



Office of Head Start Monitoring Protocol Child Health and Safety Guides

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Interviews

Health Services Coordinator—Interview

Family & Community Engagement Key Indicator #5—Community Partnerships

- ▶ Determine whether the program has established and maintained a Health Services Advisory Committee (HSAC). Ask the coordinator to describe the members of the HSAC and their roles and responsibilities, including citing HSAC documents for examples of how members support the development of Health policies and procedures. Determine whether the HSAC membership includes:
 - Head Start parents
 - Professionals
 - Other volunteers from the community

Child Health & Safety Key Indicator #1—Access to Health and Dental Care

- ▶ During your interview with the Health Coordinator, determine how the program ensures that children are kept up-to-date on a schedule of age-appropriate preventive and primary health care (including state EPSDT requirements). Is there a process used by the grantee throughout the year? What tasks are involved in this process? How frequently are the tasks carried out? Who is responsible for carrying them out?

For all children who are not up-to-date on the recommended schedule of preventive and primary health care, how does the program assist parents in making arrangements to bring their children up-to-date?

- ▶ This program has not been open for 90 days (or 30 days for programs operating shorter durations). Based on your file review and the information you gather from this interview question, assess whether the program has a system in place to ensure that health care determinations are made on time.

Interview the Health Coordinator to identify the program's process for ensuring determinations are made as to whether children are up-to-date on a schedule of age-appropriate preventive and primary health care (including state EPSDT requirements) within 90 days of program entry. Ask the Health Coordinator:

- What is the process the program uses to ensure all children have a determination (as to whether they are up-to-date on preventive and primary health care) within 90 days of entry into the program?
- What tasks are involved in this process? How frequently are the tasks carried out? Who is responsible for carrying them out?
- If the program determines that a child is not up-to-date, what steps does the grantee take? Who is responsible for taking these steps?

Note: Applies only to programs that have been in operation for less than 90 days at the time of the on-site review (or 30 days for programs operating shorter durations)



- ▶ With the Health Coordinator, review the program's policies and procedures regarding notifying parents in the event of an emergency. Ensure that the policies are adequate and that following the procedures would allow all parents to be contacted in a prompt and timely manner.

Ask the Health Coordinator to pull examples of documentation noting emergencies involving children. Look for how and when parents were notified of the emergencies.

Ask the Health Coordinator to describe the process used by staff to notify parents when they suspect children have health or developmental problems.

- ▶ Ask the Health Coordinator to describe the process the program uses to ensure that newborns and their mothers are visited within two weeks after birth health staff. Who from the program visits the newborn and mother?

Review files of new mothers who have given birth with the Health Coordinator. Look for documentation in the files indicating when visits occurred. Document any visits that occurred more than two weeks after delivery or did not occur at all. If visits occurred later than two weeks after birth or did not occur at all, document the reason they were late or did not occur, including whether the mother refused or delayed the visit.

Note: Applies only to programs serving pregnant women and new mothers.

Child Health & Safety Key Indicator #2—Screening and Referrals

- ▶ Ask the Health Coordinator about the program's screening procedures.
 - Have him or her describe with whom the program consults regarding the interpretation of screening findings.
 - How does the program's screening process include collecting information from multiple sources?
 - How does the program ensure that the screenings conducted are linguistically and age-appropriate and sensitive to each child's cultural background to the greatest extent possible?

Note: Grantee and delegate must obtain direct guidance from a mental or child development professional on how to use the findings to address identified needs.

- ▶ This program has not been open for 45 days (or 30 days for programs operating shorter durations). Based on your file review and the information you gather from this interview question, assess whether the program has a system in place to ensure that screenings are completed in a timely manner.

Interview the Health Coordinator to determine whether the program has a process for ensuring that all children receive the required screenings within 45 calendar days of their entry into the program.

- What process does the program use to ensure all children enrolled receive the required screenings within 45 days of entry?
- What tasks are involved in this process? How frequently are the tasks carried out? Who is responsible for carrying them out?
- If the program determines that a child has not received all required screenings, what steps does it take? Who is responsible for taking these steps?



Note: Applies only to programs that have been in operation for less than 45 days at the time of the on-site review (or 30 days for programs operating shorter durations)

Child Health & Safety Key Indicator #3—Safe Physical Environments

- ▶ With the Health Coordinator, review the program’s current policies and procedures regarding the labeling and storage of medications. Determine whether the written procedures include procedures for the labeling and storage of medications for children, staff and volunteers, under lock and key, and refrigerating if necessary.

Child Health & Safety Key Indicator #4—Healthy Practices and Routines

- ▶ Review the program’s policies and procedures regarding diaper changing with the Health Coordinator. Determine whether the sanitization and hygiene procedures for diapering protect the health and safety of children (e.g., changing areas are sanitized, soiled diapers are properly disposed of, both staff’s and children’s hands are washed).
- ▶ Determine how the program ensures that staff are informed (and trained as needed) on identifying and planning for needed accommodations. Ask for examples of how the program shared information with staff and parents and how the information helps staff accommodate individual needs. Ask the Health Coordinator to provide examples of some of the accommodations that were needed.
- ▶ Review the program’s policies and procedures regarding dental hygiene for all children with the Health Coordinator. Determine whether children are provided opportunities to brush their teeth or have their gums wiped at least once daily. Determine whether the children one year or older have their teeth brushed or gums wiped in conjunction with meals or feedings.



Disabilities Services Coordinator—Interview

Family & Community Engagement Key Indicator #3—Parents as Their Child’s Educators

- ▶ Determine how the program shares information with parents in a manner that supports them in becoming advocates for their children. Ask the coordinator to describe how the program:
 - Informs parents of their rights under IDEA
 - Engages parents in activities or communication aimed at building their self-confidence, skills, and knowledge in accessing resources
 - Informs parents regarding advocacy strategies aimed at ensuring that the special needs of their children are met

Note: Applies only to programs serving preschool-age children

Child Health & Safety Key Indicator #2—Screening and Referrals

- ▶ Ask the Disabilities Coordinator about his or her general involvement in the screening, assessment, and referral process for all children. Ask him or her to:
 - Describe his or her involvement in the screening process
 - Describe his or her involvement in the ongoing developmental assessment process
 - Describe his or her involvement in the referral process. What is your process for ensuring that referrals to the LEA or Part C agency are timely?
- ▶ If the Disabilities Coordinator made referrals to the LEA or Part C agency for specialized evaluation, ask him or her to explain how he or she ascertains the status of the referral.

Child Development & Education Key Indicator #3—Individualizing

- ▶ Ask program staff to describe:
 - How the program’s approach to Child Development and Education (CDE) is inclusive of all children with disabilities
 - How program staff modify the program and arrange for the provision of related services (as required in the IEP or IFSP) for all children with disabilities
 - The resources available to them to support goals and services included in the IEP/IFSP
 - How they collaborate with LEAs and Part C Agencies

- ▶ Describe how the Disabilities Coordinator works in collaboration with other program coordinators and program staff to ensure required services are provided to children with disabilities.

Based on your notes, indicate whether the Disabilities Coordinator does the following:

- Coordinates with ECD Coordinator to include information from ongoing developmental assessments for children with disabilities in diagnostic and program-planning activities
- Works with the Health Coordinator in the assessment process and follow-up process
- Works with the Mental Health Coordinator to help teachers identify children who show signs of problems



- Works with the Nutrition Coordinator and food-preparation staff to ensure that provisions to meet special needs are incorporated into the Nutrition program



Nutrition Services—Coordinator—Interview

Child Health & Safety Key Indicator #4—Healthy Practices and Routines

- ▶ Determine how the program:
 - Meets the nutritional needs and feeding requirements of all children (including current USDA recommendations)
 - Addresses special dietary needs/requirements
 - Accommodates the feeding and nutritional needs of children with disabilities
 - Considers cultural and ethnic preferences when creating menus
 - Serves a variety of food that broadens the children's food experience

- ▶ Determine how the program schedules meal and snack times and whether they are designed to support individual needs of children, including adjusting schedules where necessary (e.g., for a child who arrives late). How does the program ensure that infants are fed on demand to the extent possible or at appropriate intervals?



Bus Driver—Interview

Child Health & Safety Key Indicator #6—Transportation and Supervision

- ▶ Ask the bus driver(s) to describe the process in place to ensure that children are released only to parents or legal guardians, and if children are released to another individual, the parent or guardian has provided permission in writing. Ask them how they ensure the contact information and roster they have are current.

Ask the bus driver(s) to describe the process in place to ensure children are not left behind in a classroom or on a vehicle. Inquire whether a child has ever been left behind. If yes, document the details and follow-up actions that were taken.



Pregnant Women/New Mothers—Interview

Child Health & Safety Key Indicator #1—Access to Health and Dental Care

- ▶ Ask the pregnant women and new mothers how the program has helped them access comprehensive pre-natal and post-partum care that includes:
 - Early and continuing risk assessments
 - Health promotion and treatment
 - Mental health interventions and follow-ups (when needed)

Note: Applies only to program serving pregnant women and new mothers



Transportation Services Coordinator—Interview

Child Health & Safety Key Indicator #6—Transportation and Supervision

- ▶ Ask the Coordinator to describe the process for assigning bus monitors.
 - How many bus monitors are assigned to each route? What information is considered when making assignments?
 - How do bus monitors support the safe transportation for children with special needs? Are there times when more than one bus monitor is required? If yes, describe under what circumstances this might occur.

Note: Applies only to programs providing Transportation services

- ▶ With the Transportation Coordinator, review the program’s procedures regarding the release of children and emergency contact with parents and guardians. Where is this information kept? What process is in place to keep this information and the roster up-to-date?

Ask the Transportation Coordinator to discuss the procedures in place to ensure children are not left behind in a classroom or on a vehicle. Inquire whether a child has ever been left behind. If yes, document the details and follow-up actions that were taken.

- ▶ Review the program’s documentation of training for bus monitors, including topics and date(s) training was received, with the Transportation Coordinator. Training topics should include:
 - Child boarding-and-exiting procedures
 - Use of child restraint systems (Note, lap belts are not appropriate)
 - Required paperwork
 - Emergency and evacuation procedures
 - Use of special equipment
 - Child pick-up and release procedures
 - Pre- and post-trip vehicle checks

Confirm that bus monitors are not scheduled for duty until required training is completed. If this is not the case, ask the Transportation Coordinator to describe why this occurred and document the date(s) of the training and the date(s) bus monitors were scheduled.

Note: Applies only to programs providing Transportation services

- ▶ Ask the Transportation Coordinator to describe the training plan for staff employed to drive vehicles. Determine whether the training includes a combination of classroom and behind-the-wheel instruction sufficient to enable each driver to do all of the following:
 - Operate the vehicle in a safe and efficient manner
 - Safely run a fixed route, including loading and unloading children, stopping at railroad crossings, and performing other specialized driving maneuvers
 - Administer basic first aid in case of injury
 - Handle emergency situations, including vehicle evacuation procedures
 - Operate any special equipment, such as wheelchair lifts, assistive devices, or special occupant restraints



- Conduct routine maintenance and safety checks of the vehicle
- Maintain accurate records as necessary

With the Transportation Coordinator, review the program's documentation of training of staff employed to drive vehicles, including the training topics and the date(s) training was received.

- ▶ Ask the Transportation Coordinator when staff are scheduled to transport children relative to their training date(s). Confirm that staff are not scheduled to transport children until the required training is completed. If this is not the case, ask the Transportation Coordinator to describe why this occurred. Document the dates bus drivers began transporting children and the dates of their training.

Note: This question applies to both hired and contracted staff.

Note: Applies only to programs providing Transportation services



Observations

Child Health and Safety Center Based Classroom Observation

Child Health & Safety Key Indicator #3—Physical Environments

- ▶ Were provisions made to ensure the safety, comfort and participation of children with disabilities?
- ▶ Does the program provide sufficient equipment, toys, materials, and furniture (including diapers and wipes) to meet the needs and facilitate the participation of children and adults?
- ▶ Are toys, materials, and furniture age-appropriate, safe, and supportive of the abilities and developmental level of each child served, with adaptations, if necessary, for children with disabilities?
- ▶ Are emergency evacuation routes and other safety procedures (e.g., for fire- or weather-related emergencies) posted in the classroom?
- ▶ Is lighting sufficient and adequate for classroom activities?
- ▶ Is adequate emergency lighting available in the case of a power failure?
- ▶ Is there a fire extinguisher available and easily accessible and is there a service date on the fire extinguisher showing that it has been updated at least annually?
- ▶ Are an appropriate number of smoke detectors installed and is there documentation showing that the smoke detectors are tested regularly?
- ▶ Are exits clearly visible and evacuation routes clearly marked and posted so that the path to safety outside is unmistakable?
- ▶ Are medications labeled and stored under lock and key and refrigerated if necessary?
- ▶ Are electrical outlets that are accessible to children designed to prevent shock through the use of covers, installation of child-protection outlets, or the use of safety plugs?
- ▶ Are windows and glass doors constructed, adapted, and adjusted to prevent injury to children?
- ▶ Are toilets and hand washing facilities adequate, clean, in good repair, and easily reached by children?
- ▶ Are toileting and diapering areas separated from areas used for cooking, eating, and children's activities?
- ▶ Are garbage and trash stored in a safe and sanitary manner?
- ▶ Does the program ensure that sleeping arrangements for infants (e.g., cribs, playpens, bassinets) are free of soft bedding materials (e.g., soft mattress, pillows, stuffed animals, fluffy blankets, comforters)?

Note: Applies only to programs serving infants and toddlers

- ▶ Do all toys appear to be cleaned and sanitized?

Note: Applies only to programs serving infants and toddlers



- ▶ If available, review the toy-sanitizing schedule for the classroom. Is the schedule sufficient to ensure toys are sanitized regularly?

Note: Applies only to programs serving infants and toddlers

- ▶ Does the classroom provide at least 35 square feet of usable indoor space per child (excluding bathrooms, halls, kitchens, staff rooms, and storage space)?

Child Health & Safety Key Indicator #4—Healthy Practices and Routines

- ▶ Are facilities available for the proper storage and handling of breast milk and formula?

Note: Applies only to programs serving infants and toddlers

- ▶ If you observed any situation where hand washing was necessary, did volunteers, staff, and children wash their hands with soap and running water?
- ▶ If you observed staff coming in contact with spills of bodily fluids (e.g., urine, feces, blood, saliva, nasal discharge, eye discharge, or any fluid discharge), were nonporous (e.g., latex) gloves worn by staff? Also, was the spill cleaned up immediately and all exposed areas cleaned and sanitized?
- ▶ If you observed diapering during your observation, did staff practice proper sanitation and hygiene procedures for diapering?

Child Health & Safety Key Indicator #5—Group Size

- ▶ What is the predominant age of children in the class?
- ▶ How many children are present in the classroom?
- ▶ How many infants/toddlers are present in the group?
- ▶ How many teachers are present in the group?



Child Health and Safety Family Child Care Observation

Child Health & Safety Key Indicator #3—Physical Environments

- ▶ Does the program provide sufficient equipment, toys, materials, and furniture (including diapers and wipes) to meet the needs and facilitate the participation of children and adults?
 - ▶ Were provisions made to ensure the safety, comfort and participation of children with disabilities?
 - ▶ Are toys, materials, and furniture age-appropriate, safe, and supportive of the abilities and developmental level of each child served, with adaptations, if necessary, for children with disabilities?
 - ▶ Are functioning smoke and carbon monoxide detectors installed and properly located?
 - ▶ If the Family Child Care home has a basement, and local health officials recommend radon detectors, are radon detectors installed?
 - ▶ Is there a system of supervision in place that ensures the safety of children not within view for any period?
 - ▶ Does the provider ensure the safety of children when a body of water, road, or other potential hazard is present or when children are being transported?
 - ▶ Is there a fence to prevent children's unsupervised access to all water hazards, such as swimming pools or other bodies of water?
 - ▶ Did the provider secure health certificates for pets to document they have up-to-date immunizations and are free from conditions that may pose a threat to children's health?
 - ▶ Does the provider ensure that pets are managed appropriately to ensure children's safety at all times?
 - ▶ Are children safe from the potential hazards posed by appliances (stove, refrigerator, microwave, etc.), such as appliances with frayed wires, hot stoves, and refrigerator coils?
 - ▶ Are the premises free from pests?
 - ▶ If needed, are chemicals for controlling pests used while children are not on the premises?
 - ▶ Are firearms or other weapons inaccessible or kept in areas not occupied by children?
 - ▶ Does the provider ensure that alcohol and drugs are not consumed while children are present?
 - ▶ Does the provider ensure that alcohol and drugs are inaccessible to children at all times?
 - ▶ Are medications labeled and stored under lock and key and refrigerated if necessary?
 - ▶ Does the program ensure that sleeping arrangements for infants (e.g., cribs, playpens, bassinets) are free of soft bedding materials (e.g., soft mattress, pillows, stuffed animals, fluffy blankets, comforters)?
- Note: Applies only to programs serving infants and toddlers*
- ▶ Do all toys appear to be cleaned and sanitized?



Note: Applies only to programs serving infants and toddlers

- ▶ If available, review the toy-sanitizing schedule for the classroom. Is the schedule sufficient to ensure toys are sanitized regularly?

Note: Applies only to programs serving infants and toddlers

- ▶ Does the Family Child Care home have sufficient indoor and outdoor space that is usable by and available to children?
- ▶ Are outdoor play areas arranged to prevent children from leaving the premises and getting into unsafe and unsupervised areas?
- ▶ Did you observe any instances when children left an outdoor play area and were able to access unsafe or unsupervised areas or when children were exposed to vehicular traffic without supervision en route to play areas at one or more centers?

Child Health & Safety Key Indicator #4—Healthy Practices and Routines

- ▶ If you observed any situation where hand washing was necessary, did volunteers, staff, and children wash their hands with soap and running water?
- ▶ If you observed staff coming in contact with spills of bodily fluids (e.g., urine, feces, blood, saliva, nasal discharge, eye discharge, or any fluid discharge), were nonporous (e.g., latex) gloves worn by staff? Also, was the spill cleaned up immediately and all exposed areas cleaned and sanitized?
- ▶ If you observed diapering during your observation, did staff practice proper sanitation and hygiene procedures for diapering?
- ▶ Are facilities available for the proper storage and handling of breast milk and formula?

Note: Applies only to programs serving infants and toddlers

Child Health & Safety Key Indicator #5—Group Size

- ▶ What age does the FCC Provider serve?
- ▶ How many children are present in the group?
- ▶ Is there an assistant present?
- ▶ How many children under two years of age are present?
- ▶ How many children under 18 months of age are present?



Child Health and Safety Center Observation

Child Health & Safety Key Indicator #3—Physical Environments

- ▶ Is there a safe and effective heating and cooling system that is insulated to protect children and staff from potential injuries?
- ▶ Does the design of the playground and selection and layout of playground equipment and/or surfaces minimize the possibility of injury to children?
- ▶ Is all sewage and liquid waste disposed of properly?
- ▶ Is the center free of air pollutants, including smoke, lead, pesticides, and herbicides, as well as soil and water pollutants?
- ▶ If there is spraying of pesticides or herbicides, does the program ensure that no children are present during the spraying and that children do not return to the affected area until it is safe?
- ▶ Does the program maintain a smoke-free environment on center grounds?
- ▶ Does the center provide at least 75 square feet of usable outdoor space per child for each group using the playground?
- ▶ Are outdoor play areas arranged to prevent children from leaving the premises and getting into unsafe and unsupervised areas?
- ▶ Did you observe any instances when children left an outdoor play area and were able to access unsafe or unsupervised areas or when children were exposed to vehicular traffic without supervision en route to play areas at one or more centers?
- ▶ Were the sites' facilities, materials, and equipment well maintained and in good repair?
- ▶ Are indoor and outdoor premises cleaned daily and kept free of undesirable and hazardous materials and conditions?



Bus Inspection

Child Health & Safety Key Indicator #6—Transportation and Supervision

- ▶ Is the bus equipped with a two-way communication system?
- ▶ Is the bus equipped with safety equipment for use in an emergency, including a charged fire extinguisher that is properly mounted near the driver's seat and a sign indicating its location?
- ▶ Is the bus equipped with a first aid kit and a sign indicating its location?
- ▶ Is the bus equipped with a seat belt cutter for use in an emergency evacuation and a sign indicating its location?
- ▶ Is the bus equipped for use of height- and weight-appropriate child restraint systems?
- ▶ Is the bus equipped with a reverse beeper?



Document Reviews

Family Child Care—Document Review

Child Health & Safety Key Indicator #1—Access to Health and Dental Care

- ▶ Perform a document review to determine whether FCC Providers have contingency plans for emergencies or unplanned interruptions in service.

Health Policies—Document Review

Child Health & Safety Key Indicator #2—Screening and Referrals

- ▶ Perform a document review of the program's health screening procedures.

Do the screening procedures provide evidence that the program has a screening process that is linguistically and age-appropriate and is sensitive to each child's cultural background to the greatest extent possible? Do the procedures used ensure that information is collected from multiple sources (family members, teachers, and relevant staff)? Do the procedures describe the grantee's process for using guidance from mental health or child development professionals on how to use the findings to address identified needs?

Tracking System—Document Review

Child Health & Safety Key Indicator #1—Access to Health and Dental Care

- ▶ Review the program's health tracking system to ensure that it includes all of the necessary information for tracking the health care services provided (i.e., dates, types of screenings, assessments, referrals, results, and outcomes) and that the system is regularly updated. When reviewing the tracking system, determine whether it includes information on all required health services (medical, dental, mental health, and nutrition).

When reviewing the tracking system, confirm that the information in the system is accurate by comparing the data with the information contained in the child files.

Licensing Document—Document Review

Child Health & Safety Key Indicator #3—Safe Physical Environments

- ▶ Do state or local licensing requirements apply to any of this program's facilities?
- ▶ Review the licenses for all of the Head Start/Early Head Start facilities. Ask the program for a list of all facilities used and compare the list with the licensing documents.

Ensure that the program has a current license for all of its Head Start/Early Head Start facilities that are used for center-based, combination program option classroom activities, home-based group socialization activities, and Family Child Care. Make sure to indicate in your notes the number and types of settings without required licenses, as well as the names of the center(s), if applicable.



Summary

Child Health & Safety Summary

Management Systems Key Indicator #6—Strengths and Summaries

- ▶ Describe your overall impressions of the grantee's performance regarding Child Health and Safety services. Determine whether the program has effective systems in place to support the delivery of quality services to children and families and is in compliance with the Head Start Program Performance Standards and regulations. Describe any patterns you found, areas of strength, and areas in need of improvement. Remember to consult with other Reviewers (e.g., FCE and CDE Reviewers) about their findings, as appropriate.