

ECDH 1 - Well Child Physical Exam Procedure (PS 1304.20 (a) 1 (i) Within 90 days of enrollment, each child shall have a physical exam.

1. At the time of application, families lacking a medical home will be referred to a private or community health physician at the local County Health Department. A referral will be made to the health network by either the Intake Worker or the Health Coordinator. At the time, parents will be given a physical exam form to be completed for their child.
2. Provide financial assistance to any parents who cannot afford the cost of the physical exam and do not qualify for Medicaid or other insurance coverage. The following process is used to ensure that all other avenues of funding are explored before using Head Start dollars. (PS 1304.20c5)
 - a. Refer parent to Health Department, CHIP program and or Medicaid office to apply for services.
 - b. Refer parents to the Leo Pocha Clinic, Cooperative Health Clinic or seek out the possibility of donated services.
 - c. Access Head Start monies when no other services are available.
 - d. Document this process in child's file.
3. Document information and file completed physical exam form when returned by parent/guardian, in child's file and enter information into ChildPlus system within two weeks of receiving information.
4. Health Coordinator will review health section of child's file prior to child's entry into the Head Start classroom.
5. All health information will be entered into ChildPlus system and reports will be run on an as needed basis.
6. If a family does not complete the physical exam, the family will be contacted per the On-Going Medical and Dental Follow-up procedure (ECDH #6).
7. Anemia screening procedures/criteria as set forth by the Health Services Advisory Committee.
8. Well-child physical exam will be done by a medical professional with risk for iron deficiency anemia, after nutritional risks have been assessed with parent(s)/guardian, and need for appropriate lab test (Hbg./Hct.) will be performed at that time. Any other lab work that is appropriate, as determined by the medical professional, will be completed at the same well-child exam. It is the HSAC recommendation that the medical professional be the determinant of needed laboratory tests for our children, in accordance with the published recommendations from the State EPSDT program of the Medicaid agency of the State of Montana, and the American Academy of Pediatrics. RMDC Head Start's physical form reflects this policy.
9. Our program Nutritionist will continue to assess "at risk" children as noted by the child's health care provider or by interviews done at screening. The Nutritionist will recommend any lab tests she feels our Head Start children need to establish or rule out any disease processes related to nutrition to medical professionals that are established with our children or give written information to the Health Coordinator, so that a medical home can be established and follow-up can begin.

ECDH 1 - Well Child Physical Exam Procedure (PS 1304.20 (a) 1 (i) continued

10. We work collaboratively with the State Supplement Nutrition Program for Women, Infants & Children (WIC), and will continue to share information that can help us give appropriate follow-up to our Head Start children, after necessary HIPAA forms are signed.

ECDH 2 - Well Child Dental Exam Procedure (PS 1304.20 (a) 1 (i) - Within 90 days of enrollment, each child shall have a dental exam with attached treatment plan if necessary.

1. At the time of application, families lacking a dental home will be referred to a local dentist, or local Cooperative Health to complete a dental exam on their child. A referral will be made to the dental network by either the Intake Worker or the Health Coordinator. At this time, parents will be given a dental exam form to be completed on their child.

2. Provide financial assistance to any parents who cannot afford the cost of the dental exam. The following process is used to ensure that all other avenues of funding are explored before using Head Start dollars. (PS 1304.20c5)

- a. Refer parents to Medicaid office to apply for services.
- b. Refer parents to the Cooperative Health Clinic or seek out the possibility of donated services.
- c. Access Head Start monies when no other services are available.
- d. Documentation of this will be in child's file.

3. Document information and file completed dental exam form when returned by parent/guardian, in child's file and enter information into ChildPlus system within two weeks.

4. Health Coordinator will review dental exam and treatment plan information on file for all children entering into Head Start classrooms.

5. All dental information will be entered into ChildPlus system and dental reports will be run on an as needed basis.

6. If a family does not complete the dental exam, the family will be contacted per the On-Going Medical and Dental Follow-up procedure (ECDH #6).

ECDH 3 – Immunizations - Conditional Attendance Procedure (PC 1304.20 (a) (1) (ii) – Rocky Mountain Development Council, Head Start, will comply with the State of Montana, immunization schedule. Upon enrollment, a State of Montana Certificate of Immunization will be placed in each child’s file. A Conditional Attendance form will be issued for children with non-current immunization status.

1. Intake workers will collect immunization information on each child at the time of application and place information on State of Montana Certification of Immunization form.
2. Health Coordinator will review and determine the status of each immunization record.
3. Health Coordinator will contact parents when their child’s immunization record is not complete.
4. A Montana Preschool /Day Care **CONDITIONAL ATTENDANCE FORM** will be given to and explained to parents who need to update their child’s immunization record.
5. As part of the Montana Conditional Attendance Form, an immunization schedule for completion of the required vaccinations will be established by a physician or health department. A copy of this will be brought to Head Start by the parent/guardian.
6. Send letters of non-compliance if date(s) of time schedule are not met, with an explanation of the need to suspend child if immunizations are not brought up to date within 10 days.
7. Record in health section of child’s file the dates immunizations are needed and dates immunizations are completed and input data utilizing ChildPlus software.
8. Have a State of Montana – Certificate of Immunization form on file for each child enrolled, and, in addition, have necessary immunization information on file for any child exempt for medical reasons.

Most RMDC Head Start classrooms are state-licensed sites. All rules and regulations regarding conditional attendance for licensed sites will be followed.

ECDH 4 - Health Screening Procedures (PS 1304.20 (b) (1) - Head Start shall provide a health screening for vision, hearing, speech, height and weight for each child enrolled.

1. Head Start will explain the Health screening process to parents and obtain parental/guardian permission to perform health screens on each child by signature on parent consent form at the time of intake. Parents will receive information on health screening results during and after the screening procedure, at home visits, and Parent/Teacher conferences and will be asked for their input during these times. Developmental screening results are addressed at home visits and Parent/Teacher conferences and parents will be asked for their input during these times.

2. Health screens on children in the program will be conducted within 45 days of enrollment; growth assessment in 90 days.

I. Growth Assessment

- a. A growth assessment will be conducted on each child within 90 days of enrollment and consist of a height and weight measurement.
- b. Information about growth will be graphed on the child.
- c. Document in ChildPlus and graph will be placed in child's file and notes of follow up on any identified problems.

II. Vision Screening

- a. A vision screening will be completed on all children within 45 days of enrollment.
- b. Each child will receive a vision screening for visual acuity with an approved screening tool during the health screening.
- c. All vision test results will be recorded in health section of child's file and/or in ChildPlus.
- d. Children with vision acuity problems will be referred for treatment/further testing and the referral information will be in the child's file and/or ChildPlus. Any need in the vision arena noted by the child's physician will be followed up on by the Health Coordinator and documented in ChildPlus.
- e. If the parent has no funds or is not Medicaid qualified, the Health Coordinator or Family Advocate will refer families to the appropriate agencies/organizations. If ineligible for services, the Health Coordinator will work with families to locate funds for treatment.

ECDH 4 - Health Screening Procedures (PS 1304.20 (b) (1) continued

Vision Screening (continued)

- f. If treatment is not obtained by the parent after being referred and funds have been provided for, additional follow-up by the Health Coordinator with the family will take place.
- g. Appropriate action to seek support for the family will take place if the situation becomes neglectful.

III. Hearing Screening

- a. A hearing screening will be completed on all children within 45 days of enrollment.
- b. All hearing test results will be recorded in health section of child's file and/or ChildPlus.
- c. Necessary referrals shall be made by the Health Coordinator after screenings are complete. Any need in the hearing arena noted by a child's physician will be followed up on and documented in ChildPlus by the Health Coordinator.
- d. If the parent has no funds or is not Medicaid qualified, the Health Coordinator will refer families to other appropriate agencies/organizations. If ineligible for services, the Health Coordinator will work with families to locate funds for treatment.
- e. If treatment is not obtained by the parent after being referred and funds have been provided for, additional follow up with the family by the Health Coordinator will take place.
- f. Appropriate action to seek support for the family will take place if the situation becomes neglectful.

IV. Speech and Language

- a. The speech and language screening tool is the Dial 3. Refer to Developmental and Behavioral Screening (ECDH #5).

V. Dietary

- a. A nutrition history will be completed and filed in the child's file.
- c. A nutritional intervention plan for identified health problems will be documented in the child's file.

ECDH 5 - Developmental Screening (PS 1304.20)

(a) Center-based DIAL-3 Screening at Start of Program Year

1. Head Start currently uses the DIAL-3 which screens in areas of motor, concepts, speech/language and behavior.
2. In May, ECDH staff orders DIAL-3 screening protocols for the following year.
3. Flyers explaining DIAL-3 screening are given to parents.
4. Screening dates and times will be given to families.
5. Screening teams conduct the DIAL-3 screening.
6. Special Services Coordinator completes the scoring of the protocols per the Dial-3 instructions and gives a copy of the protocol to the teacher who shares the information with parents.

(b) Center-based Speech/Language (S/L) Screening at Start of Program Year

1. Our collaborative agreements with School District #1 and PPC stipulate that LEA speech/language pathologists will assist Head Start with developmental screening in the area of speech/language.
2. At his/her discretion, the S/L therapist may choose to use a different screening instrument on children younger than 4 years old. The instrument needs to provide a pass, refer, re-screen outcome for record-keeping purposes.

(c) Townsend

1. The Head Start screening team will screen children in all areas in Townsend. If issues arise in the area of Speech/Language, the Prickly Pear Cooperative Speech Language therapist will be consulted.
2. Any children not screened during this time will be screened by the Special Services Coordinator and/or other members of the screening team.

(d) Whitehall

1. The Prickly Pear Staff, working in collaboration with the Head Start screening team, will complete the screening.
2. Any children not screened during this time will be screened by the Special Services Coordinator and/or other members of the screening team.

ECDH 6 - Medical and Dental Assessment and Follow-up (PS 1304.20 (c) (1) & (2)

Assessment and follow up on medical and dental needs of children will happen throughout the school year.

1. Health Coordinator will review health section of child's file prior to child entering the Head Start classroom.
2. Health Coordinator and/or Family Advocate will contact family with any medical and/or dental needs listed on exam forms. Health Coordinator and/or Family Advocates will assist families in securing any needed services.
3. Screenings will take place within 45 days of child entering Head Start. Referrals will be made as necessary.
4. Parents will have the opportunity to share information about their child when completing the Health History, during the intake process, teacher home visit, and contacts made by the Health Coordinator, Family Advocates, Teaching Teams and any other staff contacts.
5. Medical or dental emergencies beyond the scope of First Aid/CPR training will be referred to the Health Coordinator. Follow-up will occur as needed and be documented in ChildPlus by the Health Coordinator.
6. All health information will be entered into the ChildPlus system and health reports will be generated on an as needed basis by the Health Coordinator to see that all necessary treatment and follow-up takes place.
7. Health and dental issues and follow up will be discussed during staffings, parent/teacher conferences, home visits, and during individual contacts with parents/guardians on an as-needed basis.
7. Any medical or dental issues that surface during the IEP or IFSP will be dealt with during the IEP or IFSP process. Head Start will address follow-up on health concerns as appropriate.
9. If parents refuse to seek medical or dental treatment for their child, written documentation will be in child's file on a refusal form.
10. The following dental health program will be followed and it will be the routine for all enrolled children:

Goals:

- a. Encourage regular brushing, flossing, and dental check-ups.
- b. Encourage communication between Head Start families and dental providers about fluoride supplements.
- c. Inform dental and medical providers about fluoride supplement program.
- d. Provide Head Start parents with education on obtaining fluoride supplements.
- e. Promote fluoride supplements when indicated to Head Start children and their families.

ECDH 6 - Medical and Dental Assessment and Follow-up (PS 1304.20 (c) (1) & (2) continued

Implementation (Fluoride):

1. All dentists in our area serving Head Start children will be given information regarding Head Start's standards about fluoridation. As a reminder, it is written on each dental exam form given to the dentist at the time of exam. If the professional (dentist) feels that fluoridation is NOT possible, he is asked to document his beliefs and plan for the child regarding fluoridation and return that information to the Health Coordinator.
2. Dental education will be done on a regular basis.

ECDH 7 - Ongoing Developmental Assessment (PS 1304.20 (d))

Head Start will implement ongoing assessment procedures to identify and intervene in any new or recurring developmental concerns.

Ongoing Developmental/Behavioral Assessment

1. Intake team requests child development and behavioral information from parents during intake process (DIAL Parent Questionnaire, FNA).
2. Teachers request input from parents regarding child development and behavior at initial classroom visit and both parent/teacher conferences. Concerns/Goals will be noted in areas of social/emotional, cognitive, physical and language development. At the first Parent/Teacher Conference, an Individual Child Plan (ICP) will be created.
3. Teachers will be using the Individual Child Profiles from Creative Curriculum to follow each child's development. This information will also be used for obtaining outcomes data.
4. Throughout the year, several documentation procedures reflect ongoing developmental reporting and behavioral assessment including:

Home Visits	Twice yearly
Parent Teacher Conferences	Twice yearly
Staffing Reports	Twice yearly
Individual Child Profiles (ICP)	Three or four times yearly
Classroom Strategies	As needed
Assistance Teams	As needed
Transition Protocol	At year end
NRS	Twice yearly

- v. Ongoing assessment drives the development, review, and update of the Individual Child Plan.

ECDH 8 - Individual Child Plan (PS 1304.20 (f) (1)

Head Start will provide individualized activities to meet the needs specific to each child.

1. The Special Services Coordinator, Family Advocates and Teachers will gather identified concerns noted by parents on the Parent Questionnaire, parent information during the Intake process, parent information during the initial classroom visit, along with Dial 3 and health screening results to identify three or more target activities for each child's ICP.

- a. The parent/s and teacher will develop the ICP target activities during the first home visit conference.
- b. ICP activities will be tracked on each child on weekly lesson plans.
- c. As particular activities are mastered, this will be noted and a new target activity will be added to the ICP.
- d. ICP activities developed for children on IEP's will support the objectives of the IEP.
- e. ICP's will be developed for children who enter later in the school year.

ECDH 9 - Program Curriculum (PS 1304.21 (a))

Throughout the year, Creative Curriculum and the needs/interests of the children will guide activities provided.

1. Creative Curriculum will be used in all classrooms. During the year, parents will have the opportunity to learn more about this particular curriculum and how it is used in their child's Head Start experience.
2. The program curriculum will honor the cultural and ethnic diversity of children and their families.
3. The Talking about Touching curriculum will be used in all classrooms.
4. Good Talking Words curriculum is used in all classrooms.

Education and Early Childhood Management - Classroom Management - Overall management of the classroom includes the following tasks.

1. Education Services:

- a. RMDC, Inc. Head Start will provide a developmentally appropriate, comprehensive child development program that includes an organized series of experiences designed to meet the individual differences and needs of participating children. Parents will be an integral part of the Head Start experience.
- b. RMDC, Inc. Head Start will provide a social and emotional climate which enhances children's understanding of themselves as individuals, and in relationship to others, by providing for individual, small group and large group activities on a daily basis.
- c. Program activities will be designed to provide children with the opportunity for success.
- d. RMDC, Inc. Head Start will provide an environment of acceptance which helps each child build ethnic pride, develop a positive self-concept, enhance his/her individual strengths and develop abilities in social relationships.
- e. RMDC, Inc. Head Start values the concept of whole child development and provides planned activities that will stimulate and nurture the acquisition of skills and concepts. The Creative Curriculum Progress and Outcome Reporting will be used to help the program assess strengths and areas that need improvement.
 1. The development of intellectual skills will be promoted by encouraging children to solve problems, initiate activities, explore, experiment and learn by doing.
 2. The development of language skills will be promoted by providing ample time for children to talk, provide songs and stories and encourage free discussion. Extension activities to promote literacy will be found in the classroom.

3. The promotion of physical growth shall be encouraged through regular periods for physical activity, appropriate equipment available for large muscle and small muscle development and providing eye-hand coordination activities.

ECDH 9 - Program Curriculum (PS 1304.21 (a) continued

- f. Children shall be provided with a balanced program of staff directed and child initiated activities.
- g. Activities that include educational aspects of health, mental health, safety, nutrition etc. will be integrated into the classroom experience.

2. Pre-Service:

- a. During pre-service, the teachers will establish their classroom files for the children enrolled. Necessary data/supplies will be provided by the Head Start office.
- b. The Head Start office will provide the teacher with an Enrollment Form on each child in the classroom.

3. Visits with Families:

a. Initial Classroom Visit.

The purpose of the initial visit is to allow parents and children to meet with the classroom teaching team, explain Head Start in further detail to the family, share what takes place in a typical day in the classroom and answer any questions. In addition, the teaching team will take and explain the following information at the **Initial Visit:**

1. Enrollment form to update information (i.e., correct work phone number etc.).
2. Staggered entry information to review child's first day of Head Start.
3. Inkind Volunteer Book for training parents about recording volunteer hours and donations.
4. Ask if parent is interested in volunteering in the Head Start classroom.
5. Parent Handbook to review with parents and answer questions.
6. Program Curriculum.
7. Classroom guidelines and schedule (This is an opportune time to ask parents about their child and set the stage for a great partnership year).
8. Initial Classroom Visit Documentation form.

b. First Parent/Teacher Conference (home visit)

The purpose of this visit is to review screening (health and developmental) information and information from the Creative Curriculum Individual Child Profile. During this time, teachers will gather additional information from parents about their child and, together, they will develop an Individual Child Plan (ICP) with four target activities for the child to learn/master. Curriculum is discussed again.

c. Second Parent/Teacher Conference (at Head Start)

During this visit, teachers will review the ICP's developed at the previous home visit conference and discuss the progress seen at home and at school. The Creative Curriculum Individual Child Profile

ECDH 9 - Program Curriculum (PS 1304.21 (a) continued

information will be shared and the teacher and parents will again address four target activities for the child to learn/master. (If the child has mastered some/all of the previous activities, new ones will be developed.)

d. Final Visit (home visit)

The teaching team will take and explain the following information to the **Final Home Visit:**

1. Discuss the year in summary using the Child Progress and Planning Report.
2. Children returning to Head Start: Tell parents how and when to re-enroll their child.
3. Children entering School Districts: Have parent/s complete the Transition Checklist - review this Checklist with parents. Request parents to add any other pertinent information they wish to share with the school district in the appropriate box on the Transition Checklist.
4. Obtain **parent/guardian signature** on the following documents:
 - ***Transition Checklist**
 - ***Exchange of Information Form** (allows Head Start to share information with School District.)
 - ***Three Year Exchange of Information Form** (allows Head Start to track children thru 3rd grade).
5. Give parents their copy of the Exchange of Information allowing Head Start to track their child's progress through 3rd grade.
6. Make any necessary end of the year referrals.
7. Parents are given a copy of the Final Home Visit Form

Other Home Visits:

Teachers, Family Advocates etc. will make home visits as needed. Anyone making these additional home visits will document them on a regular documentation form or in ChildPlus, which will become a part of the child's file.

ECDH Staff:

The following information/documentation is to be taken on home visits:

1. Mileage Form - for local travel.
2. Documentation on child's progress.
3. Resource Book for referrals outside the program.
4. In-Kind book for donated time and space donation form.
5. List of children who need medical and/or dentals.

4. Documentation:

a. Classroom

1. With information obtained from the enrollment form, each teaching team will establish a method of maintaining individual classroom files for each child enrolled in their class.. Flexibility is allowed in the method chosen to respect individual preferences for maintaining information systems. Each system will

include updated monthly Child Plus class lists.

2. The system will be arranged for easy access by the teaching team.

ECDH 9 - Program Curriculum (PS 1304.21 (a) continued

3. The teaching team will maintain anecdotal notes and ICP's on all children.

4. Completed Incident Reports.

5. Completed Classroom Strategies documentation.

6. In Kind notebooks will track parent involvement.

b. Head Start Office

1. ChildPlus, a software program for Head Start programs, is the systemized approach to tracking information on each child and each family.

2. Along with ChildPlus, a hard copy file is maintained on children in the program. This hard copy file contains the following:

a. **Inside initial panel (Panel 1, side 1)** - initial application form, exchange of information, legal documents and full-day eligibility documentation.

b. **Panel 1, side 2** - Health information; health history, nutrition documents, immune record, medical and dental exam forms, medication information, health screening and Incident Reports.

c. **Panel 2, side 1** - Mental Health and Disability information; CST, IEP, 504 documentation, mental health documentation and referral forms and Special Services Coordinator observation notes.

d. **Panel 2, side 2** - Education information; Dial 3 screening,, Parent/Teacher Conferences w/ ICP target activities, staffing reports, Transition report, Creative Curriculum child profiles, Classroom Strategies and Aggressive Behavior documentation.

e. **Panel 3, side 1**, - Family Advocacy information; Parent Activities documentation, Behavior Checklist, Parent Interest Survey, Family Assessment and Parent Questionnaires.

f. **Panel 3, side 2** – General documentation from all areas of the program, Home Visit reports, Family Services documents, Family Partnership Agreements, family correspondence/contacts and Family Member information.

ECDH 9 - Program Curriculum (PS 1304.21 (a) 2) continued

TEACHERS MONTHLY REPORT SCHEDULE

September	Initial classroom visits Begin NRS
October	Completion NRS
November	Parent/Teacher Conferences (Home visits)
December	End of First Report Cycle for Creative Curriculum (December 1) Staffings
January	
February	Parent/Teacher Conferences (in classrooms) End of Second Report Cycle for Creative Curriculum (February 16) Begin Staffings
March	Complete Staffings
April	Returning 5 year old transition staffings (completed on Kindergarten age children when teachers are not sure if Kindergarten is the correct placement for the child)
May	Complete Home Visits and Home Visit documentation Complete transition paperwork/Visits with local elementary school personnel Complete NRS End of Third Report Cycle for Creative Curriculum May 18

ECDH 9 - Program Curriculum (PS 1304.21 (a) continued

6. Child Assessment:

The following procedures provide activities for ongoing observations, recording, and evaluation of each child's growth and development for the purpose of planning activities to meet the needs of each child in the Program.

- a. Lesson Plans: Teachers will develop lesson plans on a weekly basis using the Program Lesson Plan form. They will provide a daily program that is balanced and presents developmentally appropriate activities. Lesson plans will be posted in the classroom.
- b. Dial 3 Assessment: Screening team will assess all children in the Program using the Dial 3. The purpose is to identify suspected special needs and to provide additional information to the classroom teachers.
- c. Daily Observation: The teachers will write anecdotal notes on a daily basis or as needed and record information into the Creative Curriculum Individual Child Profiles..
- d. Staffings will occur twice each year. The staffing team will report on needs of child and family. The purpose of this process is to identify needs of the child and family and ways to meet these needs.

7. Ongoing Paperwork:

Throughout the School Year:

- a. Classroom Daily Schedule - posted in classroom.
- b. Weekly lesson plans – posted in classroom and filed in Head Start office.
- c. Classroom Strategies forms
- d. Incident Reports

Daily Paper Work:

- a. Report attendance/meal count
- b. Record CACFP delivery slips
- c. In Kind Volunteer sheets
- d. Anecdotal notes and observations
- e. Individual Child Profiles information
- f. Creative Curriculum Individual Child Profiles
- g. Change of Status forms
- h. Daily sign in sheets for all classrooms
- i. Child Plus 5440 Report

Weekly Paper Work:

- a. Completed lesson plans
- b. Attendance/Meal Count information turned into HS office

ECDH 9 - Program Curriculum (PS 1304.21 (a) continued

Monthly Paper Work:

- a. In-Kind sheets completed and ready to be collected by HS office
- b. Field Trip Request and notification to parents
- c. Parent Newsletter
- d. Reimbursement requests

Parent/Teacher Conferences:

- a. Ongoing: Conferences are to be held with parents whenever there is a need to meet. Documentation of the normally scheduled conferences will be on the specific Parent/Teacher Documentation form. Documentation of other parent/teacher conferences will be completed on the regular Documentation Form.
- b. Parent/Teacher Conferences will be held twice a year. Several forms are available to use:
 1. P/T Conference Notification form
 2. P/T Confirmation form
 3. P/T Reminder form
 4. Parent/Teacher Conference Forms
- c. All children on an IEP will have their year end IEP review in the Spring. A last home visit will not be required if the teacher is able to convey/complete all necessary H.S. information with the parent during the year end IEP review.

8. Classroom Telephone Use:

- a. Employees working in the classrooms are not to make or accept personal calls during work time except in emergencies.
- b. Teachers will ask parents to limit their calls to the classroom to times before and after children are in the classroom.
- c. Parents and Volunteers are not to make or accept telephone calls, except in the case of an emergency.

9. Field Trips:

- a. Bus and walking field trips will be planned to enrich the child's classroom experience with exposure to new and interesting activities and places, connecting to the lesson plan.
- b. The classroom teacher will notify parents and classroom supervisor prior to the field trip.
- c. Each classroom may have one field trip requiring bus transportation each month.
- d. Center staff are to request a field trip from the Transportation Specialist, completing the Field Trip Request form. Townsend and Whitehall will request approval of field trips one week prior to the trip date from Site Supervisor.

e. Requests will be made at least one week prior to the scheduled date.

ECDH 9 - Program Curriculum (PS 1304.21 (a) continued

f. In the event a field trip is canceled, it may be rescheduled.

g. Parents are given an opportunity to ride the bus for field trips. Parents may transport their own child in their own vehicle. Bus safety rules will be enforced at all times.

h. On the day of the field trip, the teacher will notify the HS office via the sign in/out board as to their destination and anticipated time of return. A note will also be posted on the classroom door. If the group is traveling in a HS bus, the bus driver will also notify the office via the radio of their departure from HS, their arrival at their destination and again when they are returning to HS.

i. The bus driver is required to accompany the classroom on all field trips and assist the teaching staff throughout the trip. At no time will the driver leave the staff and children to take the bus to another location for any reason.

j. The teaching staff is accountable for all of the children and should count the children frequently (at loading and unloading of the bus and throughout the field trip). A written list of children in attendance will be taken on the field trip.

k. Out of town field trips will require the approval of the HS Director.

l. For Dual Enrolled Children:

1. Insurance allows HS children to ride on Helena District #1 buses, and Preschool children to ride HS buses. Children from neither program may ride RMDC, Inc. agency buses, but must ride regulation buses.

2. Helena District #1 will provide harnesses, car seats and/or booster seats to secure preschool students in the bus seats as necessary.

3. Preschool staff will accompany preschool students on field trips, if necessary..

4. HS and preschool staff will discuss transportation needs and make arrangements on an individual case/activity basis.

ECDH 10 - Health Emergency Procedures, Classroom Postings and other Necessary Information
(PS 1304.22 (a))

The following health emergency procedures and other pertinent information will be available in all center-based programs.

1. All classroom and transportation staff will receive CPR training every year and First Aid training every other year. Policies and procedures to respond to medical emergencies will be addressed during this training.
2. The following items will be in view or posted in each classroom, visible to all staff and visitors:
 - a. First Aid Kits
 - b. Exit Signs
 - c. Emergency Care Poster
 - d. Fire Exit Plan and Diagram
 - e. Earthquake Policy
 - f. Building Evacuation Plan and Process
 - g. Directions for mixing Sanitizing Solution
 - h. Hand Washing Procedures (to be posted above sinks in bathrooms)
 - i. Daily Schedule for classroom
 - j. Weekly Lesson Plan
3. The following items/information will be located in each classroom and available to staff members:
 - a. Policy on Authorized Food Substitutions
 - b. Specific allergy sheet
 - c. Dental Emergency Procedures
 - d. Seizure Procedures
 - e. Universal Precautions Procedures
 - f. Child Abuse and Neglect Procedures
 - g. Yearly Head Start Calendar
 - h. Bus Lists
 - i. CACFP meal pattern
 - j. CACFP Reports and Meal pattern form
 - k. Justice For All Poster
 - l. Attendance Sheet
 - m. Menus
 - n. First Aid poster
4. The following items/information will be accessible to staff members and located near the telephone:
 - a. Emergency phone numbers, 911 and Poison Control numbers
 - b. Classroom addresses and phone numbers
 - c. Current/ updated family contact information, up-to-date lists of each child's physician or healthcare facility and dentist.
5. The Classroom Health and Safety Checklist will be completed as indicated on the Checklist Form. (see copy of forms following)
6. The Classroom Monitoring Checklist will be completed by Early Childhood Supervisors as indicated on the monitoring checklist form.

ECDH 10 - Health Emergency Procedures, Classroom Postings and other Necessary Information
(PS 1304.22 (a) continued)

6. The following parent information will be located in a designated area in or near each classroom:
 - a. Volunteer Book
 - b. Policy Council Minutes
 - c. Community Resource Book
 - d. Parent Handbook

ECDH 10 - Health Emergency Procedures, Classroom Postings and other Necessary Information
(PS 1304.22 (a) continued)

ROCKY MOUNTAIN DEVELOPMENT COUNCIL, INC.
HEAD START
FACILITY AND CLASSROOM MONITORING CHECKLIST
PROGRAM YEAR _____ CLASSROOM NUMBER _____

Instructions: Answer Y (Yes) or N (No), fill in Location. Monitor 4 times a year.

Item		September	January	April
Monitoring Date:				
Monitor's Name:				
Health & Safety Checklist	Location			
	Current			
Lesson Plans Posted	Location			
	Current			
Class Schedule Posted	Location			
Policy Council Minutes	Location			
	Current			
Parent Handbook	Location			
Community Resource Book	Location			
Volunteer/Inkind Book	Location			
Head Start Calendar	Location			
Attendance Sheet	Location			
Latest meal count circled on attendance sheet	Current			
Abuse/Neglect Procedure Posted	Location			
First Aid Kits Have All Necessary Supplies	Location			
Portable First Aid Kits Have All Necessary Supplies	Location			
First Aid Procedure Posted	Location			
Universal Precautions Posted	Location			
Seizure Procedure Posted	Location			
Dental Emergency Procedure Posted	Location			
Sanitizer Directions Posted	Location			
CACFP Meal Pattern Posted	Location			
Monthly Menu Posted	Location			
"And Justice for All" Poster	Location			
Food Substitution Policy Posted	Location			

Specific Allergies Posted	Location			
Bathrooms Separated from Cooking/Eating Area				
Children’s Rest Room Is Child and ADA Accessible with Working Equipment (Toilet, Faucets, Soap, Paper Towels)	Clean			
Classroom has Adequate Toilet Training Equipment (mats, cleaning wipes, sanitizing solution)				
Utility Sink/Special Bucket Available				
Potty Chair (if applicable) Cleaned Daily After Use and Separate from Cooking/Eating area	Cleaned Daily After Use			
Water Table Cleaned Daily				
Food Stored Safely/Clean Manner				
Classroom Garbage Cans are Covered When Not In Use	Location			
Unsafe items Kept in childproof place	Location			
Classroom is Free of Toxins (or materials That Would Emit Toxins in a Fire) or Other Hazardous Items Such as Plastic Bags.				
Medicine Box Locked	Location			
Classroom Exits Are Clearly marked				
Classroom Outlets are Covered				
Fire Drill/Earthquake sheet	Current			
CACFP Civil Rights Compliance Sheet	Location			

FACILITIES

	September	January	April

ECDH 11 - Promoting Dental Hygiene in the Classroom (PS 1304.23 (b) (3))

Brushing Teeth

All children attending HS will receive dental education from classroom staff and brush their teeth daily in the

classroom with adult supervision. Each toothbrush will be labeled with the child's name and be stored separately in a product that allows for air drying and maintains integrity from cross-contamination. The storage container should be cleansed according to supplier's recommendation.

A pea-sized portion of toothpaste will be distributed in a paper medicine cup and 'scooped off' by each child on his/her toothbrush. They will each brush their teeth with instruction and assistance, as needed, in a circular motion with a soft-bristled tooth brush. All teeth will be brushed, all surfaces and their tongues very last.

Toothbrush Contamination and Replenishment

At times, toothbrushes may become contaminated. If a child's brush comes into contact with another's, IT MUST BE DISCARDED.

Following daily use, each toothbrush needs to be thoroughly rinsed by an adult and placed in the storage container to be air-dried. Care must be taken to keep each toothbrush from touching the other toothbrushes.

If contamination occurs, the child or children's toothbrushes involved must be given new toothbrushes. Toothbrushes, for the frequency used in our HS classrooms, will be re-supplied to all children in the part year/part day program at the beginning of the school year (September) and again at the end-of-the-year break (January). For those attending our full day programs, new brushes will be supplied additionally at the beginning of their summer school program year. ADA recommendations are for replacing toothbrushes when they become contaminated, if soft bristles become 'splayed' (no longer standing up from brush, but starting to lay outside the base), and every three to four months.

Tooth brushing must always be a supervised activity. It is a daily health curriculum item, part of the integrated services we provide for our children. This important activity is educational and establishes life-long preventative care health habits.

ECDH 12 – Health Emergency Procedures (PS 1304.22 (a) (1)

Seizure Procedure

1. Stay with the child you have observed having a seizure. Have another adult keep the other children in a separate location. (Be discreet).
2. Remain calm. Protect the child seizing from harm by removing any items that are a possible obstruction near the sight of the seizure (convulsion). Loosen tight clothing, (i.e. belt, collar).
3. If at all possible, turn the child on his/her side and place a pillow or something soft under their head.
4. Do not attempt to restrain the child's movement in any way.
5. Vomiting may occur during a seizure. Positioning the child on his/her side will decrease chances of 'aspiration' if this would occur. **REMEMBER:** Universal Precautions are in effect.
6. Most seizures last seconds to a few minutes. Stay with the child and allow them to rest. Remember, stay **CALM** and **BE REASSURING**.
7. Notify the Health Coordinator as soon as possible and document the occurrence; follow the 'Incident Report' form instructions.
8. Follow your 'First Aid and Safety' training. If the child does not appear to be waking after seizure activity has ended or is having difficulty breathing, call 911. Begin CPR, after assessment, if situation warrants.

ECDH 13 – Health Emergency Procedures (PS 1304.22 (a) 1

Dental Emergency Procedures

AS WITH ANY EMERGENCY PROCEDURE, UNIVERSAL PRECAUTIONS ARE FOREMOST. Per Head Start Policy, an incident report must be completed for any of the following and routed as instructed on the form.

Knocked-Out Tooth: Hold the tooth by the crown, (the portion that rises above the gum), and rinse off the ‘root’ in water. Do not scrub it or remove any attached tissue fragments. If it is possible, gently insert and hold the tooth in its socket. If that is not possible, put the tooth in a cup of milk and call the parent to take the child and the tooth to the dentist.

Broken Tooth: Have child rinse their mouth with warm water to keep the area clean. Apply cold compresses on the face to aid in the reduction of swelling. Call parent and instruct them to take the child to the dentist immediately.

Bitten Tongue or Lip: Clean the area gently with a clean cloth and apply a cold compress on the area to keep swelling down. If bleeding is excessive or does not stop in a short period of time, call the parent and instruct them to take their child to the dentist or emergency room.

Objects Caught Between Teeth: Gently try to remove the object with dental floss. If that is not successful, call parent and instruct them to take their child to a dentist. DO NOT try to remove the object with a sharp or pointed instrument.

Toothaches: Rinse the mouth with warm water to cleanse. Use dental floss to remove any food that may be trapped between the teeth. DO NOT put aspirin or any medication on the aching tooth or gum tissue. Call parent and instruct for them to take the child to the dentist as soon as possible.

Possible Broken Jaw: Apply cold compress to control swelling. Call parent and instruct for them to take the child to the emergency room immediately or child dentist.

ECDH 14 - Short Term Exclusions and Prevention of Communicable Disease - (PS 1304.22 (b) (1)

Excluding a child from program participation will occur when:

The child does not feel well enough to participate comfortably in the usual activities of the program; the staff cannot care for the sick child without interfering with the care of the other children; or the child has any of the following that indicate a contagious disease or an immediate need for medical evaluation:

Fever and behavior changes or other signs or symptoms of illness as defined under State of Montana, Licensing Requirements for Child Care Centers, 37.95.139 DAY CARE FACILITIES, HEALTH CARE REQUIREMENTS. Also, as directed in the manual approved by the HSAC at their meeting of March 8, 2005 entitled "Managing Infectious Diseases in Child Care and Schools" produced by the American Academy of Pediatrics; Signs and Symptoms of a Possible Serious Condition, as listed below, or until the child is checked by a health professional who determines that the child may be in child care:

- *Specific temperature of 105 degrees F. or higher in any age child.
- *Appearing or acting very ill and showing signs of increased symptoms of illness.
- *Neck pain when the child's head is moved or touched.
- *A stiff neck or severe headache and appearing very sick.
- *A seizure for the first time.
- *Acting unusually confused.
- *Unequal pupils (black centers of eyes).
- *A blood-red or purple rash made up of pinhead-sized spots or bruises that are not associated with injury.
- *A rash of hives or welts that appears and spreads quickly.
- *Breathing so hard or so fast that the child cannot play, talk, cry or drink.
- *A severe stomachache that causes the child to double over and scream.
- *A stomachache without vomiting or diarrhea after a recent injury, blow to the abdomen, or fall.
- *Stools that are black or have blood mixed through them.
- *Not urinating at least once in eight hours, (Full Day), extreme dry mouth, no tears, signs of lack of adequate hydration (i.e., signs of dryness)..
- *Continuous clear drainage from the nose after a hard blow to the head.

Symptoms or conditions listed here require exclusion as potentially contagious illnesses until the child meets the criteria for re-admission:

- (a) Children must be without fever of 101 degrees F. orally, (corresponding with 102 degrees F. rectally, 101 degrees F. axillary, and aural thermometer (ear) 100.5 degrees F.) or greater for 24 hours before they return to the child care facility, except in immunization-related fevers, unless they too are unable to participate in the routine child care activities;

(b) Children must be without vomiting and diarrhea for 24 hours before they return to the child care setting; Vomiting includes two or more episodes in the previous 24 hours. Diarrhea is defined as an increased number of stools, increased water in the stool, and/or decreased form to the stool that cannot be contained by a diaper or clothing;

ECDH 14 - Short Term Exclusions and Prevention of Communicable Disease (PS 1304.22 (b) (1) continued

(c) Children with any of the bacterial infections listed below must be treated with antibiotics for 24 hours before they return to the child care center:

- i. Strep Throat;
- ii. Scarlet Fever;
- iii. Impetigo;
- iv. Bacterial Conjunctivitis (pinkeye); and
- v. Skin Infections such a draining burn or infected wounds;

(d) Generalized rashes, including those covering multiple parts of the body, must be evaluated by a health care provider to determine their cause before the child can return to the child care facility;

(e) Children with chicken pox may not be admitted to the child care facility until the rash is crusted over, which may be five to seven days;

(f) Children who are jaundiced must be excluded until a health care provider evaluates the cause and authorizes the child to return to the child care facility;

(g) Children with symptoms or signs of possible severe illness (unusual drowsiness, extreme fussiness, persistent or excessive crying, wheezing, uncontrolled coughing, difficulty breathing, unable to play at all, complaining of severe pain) must be evaluated by a health care provider before returning to the child care facility.

Prevention of Communicable Disease

If a child develops symptoms of illness while at the day care facility, the child needs to be isolated, as much as it is possible, from the other children in the room and the parent or guardian contacted and informed as soon as possible about the illness and parent or guardian must pick up the child. Each case of suspected communicable disease must be reported to the local health department as soon as possible.

When a child is absent, the child care facility must be given the reason so the interest and health of the other children may be properly protected. If a reportable communicable disease is suspected, the child care facility must inform the local health department. No child shall be re-admitted after an absence until the reason for the absence is established and there is assurance that the child's return will not harm that child or the other children. A list of reportable communicable disease will be easily accessible in the Health Coordinator's office.

ECDH 14 - Short Term Exclusions and Prevention of Communicable Disease (PS 1304.22 (b) (1) continued

The parent or guardian may provide the child care facility with a signed certification of health from a licensed physician except as noted below:

(a) If a child is excluded for shigellosis or salmonella, the child may not be readmitted until the child has no fever or episodes of diarrhea, the child's parent or guardian produces documentation that two stools, taken at least 24 hours apart are negative for shigellosis or salmonella, and the local health department authority has given written approval for the child to be readmitted to the child care facility.

(b) If a child is excluded for hepatitis A virus infection, the child shall remain excluded until either one week after onset of illness or jaundice, if symptoms are mild, or until immune globulin has been administered to appropriate children and staff in the child care facility as directed by the local health department authority.

The Health Coordinator will be informed of all health related absences of children and staff. The Health Coordinator will then be able to monitor the rate and type of illnesses at any given time.

- a. Daily attendance will be monitored by the teachers, and health related incidents will be reported in writing or by phone to the Health Coordinator.
- b. The Health Coordinator will contact the parents or guardian, if the absence is a 'reportable' communicable disease suspect or potentially contagious illnesses, as previously described.
- c. If there is any question regarding the child's return to class, the Health Coordinator will examine the child and make that determination.
- d. If the child becomes symptomatic while in the classroom, the teacher will contact the parent or guardian and request that the child be taken home.
- e. A child who is exhibiting symptoms as described in the 'Guidelines for Temporary Exclusion' may return to school after symptoms subside, or 24 hours after receiving medical evaluation/treatment and if indicated, with a written statement indicating permission to return by the health care provider according to the exclusion guidelines.

According to State Health Requirements, staff members with communicable diseases will NOT be allowed in the classroom. As with the children, a staff member that is symptomatic will NOT be allowed in the classroom. A staff member also may return to work when symptoms subside or 24 hours after receiving medical evaluation/treatment and if indicated, with a written statement indicating permission to return by their health care provider according to the exclusion guidelines.

Approved sanitizer will be used by all Head Start child care centers.

Table tops will be done prior and after each meal. Toys with non-porous surface should be disinfected on a weekly basis. Toys that are dishwasher safe should be disinfected more often as time allows.

ECDH 15 - Medication Storage, Administration of Medication and Staff Training for Administration of Medication (PS 1304.22 (c))

Administration

Staff trained by the Health Coordinator and parent(s)/guardians who have a child on medication may administer, handle and store medication as per our Head Start policy.

Training for medication administrators includes: agency medication policy, parent instructing with the Health Coordinator present and offering current medication information, reading labels, correct technique for administering medication, keeping records of administration, reporting errors and handling emergencies.

Before giving medication, staff checks the “Five Rights”: the right child, the right medication, the right dose, the right route (oral or inhaled) and the right time for administration. Staff washes hands before and after giving medication.

Signing the medication administration sheet must immediately follow the administration of medication. Any complication like spitting up the dose once given, or unusual side effects will also be noted. Medication errors are immediately reported to the Health Coordinator and an Incident Report is completed. Before field trips, staff assesses the medication need and plans are made for proper storage, administration, and transportation, if that is what is required.

Medication handling, administration, documentation and storage are monitored, and training updates are available.

Accepting Medications

Prescription medication requires the original container and prescription label, along with written instructions from the child’s health care provider. All medication labels should include the following information: name of child, health care provider, name of medication, date medication dispensed, dose, and how and when to administer.

Medication administration at Head Start requires written instruction from the physician and training of the staff administering the medication by the parent(s)/guardian with the Health Coordinator present.

Medication is accepted by the staff of the Head Start classroom only after appropriate medication administration training is completed by the staff with the parent instructing and the Health Coordinator supervising and relaying pertinent and current information regarding the specific medication. When medication is prescribed a child, if at all possible, that medication should be given by the parent(s)/guardian in the home setting.

If a parent(s)/guardian are administering medication to their child on-site, it is communicated to the Health Coordinator by a written note or phone call so that the Health Coordinator can instruct the staff on possible reactions or side effects to be aware of.

All medication is stored in locked box for medication storage in the classroom, as per policy. Medication for individual staff/volunteers must be stored in the box, if brought into the classroom, as per policy. Medication that needs to be refrigerated will be stored in locked container in refrigerator, clearly marked as containing medication.

ECDH 16 - Hand washing Procedure - (PS 1304.22 (e) 1 & 2)

Hand washing is the very first and best line of defense against infectious diseases. Hand washing is mandatory for all staff before and after the following activities. The staff is responsible to educate the children in good hand washing techniques and to follow through with the children so that they are also washing their hands before and after the following activities.

Before eating and handling any foods;
After toileting and/or diapering;
After coming in contact with any blood or body fluids (mucus or vomitus);
After wiping noses, mouths or breaks in skin;
After cleaning any classroom area;
Before and after dispensing medication;
After handling pets or other animals;
Before and after treating or bandaging a wound.

THE STOP DISEASE METHOD OF HAND WASHING

***Use SOAP and RUNNING WATER**

***RUB your hands vigorously for at least 15 to 30 seconds**

***WASH ALL SURFACES including:**

***back of hands**

***wrists**

***between fingers**

***under fingernails**

***RINSE well**

***DRY hands with a paper towel**

***Turn off the water using a PAPER TOWEL instead of bare hands**

ECDH 17 - Procedure for Handling Blood or Body Fluids (PS 1304.22 (e) 3 & 4)

Due to the variety of infections which can be present in blood or body fluids, it is necessary to take special precautions in these situations. These procedures should be followed with all children.

1. When handling any blood or body fluids (such as urine, stool, vomit or open skin lesions) the following guidelines should be observed.
 - A. Staff, volunteers, and children will be encouraged to wash hands as a routine. A 15 to 30 second washing with soap after handling body fluids is essential. Anyone coming in contact with blood or body fluids should wash the exposed skin immediately with soap and water.
 - B. Blood and body fluid spills should be routinely handled using disposable gloves.
 - C. Solid surfaces should be promptly cleaned with approved sanitizer.
 - D. Disposable towels or tissues should be used whenever possible and properly discarded.
 - E. Cleaning implements such as mop heads should be cleaned thoroughly after clearing a blood or body fluid spill. Implements should be cleaned with detergent in hot water of 160 F., rinsed, soaked in Envirocide solution, and rinse again.
 - F. Personnel should avoid exposure to open skin lesions or mucus membranes by using disposable or rubber gloves when involved in cleaning facilities in which blood or body fluid spills occur.
 - G. Any garbage containing blood or body fluids (bandages, soiled paper towels) should be placed in a plastic bag, securely fastened, and disposed of properly.
 - H. All incidents which result in the skin being broken must be reported using the Accident Report Form.
2. Under no circumstances should the urgent care of a bleeding child be delayed because gloves are not immediately available. Ensure that gloves are always available.

Procedure for Clean-Up of Bodily Fluids

This procedure is to be followed for the prevention of communicable diseases using Universal Precautions. Care and caution must be taken when cleaning up spills of all bodily fluids: blood, vomit, mucus, etc. to avoid the spread of communicable diseases to RMDC Head Start children/personnel involved in the spill and clean-up.

1. Apply vinyl gloves.
2. Wipe up spill, dispose of in double plastic bag and throw out in nearest receptacle. If blood is being disposed of, put in bag and double bag with OSHA red bag on outside.
3. If materials used for cleaning are totally saturated with blood, double bag with OSHA red bags and throw out in nearest garbage receptacle.
4. Clean and disinfect.
5. **IMPORTANT NOTE:** Essential for effective disinfection - 10 minutes contact time is necessary. Remove vinyl gloves and dispose of in garbage. If gloves are saturated with blood contaminates, put in OSHA red bag and discard in nearest garbage receptacle.

After 10 minutes contact time, apply new vinyl gloves, wipe off disinfected area with paper towels and dispose of all clean-up materials in garbage

Wash hands with soap and water.

This whole process is very important, not only to be in compliance with OSHA regulations, but also for the protection of children and staff, i.e. final wipe down must be done.

ECDH 18 – Universal Precautions (PS 1304.22 (e) 3 & 4

WASH YOUR HANDS. Hand washing is the single most effective measure you can take to prevent the spread of infectious diseases.

1. Wash at regular times during your workday: before eating, drinking or feeding, handling food or kitchen utensils, and before and after using the toilet or assisting others to toilet.
2. Wash your hands and other skin surfaces immediately after any contact with blood, body fluids and after removing protective gloves.
3. Wash vigorously for 15 to 30 seconds with soap and running water. Rinse well under running water. Dry hands thoroughly with a paper towel.
4. Use a waterless antiseptic hand cleaner if hand-washing facilities are not available.

WEAR DISPOSABLE WATERPROOF GLOVES. Wear gloves when giving first aid, cleaning blood, body fluids and body spills and handling contaminated clothes, trash and waste.

1. For each incident listed above, use a new pair of disposable gloves. Peel off and discard gloves, trying not to touch skin formerly covered by gloves and wash your hands thoroughly. Do not touch your mouth and/or eyes.
2. Do not attend to other's injuries if you have uncovered cuts, abrasions or non-intact skin conditions.

CLEAN AND DISINFECT CONTAMINATED SURFACES PROMPTLY.

1. Use an approved germicide or a disinfectant solution of 1:64. One part bleach to sixty four parts water. (1/4 cup bleach to 1 gallon water)
2. Use disposable towels or tissues to remove spilled material or another method that keeps your skin from touching the spill.
3. Glove yourself and rinse non-disposable items in the disinfectant.

FOLLOW WASTE DISPOSAL PROCEDURES. Know your building policy regarding the disposal of waste.

1. Handle all shared objects with extreme care. Avoid puncturing your skin.
2. Dispose of gloves, towels and trash appropriately.

RISK OF EXPOSURE

1. The greatest risk of exposure to HIV or HBV in the school setting is through direct contact with blood of an infected person.

ECDH 18 – Universal Precautions (PS 1304.22 (e) 3 & 4 continued)

EXPOSURE INCIDENT

1. An exposure incident is the direct contact of an individual's broken skin, mouth, eye or other mucous membrane with potentially infectious material.
2. Intact human skin is a natural barrier to infection. Neither HIV nor HBV passes through intact skin. Exposure occurs as a result of direct contact with blood or blood-contaminated body fluids and broken skin or mucous membranes.
3. Broken skin includes open wounds, cuts, scratches, punctures, chapped or scraped skin and human bites.

What should you do if you, a co-worker or student is involved in an exposure incident?

1. Immediately **wash the skin** area exposed to body fluids with soap and running water. If it is the eye or mouth, flush with water.
2. Report the incident to your supervisor immediately. Include the names of everyone directly involved in the incident.
3. Promptly **follow through with any medical referral** made by your supervisor or health/safety officer.

ECDH 19 Procedure for Care and Follow-up in Biting Incidents CPS 1304.22 (e) 3 & 4

Biting can be considered a severe act of aggression. Children, at this stage of development, will act out their frustrations, at times, by biting. If a child is bitten, please follow the procedure below:

- A.** All biting incidents, broken skin or no visible puncture wound, require an Incident Report be completed and routed as per policy. If, following the incident, assessment of the child who was bitten reveals broken skin or puncture wound, implement the following:
 1. Calm the child bitten and if bleeding is noted on the site, cover with a clean compress and hold moderate to firm pressure on bleeding site until bleeding is stopped (usually 1 to 2 minutes). Universal Precautions (gloves on, clean compress, etc.) are mandatory.
 2. When bleeding has stopped, apply ice to area, using soft, clean cloth or double thickness gauze between site and ice pack for approximately 10 minutes.
 3. Continue to assess site. Bruising is normal following incident.
 4. Apply bandage/dressing after above routine is followed.
 5. Assure child that he/she is NOT in danger.
 6. Inform parents.
 7. Complete Incident Report and route; notify Health Coordinator of incident as soon as possible.

- B.** If, following the incident, assessment of the child who was bitten reveals NO broken skin and/or NO puncture wound, implement the following:
 1. Calm the child.
 2. Apply an ice pack to the site, using a soft, clean cloth or double thickness gauze between area of bite and ice pack for approximately 5 – 10 minutes.
 3. Assess the site again. Bruising and redness are normal following this type of incident.
 4. Assure the child that he/she is NOT in danger.
 5. Inform parents.
 6. Complete incident form and route.

ECDH 20 - Procedure for mixing sanitizing solution (PS 1304.22 (e) 1 & 2

SANITIZING SOLUTION PROCEDURE

Classroom teachers may choose either procedure.

<u>ECDH 20 SANITIZING SOLUTION</u>	<u>BLEACH SANITIZING SOLUTION</u>
<p>Product name: SANIBET Generic Name: Quaternary Ammonia Sanitizer, Disinfectant, Deodorizer</p> <p><u>Storage and Handling Info:</u> Keep out of reach of children Keep container closed during storage. Change quart spray bottle when solution falls below 200 ppm.</p> <p><u>Where to Use:</u> Counters and tables Damp mopping Personal bath areas Wall washing Toys and classroom equipment. Water tables.</p> <p><u>Safety:</u> Avoid contact with eyes, in case of contact, immediately flush eyes and/or skin with plenty of water for at least 15 minutes. For eyes call a Doctor.</p> <p><u>Directions for Mixing:</u> 1. Fill a quart bottle with water and add a 1/8 teaspoon of Sanibet to achieve 200 ppm ratio. Shake well. Use quat (quaternary) test strips to determine ppm</p> <p><u>Directions for Use:</u> 1. Clean and rinse tables if dirty. 2. Spray completely with mixed solution 3. Leave on surface for at least 60 seconds. 4. Let air dry or wipe off if desired.</p>	<p><u>Storage and Handling Info:</u> Keep out of reach of children Keep container closed during storage.</p> <p><u>Where to Use:</u> Counters and tables Damp mopping Personal bath areas Wall washing Toys and classroom equipment. Water tables.</p> <p><u>Safety:</u> Avoid contact with eyes, in case of contact, immediately flush eyes and/or skin with plenty of water for at least 15 minutes. For eyes call a Doctor.</p> <p><u>Directions for Mixing</u> 1. Fill a quart bottle with cool water and add ½ teaspoon of bleach or use 1 tablespoon per gallon of water. 2. Change spray bottle daily.</p> <p><u>Directions for Use:</u> 1. Clean and rinse tables/area if dirty. 2. Let stand 2 minutes 3. Air dry</p> <p><u>Dishwashing procedure:</u> Wash in hot soapy water, rinse in cool water, leave dishes in bleach water for two minutes, remove from bleach and air dry</p>

The sanitizing solution, Sanibet, is the recommended sanitizing product being used by the Head Start child care center at this time. It must be mixed and used according to directions given above. It is to be used to clean table tops, toys and all other non-porous, contaminated surfaces. A bleach solution, mixed and used according to directions, is an acceptable form of sanitizing also.

Sanitizing of counter tops, chairs, basins, handrails will be done daily. Table tops will be done prior and after each meal. Toys with non-porous surface must be sanitized on a weekly basis. Toys that are dishwasher safe should be sanitized more often as time allows.

THIS INFORMATION IS TO BE POSTED IN EACH CLASSROOM.

ECDH 21 - Procedure for water table use and sanitizing (PS 1304.22 (e) 1 & 2

Water tables when left full for several days can become a source of contamination. Tap water is sufficiently treated for use in the water tables however this treatment is only adequate for 12 hours at room temperature.

- * The water table will be emptied at the end of each day.
- * After the water has been drained, the water table should be cleansed with an approved sanitizing solution as directed.

ECDH 22 - Diapering Procedure and Sanitizing of Mats- (PS 1304.22 (e) 5 Diapers are a major source of possible contamination and care should be taken when diapering a child to contain soiled diapers and their contents.

1. Have diapering mat and disposable sheets available and use for diapering if at all possible.
2. Put on vinyl gloves.
3. Cover diapering mat with disposable, single use sheets.
4. Remove soiled diaper from child.
5. Cleanse soiled area on child (i.e., diaper area)
6. Apply clean diaper to child.
7. Dispose of diaper and diapering mat cover in plastic bag. Place in trash receptacle
8. Remove and dispose of gloves.
9. WASH HANDS per hand washing policy.
10. Disinfect mat with sanitizing solution at end of day as needed.

ECDH 23 – Sanitizing of Potty Chair(s) Procedure – (PS 1304.22 (e) 6

Potties that are utilized in a center-based program must be emptied into the toilet and cleaned and disinfected after each use in a utility sink used for this purpose.

1. Apply vinyl gloves.
2. Carefully take potty chair bowl with waste contents to nearest toilet and flush all visible waste into toilet.
3. Take potty chair bowl into nearest utility closet.
4. Using approved sanitizer, thoroughly clean and disinfect potty chair bowl.
5. Return sanitized potty chair bowl to area where stored. Wipe down chair portion of potty chair with sanitizing solution and replace bowl on chair.
6. Remove gloves and discard in garbage can. Wash hands thoroughly with soap and water & dry hands.
7. In centers where utility sinks are not available, follow steps 1 and 2. Then using disinfecting solution in designated plastic bucket, thoroughly clean and disinfect potty chair bowl in restroom toilet stall area. Then, follow steps 5 through 6.

ECDH 24 - FIRST AID KITS (PS 1304.22 (f) (1)

First Aid kits that are well supplied for the Head Start population will be maintained in each facility to include Head Start buses.

1. First Aid Kits will be supplied with the following items:

Scissors	Thermometer
Gauze bandages 1" and 2" (1 each)	Adhesive Tape (1 roll 1")
Alcohol (10 - 12)	Tweezers
Band Aids (50)	Vaseline
Safety Pins (2 - 4)	Sterile bandages (10 of each of 4X4 and 2X2)
Gloves (4 pair - medium)	Absorbent Dressings (3 – 4 sanitary pads)
Mouth to Mouth Airway	Triangle bandage
Bio-Hazard Bag (red bag)	Eye cup
Scissors	Syrup of Ipecac
Tongue Depressors (10-12)	

2. First Aid Kits will be checked one time each month and checked off on the safety list when complete.

3. If items in Kit need to be restocked, the teacher checking the kit will contact the Health Coordinator to get necessary supplies.

4. Safety Checklist will be completed quarterly and turned into Site Supervisors at the conclusion of the school year.

5. Additional First Aid Equipment For Classroom and Bus:

- Body Fluid Clean up Kit
 - Vinyl gloves, size medium
 - absorbent powder to contain liquid
 - scraper or scoop to pick up powder (above)
 - disinfectant towelettes (3 - 4)
 - Disposable plastic bags (2)
 - 1 bag for clean up materials and gloves, 1 bag for double bagging procedure
 - instructions for cleaning up body fluids
 - Box of gloves appropriately sized for staff using them

6. Fanny Packs for Bus Aides and Teachers (to be used when on playground and on field trips).

Gloves (2 - 3 pairs of medium)	-Band Aids (10 - 15)
Kleenex	Absorbent dressings (1-2 sanitary pads)
Mouth to Mouth Airway	Small ziplock bags (4)
Disinfectant Towelettes (3 - 4)	Cold Compress (1)
Tweezers	Scissors – small
Poison Control telephone number	

ECDH 25 - Nutritional Services (PS 1304.23)

These procedures are used to implement a nutrition plan that addresses identified community needs as well as the needs of Head Start children and their families. Assistance in planning, implementing and evaluating of the Head Start nutrition program will be provided by parents and community health experts serving on the Health Services Advisory Committee and by the Head Start Policy Council.

1. From Community Assessment data, determine if community nutrition problems exist and, if possible, design nutrition area of the Head Start program to help meet these community needs if applicable.
2. Obtain nutrition assessment data to identify nutrition-related problems. This comes from the Health History completed by the parents; information from the initial intake interview; initial home visit information; physical exam results; and the health screening process at Head Start.
3. Diet history or food frequency questionnaire will be requested for children with identified nutrition-related problems.
4. Follow established protocols for identifying and treating nutrition-related problems.
5. Follow up care by referral to community public and private resources as needed.
6. Nutrition data will be entered into the ChildPlus system to enable Nutrition Coordinator to follow progress.
7. Head Start menus will meet the CACFP requirements and will be developed and approved by the Nutrition Coordinator (registered dietitian).
8. New foods will be introduced yet familiar foods will also be served that meet the quantity and quality of foods set by nutrition standards for menu planning. Meals will be high in nutrients, low in fat, sugar and salt.
9. Head Start will provide breakfast and lunch or lunch and snack for each part-day center-based child which meets one-third (1/3) of the daily nutritional needs. Breakfast, lunch, plus a snack for each full-day child will meet the required one-half (1/2) to two-thirds (2/3) of a child's daily nutritional needs.
10. Nutrition services will contribute to the development and socialization of the children through the following means;
 - a. Meal time will be a positive experience for children and seen as an integral part of the day. Food will be seen neither as a punishment or reward.
 - b. Meals will be served family style, allowing sufficient time for the children to eat.
 - c. Head Start staff and volunteers will be trained on their role in developing good food habits.
 - d. Children will have the opportunity to be involved in food-related activities in the classroom on an on-going basis.
 - e. Parents and staff will receive educational materials on developmentally appropriate feeding, the relationship of nutrition to health and food buying and preparation tips.
 - f. Head Start staff will use the Ellyn Satter Institute Division of Responsibility in Feeding. Parents and other care providers provide appropriate food and children are allowed to eat as much or as little of what their grownups provide.

ECDH 25 - Nutritional Services (PS 1304.23) continued

11. All food services used to supply meals to Head Start will show compliance with state and local food safety and sanitation laws on the following issues.

1. Food storage.
- ii. Preparation and service and holding of food.
- ii Health of food handlers.
- iv Use of licensed food vendor if required by state and local laws.

12. Needs of families for developing food preparation, budget management and nutritional skill building will be addressed by identifying and referring to community nutrition education programs and when possible, by Head Start activities.

13. Children who have identified allergies or food intolerance must have written documentation, signed by an appropriate health provider, in their file. It will also be noted on the CACFP Allergy Log. Nutrition Coordinator will work with Kitchen Staff to provide necessary substitutions. Policy on authorized food substitution will be posted in each classroom. Children with cultural, ethnical or personal food preferences will be accommodated whenever possible. Adaptations and accommodations will be made for children with disabilities.

ECDH 25 – Nutritional Services (PS 1304.23) continued

Screening, Assessment, Treatment and Follow-up for Nutrition-Related Health Problems for Head Start Children		
Timeline:	Responsibility:	Topic/Event/Item:
August - May	Intake Staff sees to it that parent/caretaker fill out forms correctly.	<ul style="list-style-type: none"> • Health Histories completed. Contains information on dental, nutritional & developmental problems. • Physical Exam Form completed by health professional. Space for nutrition & dental information, height and weight, hemoglobin • Family Assessment. Tells what services client is using or needs. (WIC, Food Stamps) • Special Diet Statement for Children is used to document food allergies & intolerances.
August - May	Registered Dietitian	<ul style="list-style-type: none"> • Health Screening Days in August & September. Measure and weigh each child in program. Plot growth grids using BMI percentile.. • As children enter, weigh, measure and plot on grid. • Children identified at risk for overweight and underweight are weighed at least one more time during the year.
August - May	Registered Dietitian	<ul style="list-style-type: none"> • Using information collected above, assess children for nutrition problems such as, but not limited to, overweight and underweight status, poor iron status, food allergies/intolerances, special foods or equipment needed, special medical condition or food needs related to religious or cultural preferences.

ECDH 25 – Nutritional Services (PS 1304.23) continued

August - May	Registered Dietitian	<ul style="list-style-type: none"> • Collect diet history information on children with identified nutritional problems.
August - May	Registered Dietitian	<ul style="list-style-type: none"> • Develop individual treatment plan for children with assessed nutrition problems. These plans may include provision of special foods, home visits, referrals to other agencies & health professionals, group or individual counseling, printed materials. Home Visit and Parent Teacher Conference information and talk with family regarding cultural diversity/needs in area of nutrition • Documentation in child's file.
August - May	Registered Dietitian Registered Nurse Education Staff Family Advocates	<ul style="list-style-type: none"> • Follow-up on treatment plan, make adjustments to plan, continue or discontinue plan. • Documentation in child's file.

ECDH 25 – Nutritional Services (PS 1304.23) continued

Nutrition Education For Children		
Timeline:	Responsibility:	Item/Event/Topic:
Daily	Classroom staff.	<ul style="list-style-type: none"> • Visit with child at mealtime about food properties, manners, social context, etc.
Several times a year	Registered Dietitian, Classroom Staff	<ul style="list-style-type: none"> • Opportunity provided for child to make his/her own snack or breakfast at most sites. Documented on menus.
Several times a year	Registered Dietitian Classroom Staff	<ul style="list-style-type: none"> • Special food/nutrition or physical activity event or project. See CACFP Nutrition Education Plan. Documented on Nutrition Education Form.
Special events throughout the year	Registered Dietitian and community helpers, other Head Start staff	Events such as Family Fun Day, Head Start Games, Walk to School Day, etc. which promote physical activity and nutrition education. Documented on Nutrition Education Form..
At least once a year	Classroom Staff	Food & nutrition activities provided in conjunction w/themes & activities taught in the classroom . Documented on lesson plans.

ECDH 25 – Nutritional Services (PS 1304.23) continued

Nutrition Education For Parents. Family Involvement In Nutrition Activities.		
Timeline:	Responsibility:	Item:
September to May	Registered Dietitian	<ul style="list-style-type: none"> • Solicit input on menu items & classroom activities with emphasis on cultural & heritage recipes/activities • Use questionnaires, This & That newsletter & back of menu for solicitation
October	All Head Start staff	<ul style="list-style-type: none"> • “Walking to School day”.
Spring	Registered Dietitian	<ul style="list-style-type: none"> • Solicit input on menu from P.C. Council members • Provide nutrition information to P.C. members
Monthly	Registered Dietitian Registered Nurse	<ul style="list-style-type: none"> • Promote “Walking Wednesday’s”.
Once a year.	Registered Dietitian	<ul style="list-style-type: none"> • “Take Home Project” for families and children around nutrition or physical activity topic.

ECDH 25 – Nutritional Services (PS 1304.23) continued

Nutrition Education For Staff & Volunteers		
Timeline:	Responsibility:	Item:
September	Registered Dietitian	<ul style="list-style-type: none">• CACFP training module, basic nutrition education training
Throughout year	Registered Dietitian	<ul style="list-style-type: none">• Maintains resource materials for teachers
Periodically	Registered Dietitian	<ul style="list-style-type: none">• Newsletter to staff on nutrition issues. Also monthly newsletter article to all RMDC staff.
At beginning of year	Registered Dietitian	<ul style="list-style-type: none">• Provide each classroom with a “My Child Can Cook Recipe Book.

ECDH 26 - Food Substitutions (PS 1304.23 (c) 6

For children that have documented allergies or intolerances to certain foods, the following substitutions will be made:

1. Lactose Intolerance (inadequate lactase available to digest milk sugars): For the milk component of the meal, fortified soy milk will be substituted unless the child has an allergy to soy. With approval from dietitian, calcium-fortified orange juice can be used in some cases. Also, lactose free milk will be authorized on an exceptional basis. Lactose intolerance varies in severity so some children may be able to eat yogurt, cottage cheese, and aged cheeses. Each child will be assessed according to lactose intolerance.
2. Milk allergy (allergic to the protein in milk): Substitute soy milk for milk. Usually these children cannot tolerate cheese, cottage cheese, yogurt or other dairy products. A substitution for these foods will be offered
3. Peanut and peanut product allergy: Peanut and peanut products, including peanut butter will not be served to anyone in the classroom. The dietitian and Kitchen Staff will make appropriate substitutions for the child and the classroom.
4. Tree nut allergy (walnuts, pecans, hazelnuts, almonds, pichtasios): These nuts will be eliminated these from the allergy child's diet and child's classroom. The dietitian and Kitchen Staff will make appropriate substitutions for the child and the classroom.
5. Fruit allergy (apple, apple products or any other type of fruit) allergy: Another fruit/100% fruit will be substituted for the fruit causing allergy to the child.
6. Avoidance of pork or ham for religious reasons. The Kitchen Manager will be informed of this need so they can make appropriate substitutions on the menu for these children.
7. Alternative menu. The Delivery Slip will indicate what changes need to be made for each child and will be updated as needed.

ECDH 27- Health Services Advisory Committee (PS 1304.23 (b) 4 and FCP (PS 1304.41 (b)

RMDC Head Start shall maintain a Health Services Advisory Committee (HSAC) whose purpose shall be advising in the planning, operation and evaluation of the health area of the program.

1. Health professionals shall be recruited using letters, personal visits and phone calls to explain Head Start's health policies. These professionals should be included from the medical, dental, mental health and nutrition fields. A one year commitment to the Advisory Council is requested.

2. At least two parents from currently enrolled children shall be recruited to join the Committee for one year by the second Policy Council meeting of the given school year. These parents shall have input in the health services program.
3. Head Start shall schedule two to three committee meetings during the program year. Head Start members who will attend these meetings include the ECDH Manager, the Health Coordinator, the Special Services/Disability Coordinator and the Registered Dietician.
4. The agenda will be set by the Health Coordinator and the ECDH Manager and an agenda of meetings to be held will be sent out prior to the HSAC meeting to all members
5. Minutes shall be taken at each meeting and mailed to each member. The HSAC information along with the recorded minutes will be maintained by the Health Coordinator.

ECDH 28 - Mental Health Procedures - Parent Involvement in Child's Mental Health - (PS 1304.24 (a) 1 (i)

Head Start assures parent involvement efforts in child's mental health and well-being.

(1) Parent Information regarding child's mental health

- g. Intake team requests child and family mental health information from parents during intake process (FNA). Screening Team gathers mental health information from parents using Parent Questionnaire.
- h. Teachers request input from parents regarding child development and behavior at initial classroom visit and both parent/teacher conferences. Concerns/goals will be noted on documentation forms.
- i. Home visits and parent teacher conferences include discussions about appropriate parental responses to child behavior issues, as well as how to strengthen the family environment.

(2) Parent involvement in any needed mental health interventions

- 1. Referral procedures assure parents are notified of their rights in regard to permission for referral and confidentiality.
- 2. Mental Health program development includes specific goals and objectives regarding parent involvement in child mental health services.
- 3. ECDH and FCP staff promotes parental understanding and knowledge regarding the need for parental involvement in any recommended mental health interventions.

ECDH 29 - Collaboration with Community Mental Health Providers (PS 1304.24 (a) 2)

(1) Child observation/consultation services

1. When resources are not available for on-site consultation and observation, it is incumbent upon the ECDH staff, particularly mental health staff, to identify and recruit appropriately credentialed professionals to provide this service on either a routine or as-needed basis.
2. All requests for observation and consultation require prior consent and Release of Information (ROI) from parents as defined in referral procedures (DIS3). (Release of information)
3. Therapists obtain prior consent from administrative staff prior to observing in the Head Start classroom. Requests are made through administration in order to assure appropriate ROI is in place.

(2) Program observation/consultation services

1. ECDH manager may request mental health training as needed to increase Head Start's capacity to work effectively with emotional/behavioral needs of children and families.
2. Parent training requests are identified through parent survey at beginning of year. Program and parent organization committees design parent education around identified needs.

(3) Promoting children's wellness

1. Head Start participates in the Montana Behavior Initiative program as a member of the Helena community serving children.

(4) Referring children/families for mental health services

1. Referrals for mental health services always involve either parent consent or request.
2. Children who are being considered for a mental health referral are tracked by Classroom Strategies documentation forms, A-Team minutes and other forms necessary in the process of referral.
3. Referral for outpatient therapy involves providing parents with names of therapists who have openings. While coordinating staff may contact outpatient mental health therapists on behalf of families, it is the parent's responsibility to contact the therapist for the initial appointment.

ECDH 30 - Protocol for Transitioning Children to Kindergarten

1. Spring dates will be set for transition meetings with principals, teachers, etc. from local elementary schools when completing the staff calendar. E-mail messages and telephone calls will be made to see that all elementary schools have been scheduled for transition meetings.
2. Teaching staff will send home kindergarten registration slips beginning in January or as soon as they are available.
3. Teachers will have kindergarten registration slips available during parent/teacher conferences for those families who have not yet registered their child.
4. Teachers are encouraged to contact local elementary schools for visits to kindergarten classrooms in the spring of each year.
5. Teachers will share information with parents at final home visits in May and have the parent sign appropriate documents that will be shared with their child's elementary school. They will also share transition packets with parents that include booklets and/or coloring books entitled, *Off to School*, *Starting School* and a third one entitled *Get Set for School*. The packet also contains crayons for each child.
6. If a child is on an IEP, the teacher will share appropriate classroom information with the elementary school, with parental permission.
7. If elementary school staff would like to observe a specific child in the Head Start classroom, they are to contact the ECDHS Manager.

ECDH 31 - Outcomes Data Procedure

1. All classrooms will use the *Creative Curriculum Individual Child Profile* for gathering data on each child in each classroom.
2. Data gathered reflects information according to the Domain Elements set forth by Congress (see attached sheet).
3. The 50 objectives listed on the *Creative Curriculum Individual Profile* will be observed in each classroom on each child and reflected in lesson plans one time during each report cycle. Continuous observation and assessment of objectives takes place each day in the classroom as well.
4. Three report cycles of Creative Curriculum data takes place within each classroom year. The report cycles are fall, winter and spring and vary slightly each year dependant on the yearly calendar. The end of these report cycles is listed on the staff calendar so teachers know when data will be collected. Data is then entered into the Child Plus system for review and analysis.
5. Teachers are given copies of Child Plus reports that list the performance and level for each child in their class on each of the 50 objectives. In this way, they are able to track the progress of each child at a glance.
6. Outcomes data is entered into Child Plus and reports are run according to age and number of years the child has attended Head Start. This data is compared with previous years' data to see if there are any significant areas that need to be addressed, supported or modified.
7. Data is first shared and analyzed with the Early Childhood Coordination team. This team determines whether any program action needs to be taken. The information is then shared with Leadership Team and classroom staff. Policy Council and the Board of Directors receive annual reports on Outcomes Data.
8. If significant Program changes are to take place because of outcomes data information, planning meetings will be held with education staff, administrative staff, Policy Council, parents and the Board of Directors. These groups will assist the program to determine what changes need to be made, how and when these changes will occur, who is responsible for the task, costs involved etc. Policy Council and the Board of Directors will have final approval of any significant Program change.

ECDH 32 Incorporating Information into the Classroom about Visits to the Doctor and Dentist

Following are numerous ways that classroom staff can increase children's knowledge of visits to the doctor and dentist. We address children's fears by increasing their knowledge through participation in various learning experiences in the classroom.

1. All classrooms complete the entire *Talking About Touching* curriculum. One lesson in this addresses visits to the doctor. There is also an auxiliary book called, *Going to the Doctor*, a Bernstein book that goes with this particular lesson.
2. Professionals visit the classroom to discuss the issue of visiting doctors and dentists. Dental hygienists, particularly, visit the Head Start classrooms each year. They read books to the children, visit with them about good dental care and talk about going to see the dentist.
3. Health themes are covered in depth as part of the weekly lesson plan by teaching staff. Dramatic play areas are created to serve as areas where children can explore and learn about the health field. Books are read to children about visiting the doctor and dentist
4. If a child shares any fears about a visit to the doctor or dentist, the teaching staff take the opportunity to visit with the child, share stories that address the specific needs of the child and give the child more information on what to expect.
5. We have purchased B.G. Roo, a zoo animal teaching aid, which provides support to our dental curriculum. B.G. Roo, a large plush toy, complete with audio, is available for use in any classroom and is a very innovative educational tool. His "puppet" ability makes brushing his very large teeth with an oversized tooth brush a fun activity. As a bonus, his teeth have flossing capability too.