



Office of Head Start Monitoring Protocol

Child Health and Safety Guides

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Interviews

Disabilities Services Coordinator—Interview

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

- ▶ Ask the Coordinator to describe how the program:
 - Informs parents of their rights under IDEA
 - Engages parents in activities or communication aimed at building their self-confidence, skills, and knowledge in identifying, accessing, and advocating for resources
 - Informs parents regarding advocacy strategies aimed at ensuring that the special needs of their children are met

Family & Community Engagement Key Indicator #5—Community Partnerships

- ▶ Review the program's Interagency Agreements with all the LEAs and other agencies (including Part C agencies for programs serving infants and toddlers) within the grantee's service areas and determine whether each of the following subjects is addressed:
 - Referrals for evaluations, IEP/IFSP meetings, and placement decisions
 - Transitions
 - File- and resource sharing (school readiness goals and assessment information)
 - The current program year, with appropriate signatures and dates
- ▶ Ask the Coordinator for the number of Interagency Agreements needed to ensure services are provided for all children with disabilities throughout the service area.

When multiple districts exist, ask the Coordinator to describe the process for ensuring effective Interagency Agreements are developed and maintained.

If the program does not have formal agreements with some LEAs or Part C agencies, ask the Coordinator the following:

- Why agreements have not been made, with a description of efforts to date
- Whether the Regional Office has been formally notified, and the recommended next steps

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

- ▶ Ask the Disabilities Coordinator to describe his or her involvement in the following processes for all children:



- The screening process
 - The ongoing developmental-assessment process
 - The referral process. What is the process for ensuring that referrals to the LEA or Part C agency are timely?
- ▶ If the Disabilities Coordinator made referrals to the LEA or Part C agency for specialized evaluation, ask him or her to explain how he or she ascertains the status of the referral.

Child Development & Education Key Indicator #3—Individualizing

- ▶ Ask staff to describe:
- How they modify the program and arrange for the provision of related services (as required in the IEP or IFSP) for all children with disabilities
 - The resources available to them to support goals and services included in the IEPs/IFSPs
 - How they collaborate with LEAs and Part C agencies
- ▶ Ask the Disabilities Coordinator—and describe in your notes—how he or she does the following:
- Collaborates with the ECD Coordinator to include information from ongoing developmental assessments for children with disabilities in diagnostic and program-planning activities
 - Works with the Health Coordinator in the assessment and follow-up processes
 - Works with the Mental Health Coordinator to help teachers identify children who show signs of problems, such as possible depression, withdrawal, anxiety or abuse
 - Works with the Nutrition Coordinator and food-preparation staff to ensure that provisions to meet special needs are incorporated into the Nutrition program

Transportation Services Coordinator—Interview

Child Health & Safety Key Indicator #5—Appropriate Group Sizes and Supervision

- ▶ With the Transportation Coordinator, review the program's procedures regarding the release of children and emergency contact with parents and guardians.
- Where is this information kept?
 - What process is in place to keep this information and the roster up-to-date?
- ▶ Ask staff to describe the process in place to ensure children are not left behind in a classroom or on a vehicle. Has a child ever been left behind? If yes, document the details and follow-up actions that were taken.



Child Health & Safety Key Indicator #6—Safe Transportation

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

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

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

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

Ask the Transportation Coordinator when staff are scheduled to transport children relative to their training date(s).



Health Services Coordinator—Interview

Family & Community Engagement Key Indicator #5—Community Partnerships

- ▶ Ask the Coordinator to describe the members of the HSAC and how individual members or the full committee provides support for program services. Determine whether the HSAC membership includes:
 - Head Start parents
 - Professionals
 - Other volunteers from the community

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

- ▶ Ask the Coordinator to explain the process used to keep children up-to-date throughout the program year.
- ▶ For all children who are not up-to-date on the recommended schedule of preventive and primary health care, how does the program assist parents in making arrangements to bring their children up-to-date?
- ▶ This program has not been open for 90 days (or 30 days for programs operating shorter durations).

Ask the Health Coordinator to describe the process the program uses to ensure all children have a determination (as to whether they are up-to-date on preventive and primary health care) within 90 days of entry into the program.

- ▶ Ask the Coordinator to describe how parents are notified when the program suspects children have health or developmental problems.
 - What methods are used to notify parents?
 - How does the program track the concerns and the notification of parents?
 - When are parents notified?
- ▶ Ask the Health Services Coordinator to describe his or her process for obtaining parental consent before administering any health procedures or developmental screenings.

Ask the Health Services Coordinator to show examples of documentation of parental consent.

- ▶ With the Coordinator, review the program's health tracking system.

Ask how often the system is updated and what staff are responsible for keeping it up to date. Does the system include all necessary information, including information on:

- Medical services
- Dental health services



- Mental Health services
- Nutrition services

For all of the above types of services, does the tracking system include:

- Dates of services
- Types of screenings, assessments, and referrals
- Results and outcomes

When reviewing the tracking system, confirm that the information in the system aligns with the information documented in the child files. Look at a sample of information for 10 children to ensure the data align. Clearly document any discrepancies in the data observed and ask program staff to clarify why the data may be different in the different sources.

- ▶ Ask the Health Services Coordinator how the program ensures that newborns and their mothers are visited by Health staff within 2 weeks after birth.

With the Health Coordinator, review files of new mothers and:

- Look for documentation in the files indicating when visits occurred
- If the visits occurred, determine whether Health staff member made the visit to the newborn and mother
- Document any visits that occurred more than 2 weeks after delivery or did not occur at all
- If visits occurred later than 2 weeks after birth or did not occur at all, document the reason they were late or did not occur, including whether the mother refused or delayed the visit

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

- ▶ With the Health Coordinator, review the program's health-screening procedures.
 - Who does the program consult with regarding interpreting screening findings?
 - With regard to the screening process, what sources of information does the program incorporate? (The Reviewer should indicate whether there are multiple sources as required.)
 - How does the program ensure the screenings conducted are linguistically and age-appropriate and sensitive to each child's cultural background to the greatest extent possible?
- ▶ This program has not been open for 45 days (or 30 days for programs operating shorter durations).

Ask the Health Coordinator to describe:



- The process the program uses to ensure all enrolled children receive the required screenings within 45 days of entry
- The steps taken if the program determines that a child has not received all required screenings

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

- ▶ Ask the Health Coordinator how the program accommodates each child’s individual health and safety needs.
 - Ask for examples of how the program shared information about individual health and safety needs with staff and parents.
 - Ask the Coordinator to provide examples of some of the accommodations that were needed.
 - Ask the Coordinator how staff are informed and trained regarding needed accommodations.

Nutrition Services—Coordinator—Interview

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

- ▶ Determine how the program:
 - Considers cultural and ethnic preferences when creating menus
 - Serves a variety of foods that broadens the children’s food experience
 - Meets the nutritional needs and feeding requirements of all children (including current USDA recommendations)
 - Addresses special dietary needs
 - Accommodates the feeding and nutritional needs of children with disabilities
 - Adjusts meal and snack times to meet the individual needs of all children
 - Feeds infants “on demand”

Pregnant Women/New Mothers—Interview

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

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



Bus Driver—Interview

Child Health & Safety Key Indicator #5—Appropriate Group Sizes and Supervision

- ▶ Ask the bus driver(s) to describe the process in place to ensure that children are released only to parents or legal guardians, and if children are released to another individual, the parent or guardian has provided permission in writing. Ask them how they ensure the contact information and roster they have are current.
- ▶ Ask staff to describe the process in place to ensure children are not left behind in a classroom or on a vehicle. Has a child ever been left behind? If yes, document the details and follow-up actions that were taken.



Observations

Child Health and Safety Center Based Classroom Observation

Environmental Scan

- ▶ Please use this space to document notes based on your first impressions of the setting you are observing.

Child Health & Safety Key Indicator #3—Physical Environments

- ▶ Are toys, materials, and furniture age-appropriate, safe, and supportive of the abilities and developmental level of each child served, with adaptations, if necessary, for children with disabilities?
- ▶ Does the program provide sufficient equipment, toys, materials, and furniture (including diapers and wipes) to meet the needs and facilitate the participation of children and adults?
- ▶ Were provisions made to ensure the safety, comfort, and participation of children with disabilities?
- ▶ Are the facilities, materials, and equipment well maintained and in good repair?
- ▶ Is the classroom clean?
- ▶ Are there undesirable and hazardous materials and conditions?
- ▶ Is the air quality good?
- ▶ Is the classroom free of pollutants, including mold, lead, and pesticides?
- ▶ Is lighting sufficient and adequate for classroom activities?
- ▶ Are electrical outlets accessible to children designed to prevent shock through the use of covers, installation of child-protection outlets, or use of safety plugs?
- ▶ Are windows and glass doors constructed, secured, and adjusted to prevent children's injury and escape?
- ▶ Are toilets and handwashing facilities clean, adequate in number, in good repair, and easily reached by children?
- ▶ Are toileting and diapering areas separated from areas used for cooking, eating, and children's activities?
- ▶ Does the program ensure that sleeping arrangements for infants (e.g., cribs, playpens, bassinets) are free of soft bedding materials (e.g., soft mattress, pillows, stuffed animals, fluffy blankets, comforters)?
- ▶ Is there a safe and effective heating and cooling system that is insulated to protect children and staff from potential injuries?
- ▶ Are exits clearly visible and evacuation routes clearly marked and posted so that the path to safety outside is unmistakable?



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

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

- ▶ If you observed any situation in which handwashing was necessary (e.g., after diapering or toilet use, before food preparation, whenever hands were contaminated with blood or other bodily fluids, and after handling pets or other animals), did volunteers, staff, and children wash their hands with soap and running water?
- ▶ If you observed staff coming into contact with spills of bodily fluids (e.g., urine, feces, blood, saliva, nasal discharge, eye discharge, or any other fluid discharge), were nonporous (e.g., latex) gloves worn by staff? Also, was the spill cleaned up immediately and all exposed areas cleaned and sanitized?
- ▶ If you observed diapering during your observation, did staff practice proper sanitation and hygiene procedures for diapering?
- ▶ Are facilities available for the proper storage and handling of breast milk and formula?
- ▶ Do children brush their teeth at least once per day in conjunction with meals?
- ▶ Do staff wipe the gums of infants after feeding?
- ▶ Are medications labeled and stored under lock and key and refrigerated if necessary?
- ▶ Are medications administered properly?
- ▶ Are infant/toddler toys clean and sanitized?

Child Health & Safety Key Indicator #5—Group Size & Supervision

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

Child Health and Safety Family Child Care Observation

Environmental Scan

- ▶ Please use this space to document notes based on your first impressions of the setting you are observing.



Child Health & Safety Key Indicator #3—Physical Environments

- ▶ Are toys, materials, and furniture age-appropriate, safe, and supportive of the abilities and developmental level of each child served, with adaptations, if necessary, for children with disabilities?
- ▶ Does the program provide sufficient equipment, toys, materials, and furniture (including diapers and wipes) to meet the needs and facilitate the participation of children and adults?
- ▶ Were provisions made to ensure the safety, comfort, and participation of children with disabilities?
- ▶ Are functioning smoke and carbon monoxide detectors installed and properly located?
- ▶ If the Family Child Care home has a basement, and local health officials recommend radon detectors, are radon detectors installed?
- ▶ Is there a system of supervision in place that ensures the safety of children not within view for any period?
- ▶ Does the provider ensure the safety of children when a body of water, road, or other potential hazard is present or when children are being transported?
- ▶ Is there a fence to prevent children's unsupervised access to all water hazards, such as swimming pools or other bodies of water?
- ▶ Did the provider secure health certificates for pets to document they have up-to-date immunizations and are free from conditions that may pose a threat to children's health?
- ▶ Does the provider ensure that pets are managed appropriately to ensure children's safety at all times?
- ▶ Does the provider ensure that alcohol and drugs are inaccessible to children at all times?
- ▶ Are children safe from the potential hazards posed by appliances (stove, refrigerator, microwave, etc.), such as appliances with frayed wires, hot stoves, and refrigerator coils?
- ▶ Are the premises free from pests?
- ▶ If needed, are chemicals for controlling pests used while children are not on premises?
- ▶ Are firearms or other weapons inaccessible or kept in areas not occupied by children?
- ▶ Does the provider ensure that alcohol and drugs are not consumed while children are present?
- ▶ Is the air quality good?
- ▶ Does the program ensure that sleeping arrangements for infants (e.g., cribs, playpens, bassinets) are free of soft bedding materials (e.g., soft mattress, pillows, stuffed animals, fluffy blankets, comforters)?
- ▶ Does the classroom provide at least 35 square feet of usable indoor space per child (excluding bathrooms, halls, kitchens, staff rooms, and storage space)?
- ▶ Does the Family Child Care home have sufficient indoor and outdoor space that is usable by and available to children?



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

- ▶ If you observed any situation in which handwashing was necessary (e.g., after diapering or toilet use, before food preparation, whenever hands were contaminated with blood or other bodily fluids, and after handling pets or other animals), did volunteers, staff, and children wash their hands with soap and running water?
- ▶ If you observed staff coming into contact with spills of bodily fluids (e.g., urine, feces, blood, saliva, nasal discharge, eye discharge, or any other fluid discharge), were nonporous (e.g., latex) gloves worn by staff? Also, was the spill cleaned up immediately and all exposed areas cleaned and sanitized?
- ▶ If you observed diapering during your observation, did staff practice proper sanitation and hygiene procedures for diapering?
- ▶ Are facilities available for the proper storage and handling of breast milk and formula?
- ▶ Do children brush their teeth at least once per day in conjunction with meals?
- ▶ Do staff wipe the gums of infants after feeding?
- ▶ Are medications labeled and stored under lock and key and refrigerated if necessary?
- ▶ Are medications administered properly?
- ▶ Are infant/toddler toys clean and sanitized?

Child Health & Safety Key Indicator #5—Group Size & Supervision

- ▶ What is the predominant age of children in the class at the time of the review?
- ▶ What age group does the FCC Provider serve?
- ▶ How many children are present in the group?
- ▶ Is there an assistant present?
- ▶ How many children under 2 years of age are present?
- ▶ How many children under 18 months of age are present?

Child Health and Safety Center Observation

Environmental Scan

- ▶ Please use this space to document notes based on your first impressions of the setting you are observing.

Child Health & Safety Key Indicator #3—Physical Environments

- ▶ Does the program have a current license for this center?
- ▶ Does the design of the playground and selection and layout of playground equipment and/or surfaces minimize the possibility of injury to children?



- ▶ Is the center free of air pollutants, including mold, smoke, lead, pesticides, and herbicides, as well as soil and water pollutants?
- ▶ Does the program maintain a smoke-free environment on center grounds?
- ▶ Are outdoor premises cleaned daily and kept free of undesirable and hazardous materials and conditions?
- ▶ Is a fire extinguisher available that is easily accessible, and is there a service date on the fire extinguisher showing it has been updated at least annually?
- ▶ Are an appropriate number of smoke detectors installed, and is there documentation showing the smoke detectors are tested regularly?
- ▶ Is adequate emergency lighting available in case of a power failure?
- ▶ If there is spraying of pesticides or herbicides, does the program ensure that no children are present during the spraying, and children do not return to the affected area until it is safe?
- ▶ Is all sewage and liquid waste disposed of properly?
- ▶ Are garbage and trash stored in a safe and sanitary manner?

Child Health & Safety Key Indicator #5—Appropriate Group Sizes and Supervision

- ▶ Are outdoor play areas arranged to prevent children from leaving the premises and getting into unsafe and unsupervised areas?
- ▶ Did you observe any instances in which children left an outdoor play area and were able to access unsafe or unsupervised areas or in which children en route to play areas at one or more centers were exposed to vehicular traffic without supervision?

Bus Inspection

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

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



Summary

About the Child Health and Safety Summary: To complete the summary, reviewers look across the data collected within the Child Health and Safety content area for evidence of key elements of the systems needed to operate Head Start. For example, the CHS reviewer will be looking at how the Key Element, Ongoing Monitoring, affects Child Health and Safety in the program. How the program conducts frequent ongoing monitoring activities to meet CHS standards would be discussed in this summary. Below are the prompts for each Key Element that reviewers will consider as they summarize the data for this area of the protocol.

Child Health and Safety Summary

Management Systems Key Indicator #6—Strengths and Summaries

▶ Program Planning

Key elements of planning include:

- Developing goals, objectives, and plans based on an analysis of program data and the results of the program's Community and Self-Assessments
- Engaging stakeholders (governing bodies, policy groups, parents, and staff) in planning
- Using program data to design and implement changes to improve program services on an ongoing basis

▶ Ongoing Monitoring

Key elements of ongoing monitoring include:

- Use of effective tools and procedures to ensure the program is in compliance and meets its goals and objectives
- Clearly defining staff roles and responsibilities in program oversight
- Conducting frequent, ongoing monitoring activities
- Collecting and using data for planning activities and to ensure future compliance
- Ensuring ongoing monitoring of delegate agencies takes place

▶ Human Resources

Key elements of Human Resources include:

- Maintaining an organizational structure that supports the program's goals and objectives
- Assigning all major program functions and responsibilities to staff
- Supervising and supporting staff



► Communication

Key elements of Communication include:

- Sharing accurate and timely information with staff to support outcomes for children and families
- Sharing accurate and timely information with parents, policy groups, and the general community

► Record-Keeping and Reporting

Key elements of Record-Keeping include:

- Keeping records up to date
- Consistently collecting and recording data
- Generating reports to inform planning, communication, and ongoing monitoring
- Making information accessible to appropriate parties
- Maintaining confidentiality