crying episodes, constant need for assurance).
   
   4. Has a professional diagnosis of serious emotional disturbance.

3. The eligibility decision is based on multiple sources of data, including assessment of the child’s behavior or emotional functioning in multiple settings.

4. The evaluation process includes a review of the child’s regular Head Start physical examination to eliminate the possibility of misdiagnoses due to an underlying physical condition.

This policy complies with Head Start Performance Standard 45CFR Section 1304.21.1308.8

It was approved by Policy Council on February 8th, 2011
It was approved by Tribal Council on September 9th, 2011
Updated July 23, 2013
Services for Children with Disabilities

Eligibility for Other Disabilities

Policy

Children with autism, traumatic brain injury, and other categories are eligible for special education services. Criteria include:

1. A child is classified as having autism when the child has a developmental disability that significantly affects verbal and non-verbal communication and social interaction, that is generally evident before age three, and that adversely affects educational performance.

2. A child is classified as having traumatic brain injury whose brain injuries are caused by an external physical force or by an internal occurrence such as stroke or aneurysm, with resulting impairments that adversely affect educational performance. The term includes children with open or closed head injuries, but does not include children with brain injuries that are congenital or degenerative or caused by birth trauma.

3. The purpose of the classification, "other impairments," are:
   1. To further coordination with Early Childhood CARES and reduce problems of record-keeping.
   2. To assist parents in making the transition from Head Start to other placements.
   3. To assure that no child enrolled in Head Start is denied services which would be available to other preschool children who are considered to have disabilities in their State.

4. If the State Education Agency eligibility criteria for preschool children include an additional category which is appropriate for a Head Start child, children meeting the criteria for that category must receive services as children with disabilities in Head Start programs. Examples are "reschool disabled," "need of special education," "educationally handicapped," and "on-categorically handicapped." Children ages three to five, inclusive, who are experiencing developmental delays, as defined by the State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, social or emotional development, or adaptive development, and who by reason thereof need special education and related services may receive services as children with disabilities in Head Start programs.

5. Children who are classified as deaf-blind, whose concomitant hearing and visual impairments cause such severe communication and other developmental problems that they cannot be accommodated in special education programs solely for deaf or blind children are eligible for services under this category.

6. Children classified as having multiple disabilities whose concomitant impairments (such as mental retardation and blindness) in combination cause such severe educational problems that they cannot be accommodated in special education programs solely for one of the impairments are eligible for services under this category. The term does not include deaf-blind children, for record-keeping purposes.

This policy complies with Head Start Performance Standard 45CFR Section 1304.21. 1308.15, 1308.16
Eligibility for Hearing Impairment, including deafness

Policy

Children with hearing impairments and deafness are eligible for special education services. Criteria include:

A. A child is classified as deaf if a hearing impairment exists which is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, and learning is affected. A child is classified as hard of hearing who has a permanent or fluctuating hearing impairment which adversely affects learning or:

B. Meets the legal criteria for being hard of hearing established by the State;

or

C. Experiences recurrent temporary or fluctuating hearing loss caused by otitis media, allergies, or eardrum perforations and other outer or middle ear anomalies over a period of three months or more.

I. Problems associated with temporary or fluctuating hearing loss can include impaired listening skills, delayed language development, and articulation problems.

II. Children meeting these criteria must be referred for medical care, have their hearing checked frequently, and receive speech, language or hearing services as indicated by the IEP’.

III. As soon as special services are no longer needed, these children must no longer be classified as having a disability.

This policy complies with Head Start Performance Standard 45CFR Section 1304.21, 1308.11

It was approved by Policy Council on February 8th, 2011

It was approved by Tribal Council on September 9th, 2011

Updated July 23, 2013
Policy

Children with orthopedic impairments are eligible for special education services.

A. A child is classified as having an orthopedic impairment if the condition is severe enough to adversely affect a child’s learning. An orthopedic impairment involves muscles, bones, or joints and is characterized by impaired ability to maneuver in educational or non-educational settings, to perform fine or gross motor activities, or to perform self-help skills and by adversely affected educational performance.

B. An orthopedic impairment includes, but is not limited to, spina bifida, cerebral palsy, loss of or deformed limbs, contractures caused by burns, arthritis, or muscular dystrophy.

This policy complies with Head Start Performance Standard 45CFR Section 1304.21. 1308.12
It was approved by Policy Council on February 8th, 2011
It was approved by Tribal Council on September 9th, 2011
Updated July 23, 2013
Services for Children with Disabilities

**Eligibility for Vision Impairment**

**Policy**

a. Children with visual impairment are eligible for special education services. Criteria include:

1. A child is classified as visually impaired when visual impairment, with correction, adversely affects a child’s learning. The term includes both blind and partially seeing children. A child is visually impaired if:

   a. The vision loss meets the definition of legal blindness in the State;

   or

   b. Central acuity does not exceed 20/200 in the better eye with corrective lenses, or visual acuity is greater than 20/200 but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends and angle no greater than 20 degrees.

2. A child is classified as having a visual impairment if central acuity with corrective lenses is between 20/70 and 20/200 in either eye, or if visual acuity is undetermined, but there is demonstrated loss of visual function that adversely affects the learning process, including faulty muscular action, limited field of vision, cataracts, etc.

This policy complies with Head Start Performance Standard 45CFR Section 1304.21.1308.13

It was approved by Policy Council on February 8th, 2011

It was approved by Tribal Council on September 9th, 2011

Updated July 23, 2013
Education and Early Childhood Development
Services for Children with Disabilities

**Eligibility of Child with Intellectual Disability**

**Policy**

Children classified as intellectual disabled are eligible for special education services. Criteria include:

A. A child is classified as intellectual disabled who exhibits significantly sub-average intellectual functioning and exhibits deficits in adaptive behavior which adversely affect learning. Adaptive behavior refers to age appropriate coping with the demands of the environment through independent skills in self-care, communication, and play.

B. Measurement of adaptive behavior reflects objective documentation through the use of an established scale and appropriate behavioral/anecdotal records. An assessment of the child’s functioning also is made in settings outside the classroom.

C. Valid and reliable instruments appropriate to the age range are used. If they do not exist for the language and cultural group to which the child belongs, observation and professional judgment are used instead.

D. Determination that a child is intellectual disabled is never made on the basis of any one test alone.

This policy complies with Head Start Performance Standard 45CFR Section 1304.21.1308.10

Drafted July 13, 2013
Mental Health
Policies and Procedures

Initial Individual Education Plan Meeting (IEP)

Policy: A meeting to develop an Individual Education Plan (IEP) will be held for each child found to have a disability and in need of early childhood special education services within 30 calendar days of determination of eligibility.

Procedure
1. A Multi-disciplinary evaluation team determines whether child meets eligibility criteria using evaluation findings and recommendations, assessments, parent input and observations.

2. A Multi-disciplinary team will use above information to ensure comprehensive approach to develop child’s program.

3. The following are invited: Parents, Early Childhood CCARES representative, Head Start Teacher, Family Advocate, BIHS Director, Health and Disabilities Manager or related service personnel serving the child, a member of the evaluation team, School District representative and other pertinent individuals as required.
   1. Parents notified in writing ten days in advance of meeting to explain purpose, attendees, time and location of meeting.
   2. Family Advocates/and or Health and Disabilities Manager will make every effort to assure that parents understand the purpose and proceedings and encourage them to provide information about their child and their desires for the child’s program.
   3. Early Childhood CCARES or Head Start will provide an interpreter if needed, and offer parents a copy of the IEP in parent’s language.

4. Speech/Language pathologist Early Childhood CCARES Representative or Early Childhood CCARES Service Coordinator will facilitate the meeting.

5. Assign IEP coordinator from the profession most immediately relevant to the child’s or family’s needs.

6. Complete designated sections of the IEP document which address strategies for achieving long term goals.

7. Identify frequency, intensity, location, and methods (strategies) of service delivery.

8. Discuss how the team will work together, how information will be shared, who will be included in meetings, etc.

9. Transition planning should be included in the discussion. A plan should be written any time that the team is aware of a significant upcoming transition.

10. Plan for an annual review of IEP.

11. Encourage family to identify family strengths, interests and outcomes on IEP Family Contact Form.

12. IEP Coordinator will distribute copies of completed IEP forms to the Health and Disabilities Manager. The Health and Disabilities Manager assures that:
   1. Copy goes into the site file
   2. Relevant data is entered into Health and Disabilities Tracking and recording forms.
   3. Disabilities consultant receives copy of:
      1. eligibility

This policy complies with Head Start Performance Standard 45CFR Section 1304.21 .1308.19, 1304.20 (f)
Drafted: January 26, 2013

Bishop Indian Head Start
Mental Health
Policies and Procedures

Mental Health Referral and Tracking

Policy
Children and families requiring Mental Health/Social Emotional services will be referred for those services by the Bishop Indian Head Start staff or parents/guardians when needed.

Procedures
Referrals for Child Therapy/Family Therapy:
1. The classroom team will talk with parents about their child’s Mental Health. If concerns are identified, a Mental Health Referral can be made. Staff and families will fill out a Permission for Additional Services/or BIHS referral form. Family Service Staff, Health and Disabilities Manager and/or teachers will discuss the family’s needs and preferences with parents/guardians to assist in determining which agency would best suit their needs. The Health and Disabilities Manager will inform families of BIHS’s Mental Health Consultants; however, the family will choose the provider they feel will best meet their needs. If the referral is going to a contracted provider, the Direct Service Team will also have parents sign Permission to Exchange Information form for the agency. If the referral is going to a non-contracted agency, DST will offer parents the opportunity to sign Permission for Additional Services form for the agency of their choice.

2. The Health/Disabilities Manager will document the referral, and send an e-mail to the Director stating that the referral has been made. The Health/Disabilities Manager will also keep a written log of these referrals and give a copy to the Director. If the family chooses to receive services from an agency the Health/Disabilities Manager will then give the referral to the agency the child/family is being referred to. Information given to the agency will include the permission for additional services form and the referral form. If the family chooses a non-contracted agency, the family will contact the agency of their choice directly.
   1. The Health/Disabilities Manager will check the referral report weekly to follow up with families on mental health referrals.
      1. If the referral is going to Toiyabe Family Services Mental Health, the agency will assign a therapist and contact the family. If the referral is going to _______, the parent/guardian must contact the ______ to initiate services. In any case, the family must do an in-person intake appointment before counseling can begin.

3. If the child has a Health Plan, the child is covered for mental health services through ______. If the child does not qualify for _______, BIHS may be able to assist in paying for a limited amount of sessions. Head Start must be the payee of last resort, other resources must have been exhausted, and all conditions of BIHS performance standards must be met in order for this to be possible. If the DST believes they have a family in this situation, the DST will gather all relevant information (front and back on insurance card if any, reason requesting services, reasons family does not qualify for ______) and give that to the Health and Disabilities Manager. The Health and Disabilities Manager will pass the information on to the Director who will consult the performance standards, and available funds.

4. The Health and Disabilities Manager will document the ongoing conversation with the family related to following upon their intake appointment. The note should be linked to the referral and not entered in the general notes section. She will enter the “completed” date on the referral form after the intake has occurred.

5. If the child does not receive the referred counseling services, staff will document why. This should not be done until we are sure that services will not be received (i.e. the end of the year).

6. The Health and Disabilities Manager will run monthly reports to help monitor which referrals still need follow up.

Adult Mental Health Resources
1. The Family Advocate, Health and Disabilities Manager, Director, Teachers, or any of the BIHS Team may fill out a referral for Mental Health services for adults. The Health and Disabilities Manager will contact the agency that the family has agreed to inquire service information.

2. If Head Start is not the referring agency and the family either comes in with a child/family therapist or starts therapy while in HS, tracking guidelines are as follows:
   1. During the program year: Families will be asked if their child has a therapist/counselor that they would like BIHS staff to know about. If the parent/guardian chooses to inform BIHS that their child is seeing a therapist, that information will be entered by enrollment staff in the parent contact form. Parents/guardians will then be offered the opportunity to sign Permission to Exchange Information form for that therapist. It will be made clear that it is the parent’s choice as to whether or not they wish to sign the permission form.

   2. During the program year: DST may discover through family contact that the child/family is involved in counseling. Information will be documented in the child’s enrollment file using a family contact form under the Health Section.

Meets Performance Standard: 1304. 24 (2) and (3)
Drafted January 26, 2013
Education and Early Childhood Development

Promoting Physical Development

Policy: Staff will promote physical development of all children, including participation of children with disabilities.

Procedure

A. Review children’s physical development in Creative Curriculum Part 1, Chapters 1 and 2.
B. Provide sufficient time (30-60 minutes) and space indoors and outdoors for active play and large motor development such as jumping, running, balancing, climbing, and riding tricycles.
C. Teachers will use the Fine and Gross Motor Development assessment (DRDP) and Dial 4 Screening to guide their planning of motor development for their class and individual children.
   1. Teachers will plan 30 minutes for Full Day of **structured** accumulated moderate to vigorous physical activity (MVPA) at least twice a week.
      1. This will be documented on the curriculum plan. (Hint: two songs noted would count as 10 minutes).
   2. Each day there will be opportunities for children to have a minimum 45 minutes Full Day of **accumulated, unstructured** MVPA.
D. Provide sufficient quantity and variety of equipment and materials to meet needs.
E. Provide adult guidance and support.
F. Provide creative movement and activities using obstacle course or activity songs, records, and tapes.
G. Provide fine-motor activities such as stacking, stringing beads, pegboards, puzzles, lacing cards, woodworking (pending approval of “Tools in the Classroom Policy”)
H. Utilize “PARKS” “I’m Moving, I’m Learning” or “olor Me Healthy” to assist in planning and accessing appropriate activities and skill development. Document in curriculum plans.
I. Integrate development of social goals by including non-competitive large and small group games in your plans.
J. Follow “I’m Moving, I’m Learning” guidelines from Creative Curriculum.

Planning for Outdoor Play

Your outdoor area should offer a balance of activities to support child development across the four domains: social, emotional, physical, and cognitive. All equipment must meet safety standards. (see Playground Safety policy)

Your play area should meet the following general criteria as much as possible:

A. The area has some natural materials (wood climber, garden, stones, trees, bushes, grass, wood chips).
B. The area has a variety of activity choices (children can ride, construct, swing, hammer, climb, read, pour, dig, kick, throw, pretend, paint, balance, cooperate, play games).
C. There are grassy, open areas.
D. There is a smooth surface for equipment with wheels.
E. There are private places where children can play quietly alone or with one or two others.
F. There is a storage area large enough to hold equipment and toys.
G. There are play opportunities for children of differing abilities.
H. There is enough room for children to move freely without getting in other people’s way.
I. There are different levels (small hills, ramps, flat areas, climbers with platforms at different heights).
J. There are a variety of hard and soft textures and surfaces (grass, sand, paved areas, wood chips).
K. There are sunny and shady areas.
L. One shady area includes a place —like a table —for eating and activities such as drawing or doing a puzzle.

This policy complies with Head Start Performance Standard 45CFR Section 1304.21(a)(5).

Drafted July 23, 2013
Services for Children with Disabilities

Referral for Related Services

Policy
IFSP/IEP service coordinators, along with input from Head Start staff, will determine which children on an IFSP/IEP should be assessed for needing related services. Related services are those services required for the child with a disability to benefit from early childhood special education.

Procedure
A. A Team meeting consisting of Head Start staff: DST, Director, Health and Disabilities Manager, Family Advocate, Early Childhood CARES service coordinator, parent is called. The team will discuss the need for the related services and identify the resources within the community that can provide the appropriate services.

B. The Team will specify the services that are to be provided and by what agency.

C. The Early Childhood CARES Service Coordinator will arrange for, provide, or procure services which may include, but are not limited to special education and these related services:
   I. audio logical services
   II. physical therapy
   III. occupational therapy
   IV. speech or language therapy
   V. psychological services
   VI. transportation services
   VII. assistive technology services
   VIII. special equipment and materials
   IX. classroom assistant

D. The Team will determine procedures for purchase of services as needed.

E. The Team will develop a documentation system to determine the services are being provided and for the scheduling of the related services.

F. Related services will be documented in the Health section of child’s enrollment file by the focal teacher.

Classroom Assistants:
1. When a Team determines that a classroom assistant is appropriate in order for the child on an IFSP/IEP to remain in the least restrictive environment. A referral is made to the CD/D Consultant using Behavior Collaboration referral process with a “cc” to the Early Childhood CARES Service Coordinator. The referral is entered into the child’s file.

2. When a child is in the referral process, eligibility has not been determined, and a classroom assistant is needed for the child to remain in the classroom:
   1. Contact the BIHS Director to observe and confirm the need.
2. The Tribal Administrator and the Fiscal Officer is notified and will coordinate with BIHS Director the provision of services until the eligibility is determined.

Early Childhood Special Education Break Times:

I. Services mostly will follow the elementary schedule, observing their holidays, breaks, etc. Some of their breaks are longer and different than ours. It is important to note that during these breaks, related services are not required to happen, even though Head Start may still have classes. If Head Start needs an assistant in order for the child to remain in class during the break in ECSE services, the following should happen:

A. DST or the BIHS Director will ask if the Early Childhood CARES assistant is willing to work during Early Childhood CARES non service days.

B. If the assistance is willing to work, Early Childhood CARES consultant will be notified of the need for related services.

C. The Early Childhood CARES consultant will document the assistant’s name and specific dates that will be worked off of the ECSE service time. The Early Childhood CARES consultant will notify the assistant of the arrangement and how that time worked will be documented and paid.

D. The BIHS Director will document the assistant’s name and specific dates that will be worked off of the ECSE service time. The consultant will also explain this process to the assistant.

E. If the assistant is not able to work during the break or holiday time, the Director, BIHS staff and Child Development/Disabilities Manager will determine what action will be taken.

F. If the assistant does work during a break period, Early Childhood CARES may bill Bishop Indian Head Start for the hours worked. The Director will be the liaison between the classroom assistant and the payroll/billing department at Early Childhood CARES.

This policy complies with Head Start Performance Standard CFR 1308.4(h)

Drafted July 13, 2013
Health and Safety
Gold Fish Policy

Policy: Any pet or animal present at the Bishop Indian Head Start, indoors or outdoors will be in good health and show no evidence of carrying any diseases. The animal or pet kept at the center must be friendly and an educational companion for the Head Start Children.

Procedures: In order to ensure the pets and animals kept at BIHS do not pose a significant risk to the Health and safety of the children or staff, the following actions will be taken:

a. BIHS staff will obtain approval of Indian Health Services or Health Advisor for any animal, wild or domestic, that will be kept at the BIHS center.
b. Gold Fish kept at BIHS must be housed in a safe un-breakable tank or bowl. The size of the tank should be compatible for the amount of fish that are housed. A breathable cover should be fitted on the tank to ensure that the gold fish does not escape from the housing facility and the children's hands are not able to be put into the gold fish's tank. Aquarium gravel and plastic plants should accessories the floor of the gold fish tank to help the gold fish feel more at home.
c. It is best that the gold fish be fed with packaged food that is strictly formulated for gold fish. A good quality gold fish food provides a complete diet with the correct amount of protein, vitamins and carbohydrates essentials for the health of the gold fish. The feeding instructions on the package of food should be followed so that over feeding does not occur.
d. Water quality is vital to the health of your gold fish. Most tap water is suitable for your gold fish. Let the gold fish tank water sit overnight, so that the chlorine evaporates and the water reaches room temperature can be helpful for the gold fish's health. It is very important that detergent or soap is not used to clean the gold fish tank. Cleaning can be less frequent if the gold fish tank stays out of the direct sunlight. Sunlight increase algae growth which can lead to more frequent fish tank cleaning. It is recommended, that water quality in the fish tank, be visually monitored regularly. If the gold fish tank's water becomes cloudy or has debris on the bottom of the tank then the fish tank needs to be cleaned. Fish tank cleaning needs to be done weekly or as needed.
e. Fish tank cleaning should take place in an area where the fish tank's contaminates can be easy disregarded. It is recommended, that the gold fish tank be cleaned in the cleaning closet that is located in the main office. Regular sanitizing should take place in the area the fish tank is cleaned.
f. The health of the gold fish should be regularly monitored. There are some sign of illness that should be known: constant gasping for air at the surface; rapid gill movement; difficulty swimming; lack of appetite; gray or white cottony looking spots or red patches. Dirty water is the primary cause of illness in goldfish.
g. If the gold fish shows sudden signs of illness, the BIHS Health Advisor or Local Animal Health specialist should be contacted so that the gold fish can be evaluated for its type of illness and receive proper medication if needed.
**Policy:** The Bishop Indian Head Start Center shall not use their laundry dryer during scheduled outdoor play and when children are present outside. The outside exhaust vent for the dryer shall be inspected on a daily basis for damage or any other conditions that may be present hazard to children or the Head Start Center.

**Procedure:** In order to ensure that safety procedures are followed the following actions will be taken:

a. A list of scheduled recess and activity times will be posted in the janitor’s room.

b. Staff will be informed and reminded of this policy. Policy will be posted in the janitor’s room.

c. Teaching staff will monitor and refrain children from playing near dryer vent exhaust, during children’s presents in playground area.

d. A daily inspection of the vent will be conducted and documented of its condition.

e. Any repairs identified shall be replaced ASAP.

<table>
<thead>
<tr>
<th>Outdoor Play Schedule</th>
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<tbody>
<tr>
<td>9am-10am</td>
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This policy complies with Head Start Performance Standard 45CFR Section 1304.53(a) (6) (7)
REVIEW AND APPROVAL

The above Bishop Indian Head Start Program's Health Plans, policies, and procedures have been reviewed by the Bishop Indian Head Start Health Advisory Committee, Parent Policy Council, and the Bishop Indian Tribal Council. Signatures on file

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Chairperson, Bishop Paiute Tribal Council</td>
<td>William Vega (Vice Chairman)</td>
<td>November 7th, 2013</td>
</tr>
<tr>
<td>Chairperson, Parent Policy Council</td>
<td>Teresa Martinez</td>
<td>November 12th, 2013</td>
</tr>
<tr>
<td>Dr., LVN, RN, PA, FNP</td>
<td>Marjorie Neer FNP; Public Health Toiyabe Indian Health</td>
<td>November 4th, 2013</td>
</tr>
<tr>
<td>Bishop Indian Head Start Health/Disabilities Manager</td>
<td>Amanda Miloradich</td>
<td>October 24th 2013</td>
</tr>
<tr>
<td>Health Services Advisory Committee</td>
<td>Crystal Andreas LVN</td>
<td>November 13, 2013</td>
</tr>
<tr>
<td>(The center's actual policy needs to have the signature of (Dr., LVN, RN, or PA)</td>
<td>Marjorie Neer FNP; Public Health Toiyabe Indian Health</td>
<td>November 4th, 2013</td>
</tr>
<tr>
<td>Original Date</td>
<td>Signed by:</td>
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<tr>
<td>Marjorie Neer FNP; Public Health Toiyabe Indian Health</td>
<td>November 4th, 2013</td>
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<tr>
<td>Review Date</td>
<td>Signed by:</td>
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<tr>
<td>Susie Cisneros; Director</td>
<td>October 24th 2013</td>
<td></td>
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