SAFETY PRACTICES (SAFE ENVIRONMENTS) **Policy Council Approval: 6/20/19**
Subject: SE - Facilities, Materials, and Equipment **ESC Board Approval: 6/26/19**
Policy: The program provides a physical environment and facilities conducive to learning and reflective of the different stages of development of each child.

Regulations: 1302.47
Operational Procedures:

1. The program provides appropriate center space for the conduct of all program activities
2. The site space provided by the program is organized into functional areas that can be recognized by the children and that allow for individual activities and social interactions.
3. Sites have at least 35 square feet of usable indoor space per child available for the care and use of children (i.e., exclusive of bathrooms, halls, kitchen, staff rooms, and storage places) and at least 75 square feet of usable outdoor play space per child.
4. The program provides for the maintenance, repair, safety, and security of all Head Start facilities, walkways, materials and equipment.
5. The program provides a site-based environment free of toxins, such as cigarette smoke, lead, pesticides, herbicides, and other air pollutants as well as soil and water contaminants. The program ensures that no child is present during the spraying of pesticides or herbicides. Children do not return to the affected area until it is safe to do so.
6. Outdoor play areas at site-based programs are arranged so as to prevent any child from leaving the premises and getting into unsafe and unsupervised areas.
7. Building and physical premises safety include identification of and protection from hazards, bodies of water, and vehicular traffic
8. The program conducts a safety inspection at least annually to ensure that each facility's space, light, ventilation, heat, and other physical arrangements are consistent with the health, safety and developmental needs of children. At a minimum, the program ensures that:
   a) In climates where such systems are necessary, there is a safe and effective heating and cooling system that is insulated to protect children and staff from potential burns.
   b) No highly flammable furnishings, decorations, or materials that emit highly toxic fumes when burned are used.
   c) Flammable and other dangerous materials and potential poisons are stored in locked cabinets or storage facilities separate from stored medications and food and are accessible only to authorized persons. All medications, including those required for staff and volunteers, are labeled, stored under lock and key, refrigerated if necessary, and kept out of the reach of children.
   d) Rooms are well lit and provide emergency lighting in the case of power failure.
   e) Approved, working fire extinguishers are readily available.
   f) An appropriate number of smoke detectors are installed and tested regularly. (Battery operated systems checked monthly and electrically operated systems checked annually)
   g) Exits are clearly visible and evacuation routes are clearly marked and posted so that the path to safety outside is identified. (See 1304.22 for additional emergency procedures).

h) Indoor and outdoor premises are cleaned daily and kept free of undesirable and hazardous materials and conditions.

i) Paint coatings on both interior and exterior premises used for the care of children do not contain hazardous quantities of lead.

j) The selection, layout, and maintenance of playground equipment and surfaces minimize the possibility of injury to children.

k) Fences will be intact and void of holes and spaces.

l) Concrete, such as sidewalk and tricycle tracks, will be maintained and repaired to ensure the safety of children (no holes or cracks over 1 inch wide/deep).

m) Electrical outlets accessible to children prevent shock through the use of child-resistant covers, the installation of child-protection outlets, or the use of safety plugs.

n) Windows and glass doors are constructed, adapted, or adjusted to prevent injury to children.

o) Only sources of water approved by the local or State health authority are used.

p) Toilets and hand washing facilities are adequate, clean, in good repair, and easily reached by children. Toileting and diapering areas are separated from areas used for cooking, eating, or children's activities.

q) Toilet training equipment is provided for children being toilet trained.

r) All sewage and liquid waste is disposed of through a locally approved sewer system, and garbage and trash are stored in a safe and sanitary manner.

s) Adequate provisions are made for children with disabilities to ensure their safety, comfort, and participation.

9. Head Start staff will complete the Daily Playground checklist (before allowing children to enter the playground) and report any findings to the appropriate manager for follow-up.
10. Head Start staff will conduct a daily classroom/site inspection to ensure the components of the Safe Environment Checklist are in place.
11. To ensure ongoing safety and concerns are addressed each Head Start site completes the Safe Environments Checklist three times each school year, and reports any finding to the appropriate manager for follow-up.
12. Cleaning Schedule for Classrooms will be current and posted in each room.
13. Pets/animals are not allowed in the classroom, with the exception of fish. Fish must be inaccessible to the children.
14. As Head Start managers visit each site, they review the safety of the environment and discuss concerns noted with the staff.

SAFETY PRACTICES (SAFE ENVIRONMENTS) **Policy Council Approval: 6/20/19**
Subject: CPR and First Aid Training **ESC Board Approval: 6/26/19**
Policy: Direct service staff will be certified in CPR and basic First Aid.

Regulations: 1302.47
Operational Procedures:

1. Direct service staff will be scheduled to be certified in CPR and basic First Aid, within the 45 days of start date, and completed as quickly as possible.
2. In the event of a staff member having to wait for the next available hands-on class, online certification may be used to assist them in being certified in a timelier manner.
3. Staff members that are certified with the online class must take the hands-on class at the next available date.
4. Training certificates will be submitted to the site manager, kept in the staff folder, and visibly posted in the classroom.
5. Staff will recertify as appropriate.

SAFETY PRACTICES (SAFE ENVIRONMENTS) **Policy Council Approval: 6/20/19**
Subject: First Aid Supplies and Emergency Information **ESC Board Approval: 6/26/19**
Policy: In an effort to be adequately prepared for medical and dental health emergency situations, emergency information and first aid supplies will be easily visible and accessible in all classrooms. First Aid Kits must be restocked after use, and an inventory must be conducted at regular intervals.

Regulations: 1302.47
Operational Procedures:

1. Each classroom will have an emergency information binder. The binder will be clearly labeled in a manner that will enable easy identification.
2. Each classroom will have a first aid kit stored in a convenient, adult accessible location. This designated area will be clearly marked with a large, red sign (or red cross).
3. Each Head Start classroom will also be equipped with portable first aid packs. Head Start staff will take the portable pack with them on outings away from the site, and evacuation drills.
4. Portable first aid packs and first aid kits will be inventoried three times a year and will have emergency information with them.
5. Staff will take the emergency information binder and first aid kit during all emergency evacuations and drills.
6. The emergency information binder should also accompany the class when on a field trip.

SAFETY PRACTICES (SAFE ENVIRONMENTS) **Policy Council Approval: 6/20/19**
Subject: Health Emergency Procedures **ESC Board Approval: 6/26/19**

Policy: The program implements policies and procedures to respond to medical and dental health emergencies, with which all staff are familiar and trained (including asthma and allergies).

Regulations: 1302.47

Operational Procedures:

1. Posted are policies and plans of action for emergencies that require rapid response on the part of staff (e.g., a child choking) or immediate medical or dental attention.
2. Locations and telephone numbers of emergency response systems are posted near the classroom door or next to the phone, if the classroom has one. Emergency contact numbers include those for police, fire, ambulance, poison control, Child Protective Services, and the Center for Disease Control.
3. Up-to-date family contact information and authorization for emergency care for each child, including emergency transportation authorization, is readily available in a first aid kit or portable first aid pack.
4. Emergency evacuation routes and other safety procedures for emergencies (e.g., fire or weather-related) are posted.
5. Emergency evacuation routes and other safety procedures for emergencies are practiced regularly. Documentation will be kept of these drills.
6. Parents are notified by telephone, cell phone, text message or any other means necessary, in the event of an emergency (sick or injured) involving their child. Parents will be required to confirm information on file is current at parent meetings/conferences/home visits.
7. Parents are educated on procedures for contacting them in an emergency in the parent handbook (annual training).

SAFETY PRACTICES (SAFE ENVIRONMENTS) **Policy Council Approval: 6/20/19**
Subject: Hygiene **ESC Board Approval: 6/26/19**
Policy: The Region 9 Head Start program maintains standards for personal hygiene.

Regulations: 1302.47
Operational Procedures:

1. Staff, volunteers, and children wash their hands with soap and running water at least at the following times:

   a) Upon arrival for the day, after breaks, or when moving from one group to another, if at all possible, use hand sanitizer at a minimum.

   b) Before and after:

   -Preparing food or beverages; handling, consumption, or any other food-related activity (ex: --setting the table)
   -Eating, handling food, or feeding a child
   -Brushing or helping a child brush teeth
   -Giving medication or applying a medical ointment or cream in which a break in the skin (e.g., sores, cuts, or scrapes) may be encountered
   -Playing in water (including swimming) that is used by more than one person
   -Diapering

   c) After:

   -Using the toilet or helping a child use a toilet
   -Handling bodily fluid (mucus, blood, vomit)
   -Handling pet/animals or cleaning up animal waste
   -Playing in sand, on wooden play sets, and outdoors
   -Cleaning or handling the garbage
2. Posters to reflect required hand hygiene should be posted in appropriate areas: Wear Gloves When, Diapering, and Wash Your Hands
3. Nonporous (e.g., latex) gloves are worn by staff when they are in contact with spills of blood or other visibly bloody bodily fluids.
4. Spills of bodily fluids (e.g., urine, feces, blood, saliva, nasal discharge, eye discharge or any fluid discharge) are cleaned and disinfected immediately in keeping with professionally established guidelines (e.g., standards of the Occupational Safety Health Administration, U.S. Department of Labor). Any tools and equipment used to clean spills of bodily fluids are cleaned and disinfected immediately. Other blood-contaminated materials are disposed of in a plastic bag with a secure tie.
5. The program adopts sanitation and hygiene procedures for diapering that adequately protect the health and safety of children served by the program and staff.
6. The program ensures that staff properly conduct these procedures.
7. In the event that a child has an accident or is soiled to the extent of needing to be bathed at school: parent permission (document verbal permission under health tab in Child Plus) must be obtained and two adults must be present.
8. Potties that are utilized in a site-based program are emptied into the toilet, cleaned and disinfected after each use in a utility sink used for this purpose. They must be utilized in the restroom setting, and need for accommodation must be documented in IEP or Individual Positive Guidance Plan.

9. The program spaces cots at least three feet apart to avoid spreading contagious illness and to allow for easy access to each child.
10. Pets/animals are not allowed in the classroom, with the exception of fish. Fish must be inaccessible to the children.
11. If a concern arises with a child/family regarding head lice staff must: make a referral to Family Service Worker, collaborate to ensure family contacts the child's medical provider, assist family with making a plan of action, follow district polity, and collaborate as a team to utilize Head Start resources to obtain over the counter treatment supplies. If treatment needs to occur at school, parent permission (document verbal permission under health tab in Child Plus) must be obtained and two adults must be present.

SAFETY PRACTICES (SAFE ENVIRONMENTS) **Policy Council Approval: 6/20/19**
Subject: Blood Borne Pathogens/ Universal Precautions **ESC Board Approval: 6/26/19**

Policy: In order to provide a safe environment for children and staff members, universal precautions are based on and followed from "Occupational Exposure to Blood Borne Pathogens by OSHA and ACF Transmittal Notice IM 93-2, Head Start Occupational Health Standards for Blood Borne Pathogens."
Because the potential for any body fluid to contain infectious material exists, the Head Start programs will view all body fluids as harmful. These precautions, called "Universal Precautions" are to be followed regardless of any lack of evidence of infection. All Head Start staff members are required to comply with universal precautions. Head Start staff will be trained on Blood Borne Pathogens/ Universal Precautions annually.

Regulations: 1302.47
Operational Procedures:

1. All Head Start employees will receive Bloodborne Pathogen training upon assignment and annually thereafter.
2. If an employee is accidentally exposed to a child's blood, the following actions should be taken:
   - Promptly cleanse exposed skin areas with soap (antimicrobial) and water. If not available, the employee should use an antimicrobial gel with paper towels or an antibacterial towelette. The employee should get to an area with soap and water as soon as possible.
   - Immediately wipe up blood spills and clean surface areas with a multi-surface disinfectant /decontaminant. Gloves must be worn. Spill kits will be available for larger spill areas.
3. Multiple procedures have been developed to minimize or eliminate occupation exposure.
   - Universal Precautions: Employees will adhere to the practice of Universal Precautions to prevent contact with blood and other potentially infectious materials. All blood or other potentially infectious material will be considered infectious Blood Borne Pathogens regardless of the perceived status of the source.
   - Work Practice Controls: The work practice procedures below have been implemented to minimize or eliminate exposure to blood borne pathogens.
     a) Gloves:
        1) Nonporous gloves are to be worn in the following situations:
           - When coming into contact with blood, skin and mucous membrane, cuts or any open skin lesion.
           - When changing diapers or other clothing soiled with urine or feces.
           - When examining a child's mouth and teeth.
           - Anytime it is necessary to clean a spill of blood, urine, feces or vomit.
        2) Nonporous gloves are to be used for only one child or one procedure, and then discarded. Gloves are to be removed from the inside out.
     b) Hand washing: Employees shall wash their hands with soap and running water as soon as possible after removal of gloves or other personal protective equipment.
     c) Custodial Procedures: Maintaining the schools/sites in a clean and sanitary condition is a critical part of minimizing and eliminating occupation exposure. A regular cleaning schedule will be maintained by the classroom/custodial staff. Toys, tables, cots and cribs will be cleaned on a regular basis. All Head Start staff will follow the policies for Universal Precautions and Infection Control.

SAFETY PRACTICES (SAFE ENVIRONMENTS) **Policy Council Approval: 6/20/19**
Subject: Diapering/Toileting Procedures **ESC Board Approval: 6/26/19**

Policy: Staff will follow procedures to ensure sanitary practices when children need assistance with diapering and toileting. Children will be given opportunities to practice and develop skills to achieve independence.

Regulations:

Operational Procedures:

1. Wash hands before putting on gloves.
2. Put on gloves.
3. Take off soiled/wet diaper or pull-up.
4. Double bag diaper or pull-up before disposing.
5. Double bag wet or soiled clothes.
6. Before putting clean items on the child, put on a new set of gloves.
7. Change the child.
8. Have the child wash their hands (even if they did not touch anything) and wash your hands.
9. Return child to their original activity before they were changed.
10. Place double bagged clothes in the child's backpack.
11. Thoroughly clean up the area where you changed the child (wipe down and spray).
12. Dispose of gloves, wash hands again.
13. Utilize this experience each time to teach the child and to eventually transition into changing his or her self.
14. Diapering procedures need to be posted in the changing area.
15. In the event that a child has an accident or is soiled to the extent of needing to be bathed at school: parent permission (document verbal permission under health tab in Child Plus) must be obtained and two adults must be present.

SAFETY PRACTICES (SAFE ENVIRONMENTS) **Policy Council Approval: 6/20/19**
Subject: Procedures for Gloves **ESC Board Approval: 6/26/19**
Policy: Adults and children will wear gloves during identified times.

Regulations:
Operational Procedures:

1. Wear gloves when:
    - handling foods
    - assisting children with brushing teeth
    - assisting with toileting, diapering, etc..
    - having contact with bodily fluids
2. Always wash your hands before putting on gloves
3. Change your gloves anytime you would need to wash your hands
    - after touching your body
    - after using the toilet
    - after eating or drinking
    - after handling dirty equipment or utensils
    - after handling raw food
    - after any other activities that contaminate your gloves
4. Remove your gloves from the inside out, rolling one glove inside the other, and dispose of them
5. Wash your hands

SAFETY PRACTICES (SAFE ENVIRONMENTS) **Policy Council Approval: 2/22/23**
Subject: Active Supervision/Incident Report **ESC Board Approval: 2/22/23**
Policy: The program implements policies and procedures to ensure all children are actively supervised at all times, ensuring all staff are familiar and trained on these requirements.

Regulations: 1302.90
Operational Procedures:

1. Grantee and delegate agencies must ensure that all staff, consultants, and volunteers abide by the program's standards of conduct.
   a. Respect and promote the unique identity of each child and family and refrain from stereotyping on the basis of gender, race, ethnicity, culture, religion, or disability;
   b. Follow program confidentiality policies concerning information about children, families, and other staff members;
   c. No child will be left alone or unsupervised while under their care; and
   d. Use positive methods of child guidance and will not engage in corporal punishment, emotional or physical abuse, or humiliation. In addition, they will not employ methods of discipline that involve isolation, the use of food as punishment or reward, or the denial of basic needs.
2. Active Supervision will be utilized by all Head Start Staff – this requires focused attention and intentional observation of children at all times, utilizing constant vigilance to help children learn safely.
   a. Set Up the Environment - set up the environment to enable supervision of children at all times. Ensure that: furniture is at waist height or shorter, adults are always able to see and hear children, small spaces are kept clutter free, and big spaces are set up so that children have clear play spaces that educators can observe.
   b. Position Staff - carefully plan where staff will position themselves in the environment to prevent children from harm. They place themselves so that they can see and hear all of the children in their care. They make sure there are always clear paths to where children are playing, sleeping, and eating so they can react quickly when necessary. Educators stay close to children who may need additional support.
   c. Scan and Count - always be able to account for each child. They continually scan the entire environment to know where everyone is and what they are doing. Count the children frequently, especially during transitions/dismissal. Focus on this step during small groups in particular, ensure children are safe, monitored, and accounted for in centers (creativity, construction, writer's corner, pretend & learn, ABC, library & listening, math & science, technology, sensory, fine motor, gross motor, and safe place).
   d. Listen -Specific sounds or the absence of them may signify reason for concern. Listening closely to children to help immediately identify signs of potential danger.
   e. Anticipate Children's Behavior - use what you know about each child's individual interests and skills to predict what he/she will do. Recognize when children might wander, get upset, or take a dangerous risk. Information from the daily health check (e.g., illness, allergies, lack of sleep or food, etc.) informs educators' observations and

helps them anticipate children's behavior. Educators who know what to expect are better able to protect children from harm.

f. **Engage and Redirect** - use active supervision skills to know when to offer children support. Offer different levels of assistance or redirection depending on each individual child's needs.

3. Face to name procedure is visibly in place, and staff can verbalize/model it.
4. All classrooms have a White Board system. The board reflects the current number in the room at all times. When a child spends time in a classroom other than their currently enrolled classroom, a referral is to be made and the mental health process is to be followed. This will document parent consent. This accounts for why the child is not in the room they are signed in to and addresses the Active Supervision numbers.
5. Training on Active Supervision occurs on an ongoing basis, is built into the Quality Control Coach systems, and reflected on ongoing monthly coaching spreadsheets.
6. Active Supervision is monitored at every monitoring visit and reflected on ongoing monthly coaching spreadsheets or Plan of Action forms, if applicable.
7. Any and all incidents with Head Start children will be reported on the Incident Report Form, and sent to Region 9 within 24 hours, along with supporting documentation from ISD Human Resources/Immediate Supervisor.
8. Incidents to be reported:
   -Serious Child Injury (requires medical attention): injuries that require either hospitalization or emergency room medical treatment, such as a broken bone; a severe sprain; chipped or cracked teeth; head trauma; deep cuts; contusions or lacerations; or animal bites.
   -Active Supervision (inadequate supervision): lack of supervision while in the care or under the supervision of program staff, which includes leaving a child alone anywhere on the grounds of a Head Start facility (e.g., in a classroom, bathroom, on a playground), as well as outside the facility in a parking lot, on a nearby street, or on a bus or another program-approved transportation or excursion.
   -Unauthorized Release (to wrong adult or no adult): where a child is released from a Head Start facility, bus, or other approved program transportation to a person without the permission or authorization of a parent or legal guardian and whose identity had not been verified by photo identification.
   -Potential Abuse, Neglect, or Inappropriate Conduct (requires CPS referral): child abuse and maltreatment, such as grabbing, shoving, shaking, swatting, or dragging a child; spanking or any other type of corporal or physical punishment; binding, tying, or taping a child; terrorizing a child with threats or menacing acts; or any form of sexual contact.
9. Head Start Coordinator will utilize the Incident Report Form to notify the Office of Head Start, Policy Council, and the Governing Body as needed.

SAFETY PRACTICES (SAFE ENVIRONMENTS) **Policy Council Approval:**
Subject: COVID-Mitigation **ESC Board Approval:**

Policy: The Region 9 Head Start program works with staff, families, children, and facilities to work to mitigate the spread of COVID, and other community diseases. Below stated procedures will be followed when experiencing an increase of illness in the classroom setting.

Related Regulations: 1302.93, 1302.94

Operational Procedures:

1. Classroom environments will increase sanitization practices throughout each day, utilizing the sanitizing sprayers multiple times each day.
2. Children will experience outside play more frequently.
3. Cots and mats will be placed as far apart as possible, with children being head to toe.
4. Staff will continue to complete the communicable disease screener annually.
5. Staff and families will continue to receive education regarding COVID mitigation.
6. Families will receive education on preventative measures to take as well as guidance on staying home if symptoms are present.
7. Consultation with the Health Services Advisory Committee (HSAC) will assist in scaling these procedures up or down as needed to protect the children and families.