	Monroe County School District Head Start Program Standard Operating Procedures/Plans
Program Performance Standards and Other Regulations	Subject: Program Operations Subpart D – Health Program Services & Safety Practices
Effective Date: August 16, 2017	Revision Date:

AUTHORITY:

Office of Head Start (OHS), Administration of Children and Families (ACF)

REGULATION REFERENCE:

Head Start Performance Standards-Purpose of Medical Health and Oral Health
Prevention Services

45 CFR Part(s): 1302.40, 1302.41, 1302.42, 1302.43, 1302.44, 1302.45, 1302.46, 1302.47

Head Start Act-Improving Head Start for School Readiness Act of 2007, 42 USC 9801

POLICY:


A program must provide high-quality health, oral health, mental health, and nutrition services that are developmentally, culturally, and linguistically appropriate and that will support each child's growth and school readiness.

1. It is the Policy of the Monroe County School District Head Start Program to ensure that each child will receive high-quality up-to-date medical and oral health services in accordance with Head Start Performance Standards and the Florida Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) schedule.
 - (a) A program must establish and maintain a Health Services Advisory Committee (HSAC) that includes Head Start parents, professionals, and other volunteers from the community.
2. The committee will include Head Start parent(s), professionals, community agency providers and partners as well as volunteers.
3. The Health Manager in conjunction with the Site Coordinator will contact prospective Head Start parents to partake and become a parent representative for the HSAC.
4. Head Start Staff will provide orientation to the HSAC members on Head Start objectives and committee's roles and responsibilities.
5. The HSAC will identify medical, oral health, mental health, and nutritional resource providers and establish relationships and agreements to meet the needs of the children enrolled in the program.
6. In collaboration with the grantee, the HSAC will participate in the planning and reviewing of the programs health services policies and procedures including safety practices and will provide expertise and recommendations /suggestions for assuring compliance with Head Start Performance Standards.

Procedures:

Collaboration and communication with parents 1302.41


- (a). Head Start staff will collaborate with parents as partners in the health and well-being of their children in a linguistically and culturally appropriate manner and communicate with parents about their child's

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health needs and developmental concerns in a timely manner to ensure the children receive high-quality up-to-date medical and oral health services and education.

1. Head Start staff will consult extensively with parent(s) and/or legally responsible adult to discuss the need for services. Staff will document in Child Plus database contacts with parent(s) regarding same.
2. During enrollment, Site Coordinators will review with the parent the “Acknowledgment of available health services” informing of the available education including but not limited to: health education, preventative medical and oral health care, emergency first aid, environmental hazards, health and safety practices in the homes, exposure to lead, understanding results of diagnostic and treatment procedures, consequences of the use of tobacco products, reducing stress / learning about depression, and vehicle and pedestrian safety. The parent may also make appointment to meet with the Health Manager to further discuss any needs.
 - The Site Coordinator will submit an In-House referral to the Health Manager of the requested services from parents as applicable.
 - The Health manager will then facilitate the requested education and follow up with parents as applicable.
3. Health education activities will be scheduled through special health events, newsletters with health and nutrition information, bulletin boards with health information, resource racks at each site with health information, and parent requests.
 - (a) Head Start staff will obtain advance written authorization from the parent or other guardian with legal authority for:
 - Health and Developmental Screenings
 - Mental Health Screenings/Observations
 - Emergency Medical / Dental Treatment
 - Medical Instructions as applicable
 - Medication Administration as applicable
 - On Site Dental Treatment
4. Head Start staff will ensure that a child enrolled in the program will not receive medical or oral health services or procedures without the explicit and written consent of the parent/caregiver.
5. Ensure that if a need or concern is identified for an enrolled child in the program and the parent/caregiver refuses to give authorization for medical or oral health services, written documentation of refusal of services will be obtained and maintained.
6. Obtain advance authorization from the parent or other person with legal authority for all health and developmental procedures administered through the program or by contract or agreement, and, maintain written documentation if they refuse to give authorization for health services.
 - Written refusal of treatment will be entered into the ChildPlus database and the original signed copy will be filed in the child’s comprehensive file located at the Head Start center.
7. Share with parents the policies for health emergencies that require immediate response on the part of staff or immediate medical attention.

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Child health status and care 1302.42

(a) Source of health care.


1. In collaboration with parents and as quickly as possible, but no later than thirty (30) calendar days after the child first attends the program, Head Start staff will determine whether a child has ongoing sources of continuous access to health care and health insurance coverage.
 - Site Coordinators will obtain the School Health Entry Exam form (Form 3040) and/or Head Start Well Child Form from the parent/guardian during enrollment or 30 days after enrollment, and record the medical and dental history on the child's health record at the time of enrollment.
 - If the child does not have a current physical, a 30 day extension letter must be signed. He/she may be served in the classroom, however, Site Coordinator will work with the parent to obtain the physical exam within thirty (30) days of the child's enrollment. With exemption of homeless children as described in 1302.16 (c)(1).
 - Site Coordinators will obtain current immunization form (Form 680) during enrollment and record in Child Plus.
 - i. If the child does not have current immunizations, the child may not be served in the classroom, with exemption of homeless children as described in 1302.16 (c)(1). Services may be provided in the home.
2. If the child does not have a source of ongoing care and/or health insurance coverage, site coordinators will assist families in accessing a source of care and health insurance as quickly as possible by:
 - a. Referring families to providers in Resource List (Resource List is updated annually), and if necessary, directly facilitate an appointment with the medical or dental provider.
 - b. Referring families to Medicaid and assisting with completing application.

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

3. When the child is not up-to-date, Head Start staff will assist parents with making arrangements to bring the child up-to-date as quickly as possible, and with parental/caregiver consent, health nurse will directly facilitate provision of health services to bring the child up-to-date.
4. Within 90 calendar days after the child first attends the program, site coordinators will obtain determinations from health care and oral health care professionals whether or not the child is up-to-date on a schedule of age appropriate preventative and primary medical and oral health care.
5. Site Coordinators will obtain the current verification of dental care at the time of enrollment (if available) or within 90 days from the child's entry date.
6. If the child does not have current immunizations, the child may not be served in the classroom with the exception of homeless children.

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7. If the child does not have a current physical and/or dental examination, he/she may be served in the classroom. However, the Site Coordinator will work with the parent to obtain the physical exam within thirty (30) days and the dental exam within (90) days of the child's entry date.
 8. Within 45 calendar days after the child first attends the program, the Nurse/Health Manager will conduct the health screenings for enrolled children that were not provided by the medical provider. The screenings are conducted based on schedules prescribed by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, and will include:
 - a. Evidenced based Vision Screening
 - b. Evidence based Hearing Screening
 - c. Growth Assessment (height/weight)
 9. Within 90 calendar days after the child first attends the program, the Nurse/Health Manager will conduct the health screenings for enrolled children that are not up-to-date according to the EPSDT and that were not provided by the medical provider.
 - a. Blood Pressure
 - b. Lead Risk Assessment
 - c. Anemia Risk Assessment
 - d. Tuberculosis Risk Assessment
 - i. If the Lead, TB, and/or Anemia risk assessment identifies a high risk, the nurse/health manager will refer child back to his/her primary care physician for further assessment deemed necessary by the physician.
 10. Health Manager will document screening results into database Child Plus and generate such results. Health Manager will then send Site Coordinator the results of the screening(s) to distribute home to the parent.
 - i. If a referral is needed for any screening conducted, the Health manager will facilitate a referral and send to the Site Coordinator to send home to parent.
 - ii. Health manger in conjunction with Site coordinator will follow up on such referrals with the parents and directly facilitate physician appointments as needed.
 11. Site Coordinators in collaboration with Nurse/Health Manager will identify each child's nutritional health needs, including special dietary requirements, food allergies, and community nutrition issues identified through the community assessment or by the HSAC.
- (c) Ongoing and extended follow-up care.
12. Health Manager in conjunction with Site Coordinator will collaborate with parents regarding the need for care (initial or follow-up care) and assist them as needed.
 - a. Referring to an appropriate health care professional.
 - b. Helping parents continue to follow recommended schedules of well child and oral health care.

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- c. Helping parents schedule appointments as necessary.
 - d. Understanding the results of diagnostic and treatment procedures.
 - e. Helping with transportation needs by facilitating local transportation and/or Medicaid transportation.
 - f. Assist parents in the facilitation of obtaining prescribed medications, aids or equipment needed.
13. Health manager will facilitate and monitor necessary oral health preventative care, treatment and follow-up care, including topical fluoride treatments.
14. Health Manager will enter the information for follow-ups on the Health Tracking module in the health services database (CHILDPLUS).
- (d) Use of funds.
15. Head Start will use funds to purchase diapers/pull-ups to use during the program day.
- a. Site coordinators will submit an In-house referral request indicating this need.
16. Payment for services (medical and oral health services) with Head Start funds will be used as a last resort in the event that no other funding sources are available.
- a. Site Coordinators and/or Health Manager will submit an In-house referral request indicating the need with written documentation that no other funding source is available.

*These procedures will be evaluated as part of Annual Grantee Self-Assessment.

Oral Health Practices 1302.43

Monroe County School District Head Start Program will ensure appropriate oral hygiene procedures are adhered to for every enrolled child.


1. Teachers and/or Paraprofessionals will model tooth brushing and assist children in brushing their teeth, as needed, once daily using a small smear of tooth paste that contains fluoride.
2. Children must wash their hands prior to and after brushing teeth.
3. Staff must wash their hands prior to and after assistance with tooth brushing.
4. Staff must utilize gloves when assisting with brush teeth.
5. Tooth paste must be placed on a disposable cup or wax paper prior to placing on tooth brush.
6. Each child will have their own labeled soft bristle toothbrush.
7. Tooth brushes will be stored properly when not in use.
8. Tooth brushes will be replaced every three (3) months or when the bristles become bent (whichever comes first).

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Child Nutrition 1302.44


Nutrition service requirements.

1. Each child that attends the program will receive breakfast and lunch that is nutritious, culturally and developmentally appropriate, meets the needs of and accommodates the feeding requirements of each child, including children with special dietary needs and children with disabilities.
 - a. Site Coordinators interview the parent/guardian at the time of enrollment and have them complete the “Nutrition Information” form in order to obtain information related to:
 1. Dietary History
 2. Dietary Habits, food preferences
 3. Cultural or religious food requirements
 4. Health problems related to nutrition, food allergies, medical diets
 - b. The contracted Nutritionist/Dietician will review the “Nutrition Information” forms of students and will provide feedback and assistance as applicable. Nutritional counseling will be offered and provided as applicable.
 - c. **For Children with special diets (Medical / Religious)**
 1. Parents will fill out the “Alternate Nutrition Diet Plan Agreement” and discuss with the Site Coordinator and/or Health Manager the needs to ensure that the child receives meals and snacks individualized to his/her needs, as indicated.
 2. Site Coordinator will inform Health Manager by submitting an In –House Referral and send a copy to Health Manager, Teacher, and retain in child’s file.
 3. If Medical reason - the District SFS/food allergy form, needs to be completed by the Medical Provider and return to the site coordinator and/or health manager.
 4. The Health manager will collaborate with the cafeteria director and/or manager to ensure nutrition requirements are met for the children with food allergies and the proper food substitutions are made according to the child’s needs.
 5. With consent of the parent/guardian, each individual child with food allergies will be posted prominently in the classroom and in the kitchen for staff to be able to see clearly.
 6. Foods will be substituted according to the child’s needs, the substituted meal will be decided by the Cafeteria manager.
 7. Above mentioned forms will be kept in child’s file, with the teacher, cafeteria manager, and health manager.
 - d. Site Coordinators will send home the menus for breakfast and lunch monthly.
 - e. Current Menus will be posted in the classrooms and on the center bulletin board.
 - f. For special events, the menu must meet the daily nutritional requirements.

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- g. Bag lunches are provided for field trips. School sites must request bag lunches from the school cafeteria.
2. Meals provided by the Monroe County School District, Food and Nutritional Services Department, will support the USDA Dietary Guidelines and meal patterns, providing one half to two thirds of the child's daily nutritional needs.
 - a. Meals and snacks will conform to USDA requirements in 7 CFR parts 210, 220, and 226²⁰ that are high in nutrients and low in fat, sugar, and salt.
 - b. Meal patterns will be composed of the required components for each meal and will include:

Breakfast:	White Milk 3/4 cup Vegetables, fruit, or both 1/2 cup Grains 1/2 oz. eq.
Lunch:	White Milk 3/4 cup Meat 1 1/2 oz. Vegetables 1/4 cup Fruit Juice 1/2 cup
3. Schedule meals to allow three (3) hours between the ending one meal to the beginning of the next meal (between breakfast and lunch). Allow 1- 1/2 hours between a meal and snack time.
4. Provide breakfast to all children who arrive to the center, including children who arrive late and have not received breakfast. School sites should contact the Cafeteria Manager to request a breakfast meal.
5. Make available and provide safe drinking water to children during the program day. Water jugs will be used for outside play if water fountain is unavailable.
6. If parents choose to bring in food from home, it must be nutritious in nature and follow the current USDA guidelines.
 - a. A referral along with the Alternate Nutrition Plan will be made for nutritional services by the Site Coordinator and submit to the Health Manager.
 - b. Health Manager will approve and send to the Ed. Manager, Family Service Manager and Director for approval.
 - c. Health Manager will inform the contracted nutritionist/dietician of need, thus the contracted Nutritionist/Dietician will consult with the parent and provide education on the USDA guidelines that must still be followed when bringing in food from home to include foods that follow the meal patterns, are correct portion sizes, high in nutrients and low in fat, sugar, and salt.
 - d. Parents will be informed of the following:
 1. Food brought into the facility will have a clear label showing the child's full name and date.

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2. Meals will not be shared with other children or adults.
3. If the food brought from home is not nutritious in nature, is a safety hazard (i.e. choking hazard) and/or does not meet the USDA guidelines discussed with the nutritionist/registered dietician, the child will be offered a school meal to meet requirements set forth by the USDA and the parent will be informed.
- e. Once the parent has been consulted by the contracted Nutritionist/ Registered Dietician, they may begin to send in food for their child.
- f. Nutrition education will be provided to staff and parents by the Health Manager and/or Contracted Nutritionist/Registered Dietician.
- g. The teacher(s) will be aware of the food brought in from home daily as applicable to ensure the child's nutritional needs are being met.
 1. If the nutritional or food safety requirements set forth by the USDA are not being met, the teacher will obtain a meal from the cafeteria and offer it to the child. He/she will inform the parent the meal was nutrient deficient and/or was a food safety risk and that the meal was provided by the school.
 2. If the food the parent/guardian provides consistently does not meet the nutritional or food safety requirements, the Health Manager will be informed and the parent will be provided another consultation with the Health Manager and/or Nutritionist/Dietician.
- h. The teacher will inform the Site Coordinator that the child brought in either breakfast or lunch, the Site Coordinator will then update Child Plus as applicable to reflect meal count.

*These procedures will be evaluated as part of Annual Grantee Self-Assessment.

Payment sources.


1. Payment for Head Start meals are funded through USDA Food, Nutrition, and Consumer Services child nutrition programs in conjunction with the Monroe County School District.
2. In the event, alternative foods/drinks required for special diets are not provided by the USDA funds and/or Monroe County School District in a timely manner, Head Start funds may be used as a last result to purchase those items needed when no other funds are available.
 - a. Site Coordinators will submit an In-house referral request to purchase such items to the Health Manager for approval, and the Health Manager will forward to the Director for approval.
 - b. Such approved items will be purchased using the Publix Card immediately.
 - Original receipts will be sent to the Budget Manager.
 - c. On a weekly basis, the Site Coordinator will ensure that there are enough food items to cover special dietary needs.

Child mental health and social and emotional wellbeing 1302.45

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Wellness promotion: The Monroe County School District Head Start Program will support and implement a program-wide culture that promotes children’s mental health, social and emotional well-being, and overall health.

1. The program will implement practices to promote children’s mental health and social and emotional well-being by:
 - a. Building Positive Relationships:
Supportive, responsive relationships among adults and children are an essential component to promoting healthy social emotional development. Staff will develop and support meaningful relationships with children and their families.
 - b. Creating Supportive Environments:
High quality environments promote positive outcomes for all children. Staff will design the physical environment to support social and emotional security, develop schedules and routines which are consistently implemented and carried out daily, ensure smooth transitions and design activities to promote engagement. Staff will also give directions that are clear to each child one step at a time and have child to repeat to ensure he/she understands. They will also establish, practice, and reinforce clear rules, limits, and consequences for behavior daily, engage in ongoing monitoring and positive attention and use positive feedback and encouragement when children comply with established classroom rules and routines.
 - c. Implementing Social Emotional Teaching Strategies:
Systematic approaches to teaching social skills can have a preventive and remedial effect. Staff will interact with children to develop their self-esteem, show sensitivity to individual children’s needs, encourage autonomy, capitalize on the presence of typically developing peers, utilize effective environmental arrangements to encourage social interactions and use prompting and reinforcement of interactions effectively. Staff will provide instruction to aid in the development of social skills including friendship skills, model appropriate expressions and labeling of their own emotions and self- regulation throughout the course of the day. They will also create a planned approach for problem solving processes within the classroom by encouraging the child to come with solutions to problems which they have identified and promote children’s individualized emotional regulation which will enhance positive social interactions within the classroom. The plan (Pre-K MTSS Contract) developed will be implemented with teachers for the classroom and/or for a group of children or an individual child in collaboration with parents as appropriate.
 - d. Individualized, Intensive Interventions:
Assessment-based interventions that result in individualized behavior support will be utilized. The child will be taught the replacement skills identified in the intervention plan and program staff will communicate regularly with the multi-disciplinary team including parents. The Multidisciplinary team will monitor how well the plan is working and adjust as guided in consultation with licensed mental health consultant(s).
 - e. Providing support and training for teachers regarding classroom management, positive learning environments and strategies for children with challenging behaviors. Including but not limited to conscious discipline, seconds steps, and positive behavior intervention support (PBIS).
 - f. The program will contract with a mental health provider to provide services for staff, children and families in an effective and timely manner.

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- g. Site Coordinators will obtain parental consent for mental health services and observations at time of enrollment.
- h. The program will facilitate partnerships with available mental health agencies in the community as needed.

Mental Health Consultants

Monroe County School District Head Start Program will ensure that mental health consultants provide assistance to teachers to improve classroom management and teacher practices.

1. Mental health consultant(s) will provide documented classroom observations, consultations, mental health trainings and/or support services to staff, children and families to promote positive mental health and social and emotional functioning.
2. Mental health consultants(s) will work with teachers, students and families to implement strategies to limit suspension and prohibit expulsion.
3. Staff will follow the Mental Health Services Guidelines.
4. Staff will submit a Mental Health Referral along with the MTSS Pre-K Contract to the Health Manager. The Health manager will sign and approve as applicable and send for approval to the Ed. Manager, Family Service Manager and the Director. The Health Manager will then facilitate an observation with the mental health consultant.

*These procedures will be evaluated as part of Annual Grantee Self-Assessment.


Family support services for health, nutrition, and mental health 1302.46

Parent collaboration

1. Parents will review and sign the Acknowledgement of available health services upon enrollment.
 - a. The program will provide opportunities for parents to receive information, education and/or training on their choice of health, safety, mental health and nutrition related needs.
 - b. Nutrition workshops are conducted by the contracted Nutritionist/Registered Dietician and/or Health Manager annually in March designated as National Nutrition Month.
2. Parents are provided with list of medical/dental providers as well as insurance agencies and phone numbers upon enrollment.
 - a. Site coordinators and/or health manager assist parents as needed in accessing health insurance. Assistance from outside resources (as available in the community) is also provided with a one on one consultation and assistance in navigating and accessing health insurance via in person or telephone.
 - b. At enrollment, parents are informed of services provided during the program and sign a consent for services.


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Safety Practices 1302.47


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Monroe County School District Head Start program will establish, train staff, implement, and enforce a system of health and safety practices that ensure the children and staff are safe at all times.


1. The program will enforce a system of health and safety practices to ensure children are kept safe at all times by:
 - a. Providing staff training during pre-service and during the program year to include but not limited to safety training, safety and hygiene practices and procedures.
 - b. Site coordinators will conduct classroom visits/safety checklists monthly and send to Health Manager.
 - c. Health Manager will conduct health and safety practice observations 3 times during the program year.
2. The Health Manager along with the building official will conduct health and safety screeners within 45 days of the start of the program year and thereafter as applicable.
 - a. For any corrections needed, work orders will be placed and followed up on by the health manager in conjunction with the building official in a timely and efficient manner.
3. Facilities.
 - a. The program will ensure licensing requirements are met in accordance with 1302.21(d)(1) and 1302.23(d).
 - b. Teachers will conduct daily classroom and playground safety checks to ensure classroom and playground are clean and free of pests, pollutants, hazards, toxins and safety hazards to include but not limited to electrical, drowning, choking and strangulation hazards.
 - c. Cleaning supplies will be kept at the highest shelf in a locked cabinet at all times. Safety Data Sheets (SDS) will be readily available and kept with supplies.
 - d. Classrooms will be well lit and maintain emergency lighting.
 - e. Readily accessible and well stocked first aid kits will be available to staff in each classroom. Kits will be stored out of reach of the children.
 - i. Teaching staff will be responsible in monitoring the kits and will request additional supplies as needed from the Site Coordinator and/or Health Nurse.
 - ii. Teachers will be responsible for taking a first aid kit to the playground and on every trip out of the center.
 - f. Toileting area will be separate from areas of eating and activities.
4. Equipment and materials.
 - a. Teachers will assess equipment and materials daily and document on the classroom and playground safety checklist.
 - i. Any item(s) that are broken or is in unsafe working condition will be removed from the classroom and/or playground immediately; work orders will be placed by the teacher.
 - b. Teaching staff will clean and appropriately disinfect such items in classrooms daily.
 - c. Sleep/resting mats will be assigned to each child and cleaned weekly.
 - d. Indoor and outdoor play equipment will be age appropriate.
 - e. Classroom and playground design will ensure children are supervised at all times.
5. Background checks.

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- a. Upon hire, all staff will complete background checks in accordance with 1302.90(b).
6. Safety training.
- a. Staff with regular child contact. All staff will be trained in health, safety and child care requirements by the Health Manager during pre-service and/or no later than 3 months upon hire for any new employees. Ongoing training will be conducted by the Health Manager and/or administration. Training will include:
 - i. The prevention and control of infectious diseases. All staff receive training in blood borne pathogens upon hire.
 - ii. Staff will be trained on observation and daily health checks on each child promptly upon arrival to school and follow guidelines as applicable.
 - iii. Staff will comply with the Monroe County Health Department and Monroe County School District and Head Start Guideline related to contagious/communicable illnesses.
 - iv. Designated Head Start staff must be familiar with and comply with the procedures for administering medication.
 - v. Training on prevention and response due to food and allergic reactions.
 - vi. Facility safety, identification and protection from hazards, bodies of water and vehicular traffic.
 - vii. Prevention of child maltreatment.
 - viii. Training on emergency preparedness and procedures.
 - ix. Teachers shall post telephone numbers of emergency response systems, emergency evacuation routes, and have an emergency plan of action in each classroom.
 - x. Handling and storage of hazardous materials and disposal of such.
 - xi. The use of personal vehicle is prohibited.
 - xii. Staff will maintain cardiopulmonary resuscitation (CPR) and first aid certifications.
 1. At least 2 staff members at each site and one teaching staff member will be CPR and first aid certified in each classroom.
 2. Teachers must post certifications in classroom.
 3. Teachers shall post posters for choking and asthma in each classroom.
 - xiii. Training on recognition and reporting of child abuse and neglect.
 1. All Staff are **Mandated Reporters**.
 2. All staff will be provided DCF information and phone number.
 - a. By Telephone: 180096ABUSE (1-800-962-2873)
 - b. By Fax: 1-800-914-0004
 - c. By TDD: 1-800-453-5145
 - d. Web Reporting: <http://reportabuse.dcf.state.fl.us>
 - b. Staff without regular child contact.
 - i. Staff will be trained within 3 months of hire and have ongoing training as applicable on the emergency and disaster preparedness procedures of Head Start and the Monroe County School District.
7. Safety practices.
- a. Children will be kept safe while in the program by:

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- i. Completing required training from the Department of Children and Families for reporting of suspected or known child abuse and neglect within 3 months upon hire.
 - ii. Staff will utilize active supervision at all times. *See Education Subpart C.*
 1. Teaching staff will ensure that children are supervised at all times including, but not limited, during the following:
 - a. In the daily classroom routine
 - b. Transitions
 - c. Personal care activities
 - d. Outdoor activities
 - e. Rest time (children sleeping)
 - f. All field trips.
 - g. Emergency evacuation and emergency evacuation drills
 - iii. Staff will ensure that the child is signed in and out.
 - iv. A teaching staff member will count the number of children signed in and the number of children present in the classroom to ensure they are equal.
 - v. Teaching staff will use cellular phones during an emergency involving one or more children or one of the staff only during the site hours of operation.
 - vi. Teaching staff will not use cellular phones for personal use when supervising children during hours of operation.
 - vii. No child will be left alone at any time during the program day.
 - viii. Child will be released to an authorized adult only and must sign child out.
 1. Site coordinators will provide to each teacher a permission for Designated Pick-up form, this will include a family code word.
 - ix. All staff will follow standards of conduct described in 1302.90(c).
 1. All staff, consultants, contractors, and volunteers must not maltreat or endanger the health or safety of children, including at a minimum:
 - a. Use corporal punishment;
 - b. Use isolation to discipline a child;
 - c. Bind or tie a child to restrict movement or tape a child's mouth;
 - d. Use or withhold food as a punishment or reward;
 - e. Use toilet learning/training methods that punish, demean, or humiliate a child;
 - f. Use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child;
 - g. Physically abuse a child;
 - h. Use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or child's family; or,
 - i. Use physical activity or outdoor time as a punishment or reward.
8. Hygiene practices.
- a. All staff, volunteers and children will wash their hands with soap and running water for at least twenty (20) seconds (Happy birthday song or Twinkle, Twinkle Little Star song twice) anytime upon entering the classroom and during but not limited to the following times:
 - i. Before and after handling food and eating

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- ii. After toileting and/or helping a child use a toilet
 - iii. After handling body fluids (mucous, blood, vomit), after wiping noses, mouth and/or sores
 - iv. After cleaning and/or handling of garbage
 - v. After handling any animals
 - vi. After handling mouthed toys
 - vii. Playing with sand or other sensory table materials, on wooden play structure of outdoors
 - viii. Before and after giving medications
 - b. Handwashing signs will be posted at each sink in the classroom.
9. Administrative safety procedures.
- a. The program will follow the Florida School Health Administrative Guidelines and the Monroe County School Health Guidelines. Such guidelines include but are not limited to:
 - i. Medical and dental emergencies
 - ii. Non-emergency procedures
 - iii. Infection control
 - iv. Medication Administration procedures
 - v. Emergency preparedness
 - vi. Injury Reporting
 - vii. Inclusion and exclusion for when a child is ill or injured
 - viii. Appropriate reporting of contagious illnesses
 - b. The program will follow and practice the procedure and response to emergencies, fire prevention and response, and disaster preparedness plan set forth by the Monroe County School District.
 - c. Site coordinators to provide the emergency action plan to each teacher/classroom, to include but not limited to emergency information, phone numbers, lockdown procedures, evacuation procedures and routes for each facility.
 - d. Teachers shall post information in a prominent location in each classroom: Emergency Numbers, Fire response poster, dental emergency plan, tornado drill, mandated reporting hotline number, universal precautions, First aid and emergency medical care procedure.
 - e. The Site Coordinators at time of enrollment will complete the Emergency information and treatment authorization form with parent(s).
 - f. The program will develop and implement individualized health care plans (IHP) for students who have been diagnosed with a health condition that can impact his/her activities of daily living or participation in the program.
 - i. At the time of enrollment, if a parent reports to the Site Coordinator a diagnosis of a chronic or acute health condition, the Site Coordinator will inform the Health Manager of the health condition.
 - ii. The Health Manager will make contact with the parent to interview and gather pertinent health information. An Individualized Health Care Plan will be completed addressing the child's health care needs. Staff will include the Health Manager, Site Coordinator, teacher and school nurse as available. All parties will have a copy of IHP.

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- iii. The IHP will include the plan of action for such health condition and will be in a readily assessable location in the classroom.
- iv. For a child with food allergies, See procedure indicated on Child Nutrition 1302.44 Children with Special Diets (medical/religious).
- v. All health alerts will be indicated on the classroom information worksheet provided to the teachers by the Site Coordinator.
- vi. Safety Incidences will be reported in accordance with 1302.102(d)(1)(ii).

*These procedures will be evaluated as part of Annual Grantee Self-Assessment.