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Southern Seven HS/EHS

Service Area: Health
Procedure: A Complete Physical Exam
References: DCFS Licensing Standards; Illinois EPSDT Guidelines; Head Start Performance Standards 1304.20(a)(1)(ii)

All children must have a complete physical exam on file before entry into the Head Start program. Physicals and hemoglobins/hematocrits cannot be older than 6 months from the date of the child’s entry. A child that is transferring from another day care may use their physical from that center as long as it is less than one year old. If a child drops during the school year and returns the next year, a new physical and hemoglobin/hematocrit is required. Due to the individuality of each family, requirements for entry are determined on a case by case basis and in accordance with the agency's DCFS Licensing Representative for those that meet the eligibility for the homeless category. If the family is being provided shelter by an agency we will work with that agency to secure documentation in a reasonable timeframe.

Physicals are required yearly for all children entered in the program. Exams must include the following information to be deemed complete:

- **Immunization Record** - This may be included on the physical form or separate copy or record. There must be evidence of DTP, IPV, MMR, HIB, Hep B and Varicella. *For Early Head Start children, immunizations are required according to the recommended childhood immunization schedule.*

- **TB Skin Test** - There must be evidence of at least one skin test OR a statement from the doctor stating that the child is “not at risk”, TB test is “not required”, or “not indicated”. If a TB test is done, a DATE and RESULT must be included. *Not required for children under age one.* If the physician marked TB Test is “not required”, or “not indicated” on the child’s physical but did not sign next to the box the child may come to school.

- **Hemoglobin or Hematocrit** - Date and RESULT must be included. Must not be older than 6 months from startup. If it is older than that, IT IS NOT VALID. If a child drops during the first year and returns the next year, a new hemoglobin is needed. *Required at 9 AND 12 months of age for those attending Early Head Start and/or within 6 months from the first day of entry.

- **Lead Screening** - Proof of screening is required for entry and must have been completed on or after 20 months of age. Results of the screening must be submitted once the results are available. EXEMPTIONS AND QUESTIONNAIRES ARE NOT ACCEPTED, ACTUAL SCREENING REQUIRED. *Required at 12 AND 24 months of age for those attending Early Head Start.*

- **B/P (Blood Pressure)** - Actual reading or a check beside “normal” unless physician specifically notes he/she was unable to obtain.

- **Signature and Date** - Must be signed by a **Physician, Physician Assistant, or Advanced Practice Nurse.**

- **Address and Phone Number of Clinic** - Must be written or stamped on the actual physical form.

- **Diabetes Screening** – The designated area of the physical form must be filled out at the time of the child’s physical exam. *Not required for children in the Early Head Start program.*

Hemoglobin/Hematocrit, TB Skin Test and Lead Screening are required at age one. Children should not transfer to toddler rooms before these screenings are completed.
The following people, and only these people, are permitted to validate physical examinations. They are listed in order of priority:

1. Health and Nutrition Specialist
2. Site Supervisor or Assistant Site Supervisor
3. Parent Coordinator or Home Based Advocate
4. Lead Teacher

Under no circumstance are the bus drivers permitted to accept a physical and pick up a child before they have been enrolled into the Head Start Program. Entry into the program is determined only after a complete physical and other pertinent information is remitted by the parents.

The person validating the physical should use the “received” stamp, date and initial in the upper right hand corner of the physical. Write a “C” and date in the upper right hand corner when a copy has been sent to the Health and Nutrition Specialist.
Southern Seven Head Start/Early Head Start
IDPH CERTIFICATE OF CHILD HEALTH EXAMINATION

Follow this link to view the form:


IDPH CERTIFICATE OF INFANT & TODDLER HEALTH EXAMINATION

Follow this link to view the form:

www.idph.state.il.us/pdf/infanthealth.pdf
Southern Seven HS/EHS

Service Area: Health
Procedure: Children Identified with Below Normal HGB/HCT
References: DCFS Licensing Standards; Illinois EPSDT Guidelines; DHS; Head Start Performance Standards 1304.20(a)(1)(iv)

1. The Health and Nutrition Specialist reviews all hemoglobin and hematocrit results from each child’s physical examination.
2. Infants identified with less than 11.0 HGB and 33% HCT and children age 2 or older with less than 11.2 HGB or less than 34% HCT will be sent a letter by the Health and Nutrition Specialist requesting that the parents seek follow up treatment.
3. The Health and Nutrition Specialist informs Parent Coordinator of the child’s iron deficiency by supplying a copy of the follow up letter sent to the family.
4. The Parent Coordinator identifies if the child is receiving WIC services.
5. If the child is not receiving WIC services or under the care of a physician, the family is informed that WIC provides nutrition counseling as part of the follow up process.
6. Follow-up is done by the Parent Coordinator and submitted to the Health and Nutrition Specialist with the monthly Follow-up Documentation Form. Follow-up is recorded in ChildPlus.net and filed at Central Office.

Service Area: Health
Procedure: Children Identified with Above Normal Blood Lead Levels
References: DCFS Licensing Standards; Illinois EPSDT Guidelines; IDPH; Head Start Performance Standards 1304.20(a)(1)(iv)

1. The Health and Nutrition Specialist reviews all blood lead results from the child’s physical examination.
2. Children identified with a blood lead result of 10 micrograms or more will be sent a letter by the Health and Nutrition Specialist requesting that the parents seek follow up treatment.
3. The Health and Nutrition Specialist informs the Parent Coordinator of the child’s above normal results. The Parent Coordinator identifies if the child is receiving WIC services.
4. If the child is not receiving WIC services or under the care of a physician, the family is informed that WIC provides nutrition counseling as part of the follow up process.
5. Follow-up is done by the Parent Coordinator and submitted to the Health and Nutrition Specialist with the monthly Follow-up Documentation Form. Follow-up is recorded in ChildPlus.net and filed at Central Office.
Southern Seven HS/EHS

Service Area: Health
Procedure: Child Immunization Review
References: DCFS Licensing Standards; Illinois EPSDT Guidelines; Head Start Performance Standards 1304.20(a)(1)(ii)(A)

Immunization review is completed by the Health and Nutrition Specialist and Parent Coordinator.
1. The Health and Nutrition Specialist monitors the immunization records through ChildPlus.net. If the child is “not up-to-date” on his/her immunizations, a monthly report is presented to the PC.
2. The Parent Coordinator assists parent(s) in arranging appointments for any needed immunizations.
3. All follow-up assistance is recorded on a Follow-up Documentation Form and submitted to the Health and Nutrition Specialist monthly. Follow-up is recorded in ChildPlus.net and filed at Central Office.

Service Area: Health
Procedure: Child Immunization Waiver
References: Head Start Performance Standards 1304.20(e)(5)

1. An Immunization Waiver must be signed by parent(s) refusing immunizations and/or tuberculin skin test for their child on religious or medical grounds.
2. Original form should be kept in the child’s center file and a copy retained in the child’s central office file.
Southern Seven Head Start/Early Head Start
IMMUNIZATION WAIVER

I, ________________________________, being the legal parent/guardian of

(Print Your Name)

_________________________________, do hereby claim exemption from

(Print Child’s Name)

immunizations and tuberculin skin test, for said child, on grounds of:

☐ Religious Beliefs  ☐ Existing Medical Conditions

______________________________  _______________________
Signature                Date
Service Area: Health
Procedure: Growth Assessments (Heights and Weights)
References: Head Start Performance Standards 1304.23(a)(1)

1. A growth assessment will be completed on all children entered into the program approximately no more than one week from the first day of attendance.

2. Education Staff will measure the children’s height and weight and record these measurements on the “Classroom Height and Weight Documentation Form”. Office Associates (or otherwise designated staff) will then input all heights and weights from their center into ChildPlus.net. Office Associates (or otherwise designated staff) will then print out a copy of the child’s growth assessment and put into the child’s center file.

3. If an infant is above the 98th or below the 5th percentile and if a child age 2 or older is above the 85th percentile or below the 5th percentile they will be followed up on by the Health and Nutrition Specialist.

4. A second growth assessment will be completed for all enrolled children during the first week of February (refer to the school calendar for specific date) and will be recorded the same way as listed in step 2.

5. A third growth assessment should be completed in June for full year children. The third assessment will be recorded the same as the first and second growth assessment.

6. Center staff should monitor second and third results to ensure that current readings do not conflict with prior results.

Service Area: Health
Procedure: Medical Home
References: Head Start Performance Standards 1304.20(a)(1)(i)

A medical home is defined as being a continuous, ongoing source of accessible medical care.

1. Child’s application will be reviewed by staff to see if parent indicated a medical home/family physician.

2. If family does not have a medical home/family physician, staff will educate them on the importance and provide guidance in establishing a medical home.

3. If family does not have medical home/family physician, a goal should be set within the Family Partnership agreement for this.

4. The Parent Coordinator should make establishing a medical home part of their monthly follow up and case note all information in the child’s file.
Southern Seven HS/EHS

Service Area: Health
Procedure: Hearing & Vision
References: DCFS Licensing Standards; Illinois EPSDT Guidelines; Head Start Performance Standards 1304.20(c)(4); 1304.20(a)(1)(iv)

Screenings
1. Hearing & Vision Screenings will be conducted by Illinois Department of Public Health Vision and Hearing Screening Technicians who are staff of Southern Seven Head Start.
2. Screenings must be completed within 45 calendar days from each child’s first attendance day.
3. The Health and Nutrition Specialist will schedule each center’s initial screening.
4. Prior to the initial screening date, the following should be completed at the center:
   a. Letter - A letter should be sent home by the center prior to the date of the screening.
   b. Conditioning Activities - Teachers are to include classroom activities that condition the children to the screening process.
5. At the time of the screening the technician will complete Hearing and Vision forms. These forms will be copied at central office and returned to the center. One copy will be distributed to the parent and the other will be filed in the child’s center file.

Referral/Follow Up
1. For those children who have Fail-Level 2, two consecutive attempts, a letter will be sent home explaining the screening process and the parent/guardian to seek a professional in the field (i.e. family physician or eye/ear specialist). Enclosed in the letter is a State of Illinois Public Health Form (Vision Examination Report or Treating Physician’s Report)
2. A referral consent form may be completed if parent wants Head Start to contact JAMP Audiologist.
3. A copy of each letter is placed in the child’s Center and Central office file.
4. For children that have received a Fail-Level 1, three times or more a referral will be made. The same process will be followed as if the child had Fail-Level 2 screening twice. However, in the parent letter there will be an explanation for the need for further testing due to the inability of the child to participate in the process of our screening.
5. For those children whose special needs may impact the hearing and vision screening the Special Needs Specialist will document that a professional in the field is monitoring the child.
6. A Fail-Level 1 screening means that the child did not understand the game or refused to participate. A Fail-Level 2 screening means that the child was unable to successfully pass the screening. Hearing and Vision Technicians are trained to see the difference between a child not understanding the screening and a child that needs to be referred. Technicians have the understanding to determine a child’s referral status on a case by case basis.

Reports
1. A ChildPlus.Net Report will be run monthly to determine the need for additional screenings. The Health and Nutrition Specialist will set-up necessary screenings through Head Start Hearing and Vision Technicians as an on-going basis.
2. An update is provided in the monthly report to the Head Start Administrator to be shared with Board of Health and Policy Council.
3. An update is provided to the Health Advisory Committee during its meetings throughout the year.
Southern Seven HS/EHS

Service Area: Health
Procedure: Infant/Toddler Hearing & Vision Screening
References: DCFS Licensing Standards; Illinois EPSDT Guidelines; Head Start Performance Standards - 1304.20(b)(1), 1304.20(c)(1)

1. Screenings will be conducted by classroom teachers or an adult the child is familiar and comfortable with.

2. Screenings must be completed within 45 days of each child’s first attendance day.

3. The teacher will show the child one of the Southern Seven vision screening cards and attempt to get the child to track the card 90 degrees to the right and the left. If the child does not track the card on the first attempt, the teacher should attempt this process with another of the cards. The child should have at least three attempts with three different cards. Begin with the card straight out in front of the child's face and end straight out from his/her shoulder. The shoulder is 90 degrees past midline. The teacher should note whether the child followed the object and how far.

4. The teacher will use a bell or tambourine to shake behind the child’s head on the left side and then on the right. The teacher should note whether the child turned toward the sound or not.

5. Observations should be noted on the Hearing and Vision Form.

6. If staff find any areas of concern for a child then the Infant/Toddler Hearing and Vision Equipment will be utilized.

7. These forms will be copied at the center and forwarded to the Central office. The information will be entered into the ChildPlus.net system and then filed into the child’s file at the central office. One copy will be distributed to the parent and the other will be filed in the child’s center file.

**HEARING & VISION SCREENING REPORT**

<table>
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<tr>
<th>Name:</th>
<th>DOB:</th>
<th>Location:</th>
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Date of Screening:  
- ☐ First Screen  
- ☐ Rescreen

### HEARING

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<th>☐ Audiometer</th>
<th>☐ OAE</th>
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<tr>
<td>LEFT Ear:</td>
<td>☐ Pass</td>
<td>☐ Fail-Level 1 (UTC)</td>
</tr>
<tr>
<td>RIGHT Ear:</td>
<td>☐ Pass</td>
<td>☐ Fail-Level 1 (UTC)</td>
</tr>
<tr>
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<td></td>
<td>☐ Rescreen</td>
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Comments:

Screening Technician:

### VISION

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<th>☐ HOTV</th>
<th>☐ Photo-Screener</th>
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<td>☐ Pass</td>
<td>☐ Fail-Level 1 (UTC)</td>
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<tr>
<td>RIGHT Eye:</td>
<td>☐ Pass</td>
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Comments:

Screening Technician:
Follow this link to view the form:

www.idph.state.il.us/pdf/DRform.pdf

IDPH VISION EXAMINATION REPORT

Follow this link to view the form:

Southern Seven HS/EHS

Service Area: Health
Procedure: 90 Day Dental Exam
References: Head Start Performance Standards - 1304.20(a)(1)(ii), 1304.20(e)(4)

Each Head Start Applicant that has been enrolled receives a form letter stating that a dental screening is required for all children within 90 days of their entry date. Parents are asked to sign a dental consent form during the entry process. Dental consents are sent out with the child’s acceptance letter. Each site needs to use their Center Tracking Form to track each child’s dental consent. The original Dental Consent Form shall be kept in the child’s Center File and a copy should be found in the second section of the Central Office File, even if the parent refused to sign. **Copies of each child’s Dental Consent Form should be sent to Central Office to be filed.** If the parent refused to sign, it should be noted on the consent form. The Parent Coordinator and the Health and Nutrition Specialist will review the consents to be sure they are completed and signed. The Parent Coordinator is responsible for obtaining the completed dental consents prior to dental visits.

1. Before start-up, the Health and Nutrition Specialist schedules local dentists and the Dental Safari Company for initial dental exams. Early Head Start and Home Based Children are invited and encouraged to attend the dental day with the Dental Safari Company at their center.
2. The Health and Nutrition Specialist will notify the Site Supervisor and Parent Coordinator of the scheduled initial dental exam dates.
3. Parent Coordinator or Site Supervisor will make a copy of the dental consent of each child to be screened. These copies will be presented to the dentist upon arrival at the center or dental office.
4. A dental day will be scheduled at the local dental offices or at dental offices outside of the region for those children entering after the initial dental exam day or for those that were absent for previous dental exams. Follow-Up for children who were absent on the dental day will be set up on an individual basis per site. Sites are encouraged to use local area dental offices for services, but this may not always be feasible.
5. If an additional dental clinic is necessary, the Parent Coordinator, Site Supervisor, or the Health and Nutrition Specialist will schedule.
6. As part of preventative treatment, Southern Seven Head Start will arrange fluoride treatments for each child.

If a dental visit is scheduled, in addition to the set monthly appointment, the procedure is as follows:

1. Parent Coordinator or Site Supervisor will notify the Health and Nutrition Specialist of scheduled dental visits.
2. Prior to the scheduled dental visit the Site Supervisor or Parent Coordinator will forward the following to the dental office:
   a. A list of the children expected to attend which includes each child’s name, date of birth, and insurance or medical card number.
   b. A copy of each child’s dental consent form.
3. Buses will be arranged by the Site Supervisor and will communicate bus usage to the Transportation Specialist prior to the day of the trip.
Southern Seven HS/EHS

Service Area: Health
Procedure: 90 Day Dental Exam for Last Pay Requirement
References: Head Start Performance Standards - 1304.20(c)(5)

1. During application process all families are asked to complete their medical insurance information.
2. If a family leaves this question blank the information is requested again by the center staff prior to the dental examination date. All Kids information is provided to the families and they are encouraged to complete necessary applications. This process is also completed in the Family Partnership Agreement.
3. For those children without medical insurance or a medical card, the names are checked against the Department of Human Services quarterly report. For those that qualify for medical card, the payment is made by that program.
4. For all children enrolled in an insurance program, verification of a dental plan is done prior to dental visits.
5. Those children not covered by a dental plan are paid by Southern Seven Head Start. Donations are requested by community agencies, businesses, and grant opportunities to offset these fees.
Southern Seven Head Start/Early Head Start
CONSENT FOR DENTAL EXAM

Head Start requires all children to have a dental exam each program year. This consent allows your child to have a dental exam completed by one of the following agencies. Please check the appropriate box below.

- Rural Health
- Community Health & Emergency Services
- Other: ______________________

<table>
<thead>
<tr>
<th>Patient’s Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Date of Birth</th>
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If Minor:

<table>
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<tr>
<th>Guardian</th>
<th>Patient’s Age</th>
<th>Sex</th>
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<tr>
<th>Patient’s Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>Social Security Number</th>
<th>Date of Last Dental Visit</th>
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<tr>
<th>Medical Card Recipient Number</th>
<th>AllKids/Family Care Card Recipient Number</th>
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<th>Name on Card</th>
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patient’s Physician

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Please list any conditions the patient has been treated for:

Is the patient allergic to any medications?  ☐ Yes  ☐ No  If yes, list medicines:

Does the patient have any other allergies?  ☐ Yes  ☐ No

Has the patient had a blood transfusion?  ☐ Yes  ☐ No

Has the patient had a reaction to anesthetic like “Novocain”?  ☐ Yes  ☐ No

Has the patient had any serious illness or been hospitalized within the last 5 years?  ☐ Yes  ☐ No

If yes, please specify:

List any medications the patient is currently taking:

The undersigned consents to administration of dental examinations, treatment, and all other related care to (child’s name) ______________________ that may be ordered by dentists of the Rural Health or Community Health and Emergency Services, Inc. I authorize ☐ Rural Health, ☐ Community Health and Emergency Services, Inc. or ☐ Other: ______________________ to release dental records to Southern Seven Head Start/Early Head Start. This consent shall remain in effect for two (2) years regardless of the number of visits, unless the undersigned gives written revocation of this consent. In addition, I hereby certify that all the above statements are, to the best of my knowledge, true.

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<th>Signature</th>
<th>Relationship</th>
<th>Date</th>
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Comments:
Southern Seven Head Start/Early Head Start
IDPH PROOF OF SCHOOL DENTAL EXAMINATION FORM

Follow this link to view the form:

www.idph.state.il.us/HealthWellness/oralhlth/DentalExamProof10.pdf
## Southern Seven Head Start/Early Head Start

### DENTAL OBSERVATION FORM

Name:________________________  DOB:__________________  Center:________________

<table>
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<th>Letter of tooth</th>
<th>Comments</th>
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### Primary or Baby Teeth

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<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
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***Teeth circled in red indicate signs of decay.***

Staff Signature:________________________  Date:________________________

Revised: 06/16, rm
Southern Seven HS/EHS

Service Area: Health
Procedure: Early Head Start Dental Screenings
References: Head Start Performance Standards - 1304.20(a)(1)(ii)

1. Consent to complete dental screenings is obtained from the parents through the application process.

2. Early Head Start Teachers and Home Based Advocate’s will complete dental observation forms within 45 days of entry.

3. Health Services Advisory Committee recommends that children under 2 years of age receive a dental screening every 6 months, as per EPSDT guidelines.

4. It is necessary for staff to indicate if any signs of decay are visible. Those children with visible decay will be referred to a dental provider.

5. The results of the dental observation will be shared with parents during home visits and family staff conferences.

6. A copy of the Early Head Start Dental Observation Form will be sent to the Health and Nutrition Specialist. The original copy will be kept in the child’s center file.

7. Refer to Health Follow-Up Documentation Procedures if a need for follow up is indicated.
Southern Seven HS/EHS

Service Area: Health
Procedure: Health Follow-Up Documentation
References: Head Start Performance Standards - 1304.20(c)(1), 1304.20(d), 1304.20(e)(5)

1. The Health and Nutrition Specialist will monitor all health screenings/exams and indicate follow-up needs.

2. All results will be entered into ChildPlus.Net, identifying those needing follow up services.

3. Once the need for follow-up is identified, a letter is sent home to parents indicating the need, offering assistance, and listing providers who accept the medical card. A copy of the letter is kept for central office files and one is sent to the center.

4. Parent Coordinator, Home Base Advocate, or Site Supervisor will record the parent contact for follow-up. The following is information that should be included on this form:
   a. Details of the conversation
   b. Plan of action to obtain services
   c. Education provided to the parents about health needs

5. Health follow-up will be completed on the Follow-up Documentation Form. It is due to the Health and Nutrition Specialist monthly.

6. The Health and Nutrition Specialist will determine from the monthly documentation provided by the Parent Coordinator’s if follow up information will be classified as “educational follow up” or “medical follow up” and percentages will be calculated accordingly. Educational follow up will be items such as heights/weights and diabetes screenings. Medical follow up will be items such as blood lead, hemoglobin/hematocrit, dental, hearing, and vision.

7. Prior to the designated time for Home Visits and Family/Staff Conferences, the Parent Coordinator and the Site Supervisor will meet to determine which children are in the follow up process or need follow up services. The Parent Coordinator will take the list of needs and fill out the health portion of the Home Visit Family/Staff Conference form. The Parent Coordinator will attach brochures, information sheets, and any other forms that will correspond with each child’s follow up need to the Home Visit Family/Staff Conference form. The Parent Coordinator will arrange a time to meet with each teacher, prior to them meeting with the parents, to go over the health information. The family can also be referred to the Parent Coordinator, Site Supervisor, or Health and Nutrition Specialist for clarification or for more information. After the visit the teacher and Parent Coordinator will meet again to go over what was discussed with the family. The Parent Coordinator will fill out the Follow-Up Documentation form as part of the regular follow up process and submit to the Health and Nutrition Specialist.

8. A copy of the Follow-up Documentation will be sent to the Health and Nutrition Specialist and the original form will be kept in the center file. Follow up contacts will be made to the family; at least, monthly until follow up treatment is complete.
9. If the child has completed follow-up treatment, regular Parent Coordinator contact regarding follow-up is no longer necessary. Documentation must be found in the child’s file and a copy forwarded to the Health and Nutrition Specialist.

10. Monthly status reports will be given to the Parent Coordinator and his/her supervisor to inform him/her of progress or needs by the Health and Nutrition Specialist.

11. The Health and Nutrition Specialist, during monitoring each child’s follow up process, may determine that the family may not want treatment for their child. At this time, the Health and Nutrition Specialist will arrange a home visit with the family. During the home visit, each months follow up will be gone over and education on the importance of treatment will be given to the family. If the family is not interested, the Health and Nutrition Specialist will present them with a refusal letter to be read and signed. This letter will indicate how follow up was attempted and the family has chosen to refuse treatment or any help in obtaining treatment. Regular monthly follow up will no longer be necessary once the letter has been signed.
## Southern Seven Head Start/Early Head Start
### Follow-Up Documentation Form

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>Center:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason For Follow-Up:</td>
<td></td>
</tr>
<tr>
<td>□ Dental</td>
<td>□ Blood Lead</td>
</tr>
<tr>
<td>□ Hearing</td>
<td>□ Vision</td>
</tr>
<tr>
<td>□ ERSEA</td>
<td>□ Hematocrit/Hemoglobin</td>
</tr>
<tr>
<td>□ Other:</td>
<td>□ Mental Health</td>
</tr>
<tr>
<td>□ Heights &amp; Weights</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact #:</th>
<th>Date:</th>
<th>By:</th>
<th>□ Phone</th>
<th>□ Letter</th>
<th>□ Personal Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Result:</td>
<td>□ Needs Appointment/N</td>
<td>□ In Treatment Process/I</td>
<td>□ Follow-Up Complete/T</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Response:

Staff Signature:

<table>
<thead>
<tr>
<th>Contact #:</th>
<th>Date:</th>
<th>By:</th>
<th>□ Phone</th>
<th>□ Letter</th>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Response:

Staff Signature:

<table>
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<th>□ Phone</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Result:</td>
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<td>□ In Treatment Process/I</td>
<td>□ Follow-Up Complete/T</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Response:

Staff Signature:
Southern Seven Head Start/Early Head Start
HEALTH SERVICES WAIVER

I, ________________________________, being the legal parent/guardian of
(Print Your Name)
________________________________, choose to decline treatment that has been
(Print Child's Name)
recommended for my child.

The follow-up service that I wish to waiver is:

☐ Dental
☐ Vision
☐ Hearing

I have been informed of the importance of this service and that additional health
conditions could arise as a consequence if the treatment is refused.

_____________________________  ________________
Signature                        Date
Southern Seven HS/EHS

Service Area: Health
Procedure: Daily Health Check
References: DCFS Licensing Standards; Head Start Performance Standards - 1304.22(a)

A daily health check needs to be done as staff greets each child and parent (in cases when parent is with child upon arrival). It usually takes less than a minute. However, the child will receive continued observation by the teacher throughout the day.

1. **Listen:** Greet the child. Ask the child, “How are you today?” If the parent is with the child, ask the parent, “How are you doing? How is (name of child)?” “Was there anything different last night?” “How did he sleep?”
   (1) Listen to what the child and parent tell you about how the child is feeling.
   (2) If the child can talk, is he/she complaining of anything? Is he/she horse or wheezing?

2. **Look:** Get down to the child’s level to see him/her clearly. Observe signs of health or illness.
   (1) General appearance (example: comfort, mood, behavior, activity level)
      (a) Is the child’s behavior unusual for this time of day?
      (b) Is the child clinging to the parent, acting cranky, crying, or fussing?
   (2) Breathing
      (a) Does he appear listless, in pain, or have difficulty breathing?
   (3) Skin
      (a) Does the child look pale or flushed?
      (b) Do you see a rash, sore, swelling, or bruising?
      (c) Is the child scratching her skin or scalp?
   (4) Eyes, Nose, Ears, Mouth
      (a) Do the child’s eyes look red, crusty, goopy, or watery?
      (b) Is there a runny nose?
      (c) Is he pulling at his ears?
      (d) Are there mouth sores, excessive drooling, or difficulty swallowing?

3. **Feel:** Gently run the back of your hand over the child’s cheek, forehead, or neck.
   (1) Does the child feel unusually warm or cold and clammy?
   (2) Does the skin feel bumpy?

4. **Smell:** Be aware of unusual odors.
   (1) Does the child’s breath smell foul or fruity?
   (2) Is there an unusual or foul smell to the child’s stools?

5. **If any health symptoms are observed a Symptom Record form should be filled out, a copy sent to Health and Nutrition Specialist, and the original form filed in the center file under the health section for documentation purposes.**
# Southern Seven Head Start/Early Head Start

**SYMPTOM RECORD**

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>Date:</th>
</tr>
</thead>
</table>

**MAIN SYMPTOM:**
- **When did it began?**
- **How long has it lasted?**
- **How much?**
- **How often?**
- **Is it staying constant, getting better or worse?**

**OTHER SYMPTOMS/COMPLAINTS:**
- **General appearance (ie. comfort, mood, behavior, activity level, appetite):**

**CHECK (✓) THE SYMPTOMS**

**Breathing:**
- □ coughing
- □ wheezing
- □ breathing fast
- □ difficulty breathing
- □ other:

**Skin:**
- □ pale
- □ flushed
- □ rash
- □ sores
- □ swelling
- □ bruises
- □ itchiness
- □ other:

**Vomiting (number of times):**

**Diarrhea (number of times):**

**Urine:**

**Eyes:**
- □ pink/red
- □ watery
- □ discharge
- □ crusty
- □ swollen
- □ other:

**Nose:**
- □ congested
- □ runny
- □ other:

**Ears:**
- □ pulling at ears
- □ discharge
- □ other:

**Mouth:**
- □ sores
- □ drooling
- □ difficulty swallowing
- □ other:

**Odors (ie. Breath, stool):**

**Temperature:**
- □ axillary
- □ oral
- □ rectal
- □ other:

## WHAT HAS BEEN DONE

<table>
<thead>
<tr>
<th>Comfort:</th>
<th>Rest:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liquids</td>
<td>Name:</td>
</tr>
<tr>
<td>Food</td>
<td>Name:</td>
</tr>
</tbody>
</table>

**Medications (see medication administration procedure)**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Amount:</th>
<th>Time:</th>
</tr>
</thead>
</table>

**Emergency measures:**

**Who was called and when (ie. parent/guardian, emergency contact person, health consultant, child’s health provider, emergency medical services)?**

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>
A child with a fever of **101 degrees** or more shall be sent home, per DCFS regulations. (If the temperature is taken *under the arm, add* 1 degree to reach the child’s actual temperature.) The following procedure shall be followed to obtain a child’s temperature:

1. If staff suspects that a child has a temperature they are to take the child to the office.
   a. One thermometer will be kept in the office for checking all temperatures. There is not to be any thermometers in the classrooms.
   b. Only the Site Supervisor, Assistant Site Supervisor, Office Associate, or Parent Coordinator may check the child’s temperature.
   c. A new probe cover is to be put on the thermometer for each use and then discarded.
2. If the child has a temperature of 101 degrees or more, call the parents to pick the child up.
   a. If the parents are unable to pick the child up, make arrangements to transport the child home. Have the child lie down, if possible.
   b. If unable to contact parents, call other people on pick up list. If still unable to contact anyone, keep the child in the office and continue calling.
   c. A Symptom Record form will be filled out and a copy sent to Health and Nutrition Specialist. The Health and Nutrition Specialist will review the form and keep on file. The original form will be kept at the Head Start site.

   The child must be “Fever Free” for 24 hours before returning to the center.

**Children shall be sent home for the following conditions:**

1. Children with diarrhea and those with a rash combined with fever of 100 degrees or higher shall not be admitted to the Head Start Center while those symptoms persist,
and shall be removed as soon as possible should these symptoms develop while the child is in our care.

2. Rash combined with fever over 100 degrees or higher.
3. Rash with fever or behavior change, unless a physician has determined the illness to be non-communicable.
4. Diarrhea (watery stool not just a loose bowel movement).
5. Vomiting two or more times in the previous 24 hours, unless the vomiting is determined to be due to a non-communicable condition and the child is not in danger of dehydration.
6. Mouth sores associated with the child’s inability to control his or her saliva, until the child’s physician or the local health department states that the child is noninfectious.
7. Purulent conjunctivitis (Pink eye) the child must remain out of the center until 24 hours after treatment has been initiated.
8. Impetigo, the child must remain out of the center until 24 hours following treatment if lesions remain covered while in the center, until 3 days after treatment if the lesions are in an area that cannot be covered.
9. Strep throat, the child must remain out of the center until 24 hours after treatment has been initiated and until the child has been without fever for 24 hours.
10. Head Lice, the child must remain out of the center until the morning after the first treatment and until no lice or nits are found in the child’s hair.
11. Scabies, the child must remain out of the center until the morning after the first treatment.
12. Chicken pox, the child must remain out of the center until at least seven days after onset of rash with all the lesions dry and crusty.
13. Whooping cough (pertussis), the child must remain out of the center until five days of antibiotic treatment have been completed.
14. Mumps, the child must remain out of the center until nine days after onset of parotid gland (neck glands) swelling.
15. Measles, the child must remain out of the center until four days after disappearance of the rash.
16. Scarlet Fever or Scarlatina, the child must remain out of the center until 24 hrs after treatment has been initiated and has been without fever for 24 hrs.
17. Symptoms which may be indicative of one of the serious, communicable diseases identified in the Illinois Department of Public Health Control of Communicable Diseases Code.

Any conditions previously listed must be reported to Central Office in the appropriate manner by following the procedure outlined under “Child with a Suspected Communicable Disease”. All conditions must be recorded on the Symptom Record Form and a copy sent to the Health and Nutrition Specialist. The Health and Nutrition Specialist will do necessary follow up upon reviewing the form and keep on file. The original of the Symptom Record form shall be kept at the center.
Southern Seven HS/EHS

Service Area: Health
Procedure: Child with a Suspected Communicable Disease
References: DCFS Licensing Standards

The Illinois Department of Public Health requires that all schools, Head Starts, and Day Care Centers report certain communicable diseases. **Suspected** as well as confirmed cases of communicable disease must be reported to Southern Seven Health Department. It is **NOT** your responsibility to investigate or confirm any reportable disease. Do **NOT** wait for confirmation from a physician or laboratory before reporting.

1. Any child with a questionable rash, spots or red splotches should be immediately isolated and parents called. As always, do so in a manner as to not alarm the child or other children.
2. Inform the parent of the child’s condition and have them pick him/her up.
3. Inform the parent that the child may be required to have a doctor's slip stating he/she is not contagious and may return to school. This is only necessary in cases where a specific time frame hasn’t been predetermined (example of a predetermined time frame can be found under the procedure “Sending a Child Home for Health Reasons”–chicken pox).
4. Contact the Health and Nutrition Specialist at Central Office. The Health and Nutrition Specialist contacts the appropriate person at Southern Seven Health Department to consult regarding specific circumstances.
5. Recommend the parent take the child to the Health Department or family doctor for diagnosis before re-admittance to the Head Start Center.
6. If the parent is unable to pick the child up, the Site Supervisor or designee should transport the child home.
7. If unable to contact the parent, keep the child isolated and continue calling.

**Common Communicable Diseases/Symptoms**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Impetigo</strong></td>
<td>Characterized by crusty weepy lesions, usually on face, hands, or upper lip. Found most often in warm months. May return 3-5 days after treatment.</td>
</tr>
<tr>
<td><strong>Chicken Pox</strong></td>
<td>Red rash which develop blister-type heads. Shiny early and described like “dew drops on a rose petal.” Will be out 7-10 days. May return with no new blisters. Infectious condition usually 1-2 days before first sign of blisters.</td>
</tr>
<tr>
<td><strong>Fifth Disease</strong></td>
<td>Characterized by flaming red condition on both sides of cheeks. Described as the “slap cheek disease.” May stay in center. Infectious condition occurs before redness.</td>
</tr>
<tr>
<td><strong>Ringworm</strong></td>
<td>Perfectly round lesions on exposed parts (hands, arms, face). Edges are raised and red with the center clear. Spread through direct contact. Child may remain at the center as long as lesions are treated and covered. Possibly takes 2-3 weeks to resolve.</td>
</tr>
<tr>
<td><strong>Scabies</strong></td>
<td>Characterized by linear rash. Described as “connect the dots.” Severely irritating. Spread by direct contact. May return after proof of treatment. May continue to scratch up to 1-2 weeks</td>
</tr>
<tr>
<td><strong>Pinkeye</strong></td>
<td>Characterized by redness of the white portion of the eye. Child will be scratching the eye and may or may not have discharge. May return within twenty four (24) to forty eight (48) hours of beginning treatment (with proof).</td>
</tr>
</tbody>
</table>
Southern Seven HS/EHS

Service Area: Health
Procedure: Reporting Communicable Diseases
References: DCFS Licensing Standards

The Illinois Department of Public Health requires that all schools, Head Starts, and Daycare Centers report certain communicable diseases. **SUSPECTED** as well as confirmed cases of communicable disease must be reported to Southern Seven Health Department. It is **NOT** your responsibility to investigate or confirm any reportable disease. Do **NOT** wait for confirmation from a physician or laboratory before reporting.

*For any suspected Communicable Diseases listed on the following pages this process should take place:*

1. Gather the needed information:
   
   a. Suspected Disease  
   b. Time of onset of the illness  
   c. Name and address  
   d. Age, sex, and race  
   e. Hospital if applicable  
   f. Physician

2. As soon as the available information has been gathered, call the Health and Nutrition Specialist.

3. The Health and Nutrition Specialist will contact the appropriate person at Southern Seven Health Department.

**Suspected Class I Diseases are to be reported immediately by telephone.**

**CLASS I**

- Anthrax
- Cholera
- Diarrhea of the newborn
- Diphtheria
- Foodborne or waterborne illness
- Measles
- Meningitis and other invasive disease due to *Neisseria meningitides* or *H. influenzae*
- Plague
- Poliomyelitis
- Rabies, Human
- Smallpox
- Typhoid fever
- Typhus
- Whooping cough (pertussis)
Suspected Class II Diseases are to be reported as soon as possible and within 7 days.

**CLASS II**

- Acquired Immunodeficiency Syndrome (AIDS)**
- Amebiasis
- Animal bites
- Blastomycosis
- Brucellosis
- Chlamydia**
- Chickenpox
- Cryptosporidiosis
- Encephalitis
- Escherichia Coli Infections due to Serotype O157:H7**
- HIV Infection
- Hepatitis, type A viral
- Hepatitis, type B viral (cases and carriers)*
  - Hepatitis, delta
  - Hepatitis, viral unspecified
  - Hepatitis, non-A/non-B
  - Histoplasmosis
  - Intestinal Worms
  - Tapeworms
  - Ascariasis
  - Legionnaires’ Disease (gonellosis)
  - Leprosy
- Leptospirosis
- Listeriosis
- Lyme disease
- Malaria*
- Meningitis
- Mumps
- Ophthalmia (Gonococcal)**
- Psittacosis*
- Rocky Mt. Spotted Fever
- Rubella
- Salmonellosis*
- Shigellosis*
- Staphylococcal Infection
- Streptococcal Infection (Pharyngitis, Rheumatic Fever, and Scarlet Fever)
- Syphilis
- Tetanus
- Toxic Shock Syndrome
- Trachoma
- Trichinosis
- Tuberculosis
- Tularemia

*Cases and carriers (when carriers are required to be reported) of these should be confirmed by appropriate laboratory tests before reporting.

**Sexually transmissible diseases and conditions are reportable under the “Control of Sexually Transmissible Diseases Code” (77III. Adm. Code 693).
THE FOLLOWING STEPS MUST OCCUR IN CORRECT SEQUENCE BEFORE THE MEDICATION CAN BE PICKED UP OR CARRIED ON THE BUS. SOUTHERN SEVEN HEAD START WILL NEVER ADMINISTER NON-PRESCRIPTION MEDICATIONS NOR THE FIRST DOSE OF PRESCRIPTION MEDICATIONS TO ANY CHILD.

1. Before any prescription medication can be administered, the child’s parent or guardian must have contact with the center’s Site Supervisor to fill out and sign the Parent/Guardian’s Request For Medication Administration form. A witness must be present when the parent signs.

Ritalin will follow this procedure and be handled the same as all other prescription drugs.

2. The bus driver must be informed of children who will be picked up with medication before their route begins. Medication that requires refrigeration will be placed in a cooler when the child boards the bus.

3. Prescription medications must be labeled with the child’s name, directions for administering the medication, the date and the physician’s name, the prescription number, and drug store or pharmacy.

4. Medications must be in original bottle with the original label.

5. The medications must be administered as required by a physician subject to the receipt of appropriate releases from parents.

6. Each medication release must be on file for each child for the administration of any and all prescribed medications.

7. The center must maintain a record of the dates, hours, dosages, and the name of the person (predetermined) administering them and should be made available to parents.

8. Person administering medication must sign and have one witness initial after the signature.

9. The classroom teacher is the ideal person to administer medications. Site Supervisor will confirm willingness of teacher at the beginning of each school year. If the teacher is unwilling or absent at the time of medication administration, another classroom teacher will substitute. If no teacher is available, Site Supervisor will assume responsibility for medication administration.

10. All Lifesaving Medications must be kept in locked cabinets or containers in the classroom which are in an area well lit and out of reach of children. All Lifesaving medications include Asthma, EpiPen, Seizer Medications, etc. If medication requires refrigeration a locked container is still required. Site Supervisor will ensure documentation is completed.

11. If a child shows any atypical reaction to the medication, parents must be contacted immediately. A Child Observation Form is to be completed and forwarded to the Health and Nutrition Specialist.
Authorization to Give Medication
Page 1 - TO BE COMPLETED BY PARENT/GUARDIAN

<table>
<thead>
<tr>
<th>CHILD’S INFORMATION</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Head Start/Early Head Start Site</td>
<td></td>
<td>Today’s Date</td>
</tr>
<tr>
<td>Name of Child (First and Last)</td>
<td></td>
<td>Date of Birth</td>
</tr>
<tr>
<td>Name of Medication:</td>
<td></td>
<td>Route:</td>
</tr>
<tr>
<td>Reason for Medication:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dose:</td>
<td></td>
<td>Time That Medication is to be Given:</td>
</tr>
<tr>
<td>Additional Instructions:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date to Start Medication:</td>
<td>Stop Date of Medication:</td>
<td></td>
</tr>
<tr>
<td>Known Side Effects of Medications:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actions to Take for Side Effects:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please List Child’s Allergies:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PRESCRIBER’S INFORMATION</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribing Doctor’s Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td>(____)________</td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PERMISSION TO GIVE MEDICATION</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I hereby give permission to Southern Seven Head Start to administer medication as prescribed above. I also give permission for the Head Start/Staff to contact the prescribing doctor about the administration of this medication. I have administered at least one dose of medication to my child without any known adverse effects.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent or Guardian Name (Print)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent or Guardian Signature</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(<strong><strong>)</strong></strong>_____________________</td>
<td></td>
<td>(<strong><strong>)</strong></strong>_____________________</td>
</tr>
<tr>
<td>Home Phone</td>
<td></td>
<td>Work Phone</td>
</tr>
</tbody>
</table>
Receiving Medication
Page 2 - TO BE COMPLETED BY HEAD START SITE SUPERVISOR/ASSISTANT SITE SUPERVISOR

Name of Child: ____________________________________________

Name of Medication: _______________________________________

Date Medication was Received by Parent: _______________________

Safety Check


☐ 2. Original prescription label with the Medication name and strength of the medication.

☐ 3. Name of child on container is correct (first and last name).

☐ 4. Current date on prescription/expiration label covers period when medication is to be given.

☐ 5. Name and phone number of licensed health care professional who ordered medication is on container.

☐ 6. Copy of Child Health Record is on file.

☐ 7. Instructions are clear for dose, route, and time to give medication.

☐ 8. Instructions are clear for storage (eg. temperature) and medication has been safely stored.

☐ 9. Child has been given a previous dose by parent.

Is this a controlled substance?  ☐ Yes  ☐ No

*If yes, special storage and log may be needed.*

_________________________________________________________
Southern Seven Site Supervisor Name (Print)

_________________________________________________________
Southern Seven Site Supervisor Signature
Medication Log
PAGE 3 – TO BE COMPLETED BY PERSON ADMINISTERING MEDICATION

Name of Child: ____________________________________________

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**Describe error/problem in detail in a Medical Incident Form. Observations can be noted here.**

<table>
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<tr>
<th>Date/Time</th>
<th>Error/Problem/Reaction to Medication</th>
<th>Action Taken</th>
<th>Name of Parent/Guardian Notified and Time/Date</th>
<th>Caregiver/Teacher Signature</th>
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**RETURNED to Parent/Guardian**

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**DISPOSED of Medication**

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<th>Witness Signature</th>
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This is a checklist to use in the Head Start classroom to make sure that you are prepared to give medication.

### 1. Paperwork
- Parent authorization to give medication is signed.
- Doctor’s authorization and instructions are on file.
- Child Health Record is on file.

### 2. Medication checked when received
- Properly labeled.
- Proper container.
- Stored correctly.
- Instructions are clear.
- Disposal plan is developed.

### 3. Administering medication
- Area is clean and quiet.
- Staff has been trained.
- Hands have been washed.
- The 5 rights are followed – Right child, Right medication, Right dose, Right time, and Right route.
- Child is observed for side effects.

### 4. Documentation
- Medication log is completed fully and in ink.

Signature of Person Completing Checklist: ________________________________

Date Checklist Was Completed: ________________________________
Medication Incident Report

Date of Report: ____________________________________________________________

Name of Person Completing This Report: ______________________________________

Signature of Person Completing This Report: ___________________________________

Child’s Name: ______________________________________________________________

Child’s Date of Birth: ___________________________ Site/Classroom: _______________

Date Incident Occurred: ___________________________ Time: ______________________

Person Administering Medication: _____________________________________________

Prescribing Doctor’s Name: _________________________________________________

Name of Medication Administered: _____________________________________________

Dose: ___________________________ Scheduled Time: ___________________________

Describe the Incident and How it Occurred (wrong child, medication, dose, time, or route)

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Actions Taken/Intervention: ____________________________________________________

Parent/Guardian Notified? □ Yes □ No Date: _____________ Time: ________________

Name of Parent/Guardian That Was Notified: ______________________________________

Follow Up and Outcome: ______________________________________________________

Administrator’s Signature: ____________________________________________________
Southern Seven Head Start/Early Head Start
CHILD OBSERVATION FORM

Child’s Name: __________________________ Date of Birth: __________________
Center: ___________________________ Observer: ___________________________
Time and Date of Observation: __________________________________________

Education Observation
Setting: __________________________________________
Observation: __________________________________________

Behavior Observation
Setting: __________________________________________
Behavior: __________________________________________
Triggers (what happened just before the behavior): __________________________________________

What happened just afterward? __________________________________________

Health Observation
Medication Administered: __________________________________________
Type of Reaction (please describe the reaction): __________________________________________

Nutrition Observation
Setting: __________________________________________
Observation: __________________________________________

Comments, additional information (be very specific): __________________________________________

________________________________________________________
________________________________________________________
Southern Seven HS/EHS

Service Area: Health
Procedure: Tick Removal Policy
References: Head Start Performance Standards - 1304.22(a)

When a child is found to have a tick attached to his/her body, follow these steps:

1. Use a pair of tweezers to grab the tick as close as possible to the attached area, i.e.: scalp and head of the tick, and pull it off. Do not use any source of heat to make the tick release itself.
2. Wash the bite with soap and water. Place ice pack on the bite.
3. Document on the “Body Chart Documentation Form” where the tick was located on the body of the child.
4. Inform the parents that their child had a tick removed.
5. Advise the parents to monitor infected area for additional inflammation. If the child should become ill and lose his/her appetite within a day or so, they should contact their physician.

Procedure: Head Lice
References: Head Start Performance Standards – 1304.22(a), 1304.22(b)(1), 1304.22(b)(3)

1. If there is a child at the center that is suspected to have head lice, immediately separate the child from the class. Do so in a manner as not to alarm or upset the child or other children. If several children in the class have suspected head lice involve all the children in checking their heads by playing beauty shop. All the children in the class must participate in order for any child to be checked in front of another.
2. If a child has been found to have head lice or nits in his/her hair immediately take the child to the office. Call the child’s parent(s) to come pick the child up. If the parent is unable to pick the child up, make arrangements to transport the child as soon as possible. If you are unable to contact the parent, or other contact person, keep the child separated from the class and keep calling.
3. When parent picks the child up, give them a copy of the Parent’s Instruction Sheet and go over it with them. Stress upon them the importance of cleaning and vacuuming everything. Tell them they must pick through the child’s hair after shampooing to remove all nits with their fingernails or tweezers. The comb provided will not get all nits out of the hair.
4. Send a copy of the Parent Instruction Form to the Health and Nutrition Specialist and keep a copy for child’s file.
5. The child may be re-admitted to the center upon inspection by a trained member of staff or written notification from physician or health department. Upon inspection, if the child is found to still have numerous, viable nits, he/she must be sent home again. If only a very few nits are found, the person inspecting the child may remove them and the child may return to class.
6. Re-occurring problems will require a home visit by the teacher, Site Supervisor, Health and Nutrition Specialist, Parent Coordinator, or combination of the four.
Southern Seven Head Start/Early Head Start
BODY CHART DOCUMENTATION FORM

Use this form in situations where a specific part of a child’s body needs identified. Example— if a tick has been removed while at a Head Start Center, or if a child has arrived with an unusual mark on his/her body.

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Documented By: ____________________________ Date: ______________

Witnessed By: ______________________________ Date: ______________
Head lice are passed from person to person by direct contact or on shared objects (combs, barrettes, etc.), so every member of the family should be checked. The most common symptom of infestation is intense itching on the back of the head or neck. Head lice cannot survive without a human host or on family pets. There is no evidence to support that they carry any communicable diseases. Your child having head lice has absolutely nothing to do with the kid of parent you are. It has nothing to do with cleanliness; in fact, lice prefer a clean, healthy head to a dirty one. Don’t panic - Just follow the steps below to effectively take care of the problem.

**WARNING!!! ALL 13 STEPS MUST BE FOLLOWED IN ORDER TO GET RID OF HEAD LICE. SKIPPING ONE STEP COULD LEAD TO RE-INFESTATION.**

1. Check every member of the family. Lice are hard to spot, so look for tiny white eggs (nits) firmly attached on hair shafts, near the scalp especially at the nape of the neck and behind the ears.
2. Soak hair in white vinegar before using the lice treatment. This loosens nits from the hair.
3. Use an effective head lice treatment. A bottle of shampoo will be provided by the center. Follow directions on shampoo label completely and have all family members use it. The use of insecticidal sprays on furniture and carpets to kill lice is "NOT" recommended. Do not use conditioner for 24 hours after treatment, conditioner will cause the treatment to be less effective.
4. Remove all nits from the child’s hair. This is very time consuming, but must be done to prevent re-infestation.
5. Wash all towels, bed linens, pillows, pillow cases, sheets, comforters, blankets, and mattress covers in HOT water (bleach if possible). Dry articles on HIGH.
6. When the bed is stripped, vacuum the mattress.
7. Wash all clothes, coats, hats, mittens, scarves, car seat covers, and backpacks in HOT water and dry articles on HIGH.
8. Items that cannot be washed should either be dry cleaned or stored in a sealable plastic bag for 2 weeks.
9. Soak brushes, barrettes, eyeglass straps, etc. in water that is at least 130 degrees for at least 10 minutes.
10. Stuffed animals should be vacuumed thoroughly, washed, or sealed in a plastic bag for 2 weeks.
11. VACUUM EVERYWHERE. This includes all floor types. Vacuum all the furniture in the home. This includes the couches, chairs, and inside drawers where articles of clothing may be located.
12. Don’t forget to VACUUM the car. This includes the car seats, upholstery, and floor boards. Change the vacuum cleaner bag when you have finished vacuuming. Place the used bag in a plastic bag and seal it.

Your child will be re-admitted to the center upon inspection by trained staff or written notification from your physician or Health Department.

Child’s Name: ___________________________   Parent Signature: _______________________

Site Supervisor: _________________________   Date: ________________________________
Southern Seven HS/EHS

Service Area: Health
Procedure: Oral Hygiene
References: Head Start Performance Standards – 1304.23(b)(3)

Have child wash his or her face immediately following meals and provide assistance when necessary, using an individual wet paper towel.

**Infants (before teeth emerge)**
1. Infant shall be given water to drink after feeding.
2. Immerse the bristles of the infant’s toothbrush in cool water.
3. Using gentle strokes, clean infant's gums and tongue with the brush.
4. Rinse toothbrush under running water and place in cabinet.
5. Again give the infant water to drink.

**Infants/Toddlers (after teeth emerge but before age two)**
1. After feeding, place fluoride toothpaste on the bottom of a disposable cup to keep from contaminating the end of the toothpaste tube.
2. If child needs assistance, apply toothpaste to brush.
3. Gently brush teeth, gums and tongue with the brush.
4. Each child should be encouraged to clean their teeth themselves, assistance should be provided as needed.
5. Rinse the brush thoroughly under running water and place in cabinet.

**Toddlers and Children (after age two)**
1. Place toothpaste on the bottom of a disposable cup to keep from contaminating the end of the toothpaste tube.
2. Child must use his/her individual soft-bristled toothbrush labeled with his/her name. Southern Seven Head Start will provide a toothbrush for each child at least twice a year or as needed. The soft-bristled toothbrush will allow every surface to be reached.
3. Clean the outer surface of each tooth by tilting the toothbrush at a 45 degree angle against the gum-line.
4. Move the brush back and forth, using short gentle strokes brushing 2-3 teeth at a time.
5. Repeat this motion on the inside, outside and chewing surface of the teeth.
6. To clean the inner surface of the front teeth, hold the brush vertically and use gentle up-and-down strokes over each tooth and surrounding gum.
7. Pay extra attention to the gum-line, hard-to-reach back teeth and areas around fillings or any other restorations.
8. Brush the tongue from back to front to remove the odor-producing bacteria.
9. All staff serve as role models by brushing teeth properly after meals.
10. Toothbrushes shall be replaced when they have lost their tone.
Southern Seven HS/EHS

Service Area: Health
Procedure: Diapering
References: DCFS Licensing Standards; Head Start Performance Standards - 1304.22(e)(5)

Have the following supplies ready before bringing the child to the diapering area:

- Disposable wipes or fresh, wet paper towels.
- Diapers.
- Skin preparations prescribed by the child’s doctor or requested by the child’s parent.
- A bottle each of soapy, clear and bleach water (to prepare follow the instructions on the bottle of bleach) (prepared daily).

1. Before bringing the child to the Diaper Changing Area, wash your hands and bring supplies to the Diaper Changing Area.
2. Lay the child on the changing surface, taking care to minimize contact with the child if his/her outer clothes are soiled.
3. Always keep one hand on the child.
4. Put on protective gloves.
5. Remove diaper and any soiled clothes.
6. Clean the child’s bottom from the front to the back with a fresh disposable wipe.
7. Dispose of the disposable diapers, paper towels and diaper wipes in a covered receptacle. Put soiled clothes and cloth diapers into a plastic bag to be sent home with the parents.
8. Remove disposable gloves. Wash hands or wipe hands with a fresh disposable wipe.
10. Wipe child’s hands with a fresh disposable wipe.
11. Place clean diaper on the child. Make sure the child’s clothing is clean and dry. If not, change the child’s clothing.
12. Remove child from the changing table and wash child’s hands according to hand-washing procedure.
13. Clean visible soil from the changing table with spray disinfectant and paper towels or antibacterial wipes.
14. Clean and disinfect the diaper area with prepared spray in the following order: soapy water, clean water, bleach water (to prepare follow the instructions on the bottle of bleach).
15. Wash adult hands using the **proper hand washing procedure**.
Southern Seven HS/EHS

Service Area: Health
Procedure: Hand Washing
References: DCFS Licensing Standards; Head Start Performance Standards 1304.22(e)(1)&(2)

Proper Hand Washing Procedure for Adults and Children:
1. Wet hands under warm running water.
2. Lather both hands well and scrub vigorously for at least 15 seconds.
3. Rinse hands thoroughly under warm running water.
4. Dry both hands with a new single-use towel or automatic dryer.
5. For hand-held faucets, turn off the water using a disposable towel instead of bare hands to avoid recontamination of clean hands.

For children who are unable to wash themselves, staff shall wash using the above procedure.

Children’s hands shall be washed routinely and frequently with soap and water at least the following times:
1. Upon arrival at the center.
2. Before and after each meal or snack.
3. After using the toilet or having diapers changed.
4. After handling pets or animals.
5. After wiping or blowing his or her nose.
6. After touching items soiled with body fluids or wastes.
7. Before and after cooking or other food experience.
8. After outdoor play time.

Staff & Volunteer hands shall be washed routinely and frequently with soap and water at least at the following times:
1. Upon arrival at the center.
2. After using the bathroom or helping a child use the bathroom.
3. After changing a diaper.
4. After wiping or blowing their nose, or helping a child to wipe or blow his/her nose.
5. After handling items soiled with body fluids or wastes.
6. After handling pets or other animals.
7. After handling or caring for a sick child.
8. Before and after eating or drinking.
9. Before preparing, handling or serving food.
10. Before dispensing any medication.
12. When changing rooms or caring for a different group of children.
Southern Seven HS/EHS

Service Area: Health
Procedure: Cleaning of the Center
References: DCFS Licensing Standards

The following standards shall be followed in order to comply with DCFS regulations and to reduce the risk of illness:

1. Carpet areas shall be vacuumed daily.

2. Tables and chairs shall be wiped off daily with *bleach water. Other toys, table tops, furniture, and other similar equipment used by the children shall be washed and disinfected when soiled or contaminated with matter such as food, body secretions or excrement.

3. Dress-Up clothes and machine washable cloth toys shall be machine washed in the center or laundromat at least weekly and/or when contaminated.

4. Other toys such as manipulatives, blocks, trucks, puzzles, and other hard surface toys shall be cleaned with *bleach water monthly.

5. Each child’s locker or cubby shall be washed with *bleach water weekly.

6. Mats or cots used by children should be wiped off with *bleach water weekly and air dried before stacking. If a child has been ill, the cot must be sanitized before it can be used again.

7. Water tables and toys used in water tables shall be emptied daily and cleaned with a mild germicidal solution before being air-dried. Children and staff shall wash their hands before and after using the water table.

8. Toys and equipment that are placed in children’s mouths or are otherwise contaminated by body secretions or excretions shall be set aside to be cleaned with water and detergent, rinsed, sanitized and air-dried before handling by another child.

9. Linens are to be washed daily.

If head lice or other illness is occurring frequently in the center, more cleaning may be necessary. All major cleaning shall be done when children are NOT present.

*In order to prepare Bleach water follow the instructions on the Bleach bottle.
Southern Seven HS/EHS

Service Area: Health
Procedure: Soiled Linens/Clothing
References: Head Start Performance Standards – 1304.22(e)(4)

LINENS:

Soiled Linens are to be washed separate from other linens.

1. Put on gloves.
2. Immediately remove soiled linens.
3. Place linens in plastic bag to move to washer.
4. Wash hands and put on new set of gloves.
5. Sanitize the soiled area in the classroom (if need be).
6. Wash soiled linens using **hot water, soap and bleach**.
7. After removing linens from washer, run and empty cycle (no clothes) with bleach. **Do not place anything in the washer until the bleach cycle has completed.**

CLOTHING:

Soiled clothing is not to be washed at the center.

1. Put on gloves.
2. Changed soiled clothing immediately.
3. Clothing shall be placed in a **sealable** plastic bag.
4. Wash hands and put on new set of gloves.
5. Sanitize the soiled area in the classroom (if need be).
6. The bag containing soiled clothing is to be kept out of reach of the children.
7. If the child is picked up, staff will give the bag to the parent. If the child rides the bus, the bag will be stored in the designated area on the bus, out of reach of children, and given to the parent by the bus aide.
Southern Seven Head Start/Early Head Start
SHEET CHANGING LOG

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Revised: 06/16, rm
Southern Seven HS/EHS

Service Area: Health
Procedure: Child Biting Policy
References: Head Start Performance Standards – 1304.22(a)(4)

*The human mouth carries more bacteria than most animals. It is worse than a dog bite.*

If a child bites another child resulting in the breaking of the skin:

1. Immediately wash the area with soap and water.
2. Call the parents of the bitten child and have them pick up the child if needed. Inform them of what happened and strongly encourage them to take child to the doctor for antibiotics.
3. Complete an Incident Report and forward to the Health and Nutrition Specialist.

Service Area: Health
Procedure: Animals in the Center
References: DCFS Licensing Standards

1. Healthy household pets that present no danger to children are permitted on the premises unless prohibited by local regulations.
2. If the pet has not been purchased from a licensed pet store, the animal must be quarantined for three days before any contact with the children.
3. Immediate treatment shall be obtained for any child who sustains a bite or scratch from an animal, and the child’s parents shall be notified. In addition, the center shall notify the county animal control administrator or designated agent and follow the provisions of the Illinois Animal Control Act. Southern Seven Health Department’s Incident Report is to be filled out and sent to the Health and Nutrition Specialist.
4. The presence of ferrets, turtles, psittacine birds (birds of the parrot family) or any wild or dangerous animal is prohibited in the Head Start/childcare center.
Southern Seven HS/EHS

Service Area: Health
Procedure: Health Action Plan
References: DCFS Licensing Standards; Head Start Performance Standards - 1304.22(a)

A medical emergency is an illness or injury that the staff on duty determines to require further medical treatment because basic first aid is not sufficient.

Responsibilities of the Center and Parents:

1. Center staff is responsible for providing emergency medical care until the parent or his/her representative (EMT) arrives to assume responsibility.
2. Parents are responsible for keeping ill children at home.

When a child becomes ill or suffers an accident:

1. Parent(s) or legal guardian and the Central Office should be notified immediately.
2. In serious cases where immediate attention is needed, call emergency personnel.
3. Apply first-aid measures as necessary until medical help arrives.
4. Classroom Teacher should stay with the child, provide first-aid as indicated, and accompany child to hospital, clinic, etc., if necessary. If the Teacher is unable to do this, the Teacher’s Aide could substitute.
5. Notify Health and Nutrition Specialist as soon as possible.
6. Record injury/accident on incident report.

EACH CHILD SHOULD HAVE ON FILE AND HAVE READILY AVAILABLE THE FOLLOWING:

1. Signed permission from the parent or guardian authorizing medical or dental care when the parent or guardian is not available or in case of an emergency.
2. Home and business address and telephone number of parents or guardian. Name, address and telephone number of a friend or relative who can be contacted when parent is not available. This information to be kept in an easily accessible file near the telephone.
3. Any drug or food sensitivity or serious chronic condition of the child.
4. At least one trained person in first-aid should be available in the center at all times.
5. Community emergency numbers and Poison Control Center are posted in accessible areas near the telephone.
Southern Seven HS/EHS

Service Area: Health
Procedure: Students with Chronic Communicable Diseases (Hepatitis B, AIDS/ARC/HIV, Tuberculosis)
References: DCFS Licensing Standards; Head Start Performance Standards – 1304.22(b)(1)

Purpose:

1. To prevent transmission of AIDS/ Hepatitis B/ TB and opportunistic infections that may be present in a preschool-aged child with AIDS/ Hepatitis B/ TB.
2. To protect the child with a compromised immune system from additional sources of infection.
3. To ensure that services will be offered to children with AIDS/ Hepatitis B/ TB, who would otherwise qualify for entry in Head Start while complying with DCFS regulations.

Policy:

1. Pre-registration forms will be filled out on all interested children in the usual manner.
2. Children, who qualify for entry by income and the entry criteria point system, will be offered entry in our program.
3. Upon being informed that a child has, or is reasonably believed to have, a chronic communicable disease, a meeting of the Head Start Administrator, Head Start Teacher, Health and Nutrition Specialist, the doctor attending the child for this illness, and the parents will be held to determine whether the child is able to attend.
4. Unless a pregnancy is suspected, an employee may not refuse to provide services to a child. An employee who suspects pregnancy must submit a physician’s statement of verification within thirty days.

General Information:

1. It is known that AIDS/ Hepatitis B is transmitted through direct contact with the patient’s infected body fluids including, but not limited to, blood, saliva, sputum, mucus, urine, feces, semen, wound drainage, and emesis.
2. Pregnant women and those who have reason to suspect that they are pregnant, as well as immuno-suppressed employees should not care for children with AIDS/ Hepatitis B. Some AIDS patients excrete the cytomegalovirus (CMV) which has been known to cause birth defects.
3. The Center for Disease Control issued the following recommendations August 30, 1988:
   a. For the infected preschool-aged child and for some neurologically handicapped children who lack control of their body secretions or who display behavior, such as biting, as well as those children who have or are unable to cover oozing lesions, a more restricted environment is advisable until more is known about
transmission in these settings. Children infected with AIDS/ Hepatitis B should be cared for and educated in settings that minimize exposure of other children to blood or body fluids.

b. Care involving exposure to the infected child’s body fluids and excrement, such as feeding and diaper changing, should be performed by persons who are aware of the child’s AIDS/ Hepatitis B infection and the modes of possible transmission. In any setting involving an AIDS/ Hepatitis B infected person, good hand washing after exposure to blood and body fluids and before caring for another child should be observed, and gloves should be worn if open lesions are present on the caretaker’s hands. Any open lesions on the infected person should be covered.

c. Because other infections in addition to AIDS/ Hepatitis B can be present in blood or body fluids, all schools and day-care facilities, regardless of whether children with AIDS/ Hepatitis B infection are attending, should adopt routine procedures for handling blood or body fluids. Soiled surfaces should be promptly cleaned with disinfectants, such as household bleach (in order to prepare, follow the instructions on the bleach bottle). Disposable towels or tissues should be used whenever possible, and mops should be rinsed in the disinfectant. Those who are cleaning should avoid exposure of open skin lesions or mucus membranes to the blood or body fluids.

**Procedures: Hepatitis B, AIDS/ ARC/ HIV Home Visit Precautions**

1. Rubber gloves need only be worn if the teacher has an open wound on hands.
2. Special care will be taken in regard to any body fluids, i.e. vomit, urine, blood, and feces of the child.
3. Toys left in the home will be cleansed with a bleach solution (in order to prepare, follow the instructions on the bleach bottle) before returning to the office shelves.
4. Masks are not needed unless the child has a productive cough. A child with a productive cough or fever is not considered well or able to participate in activities until his/her condition improves.

**Hepatitis B, AIDS Socialization Day Precautions:**

1. These rules apply to bus or vehicle transporting child as well as Socialization Day Site.
2. An open container with disposable gloves, paper towels and trash bags should be easily accessible for use when a child has an accident involving bleeding or for clean up of vomit, urine, or feces. Proper disposal of materials used to clean up body fluids would include paper towels and gloves being securely fastened in trash bags to prevent further contamination.
Southern Seven HS/EHS

Service Area: Health
Procedure: Allergies & Asthma
References: Head Start Performance Standards – 1304.22(a), 1304.22(a)(1), 1304.22(a)(4)

To protect children with allergies from known allergens:
1. During the intake process, allergies are identified by parents on the application.
2. The parent along with the Parent Coordinator will fill out and sign an Allergy Plan of Action Form. This form establishes the following:
   - What things cause the child’s allergic reaction.
   - If it is a food allergy, what should not be served and alternatives.
   - Symptoms of the allergic reaction.
   - If anaphylaxis is a possibility.
   - Medications at school.
   - If the child has Asthma.
   - A Plan of action.
3. The FARE (food allergy & anaphylaxis emergency care plan) form is also completed.
4. All steps are taken to avoid exposure to allergens by thorough cleaning and inspection of child’s immediate environment.

To protect children with asthma:
1. During the intake process, a child with asthma is identified by parents on the application.
2. The parent along with the Parent Coordinator will fill out and sign an Asthma Plan of Action form. This form establishes the following:
   - What things/triggers may bring on this child’s asthma attack.
   - Asthma symptoms.
   - Asthma medications and directions.
   - Plan of action.

If an Asthma attack occurs:
1. Remain calm.
2. If exposure to foreign antigen appears to have precipitated the attack, remove the child from the environment immediately. For example, paint, air freshener, dust/dirt, flower, weeds, etc.
3. Encourage deep breathing and relaxation.
4. Designate two (2) individuals to care for the child in a private area.
5. Instruct the caregivers to quickly evaluate the child, noting any of the following criteria that may be evident.
   a. Time of onset.
   b. Pulse rate (average is approximately 100 to 110 beats/minute).
   c. Respiration rate (normal is approximately 20 to 20 breaths/minute).
   d. Change in skin color (especially around the mouth or fingernails).
e. Wheezing.

f. Open mouth breathing.

g. Difficulty inhaling and exhaling air.

h. Check peek flow rate if applicable.

5. Use the Asthma Action Plan

6. Take medicines as directed: Take quick-relief medicine if breathing is labored or if a peak flow monitor is not used. No medication is to be given unless the child has a PRN inhaler or nebulizer.

7. Child should respond to treatment within 15-20 minutes. Recheck with peak flow meter if possible.

8. If NO change is observed or breathing becomes significantly worse, call for emergency help and contact parent immediately.

9. Make sure someone reassures the children that were present when the attack began and incorporate the experience into a health lesson.
Southern Seven Head Start/Early Head Start

SIGNS AND SYMPTOMS OF A SEIZURE

- Staring spells (daydreaming)
- Head dropping
- Lack of response (not paying attention)
- Eyes rolling upward
- Tic-like movements
- Chewing & Swallowing
- Rhythmic movements of the head
- Sounds & body movements that seem out of place
- Dropping things a lot (esp. with no reason)
- Having a lot of accidents (esp. with no reason)

If you notice any of these signs, don’t jump to conclusions. Only a doctor, after thorough examination, can state that a person does or does not have the disorder.

HOW TO HANDLE A SEIZURE

There is nothing you can do for “absence” seizures. Partial seizures are mostly handled by keeping dangerous objects out of the way. Never catch hold or try to restrain the child unless, of course, he’s heading for an obvious hazard. He may struggle or lash out if restrained, but this is unconscious behavior that he will not even remember. Don’t punish or make him feel guilty for it. Sometimes the child will follow directions if spoken to calmly, gently and with reassurance.

FIRST AID FOR “GRAND MAL” SEIZURES:

1. Keep calm. Send someone to call for an ambulance and call parent(s).

2. Ease the child to the floor and loosen his collar. You cannot stop the seizure. Let it run its course and do not try to revive the child.

3. Remove hard, sharp or hot objects which may injure the child, but don’t interfere with his movements.

4. Do not force anything between his teeth.

5. Turn the head to one side for release of saliva. Place something soft under his head.

6. When the child regains consciousness, let him rest if he wishes.

7. If the seizure lasts beyond a few minutes, and the child seems to pass from one seizure to another without gaining consciousness, call the doctor for instructions. This rarely happens but should be treated immediately.
In the event of an accident to the tongue, lips, cheeks, or teeth:

1. **ATTEMPT TO CALM THE CHILD**
   a. All accidents should be handled quietly and calmly, a panicked child is likely to create problems for treatment and may cause further trauma.

2. **CHECK FOR BLEEDING**

3. **IF CHILD IS BLEEDING:**
   a. Wash affected area with clean water.
   b. Apply ice for swelling.

4. **IF TOOTH IS FRACTURED:**
   a. Staff can do little for a fractured tooth except calm the child.
   b. Take the child immediately to a dentist for treatment.

5. **IF TOOTH IS KNOCKED OUT (EXTRUDED)**
   a. Recover tooth
   b. Clean the socket.
   c. Handle the tooth by the crown and place in milk.
   d. Take the child immediately to a dentist for treatment.

6. **IF THE TOOTH OR TEETH ARE LOOSENED IN AN ACCIDENT:**
   a. Rinse out child’s mouth.
   b. **Do not attempt to move teeth or jaw.**
   c. Take the child immediately to a dentist for treatment.

7. **IF TOOTH IS KNOCKED INTO THE GUMS (INTRUDED)**
   a. **Do not attempt to free or pull on the tooth.**
   b. Rinse out the child’s mouth.
   c. Take the child immediately to a dentist for treatment.

8. **IF INJURY TO TONGUE, CHEEK, OR LIPS OCCUR:**
   a. Rinse affected area.
   b. Apply ice to control swelling.
   c. Take child to dentist or physician if bleeding continues or wound is large.
Southern Seven HS/EHS

Service Area: Health
Procedure: Health Services Advisory Committee/Community & Parent Involvement Process
References: Head Start Performance Standards – 1304.20(a)(1)(i)

1. The Health Services Advisory Committee shall have input into the health plan, nutrition plan, and mental health plan, and approve said plans.
2. This committee shall meet a minimum of three times a year; additional meetings may be called if necessary.
3. Health Services Advisory Committee will include professionals, volunteers from the community, and parents that Southern Seven Head Start serves.
4. Each Service Team member is responsible for contacting professionals from their related fields to serve on the committee.
5. A parent from each center shall be a member of the Health Services Advisory Committee; they may volunteer or be elected at the September Parent Meeting each school year.
6. Support services will be provided as needed for the parent participation component such as transportation and/or child care reimbursement.

Procedure: Fluoride Preventative Dental Treatment/Parent Education
References: Head Start Performance Standards – 1304.20(c)(3)(i)&(ii)

1. Fluoride treatments will be provided by local dental providers.
2. Follow the Head Start Oral Hygiene Procedure in the classroom.
3. Provide oral hygiene education to all families through the Head Start Newsletter.
4. Encourage families with children suffering from moderate to severe tooth decay to use fluoride supplements and topical fluorides recommended by the family’s dental professional.
5. Health and Nutrition Specialist sends out letters to families with private water systems (well water) to seek advice regarding the use of fluoride supplements and topical fluoride as recommended by the family’s dental professional.

Procedure: Well Child Check
References: EPSDT; Head Start Performance Standards – 304.20(a)(1)(ii)(B)

1. Families will be provided with a Well Child Tracking Form by Head Start staff at the appropriate age intervals established by the Illinois EPSDT guidelines.
2. Families are to take the Well Child Tracking Form with them at doctor or clinic appointments. This form will be filled out completely by clinic staff or a physician and then submitted back to the Head Start site in which the child attends by the parent.
3. Head Start staff will keep the original form for the child’s file at the center. A copy will be made and sent to the Health and Nutrition Specialist. The Health and Nutrition Specialist will enter the data into the ChildPlus.Net system and the form will be filed in child’s file at central office.
4. If a family has difficulty establishing a family physician or does not receive services from the health department, the PC will assist them in obtaining these services.
5. The Parent Coordinator, if needed, will make Well Child Checks part of their monthly follow up.
6. Please click on this link to view the EPSDT Guidelines:
### WELL-CHILD TRACKING FORM

<table>
<thead>
<tr>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Clinic and/or Physician:</td>
</tr>
<tr>
<td>Child's Name:</td>
</tr>
<tr>
<td>Age (months/years):</td>
</tr>
<tr>
<td>Results:</td>
</tr>
<tr>
<td>If abnormal, please explain:</td>
</tr>
<tr>
<td>Immunizations given today:</td>
</tr>
<tr>
<td>Oral Screening (after teeth erupt):</td>
</tr>
<tr>
<td>If abnormal, please explain:</td>
</tr>
<tr>
<td>Nutrition:</td>
</tr>
<tr>
<td>☐ Whole Milk</td>
</tr>
<tr>
<td>☐ Meats</td>
</tr>
<tr>
<td>Signature or stamp of Physician and/or clinic:</td>
</tr>
</tbody>
</table>

- Head Start Performance Standard 1304.20 (a)(1)(ii) requires us to obtain a determination as to whether the child is up to date on a schedule of age appropriate preventive and primary health care (EPSDT) and an up to date immunization certificate.
- Parents, please bring a copy of the immunization record to our office each time your child gets an update on shots.
The Health History Update form is designed for those children entering into Head Start for a second year. This form asks questions that will update our program on the children’s overall health status. Such questions are: “Has your child been in the hospital or taken to the ER in the past year?” and “Has your child begun taking any new medications within the last year?” etc. This form was developed through the recommendations of the Health Services Advisory Committee and was approved by the Policy Council in May 2008.

1. The Health and Nutrition Specialist will mail the Health History Update form to the families prior to the children returning to Head Start in the Fall of each year.
2. The families will be instructed to return the form by the first day of school. A copy of the form will be sent to the Administrative office and the original will be filed in the blue files at the center.
3. Staff will be made aware of any health conditions that may have changed. (i.e. new medications or new allergies)
4. The Health and Nutrition Specialist will enter information from the Health History Update into ChildPlus.net and then will file the form at the Administrative Office.
Southern Seven Head Start/Early Head Start  
HEALTH HISTORY UPDATE  

Child’s Name: ___________________________________________  Birthdate: ___________________________  

Please Answer the Following Questions (circle Y for Yes and N for No):  

1. Has your child been in the hospital or taken to the ER in the past year?  Y   N  
   If yes, how many times and please explain: _______________________________________________  
   _______________________________________________  ___________________________________________  
   _______________________________________________  ___________________________________________  

2. Has your child begun taking any new medications within the last year?  Y   N  
   If yes, please explain: _______________________________________________  
   _______________________________________________  ___________________________________________  

3. Will your child need medications kept at the center?  Y   N  
   If yes, please explain: _______________________________________________  
   _______________________________________________  ___________________________________________  

4. Does your child have any new allergies?  Y   N  
   If yes, please explain: _______________________________________________  
   _______________________________________________  ___________________________________________  

5. Has your child had any major accidents within the last year?  Y   N  
   If yes, please explain: _______________________________________________  
   _______________________________________________  ___________________________________________  

6. Does your child have any new health concerns?  Y   N  
   If yes, please explain: _______________________________________________  
   _______________________________________________  ___________________________________________  

7. Have there been any major changes in your child’s life that would affect his/her overall health?  Y   N  
   If yes, please explain: _______________________________________________  
   _______________________________________________  ___________________________________________  
   

Parent Signature: ________________________________  Date: ___________________________  

Revised: 06/16, rm  

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Southern Seven HS/EHS

Service Area: Health
Procedure: Information Exchange/Referral Consent Form
References: HIPPA

The Information Exchange Referral/Consent serves two purposes. It will be used as a referral for the Health Department as well as consent to release information for needed health items in the Head Start division. Each family will complete the Information Exchange form.

1. Head Start Staff will have parent/guardian complete the Information Exchange Referral Form Consent to its entirety.
2. Head Start Staff will keep the original form for center file. Parent Coordinator's will send a copy to the parent/guardian preferred Public Health Clinic.
3. Head Start Staff will encourage parents to turn in all health items needed.
4. If information is not submitted, Head Start Staff will call to request information from the Public Health clinic.
5. If consent is in place at the clinic, Public Health will send all requested information to the Head Start Site.
6. The consent is valid for the length of the enrolled program (upon transitioning to Head Start from Early Head Start, a new consent will need to be obtained).
Southern Seven Head Start/Early Head Start
INFORMATION EXCHANGE/ REFERRAL CONSENT FORM

Parent’s Name ____________________________________________________________

Head Start Center ________________________________________________________

Child’s Name ____________________________________________________________

Preferred Public Health Clinic _____________________________________________

(_____) _______ - _________ __/____/_______ □ Male

Phone Number Birth Date □ Female

Child’s Address: __________________________________________________________

________________________________________________________________________

City State Zip

☐ The child is currently enrolled in the WIC Program
☐ The child is not currently enrolled in the WIC Program
☐ The child has been previously enrolled in the WIC Program
☐ I plan on enrolling the child in the WIC Program. When?____________________
☐ The child has a sibling enrolled in the WIC Program

It is necessary to obtain height and weight assessments, hemoglobin/hematocrit
screening results, blood lead screening results, immunizations, TB skin testing results,
nutritional assessments and other medical and non-medical information related to the
nutritional and medical status of your child. All child and family information is stored in
a database that Head Start uses to monitor all services provided. Only staff with a direct
need to know have access to your records. If your child has had these assessments
performed at Southern Seven Health Department, we can exchange this information
with your permission.

As the parent or legal guardian of the above named child, I give my permission for the
Southern Seven Health Department’s Public Health and WIC Program to exchange
confidential information concerning my child with the Southern Seven Early Childhood
Program. This permission is intended to exchange information between Southern
Seven’s Early Childhood Division and Southern Seven Health Department staff only
throughout the participation of my child in the Early Childhood Program.

This consent is valid throughout your child’s participation in the program but may be
revoked by you at any time through written notice to Southern Seven Health
Department/Head Start. I understand that I have the right to inspect and obtain copies
of these records and reports.

Printed Parent’s Name ___________________________ Signature of Parent/Guardian ___________________________ Date ___________________________

Revised: 06/16, rm
Definition of Homeless (from McKinney-Vento Homeless Assistance Act [42 U.S.C.9832(19)]

“The term homeless children and youth” –
(A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section of 103 (a)(1)); and
(B) includes –
(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or abandoned in hospitals; or are awaiting foster care placement;
(ii) children and youths who have a primary nighttime residence that is a public or private place not designed or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C);
(iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
(iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).
To make a health status determination, and to secure preventative care or immunizations as quickly as possible, a good working relationship with state and local health agencies is essential. In regards to our children enrolled in the Home Based Option, families have 60 days to complete health requirements. If children have not completed health requirements then the Home Based Teacher/Parent Coordinator will assist parents with meeting those requirements within the 30 day time frame. For those children that the health requirements are not met, then a plan of action is created by the Home Based Teacher/Parent Coordinator and Health and Nutrition Specialist and submitted to the Early Childhood Administrator for review.